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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

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

C Name of organization
THE WILLIAM W BACKUS HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
326 WASHINGTON STREET

City or town, state or province, country, and ZIP or foreign postal code
NORWICH, CT 06360

D Employer identification number
06-0250773

E Telephone number
(860) 889-8331

G Gross receipts $ 352,632,566

F Name and address of principal officer
DANIEL E LOHR
326 WASHINGTON STREET
NORWICH, CT 06360

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BACKUSHOSPITAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1891

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE WILLIAM W BACKUS HOSPITAL DELIVERS AND COORDINATES A CONTINUUM OF HIGH-QUALITY HEALTH CARE THAT IS SENSITIVE TO THE NEEDS OF INDIVIDUALS IN EASTERN CONNECTICUT THE HOSPITAL IS COMMITTED TO BEING RESPONSIVE AND ACCOUNTABLE TO THOSE FOR WHOSE BENEFIT IT EXISTS, AND TO IMPROVING THE HEALTH OF ITS COMMUNITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	2,059
6	Total number of volunteers (estimate if necessary)	**6**	412
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,757,558
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	525,284

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,374,100	1,626,345
9	Program service revenue (Part VIII, line 2g)	302,711,330	294,807,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,511,371	7,159,759
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,179,591	2,525,641
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	316,776,392	306,118,745

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	145,509	178,641
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	134,279,532	133,334,931
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶405,448		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	124,191,524	124,142,781
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	258,616,565	257,656,353
19	Revenue less expenses Subtract line 18 from line 12	58,159,827	48,462,392

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	513,864,285	533,869,094
21	Total liabilities (Part X, line 26)	158,969,385	166,315,438
22	Net assets or fund balances Subtract line 21 from line 20	354,894,900	367,553,656

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 2016-08-15

▶ DANIEL E LOHR SENIOR VP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MICHAEL J ENGLE	MICHAEL J ENGLE			P00482834

Firm's name ▶ BKD LLP — Firm's EIN ▶ 44-0160260

Firm's address ▶ 1201 WALNUT SUITE 1700
KANSAS CITY, MO 64106

Phone no (816) 221-6300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE WILLIAM W BACKUS HOSPITAL DELIVERS AND COORDINATES A CONTINUUM OF HIGH QUALITY HEALTH CARE THAT IS SENSITIVE TO THE NEEDS OF INDIVIDUALS IN EASTERN CONNECTICUT THE HOSPITAL IS COMMITTED TO BEING RESPONSIVE AND ACCOUNTABLE TO THOSE FOR WHOSE BENEFIT IT EXISTS, AND TO IMPROVING THE HEALTH OF ITS COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 214,347,071 including grants of $ 178,641) (Revenue $ 293,780,904)

IN FISCAL YEAR 2015, BACKUS HOSPITAL HAD 9,878 ADMISSIONS, 79,930 EMERGENCY DEPARTMENT VISITS, AND 500,449 OUTPATIENT VISITS THE HOSPITAL DELIVERED 903 BABIES AND 6,427 SAME DAY SURGICAL PROCEDURES BACKUS PERFORMED 140,645 OUTPATIENT IMAGING EXAMS, 7,127 MRI EXAMINATIONS, 7,791 PSYCHIATRIC CLINICAL VISITS AND 7,582 PSYCHIATRIC PARTIAL HOSPITAL VISITS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 214,347,071

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	192		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,059		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CT

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DANIEL 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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								2,305,584	5,512,885	866,634

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶206

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIANCE HEALTHCARE SERVICES PO BOX 96485 CHICAGO, IL 60693	MEDICAL SERVICES	3,289,768
YALE NEW HAVEN HOSPITAL 20 YORK STREET NEW HAVEN, CT 06504	MEDICAL SERVICES	1,185,182
NUANCE COMMUNICATIONS PO BOX 7247-6924 PHILADELPHIA, PA 19170	TRANSCRIPTION	1,071,503
BARTON & ASSOCIATES PO BOX 417844 BOSTON, MA 02241	MEDICAL SERVICES	887,981
NORTH AMERICAN PARTNERS IN ANESTHESIA 68 SOUTH SERVICE RD MELVILLE, NY 11747	MEDICAL SERVICES	862,008

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶35

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	80,749			
	d	Related organizations . . .	1d	505			
	e	Government grants (contributions)	1e	523,817			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,021,274			
	g	Noncash contributions included in lines 1a-1f $		542			
	h	**Total.** Add lines 1a-1f . . . . . ▶			1,626,345		
Program Service Revenue			Business Code				
	2a	OUTPATIENT	900099	119,454,979	119,454,979		
	b	INPATIENT	900099	115,111,919	115,111,919		
	c	EMERGENCY DEPT	900099	56,739,762	56,739,762		
	d	LAB COURIER SERVICE	621500	2,707,915		2,707,915	
	e	EHR REVENUE	900099	792,425	792,425		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		294,807,000			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,345,377			1,345,377
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	1,827,156				
	b	Less rental expenses	2,372,818				
	c	Rental income or (loss)	-545,662				
	d	Net rental income or (loss) . . . . . ▶		-545,662			-545,662
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	49,206,334 / 344,000				
	b	Less cost or other basis and sales expenses	43,448,307 / 287,645				
	c	Gain or (loss)	5,758,027 / 56,355				
	d	Net gain or (loss) . . . . . ▶		5,814,382			5,814,382
	8a	Gross income from fundraising events (not including $ 80,749 of contributions reported on line 1c) See Part IV, line 18 . . a	24,320				
	b	Less direct expenses . . . b	56,715				
	c	Net income or (loss) from fundraising events . . ▶		-32,395			-32,395
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a	464,268				
	b	Less cost of goods sold . . b	348,336				
	c	Net income or (loss) from sales of inventory . . ▶		115,932			115,932
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	722320	1,256,304			1,256,304
	b	PURCHASE DISCOUNTS	900099	349,861	349,861		
	c	CONTRACT SERVICES	621400	270,932	270,932		
	d	All other revenue		1,110,669	1,061,026	49,643	
	e	**Total.** Add lines 11a–11d . . . . . ▶		2,987,766			
	12	**Total revenue.** See Instructions . . . . . ▶		306,118,745	293,780,904	2,757,558	7,953,938

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	168,591	168,591		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,050	10,050		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	109,726,012	102,968,974	6,620,106	136,932
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,827,651	1,715,102	110,268	2,281
9 Other employee benefits	13,957,345	13,097,838	842,089	17,418
10 Payroll taxes	7,823,923	7,342,118	472,041	9,764
11 Fees for services (non-employees)				
a Management				
b Legal	763,020		763,020	
c Accounting	342,992		342,992	
d Lobbying	46,273		46,273	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	374,896		374,896	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,804,512	11,266,674	7,537,838	
12 Advertising and promotion	32,857	7,198		25,659
13 Office expenses	4,270,300	3,208,473	1,059,664	2,163
14 Information technology	3,529,736	394,737	3,134,999	
15 Royalties				
16 Occupancy	5,789,715	486,037	5,303,678	
17 Travel	271,664	156,498	115,166	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,933		2,933	
20 Interest	3,140,928		3,140,928	
21 Payments to affiliates	8,889,011	7,013,515	1,875,496	
22 Depreciation, depletion, and amortization	14,309,494	6,088,464	8,221,030	
23 Insurance	3,767,856	3,154,911	612,945	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL EXPENSES	37,711,790	37,711,790		
b BAD DEBT	8,486,887	8,486,887		
c MAINT/SERVICE CONTRACTS	5,262,533	3,918,238	1,344,295	
d LAB EXPENSES	4,153,352	4,153,352		
e All other expenses	4,192,032	2,997,624	983,177	211,231
25 **Total functional expenses.** Add lines 1 through 24e	257,656,353	214,347,071	42,903,834	405,448
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,710,787	1	3,266,435
	2	Savings and temporary cash investments		184,674,883	2	189,891,820
	3	Pledges and grants receivable, net		460	3	142
	4	Accounts receivable, net		36,980,052	4	36,077,266
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		11,760	7	8,773
	8	Inventories for sale or use		3,836,103	8	3,679,710
	9	Prepaid expenses and deferred charges		2,589,705	9	3,850,954
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 308,065,176			
	b	Less accumulated depreciation	10b 188,485,953	127,834,702	10c	119,579,223
	11	Investments—publicly traded securities		145,614,943	11	69,130,964
	12	Investments—other securities See Part IV, line 11		12,632	12	92,436,024
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		9,598,258	15	15,947,783
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		513,864,285	16	533,869,094
Liabilities	17	Accounts payable and accrued expenses		22,981,573	17	18,341,304
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,463,627	23	1,395,217
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		134,524,185	25	146,578,917
	26	**Total liabilities.** Add lines 17 through 25		158,969,385	26	166,315,438
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		343,007,454	27	355,541,298
	28	Temporarily restricted net assets		3,534,497	28	3,907,265
	29	Permanently restricted net assets		8,352,949	29	8,105,093
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		354,894,900	33	367,553,656
	34	Total liabilities and net assets/fund balances		513,864,285	34	533,869,094

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	306,118,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	257,656,353
3	Revenue less expenses Subtract line 2 from line 1	3	48,462,392
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	354,894,900
5	Net unrealized gains (losses) on investments	5	-7,578,595
6	Donated services and use of facilities	6	
7	Investment expenses	7	-340,854
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,884,187
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	367,553,656

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 06-0250773
Name: THE WILLIAM W BACKUS HOSPITAL

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID WHITEHEAD DIRECTOR/PRESIDENT/SENIOR VP	30 00 30 00	X		X				0	806,006	50,532
(1) ELIZABETH CONWAY DIRECTOR/VICE CHAIR	3 00 2 00	X		X				0	0	0
(2) DEBORAH MONAHAN DIRECTOR/SECRETARY	3 00 2 00	X		X				0	0	0
(3) KARLA FOX DIRECTOR/CHAIR	3 00 3 00	X		X				0	0	0
(4) ANTHONY JOYCE DIRECTOR/VICE CHAIRMAN	3 00 3 00	X		X				0	0	0
(5) JOHN BILDATERM 615 DIRECTOR	2 00 2 00	X						0	0	0
(6) STEPHEN BRIGGSTERM 615 DIRECTOR	2 00 2 00	X						0	0	0
(7) JAMES CARDON MDTERM 615 DIRECTOR	2 00 40 00	X						0	593,699	111,496
(8) NANCY GENTESTERM 615 DIRECTOR	2 00 2 00	X						0	0	0
(9) PETER MANERITERM 615 DIRECTOR	2 00 2 00	X						0	0	0
(10) PAUL MAXFIELDTERM 615 DIRECTOR	2 00 2 00	X						0	0	0
(11) LYNNE QUINTAL-HILL DIRECTOR	2 00 2 00	X						0	0	0
(12) DONNA ROMITOTERM 615 DIRECTOR	2 00 2 00	X						0	0	0
(13) DENNIS SLATERTERM 615 DIRECTOR	2 00 2 00	X						0	0	0
(14) MARK TRAMONTOZZI DIRECTOR	2 00 2 00	X						0	0	0
(15) ELLIOT JOSEPHTERM 615 DIRECTOR	2 00 60 00	X						0	1,895,364	299,299
(16) JAMES WATSON MD DIRECTOR	2 00 2 00	X						0	0	0
(17) CAROLYN DRESCHER DIRECTOR	2 00 2 00	X						0	0	0
(18) MARY BARRY MD DIRECTOR	2 00 2 00	X						0	25,545	1,954
(19) CATINA CABAN-OWEN DIRECTOR	2 00 2 00	X						0	0	0
(20) DIANE WISHNAFSKI DIRECTOR	2 00 2 00	X						0	0	0
(21) CARMEN CID DIRECTOR	2 00 2 00	X						0	0	0
(22) MARGARET MARCHAK DIRECTOR/SECRETARY	3 00 60 00	X		X				0	541,910	108,761
(23) DANIEL LOHR SENIOR VP/CFO	30 00 30 00			X				0	593,901	44,016
(24) CAROLYN TRANTALIS VP OPERATIONS EAST REGION	30 00 30 00				X			0	267,884	39,198

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MARY BYLONE VP PATIENT CARE EAST REGIO	40 00				X			0	279,774	32,407
(1) ROBERT SIDMAN MD PHYSICIAN	40 00					X		529,422	0	34,490
(2) SERGIO CASILLA MD PHYSICIAN	40 00					X		512,758	0	34,032
(3) ZHENXIANG LIU MD PHYSICIAN	40 00					X		487,488	0	32,900
(4) MARIANO LIBRIJO MD PHYSICIAN	40 00					X		400,217	0	18,618
(5) NATHAN SIEGEL MD PHYSICIAN	40 00					X		375,699	0	28,333
(6) PETER SHEA FORMER MEDICAL DIRECTOR	40 00						X	0	508,802	30,598

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

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

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts 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 from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE WILLIAM W BACKUS HOSPITAL	06-0250773

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		46,273
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			46,273
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING ACTIVITIES ARE PRIMARILY COMPRISED OF THE PORTION OF DUES PAID TO THE CONNECTICUT HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION THAT THOSE INSTITUTIONS DEEM LOBBYING BASED ON THE MEDICARE DEFINITION

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	5,719,446	5,551,985	5,396,859	5,396,859	5,320,786
b Contributions					5,000
c Net investment earnings, gains, and losses		169,678	159,637	5,226	76,505
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		2,217	4,511	5,226	5,432
g End of year balance	5,719,446	5,719,446	5,551,985	5,396,859	5,396,859

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,011,878		5,011,878
b Buildings	10,381,267	119,487,496	41,411,817	88,456,946
c Leasehold improvements		64,841,123	62,663,413	2,177,710
d Equipment		107,097,123	84,410,723	22,686,400
e Other		1,246,289		1,246,289
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . ▶				119,579,223

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CT HOSP LAB	12,632	C
(B) ENDOWMENT LLC	92,423,392	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	92,436,024	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO 3RD PARTIES	9,211,505
EMPLOYEE RELATED OBLIGATIONS	54,080,931
SELF-INSURED PROF LIABILITY	9,768,153
CAPITAL LEASE OBLIGATIONS	7,265,536
OTHER LIABILITIES	4,464,677
DUE FROM AFFILIATES	1,676,365
TAX EXEMPT SERIES E BOND PREMIUM	1,411,682
LT INTERCOMPANY DEBT SERIES E	58,700,068
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	146,578,917

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	300,138,954
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	300,138,954
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	340,854		
b	Other (Describe in Part XIII)	4b	5,638,937		
c	Add lines **4a** and **4b**			4c	5,979,791
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	306,118,745

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	259,641,280
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	2,429,533		
e	Add lines **2a** through **2d**			2e	2,429,533
3	Subtract line **2e** from line **1**			3	257,211,747
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	368,646		
b	Other (Describe in Part XIII)	4b	75,960		
c	Add lines **4a** and **4b**			4c	444,606
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	257,656,353

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE MEANT TO PROVIDE LONG TERM SUPPORT FOR CAPITAL AND OPERATING PROGRAMS FOR THE HOSPITAL IN ACCORDANCE WITH THE DONOR'S WISHES
PART XI, LINE 4B - OTHER ADJUSTMENTS	AUXILIARY INCOME-121,229 UNREALIZED LOSS ON INVESTMENTS-7,947,241 RENTAL EXPENSES-(2,372,818) GOLF TOURNAMENT EXPENSES-(56,715)
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES-2,372,818 GOLF TOURNAMENT EXPENSES-56,715
PART XII, LINE 4B - OTHER ADJUSTMENTS	AUXILIARY EXPENSES-75,866 K-1 PASSTHRU LOSS-94
SCHEDULE D PART X LINE 2	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 HAD EVALUATED THE IMPLICATIONS OF ASC 740-10 AND DETERMINED THAT ITS IMPACT ON THE FINANCIAL STATEMENTS IS NOT SIGNIFICANT

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0250773
Name: THE WILLIAM W BACKUS HOSPITAL

Form 990, Schedule D, Part X, - Other Liabilities

1	**(a)** Description of Liability	**(b)** Book Value
	DUE TO 3RD PARTIES	9,211,505
	EMPLOYEE RELATED OBLIGATIONS	54,080,931
	SELF-INSURED PROF LIABILITY	9,768,153
	CAPITAL LEASE OBLIGATIONS	7,265,536
	OTHER LIABILITIES	4,464,677
	DUE FROM AFFILIATES	1,676,365
	TAX EXEMPT SERIES E BOND PREMIUM	1,411,682
	LT INTERCOMPANY DEBT SERIES E	58,700,068

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

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

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	INSURANCE PERMIUMS	6,796,267
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	0	0			6,796,267
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			6,796,267

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 06-0250773
Name: THE WILLIAM W BACKUS HOSPITAL

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 SEDER GOLF TOURNAMENT (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	60,640	44,429		105,069
	2 Less Contributions	43,640	37,109		80,749
	3 Gross income (line 1 minus line 2)	17,000	7,320		24,320
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	9,018	2,891		11,909
	6 Rent/facility costs	10,820	7,520		18,340
	7 Food and beverages	11,513	7,775		19,288
	8 Entertainment				
	9 Other direct expenses	2,360	4,818		7,178
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(56,715)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-32,395

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☐ 200% ☑ Other 25000 0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,391,546		1,391,546	0 560 %
b Medicaid (from Worksheet 3, column a)			58,395,538	35,173,932	23,221,606	9 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			59,787,084	35,173,932	24,613,152	9 880 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			594,342	350	593,992	0 240 %
f Health professions education (from Worksheet 5)			249,266	3,025	246,241	0 100 %
g Subsidized health services (from Worksheet 6)			2,002,630		2,002,630	0 800 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			75,245		75,245	0 030 %
j **Total.** Other Benefits			2,921,483	3,375	2,918,108	1 170 %
k **Total.** Add lines 7d and 7j			62,708,567	35,177,307	27,531,260	11 050 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			67,130		67,130	0 030 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			3,168		3,168	0 %
7	Community health improvement advocacy			946		946	0 %
8	Workforce development						
9	Other						
10	**Total**			71,244		71,244	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	8,486,887		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,274,706		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	75,109,601
6	Enter Medicare allowable costs of care relating to payments on line 5	6	81,393,471
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-6,283,870
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group THE WILLIAM W BACKUS HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 14			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW BACKUSHOSPITAL ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		No
a	If "Yes" (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

THE WILLIAM W BACKUS HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) WWW BACKUSHOSPITAL ORG			
b	☑ The FAP application form was widely available on a website (list url) WWW BACKUSHOSPITAL ORG			
c	☑ A plain language summary of the FAP was widely available on a website (list url) WWW BACKUSHOSPITAL ORG			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

THE WILLIAM W BACKUS HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **11**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

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

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7	THE ORGANIZATION UTILIZED THE RATIO OF COST TO CHARGE (RCC), DERIVED FROM THE FY2015 MEDICARE COST REPORT WHICH ALREADY INCORPORATES OR IS NET OF NON-PATIENT CARE COSTS (I E BAD DEBT, NON-PATIENT CARE, ETC) THE RATIO WAS FURTHER REDUCED TO INCORPORATE THE DIRECTLY INDENTIFIED COMMUNTIY EXPENSES THIS COST TO CHARGE RATIO WAS USED TO CALCULATE COSTS FOR PART I LINES 7A & B THE COSTS ASSOCIATED WITH THE ACTIVITIES REPORTED ON PART I, LINE 7E WERE CAPTURED USING ACTUAL TIME MULTIPLIED BY AN AVERAGE SALARY RATE COSTS REPORTED IN PART III, SECTION B 6, WERE CALCULATED FROM THE MEDICARE COST REPORT AND REDUCED FOR MEDICARE COSTS PREVIOUSLY REPORTED ON PART I, LINES 7 F & G

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $ 8,486,887

Form and Line Reference	Explanation
PART III, LINE 4	PLEASE SEE THE TEXT OF THE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE ON PAGES 16-19 OF THE AUDITED FINANCIAL STATEMENTS

Form and Line Reference	Explanation
PART III, LINE 8	PROVIDING FOR THOSE IN NEED, INCLUDING MEDICARE PATIENTS AND SERVING ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY IS AN ESSENTIAL PART OF THE ORGANIZATION'S MISSION THE HOSPITAL SERVES ALL PATIENTS WITHOUT REGARD TO ANY PAYMENT SHORTFALL THEREFORE THE MEDICARE SHORTFALL SHOULD BE CONSIDERED TO BE A COMMUNITY BENEFIT THE ORGANIZATION MEDICARE COST REPORT WAS USED TO ACCUMULATE ACTUAL COSTS RELATED TO PART III, SECTION B, LINE 6

Form and Line Reference	Explanation
PART III, LINE 9B	IN THE SELF-PAY POLICY, SECTION IIB, STATES THAT THE MEDICAL BUREAU OF ECONOMICS (MBE) RECEIVES A WEEKLY LIST OF PATIENTS WHO WERE SENT FINANCIAL ASSISTANCE APPLICATIONS FROM BACKUS STAFF THIS INFORMATION IS FROM THE PATIENT ACCOUNTS OR FINANCIAL COUNSELING DEPARTMENTS MBE'S COLLECTION ACTIVITY ON THESE PATIENTS IS HAULTED UNTIL IT HAS BEEN DETERMINED IF THE PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S POLICY,BY THE HOSPITAL FINANCIAL COUNCELING UNIT COLLECTION ACTION IS ONLY RESUMED ONCE IT IS DETERMINED THE PATIENT DOES NOT QUALIFY FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 2	IN 2015, THE WILLIAM W BACKUS HOSPITAL COMMISSIONED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC, A PROFESSIONAL RESEARCH FIRM THE ASSESSMENT CONSISTED OF 614 TELEPHONE INTERVIEWS WHICH WERE CONDUCTED THROUGHOUT THE HOSPITAL'S SERVICE REGION (BOTH NEW LONDON AND WINDHAM COUNTIES) THE ASSESSMENT ALSO INCLUDED A DETAILED ANALYSIS OF SECONDARY DATA SOURCES, AS WELL AS KEY INFORMANT INTERVIEWS AND THREE FOCUS GROUPS

Form and Line Reference	Explanation
PART VI, LINE 3	NOTIFICATION ABOUT CHARITABLE CARE AND ASSISTANCE PROGRAMS IS AVAILABLE AT ALL REGISTRATIO N AREAS, ON AND OFF THE MAIN HOSPITAL CAMPUS, IN WAITING AREAS, IN THE PATIENT HANDBOOK, O N OUR WEBSITE, AND ON PROMINENTLY PLACED SIGNS (IN ENGLISH AND IN SPANISH) ADDITIONALLY, CARE MANAGEMENT STAFF MEET WITH PARENTS, FAMILY, CLERGY, AND OTHERS AS APPROPRIATE TO DISC USS ASSISTANCE PROGRAMS AND SERVICES THAT MAY BE AVAILABLE IN ADDITION TO THE COMPLETE FI NANCIAL ASSISTANCE POLICY AND APPLICATION FOR FINANCIAL ASSISTANCE, HERE IS THE INFORMATIO N INCLUDED ON THE HOSPITAL WEBSITE FINANCIAL ASSISTANCEBACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE PROGRAMS FOR CERTAIN QUALIFIED PATIENTS WHO ARE UNABLE TO PAY ALL OR PART OF TH EIR BILL FOR INPATIENT, OUTPATIENT AND EMERGENCY SERVICES RENDERED AT THE HOSPITAL IF YOU ARE COPING WITH A FINANCIAL HARDSHIP, AND ARE FACING DEBTS OWED TO BACKUS HOSPITAL, FINANC IAL ASSISTANCE MAY BE AVAILABLE TO YOU INCOME VERIFICATIONBACKUS REQUESTS INCOME INFORMATI ON FROM THE APPLICANT VERIFICATION OF REPORTED INCOME SHOULD BE INCLUDED WITHIN THE APPLI CATION PACKAGE APPROPRIATE VERIFICATION SOURCES INCLUDE - MOST RECENT FEDERAL TAX RETURN A ND W-2- MOST RECENT 3 PAYROLL CHECKS- COPIES OF UNEMPLOYMENT CHECKS- COPIES OF ANY PENSION , ALIMONY, CHILD SUPPORT OR OTHER SOURCES OF INCOME- COPIES OF SOCIAL SECURITY EARNINGS, I F ANY- ANY OTHER PERTINENT INFORMATIONIF THE APPLICANT HAS NO INCOME A STATEMENT DETAILING THE CURRENT METHOD OF SUPPORT WILL BE ACCEPTED PROOF OF INCOME OR EARNINGS IS REQUIRED W ITH APPLICATION OR THE APPLICATION WILL NOT BE CONSIDERED FINANCIAL ASSISTANCE OPTIONSTHE LEVEL OF FINANCIAL ASSISTANCE THAT YOU MAY BE ELIGIBLE TO RECEIVE WILL BE BASED UPON THE C RITERIA DEFINED IN THE FINANCIAL ASSISTANCE POLICY THE WILLIAM W BACKUS HOSPITAL CONSIDER S FINANCIAL ASSISTANCE AWARDS ON A CASE-BY-CASE BASIS PLEASE CONTACT US IF YOU HAVE QUEST IONS REGARDING ELIGIBILITY FINANCIALLY INDIGENTFINANCIALLY INDIGENT IS DEFINED AS AN INDIV IDUAL WHOSE TOTAL GROSS ANNUAL INCOME IS LESS THAN OR EQUAL TO 250% OF THE FEDERAL POVERTY GUIDELINES (FPG) PATIENTS AT OR BELOW 250% FPG ARE ELIGIBLE FOR A 100% DISCOUNT OFF OF TH EIR OUTSTANDING BALANCES INDIVIDUALS ABOVE 250% UP TO 400% FPG ARE ELIGIBLE FOR A DISCOUN T BASED ON THEIR TOTAL GROSS ANNUAL INCOME MEDICALLY INDIGENTBACKUS HOSPITAL CONSIDERS AN INDIVIDUAL TO BE MEDICALLY INDIGENT IF THEIR TOTAL ANNUAL GROSS INCOME IS ABOVE 400% FPG A ND THEIR OUTSTANDING MEDICAL OBLIGATIONS ARE GREATER THAN 50% OF THEIR TOTAL ANNUAL GROSS INCOME THESE INDIVIDUALS MAY BE ELIGIBLE FOR A DISCOUNT SEPARATE FROM TRADITIONAL FINANCIA L ASSISTANCE PLEASE REFER TO THE FINANCIAL ASSISTANCE POLICY FOR DETAILS REGARDING ELIGIB ILITY AND THE DISCOUNT SCHEDULE MEDICALLY INDIGENT IS DEFINED BY THE IRS AS "PERSONS WHOM THE ORGANIZATION HAS DETERMINED ARE UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS BECA USE THEIR MEDICAL BILLS EXCEED A CERTAIN PERCENTAGE OF THEIR FAMILY OR HOUSEHOLD INCOME OR ASSETS (FOR EXAMPLE, DUE TO CATASTROPHIC COSTS OR CONDITIONS), EVEN THOUGH THEY HAVE INCO ME OR ASSETS THAT OTHERWISE EXCEED THE GENERALLY APPLICABLE ELIGIBILITY REQUIREMENTS FOR F REE OR DISCOUNTED CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY "BACKUS HOSPIT AL TREATS EACH APPLICATION INDIVIDUALLY IF YOU HAVE ANY QUESTIONS ABOUT YOUR SPECIFIC SIT UATION, PLEASE CONTACT OUR CUSTOMER SERVICE REPRESENTATIVES AT 860-889-8331, EXT 2917, MO NDAY THROUGH FRIDAY FROM 7 30 AM TO 4 PM FINANCIAL ASSISTANCE LETTERTHE WILLIAM W BACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE FOR CERTAIN QUALIFIED PATIENTS WHO ARE UNABLE TO PA Y ALL OR PART OF THEIR BILL FOR INPATIENT, OUTPATIENT AND EMERGENCY SERVICES RENDERED AT T HE HOSPITAL IF YOU ARE COPING WITH A FINANCIAL HARDSHIP AND ARE FACING DEBTS OWED TO THE W ILLIAM W BACKUS HOSPITAL, FINANCIAL ASSISTANCE SUCH AS FREE CARE OR A SLIDING SCALE DISCO UNT MAY BE AVAILABLE TO YOU THE FINANCIAL COUNSELING PROCESS WILL INDICATE WHAT OPTIONS E XIST TO ASSIST YOU WITH YOUR OUTSTANDING BALANCE FINANCIAL ASSISTANCE APPLIES TO BACKUS HO SPITAL BILLS ONLY IT DOES NOT APPLY TO RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS OR O THER PROFESSIONAL SERVICES INVOLVED IN YOUR CARE THAT ARE BILLED SEPARATELY FREQUENTLY ASK ED QUESTIONS 1 DOES THE HOSPITAL HAVE A FINANCIAL ASSISTANCE POLICY?THE WILLIAM W BACKUS HOSPITAL DOES HAVE A WRITTEN FINANCIAL ASSISTANCE POLICY THAT DEFINES THE DISCOUNT STRUCT URE AND PROGRAMS AVAILABLE TO QUALIFYING PATIENTS THE WILLIAM W BACKUS HOSPITAL BASES ALL FINANCIAL ASSISTANCE ON THE MOST CURRENT FEDERAL POVERTY GUIDELINES (FPG), WHICH ARE BASE D ON THE GROSS INCOME AND HOUSEHOLD SIZE BACKUS GRANTS 100% CHARITY CARE TO THOSE APPLICAN TS WHOSE GROSS HOUSEHOLD INCOME IS AT OR BELOW 250% FPG A SLIDING DISCOUNT IS AVAILABLE T O THOSE PATIENTS WHO HAVE GROSS INCOME UP TO 400% FPG CURRENTLY, THE FEDERAL GOVERNMENT DE FINES 100% OF POVERTY AS AN INDIVIDUAL EARNING A GROSS INCOME OF $11,770 PER YEAR THE WIL LIAM W BACKUS HOSPITAL FINANCIAL ASSISTANCE POLIC

Form and Line Reference	Explanation
PART VI, LINE 3	Y GRANTS 100% CHARITY CARE TO A FAMILY OF ONE EARNING UP TO $29,425 PER YEAR, OR 250% FPG INCOME THRESHOLDS INCREASE RELATIVE TO HOUSEHOLD SIZE A DISCOUNT IS AVAILABLE FOR APPLIC ANTS EARNING UP TO 400% FPG 2 WHAT SERVICES DOES THE FINANCIAL ASSISTANCE POLICY COVER?TH E WILLIAM W BACKUS HOSPITAL'S FINANCIAL ASSISTANCE POLICY COVERS SERVICES RENDERED AT THE WILLIAM W BACKUS HOSPITAL, INCLUDING INPATIENT, EMERGENCY, AND OUTPATIENT PROCEDURES FIN ANCIAL ASSISTANCE MAY NOT BE GRANTED FOR SOME PROCEDURES, SUCH AS ELECTIVE PROCEDURES OR S OME SPECIAL SITUATIONS, SUCH AS THAT OF AN INDIVIDUAL WHO IS ELIGIBLE FOR INSURANCE BUT HA S REFUSED TO APPLY OR FUNDS ARE AVAILABLE THROUGH ANOTHER SOURCE FOR PAYMENT (I E SETTLEM ENTS, STATE FUNDED PROGRAMS) FINANCIAL ASSISTANCE APPLIES TO BACKUS HOSPITAL BILLS ONLY I T DOES NOT APPLY TO RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS OR OTHER PROFESSIONAL SE RVICES INVOLVED IN YOUR CARE THAT ARE BILLED SEPARATELY 3 DOES THE HOSPITAL PROVIDE PERSO NNEL TO HELP WITH APPLICATIONS AND TO ANSWER QUESTIONS?THE WILLIAM W BACKUS HOSPITAL EMPL OYS FINANCIAL COUNSELORS TO HELP PATIENTS APPLY FOR FINANCIAL ASSISTANCE, MEDICAID, AND OT HER STATE HEALTH PROGRAMS THE HOSPITAL ALSO HAS RESOURCES TO HELP WITH APPLICATIONS FOR ST ATE NUTRITIONAL ASSISTANCE PROGRAMS (SNAP) AND PHARMACY ASSISTANCE PROGRAMS FINANCIAL COU NSELORS CAN HELP TO DETERMINE APPROPRIATE REFERRALS TO THESE RESOURCES THE WILLIAM W BACK US HOSPITAL PROVIDES LANGUAGE TRANSLATION VIA CYRACOM AND MARTTI LANGUAGE LINES 4 DOES TH E HOSPITAL COMMUNICATE THE AVAILABILITY OF FINANCIAL ASSISTANCE TO THE COMMUNITY?THE WILLI AM W BACKUS HOSPITAL BELIEVES IT IS IMPORTANT TO COMMUNICATE THE AVAILABILITY OF FINANCIA L ASSISTANCE TO THE COMMUNITIES IT SERVES THEREFORE, A NOTICE OF THE AVAILABILITY OF FINA NCIAL ASSISTANCE IS INCLUDED WITH THE PAPER BILL SENT TO THE PATIENT'S HOME, IS POSTED IN ALL MAIN REGISTRATION AREAS, IS AVAILABLE ON THE HOSPITAL'S WEBSITE, AND UPON REQUEST OF H OSPITAL STAFF OR REPRESENTATIVES 5 DOES THE HOSPITAL EVER DENY CARE BASED ON INABILITY TO PAY?THE WILLIAM W BACKUS HOSPITAL WILL NEVER DELAY OR DENY EMERGENCY CARE OR NECESSARY S ERVICES DUE TO AN INABILITY TO PAY 6 DOES THE HOSPITAL HAVE A PROGRAM FOR PATIENTS WHO DO N'T QUALIFY FOR TRADITIONAL FINANCIAL ASSISTANCE BUT INCUR CATASTROPHIC MEDICAL DEBTS?THE HOSPITAL HAS A WRITTEN POLICY THAT COVERS CATASTROPHIC FINANCIAL ASSISTANCE FOR THE MEDICA LLY INDIGENT THE POLICY IS INCLUDED IN THE FINANCIAL ASSISTANCE POLICY, IS AVAILABLE ON T HE WEBSITE, AND UPON REQUEST

Form and Line Reference	Explanation
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 ENTERTAINMENT VENUES BRINGING THOUSANDS OF VISITORS INTO THE REGION EACH DAY THE CASINOS ARE THE LARGEST EMPLOYERS, AND ARE EXPERIENCING FINANCIAL DIFFICULTIES AS THE ECONOMY DECLINES THE HOSPITAL'S SERVICE AREA HAS AN ESTIMATED POPULATION OF ABOUT 243,000 THE SERVICE AREA CONSISTS OF LARGER COMMUNITIES, SUCH AS NEW LONDON AND GROTON, AND SMALLER LOWER-DENSITY RURAL COMMUNITIES THE SERVICE AREAS CONTAIN MUNICIPALITIES IN THE NEW LONDON AND WINDHAM COUNTIES

Form and Line Reference	Explanation
PART VI, LINE 5	HOSPITAL EMPLOYEES VOLUNTEER THEIR SERVICES ON DOZENS OF COMMUNITY NOT-FOR-PROFIT ORGANIZATIONS, MANY OF WHICH HAS HEALTHCARE AS A PRIMARY OR MAJOR FOCUS EXAMPLES INCLUDE THE FOUNDATION OF THREE RIVERS COMMUNITY COLLEGE (WHICH PROVIDES FUNDING FOR NURSING STUDENT EDUCATION AND EQUIPMENT), THE REGION'S NON-PROFIT HOSPICE ORGANIZATION, THE NORWICH CHAMBER OF COMMERCE HEALTH CARE COMMITTEE, UNITED WAY OF SOUTHEASTERN CONNECTICUT (WHICH PROVIDES FUNDING FOR MANY REGIONAL HUMAN SERVICES, INCLUDING THOSE THAT ARE HEALTH-RELATED), AS WELL AS SERVICES AND BOARD MEMBERSHIP ON THE REGION'S 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, FAMILY SUPPORT AND SOCIAL SERVICE ORGANIZATIONS, THE REGIONAL CHAMBER OF COMMERCE, NUMEROUS CIVIC AND GOVERNMENTAL BODIES, AND VARIOUS VOLUNTEER COMPANIES AND AMBULANCE SERVICES MEMBERS OF THE ADMINISTRATIVE STAFF ROUTINELY SUBMIT GOVERNMENT TESTIMONY ON BEHALF OF THE REGIONAL NOT-FOR-PROFIT HEALTH-RELATED ORGANIZATIONS, AND PROVIDE RESEARCH AND ADVOCACY FOR THE HEALTH ACCESS THE HOSPITAL CONTRIBUTES CASH AND IN-KIND DONATIONS TO AREA NONPROFITS TO SUPPORT THEIR MISSION TO BETTER THE COMMUNITIES WHICH THEY SERVE SUCH DONATIONS INCLUDE OFFICE SPACE FOR THE LOCAL DOMESTIC ABUSE NETWORK AND SUPPORT OF A LOCAL CHARITY WHOSE MISSION IS TO STRENGTHEN FAMILIES

Form and Line Reference	Explanation
PART VI, LINE 6	HARTFORD HEALTHCARE CORPORATION (HHC) IS ORGANIZED AS A SUPPORT ORGANIZATION TO GOVERN, MANAGE AND PROVIDE SUPPORT SERVICES TO ITS AFFILIATES HHC, THROUGH ITS AFFILIATES INCLUDING HARTFORD HOSPITAL, STRIVES TO IMPROVE HEALTH USING THE "TRIPLE AIM" MODEL IMPROVING QUALITY AND EXPERIENCE OF CARE, IMPROVING HEALTH OF THE POPULATION (POPULATION HEALTH) AND REDUCING COSTS THE STRATEGIC PLANNING AND COMMUNITY BENEFIT COMMITTEE OF THE HHC BOARD OF DIRECTORS ENSURES THE OVERSIGHT FOR THESE SERVICES BY EACH HOSPITAL COMMUNITY IN ADDITION, HHC CONTINUES TO TAKE IMPORTANT STEPS TOWARD ACHIEVING ITS VISION OF BEING "NATIONALLY RESPECTED FOR EXCELLENCE IN PATIENT CARE AND MOST TRUSTED FOR PERSONALIZED, COORDINATED CARE" HHC AFFILIATION CREATES A STRONG, INTEGRATED HEALTH CARE DELIVERY SYSTEM WITH A FULL CONTINUUM OF CARE ACROSS A BROADER GEOGRAPHIC AREA THIS ALLOWS THE SMALL COMMUNITIES EASY AND EXPEDIENT ACCESS TO THE MORE EXTENSIVE AND SPECIALIZED SERVICES THE LARGER HOSPITALS ARE ABLE TO OFFER THIS INCLUDES CONTINUING EDUCATION OF HEALTH CARE PROFESSIONALS AT ALL THE AFFILIATED INSTITUTIONS THROUGH THE CENTER OF EDUCATION, SIMULATION AND INNOVATION LOCATED AT HARTFORD HOSPITAL, THE LARGEST OF THE SYSTEM HOSPITALS THE AFFILIATION FURTHER ENHANCES THE HOSPITALS' ABILITIES TO SUPPORT THEIR MISSIONS, IDENTITY, AND RESPECTIVE COMMUNITY ROLES THIS IS ACHIEVED THROUGH INTEGRATED PLANNING AND COMMUNICATION TO MEET THE CHANGING NEEDS OF THE REGION THIS INCLUDES RESPONSIBLE DECISION MAKING AND APPROPRIATE SHARING OF SERVICES, RESOURCES AND TECHNOLOGIES, AS WELL AS CONTAINMENT STRATEGIES ADDITIONALLY, THE HOSPITAL IS AFFILIATED WITH SEVERAL OTHER NON HOSPITAL CHARITABLE ORGANIZATIONS THESE ORGANIZATIONS PROVIDE SIGNIFICANT BENEFITS TO THE COMMUNITY THESE BENEFITS ARE NOT REPORTED IN THE COMMUNITY BENEFIT DATA PROVIDED BY THE HOSPITAL

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CT

Additional Data

Software ID:
Software Version:
EIN: 06-0250773
Name: THE WILLIAM W BACKUS HOSPITAL

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 3J THIS ASSESSMENT INCORPORATED DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES QUANTITATIVE DATA INPUT INCLUDE PRIMARY RESEARCH AND SECONDARY RESEARCH THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), AS WELL AS VARIOUS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED, A TELEPHONE INTERVIEW METHODOLOGY - ONE THAT INCORPORATES BOTH LANDLINE AND CELL PHONE INTERVIEWS - WAS EMPLOYED THE SAMPLE DESIGN USED FOR THIS EFFORT CONSISTED OF A RANDOM SAMPLE OF 614 INDIVIDUALS AGE 18 AND OLDER IN THE BACKUS HOSPITAL SERVICE AREA BECAUSE THE STUDY WAS PART OF A LARGER EFFORT INVOLVING MULTIPLE REGIONS AND HOSPITAL SERVICE AREAS, THE SURVEYS WERE DISTRIBUTED AMONG VARIOUS STRATA ONCE THE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE HARTFORD REGION AS A WHOLE A VARIETY OF EXISTING (SECONDARY) DATA SOURCES WAS CONSULTED TO COMPLEMENT THE RESEARCH QUALITY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 5 TO SOLICIT INPUT FROM KEY INFORMANTS, INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS THESE INDIVIDUALS INCLUDED PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS AND A VARIETY OF OTHER COMMUNITY LEADERS AMERICAN AMBULANCE SERVICE, INC AMERICAN RED CROSS BLOOD SERVICES BACKUS HOSPITAL CATHOLIC CHARITIES GENERATIONS FAMILY HEALTH CENTER, INC MOHEGAN TRIBE NORWICH ADULT EDUCATION / RELIANCE HOUSE, INC ROSE CITY SENIOR CENTER SOUTHEASTERN REGIONAL ACTION COUNCIL ST VINCENT DE PAUL PLACE NORWICH THREE RIVERS COMMUNITY COLLEGE NURSING PROGRAM TOWN OF WINDHAM TVCCA UNCAS HEALTH DISTRICT UNITED COMMUNITY AND FAMILY SERVICES WINDHAM HOSPITAL WINDHAM REGION NO FREEZE PROJECTPARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE A SURVEY ONLINE KEY INFORMANTS WERE ASKED TO RATE THE DEGREES TO WHICH VARIOUS HEALTH ISSUES WERE A PROBLEM IN THE HARTFORD REGION FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFIED AREAS AS SUCH, AND HOW THESE MIGHT BE BETTER ADDRESSED BACKUS HOSPITAL RECOGNIZES THAT IT CANNOT MEASURE ALL POSSIBLE ASPECTS OF HEALTH IN THE COMMUNITY, NOR CAN IT ADEQUATELY REPRESENT ALL POSSIBLE POPULATIONS OF INTEREST IN TERMS OF CONTENT, THE ASSESSMENT WAS DESIGNED TO PROVIDE A COMPREHENSIVE AND BROAD PICTURE OF THE HEALTH OF THE OVERALL COMMUNITY THE CHNA ANALYSIS AND REPORT YIELDED A WEALTH OF INFORMATION ABOUT THE HEALTH STATUS, BEHAVIORS AND NEEDS FOR OUR POPULATION A DISTINCT ADVANTAGE OF THE PRIMARY QUANTITATIVE (SURVEY) RESEARCH IS THE ABILITY TO SEGMENT FINDINGS BY GEOGRAPHIC, DEMOGRAPHIC AND HEALTH CHARACTERISTICS TO IDENTIFY THE PRIMARY AND CHRONIC DISEASE NEEDS AND OTHER HEALTH ISSUES OF VULNERABLE POPULATIONS, SUCH AS UNINSURED PERSONS, LOW-INCOME PERSONS, AND RACIAL/ETHNIC MINORITY GROUPS FOR ADDITIONAL STATISTICS ABOUT UNINSURED, LOW-INCOME, AND MINORITY HEALTH NEEDS PLEASE REFER TO THE COMPLETE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT, WHICH CAN BE VIEWED ONLINE AT HTTPS //BACKUSHOSPITAL ORG/ABOUT-US/COMMUNITY-OUTREACH/HEALTH-NEEDS-ASSESSMENTAFTER REVIEWING THE COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS, THE COMMUNITY REPRESENTATIVES MET ON JUNE 11, 2015 TO DETERMINE THE HEALTH NEEDS TO BE PRIORITIZED FOR ACTION DURING A DETAILED PRESENTATION OF THE CHNA FINDINGS, WE USED AUDIENCE RESPONSE SYSTEM (ARS) TECHNOLOGIES TO LEAD STEERING COMMITTEE MEMBERS THROUGH A PROCESS OF UNDERSTANDING KEY LOCAL DATA FINDINGS (AREAS OF OPPORTUNITY) AND RANKING IDENTIFIED HEALTH ISSUES AGAINST THE FOLLOWING ESTABLISHED, UNIFORM CRITERIA MAGNITUDE, IMPACT/SERIOUSNESS/FEASIBILITY, CONSEQUENCES OF INACTION FROM THIS EXERCISE, THE AREAS OF OPPORTUNITY WERE PRIORITIZED AS FOLLOWS BY THE COMMITTEE MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY & WEIGHT STATUS, DIABETES, SUBSTANCE ABUSE, CANCER, HEART DISEASE AND STROKE

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 7D THE NEEDS ASSESSMENT WAS PUBLISHED IN MARCH 2015 AND IS AVAILABLE ON THE HOSPITAL'S WEBSITE IN ADDITION, COPIES WERE MADE AVAILABLE TO OUR COMMUNITY PARTNERS PART V,SECTION B, LINE 9 ALTHOUGH THE APPROVED IMPLEMENATION STRATEGY DATE REFLECTS 2014 YEAR, THE IMPLEMENTATION STRATEGY WAS APPROVED IN DECEMBER 2015 THE ORGANIZATION REPORTS ITS DATE ON A FISCAL YEAR BASIS AS A RESULT, THE CURRENT SOFTWARE PREVENTS THE DISCLOSURE OF THE 2015 DATE ON THE CURRENT FORM THE CORRECT DATE (2015) WILL BE REFLECTED ON THE FY16 FORM

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 11 AS INDIVIDUAL ORGANIZATIONS BEGIN TO PARSE OUT THE INFORMATION FROM THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT, IT IS BACKUS HOSPITAL'S GOAL THAT THIS WILL FOSTER GREATER DESIRE TO EMBARK ON A COMMUNITY-WIDE COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS BACKUS HOSPITAL HAS EXPRESSED THIS INTENTION TO PARTNERING ORGANIZATIONS AND IS COMMITTED TO BEING A PRODUCTIVE MEMBER IN THIS PROCESS AS IT EVOLVES SINCE THE CHIP IS STILL BEING DEVELOPED AND NOT REQUIRED TO BE DONE UNTIL FEBRUARY OF 2016 THE ACTIONS THAT WILL BE TAKEN TO ADDRESS IDENTIFIED NEEDS HAVE NOT BEEN FINALIZED IN ADDITION, FORMAL COLLABORATIVES HAVE BEEN FORMED, AND SYSTEM-WIDE INITIATIVES HAVE BEEN LAUNCHED THAT ADDRESS NUTRITION EDUCATION SUCH AS OUR PARTNERSHIP WITH A STATEWIDE SUPER MARKET RETAILER IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, BACKUS HOSPITAL DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE - NUTRITION, PHYSICAL ACTIVITY & WEIGHT (OBESITY), CANCER, DIABETES, HEART DISEASE & STROKE, AND RESPIRATORY DISEASES- ACCESS TO CARE, INCLUDING ORAL HEALTH, DEMENTIAS, AND ALZHEIMER'S DISEASE- MENTAL HEALTH & SUBSTANCE USE, INCLUDING TOBACCO USE OTHER IDENTIFIED NEEDS WERE - RESPIRATORY DISEASES - INJURY & VIOLENCE - INFANT HEALTH & FAMILY PLANNING - POTENTIALLY DISABLING CONDITIONS IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, BACKUS HOSPITAL DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE HEALTH PRIORITIES NOT CHOSEN FOR ACTION INFANT HEALTH AND FAMILY PLANNING-BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS FAMILY PLANNING AND INFANT HEALTH OTHER COMMUNITY PARTNERS SUCH AS UCFS AND MADONNA PLACE HAVE INFRASTUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED VIOLENCE-BACKUS HOSPITAL BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF SAFE FUTURES, THE FORMER WOMEN'S SHELTER BACKUS IS A COMMUNITY PARTNER AND HAS ARRANGED FOR SAFE FUTURES TO OPEN AN OFFICE IN THE MEDICAL OFFICE BUILDING, ADJOINING THE HOSPITAL INJURY-BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS INJURY PREVENTION POTENTIALLY DISABLING CONDITIONS-BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS POTENTIALLY DISABLING CONDITIONS

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 13H FAMILY ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALSO INCLUDE FAMILY SIZE, EMPLOYMENT STATUS AND AMOUNT

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 15E IN ADDITION, PATIENT MAY ASK NURSE, PHYSICIAN, CHAPLAIN, OR STAFF MEMBER FROM PATIENT REGISTRATION, PATIENT FINANCIAL SERVICES, OFFICE OF PROFESSIONAL SERVICES, CASE COORDINATION, OR SOCIAL SERVICES ABOUT INITIATING THE FINANCIAL ASSISTANCE APPLICATION PROCESS

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 16I PATIENTS ARE INFORMED DIRECTLY BY STAFF OF THE AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 22D FOR FY 15, THE HOSPITAL DID A COMPUTATION TO DETERMINE ON AVERAGE INSURANCE COMPANIES REIMBURSEMENT FOR TYPES OF SERVICES RENDERED THE AVERAGE (DISCOUNT) WAS OFFERED TO ALL SELF-PAY PATIENTS WITHOUT REGARDS TO FINANCIAL ABILITY PATIENTS WHO WERE UNABLE TO PAY THEIR BILLS WERE ABLE TO APPLY FOR FINANCIAL ASSISTANCE BASED UPON FACTORS INCLUDING FAMILY SIZE & INCOME, PATIENTS WERE ELIGIBLE TO RECEIVE WRITE-OFFS RANGING 25-100% THE HOSPITAL FINANCIAL ASSISTANCE POLICY (EFFECTIVE JANUARY 1, 2016) IN COMPLIANCE WITH IRS CODE SEC 501R PER THE HOSPITAL'S POLICY, NO INDIVIDUAL WHO IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE CHARGED MORE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE THE BASIS TO WHICH ANY DISCOUNT IS APPLIED IS EQUIVALENT TO THE BILLED CHARGES POSTED TO A PATIENT ACCOUNT MINUS ANY PRIOR INSURANCE PAYMENTS AND ADJUSTMENTS FROM THE PATIENTS INSURANCE (IF APPLICABLE) STARTING JANUARY 1, 2016, THE HOSPITAL USED THE IRS 501R PRESCRIBED METHODOLOGY TO COMPUTE SELF-PAY DISCOUNT (AGB DISCOUNT)

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	WWW BACKUSHOSPITAL ORG

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	WWW BACKUSHOSPITAL ORG

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	WWW BACKUSHOSPITAL ORG

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
BACKUS OUTPATIENT CARE CENTER 111 SALEM TURNPIKE NORWICH,CT 06360	OUTPATIENT SERVICES
MEDICAL OFFICE BUILDING 330 WASHINGTON STREET NORWICH,CT 06360	OUTPATIENT SERVICES
COLCHESTER BACKUS HEALTH CENTER 163 BROADWAY COLCHESTER,CT 06415	OUTPATIENT SERVICES
MONTVILLE BACKUS HEALTH CARE 80 NORWICH/NEW LONDON TURNPIKE UNCASVILLE,CT 06382	OUTPATIENT SERVICES
LEDYARD BACKUS HEALTH CENTER 2 LORENZ PARKWAY LEDYARD,CT 06339	OUTPATIENT SERVICES
FAMILY HEALTH CENTER AT CROSSROADS 196 PARKWAY SOUTH WATERFORD,CT 06385	OUTPATIENT SERVICES
INFECTIOUS DISEASE CLINIC 107 LAFAYETTE STREET NORWICH,CT 06360	OUTPATIENT SERVICES
NORTH STONINGTON BACKUS HEALTH CENTER 82 NORWICH-WESTERLY ROAD NORTH STONINGTON,CT 06359	OUTPATIENT SERVICES
NORWICHTOWN BACKUS PATIENT SERVICE CTR 55 TOWN STREET NORWICH,CT 06360	OUTPATIENT SERVICES
PLAINFIELD EMERGENCY CENTER 582 NORWICH ROAD PLAINFIELD,CT 06374	OUTPATIENT SERVICES
JEWETT CITY PATIENT SERVICE CENTER 70 MAIN STREET JEWETT CITY,CT 06351	OUTPATIENT SERVICES

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHAMBER OF COMMERCE OF SE CT 914 HARTFORD TPKE WATERFORD,CT 06385	06-0475490	501C6	16,800				SPONSORSHIPSPONSORSHIP
(2) NORTHEAST CT COUNCIL OF GOVERNMENT 125 PUTNAM PIKE DAYVILLE,CT 06241	06-0850466	DAYVILLE CT	20,000				PARAMEDIC PROGRAM
(3) CT SPORTS FOUNDATION INC 445 BOSTON POST RD STE 203B OLD SAYBROOK,CT 06475	06-1240574	501C3	15,000				SPONSORSHIP
(4) UNITED COMMUNITY & FAMILY SERVICES INC 34 E TOWN STREET NORWICH,CT 06360	06-0653142	501C3	10,000				SPONSORSHIP
(5) BROADWAY KIDS 12 PENNSYLVANIA AVE NIANTIC,CT 06357			10,000				SPONSORSHIP
(6) AMERICAN CANCER SOCIETY 825 BROOK STREET ROCKY HILL,CT 06067	13-1788491	501C3	5,500				SPONSORSHIP
(7)							NURSING SCHOOL/SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIP	3	10,050			

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

Return Reference	Explanation
PART I, LINE 2	DONATIONS MADE FOR LOCAL EVENTS, SUCH AS SPONSORSHIPS ARE TYPICALLY ATTENDED BY HOSPITAL EMPLOYEES THREE SCHOLARSHIPS IN THE AMOUNT OF $3350 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 BASED ON ACADEMICS AS WELL AS COMMUNITY SERVICE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	HARTFORD HEALTHCARE CORPORATION MAINTAINS A 457(F) PLAN PARTICIPANTS INCLUDE CERTAIN OFFICERS AND KEY EMPLOYEES AT THE PRESIDENT, EXECUTIVE VICE PRESIDENT, SENIOR VICE PRESIDENT AND VICE PRESIDENT LEVELS CONTRIBUTIONS ARE MADE BY HARTFORD HEALTHCARE CORPORATION TO THE PLAN BASED ON A PERCENTAGE OF THE PARTICIPANT'S COMPENSATION PARTICIPANTS VEST IN THE PLAN AT THE EARLIER OF REACHING AGE 55 AND HAVING 5 YEARS OF SERVICE, DEATH, DISABLIITY, INVOLUNTARY SEPARATION WITHOUT REASONABLE CAUSE OR UPON REACHING AGE 65 EACH PARTICIPANT CEASES TO BE ELIGABLE FOR FURTHER CONTRIBUTIONS BY HARTFORD HEALTHCARE CORPORATION ON THE DATE OF THE PARTICIPANT'S SEPARATION FROM SERVICE PARTICIPANTS RECEIVE A ONE-TIME LUMP SUM PAYMENT OF THE ACCUMULATED AMOUNT DURING THE 30-DAY PERIOD FOLLOWING THE PARTICIPANT'S SEPARATION FROM SERVICE 2014 SERP ACCRUALS MADE ON BEHALF OF THE FOLLOWING INDIVIDUALS MR ELLIOT JOSEPH $210,538 MS MARGARET MARCHAK $53,965 DR JAMES CARDON $59,662 2014 SERP PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS MR DANIEL LOHR $74,000 DR PETER SHEA $73,000 MR DAVID WHITEHEAD $108,000 MR ELLIOT JOSEPH $132,336* *FOR THIS INDIVIDUAL, VESTING OCCURRED, CAUSING TAXABLE INCOME A PORTION OF THE VESTED AMOUNT WAS USED TO PAY THE ASSOCIATED TAX LIABILITY, THE REMAINING BALANCE STAYED IN THE SERP ACCOUNT
PART I, LINE 7	HARTFORD HEALTHCARE CORP HAS AN AT RISK PLAN THAT PROVIDES AT-RISK AWARD OPPORTUNITIES TO MOTIVATE ELIGIBLE EXECUTIVES TO PUT FORTH MAXIMUM EFFORT TO ACCOMPLISH SPECIFIED ANNUAL GOALS THE PAYMENT OF AN AWARD TO ANY SENIOR EXECUTIVE IS CONTINGENT ON THE SYSTEM ACHIEVING PRE-ESTABLISHED PERFORMANCE GOALS AND MAINTAINING FINANCIAL STABILITY, PARTICIPANTS ACHIEVING PRE-ESTABLISHED PERFORMANCE GOALS, AND ON APPROVAL OF THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS

Additional Data

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 and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
DAVID WHITEHEAD, DIRECTOR/PRESIDENT/SENIOR VP	(I)	0	0	0	0	0	0	0
	(II)	539,164	140,531	126,311	14,040	36,492	856,538	108,000
JAMES CARDON MDTERM 615, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	442,633	144,696	6,370	77,862	33,634	705,195	0
ELLIOT JOSEPHTERM 615, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	1,152,379	513,373	229,612	239,138	60,161	2,194,663	0
MARGARET MARCHAK, DIRECTOR/SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	432,566	101,007	8,337	72,165	36,596	650,671	0
DANIEL LOHR, SENIOR VP/CFO	(I)	0	0	0	0	0	0	0
	(II)	375,616	85,582	132,703	14,040	29,976	637,917	74,000
CAROLYN TRANTALIS, VP OPERATIONS EAST REGION	(I)	0	0	0	0	0	0	0
	(II)	215,367	50,771	1,746	15,600	23,598	307,082	0
MARY BYLONE, VP PATIENT CARE EAST REGIO	(I)	0	0	0	0	0	0	0
	(II)	219,944	47,630	12,200	14,040	18,367	312,181	0
ROBERT SIDMAN MD, PHYSICIAN	(I)	343,323	168,180	17,919	14,040	20,450	563,912	0
	(II)	0	0	0	0	0	0	0
SERGIO CASILLA MD, PHYSICIAN	(I)	512,483	0	275	14,040	19,992	546,790	0
	(II)	0	0	0	0	0	0	0
ZHENXIANG LIU MD, PHYSICIAN	(I)	430,825	56,243	420	12,509	20,391	520,388	0
	(II)	0	0	0	0	0	0	0
MARIANO LIBRIJO MD, PHYSICIAN	(I)	368,294	31,759	164	12,354	6,264	418,835	0
	(II)	0	0	0	0	0	0	0
NATHAN SIEGEL MD, PHYSICIAN	(I)	313,504	61,920	275	14,040	14,293	404,032	0
	(II)	0	0	0	0	0	0	0
PETER SHEA, FORMER MEDICAL DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	383,189	45,000	80,613	0	30,598	539,400	73,000

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
THE WILLIAM W BACKUS HOSPITAL	06-0250773

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALL OFFICERS AND DIRECTORS HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION INCLUDES THE FOLLOWING SUBSTANTIVE AMENDMENTS 1 THE CORPORATION'S PURPOSES HAVE BEEN REVISED BUT ARE CONSISTENT WITH ITS CHARITABLE PURPOSES 2 THE BOARD'S ROLE WAS REVISED TO FOCUS ON QUALITY IN HEALTH CARE 3 SECTION 12 RELATING TO THE INDEMNIFICATION OF DIRECTORS, OFFICERS, AND COMMITTEE MEMBERS OF THE CORPORATION HAS BEEN REVISED CONSISTENT WITH CONNECTICUT LAW THE ORGANIZATIONS' GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	HARTFORD HEALTHCARE CORPORATION, A NOT-FOR-PROFIT 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF THE WILLIAM W BACKUS HOSPITAL

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER OF THE ORGANIZATION HAS THE AUTHORITY TO APPROVE/REMOVE MEMBERS OF THE GOVERNING BODY

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER OF THE ORGANIZATION HAS THE RIGHT TO REVIEW, APPROVE, DISAPPROVE AND DENY SIGNIFICANT TRANSACTIONS SUCH AS MERGERS, AQUISITIONS, DISSOLUTIONS, ETC

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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 ADDRESSED THE FINAL 990 IS THEN PROVIDED TO THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE HOSPITAL'S BOARD HAS ADOPTED THE POLICY OF THE MEMBER, HARTFORD HEALTHCARE CORPORATION (HHC) HHC'S CONFLICT OF INTEREST POLICY (POLICY) REQUIRES ALL COVERED INDIVIDUALS, INCLUDING BOARD MEMBERS AND OFFICERS, TO PROVIDE A DISCLOSURE OF RELATIONSHIPS THAT CREATE OR HAVE THE APPEARANCE OF CREATING A CONFLICT OF INTEREST OR COMMITMENT THE POLICY REQUIRES UPDATES IF CHANGES IN CIRCUMSTANCES ARISE DURING THE YEAR THAT EITHER (A) CREATE A NEW POTENTIAL CONFLICT OF INTEREST OR COMMITMENT OR (B) CHANGE OR ELIMINATE A CONFLICT OF INTEREST OR COMMITMENT PREVIOUSLY DISCLOSED CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE MAINTAINED BY THE HHC OFFICE OF COMPLIANCE, AUDIT & PRIVACY (OCAP) EMPLOYEE DISCLOSURES ARE REVIEWED BY OCAP IN COLLABORATION WITH THE COVERED INDIVIDUALS' SUPERVISOR WHEN DEEMED APPROPRIATE, TO DETERMINE IF THERE IS A POTENTIAL CONFLICT OVERSIGHT REVIEW OF EMPLOYEE DISCLOSURES IS PROVIDED BY THE HHC CONFLICT OF INTEREST COMMITTEE (THE COMMITTEE) WHICH INCLUDES REPRESENTATION FROM THE MEDICAL STAFF, THE LEGAL DEPARTMENT, HUMAN RESOURCES, SUPPLY CHAIN MANAGEMENT AND COMPLIANCE. THE COMMITTEE ASSESSES AND MAY RECOMMEND THE CONFLICTING INTEREST EITHER BE (A) ELIMINATED FOR A CONTINUED RELATIONSHIP WITH HHC, OR (B) MANAGED THROUGH A MANAGEMENT PLAN BOARD MEMBER DISCLOSURES ARE REPORTED TO THE HHC NOMINATING AND GOVERNANCE COMMITTEE FOR DETERMINATIONS OF CONFLICTS AND THE MANAGEMENT OF THEM, WHERE APPLICABLE.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS OF HARTFORD HEALTHCARE ON BEHALF OF BACKUS HOSPITAL HIRES AN OUTSIDE CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES, A DIVISION OF GALLAGHER BENEFIT SERVICES, INC , TO DETERMINE BEST PRACTICES IN GOVERNING EXECUTIVE COMPENSATION THE FOLLOWING STEPS WERE TAKEN - INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS OF HARTFORD HEALTHCARE, ON BEHALF OF BACKUS HOSPITAL, ESTABLISHED AND REGULARLY REVIEWS EXECUTIVE COMPENSATION PHILOSOPHY - COMMITTEE REGULARLY REVIEWS SCOPE AND DEPTH OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY OF ALL "DISQUALIFIED PERSONS" - NATIONAL PEER GROUP SELECTED FOR COMPARATIVE PURPOSES BASED ON ORGANIZATIONAL SIZE, OPERATING REVENUE, GEOGRAPHY AND OTHER RELEVANT FACTORS - ANALYSIS OF CURRENT TOTAL COMPENSATION VERSUS MARKET PERFORMED BY INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM, REVIEWED BY THE COMMITTEE - RECOMMENDATIONS MADE BASED ON DATA ANALYSIS TO ENSURE APPROPRIATE COMPETITIVE POSITIONING WITHIN PARAMETERS OF COMPENSATION PHILOSOPHY - CEO COMPENSATION REVIEWED BY COMMITTEE BASED ON COMPARATIVE MARKET INFORMATION AND ORGANIZATIONAL PERFORMANCE - ALL CHANGES REVIEWED AND APPROVED BY EXECUTIVE COMPENSATION COMMITTEE THE CEO COMPENSATION DETERMINATION PROCESS IS REVIEWED ON AN ANNUAL BASIS ALL OTHER EXECUTIVE COMPENSATION IS REGULARLY REVIEWED FOR SCOPE AND DEPTH OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATIONS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION UPON REQUEST AT THE ORGANIZATIONS ADDRESS

Return Reference	Explanation
FORM 990, PART XI, LINE 9	K-1 PASSTHROUGH 94 TRANSFER TO AFFILIATES -12,663,772 DECREASE IN ASSETS HELD IN TRUST -247,856 CHANGE IN PENSION FUNDING -14,972,653

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

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

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0250773
Name: THE WILLIAM W BACKUS HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) No
(1) BACKUS HEALTH CARE INC 326 WASHINGTON STREET NORWICH, CT 06360 22-2481794	SUPPORT	CT	501C3	11A	HARTFORD HEALTHCARE CORPORATION	Yes	
(1) BACKUS CORPORATION 326 WASHINGTON STREET NORWICH, CT 06360 22-2757608	SUPPORT	CT	501C3	11B	HARTFORD HEALTHCARE CORPORATION	Yes	
(2) HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102 06-0646668	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(3) WINDHAM COMMUNITY MEMORIAL HOSPITAL 112 MANSFIELD AVE WILLIMANTIC, CT 06226 06-0646966	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(4) MIDSTATE MEDICAL CENTER 435 LEWIS AVENUE MERIDAN, CT 06451 06-0646715	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(5) WINDHAM HOSPITAL FOUNDATION INC 112 MANSFIELD AVE WILLIMANTIC, CT 06226 56-2546632	SUPPORTING ORGANIZATION	CT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	Yes	
(6) HARTFORD HOSPITAL AUXILIARY CO HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06115 06-6040747	FUNDRAISING	CT	501C3	11C	HARTFORD HOSPITAL	Yes	
(7) CONNECTICUT HEALTH SYSTEM INC 80 SEYMOUR STREET HARTFORD, CT 06102 22-2779421	COORDINATION OF HEALTH DELIVERY	CT	501C3	11C	HARTFORD HEALTHCARE CORPORATION	Yes	
(8) HARTFORD HEALTHCARE CORPORATION 1 STATE STREET STE 19 HARTFORD, CT 06103 22-2672834	SUPPORT & MANAGEMENT SVCS TO HHC & AFFILIATES	CT	501C3	11C	N/A		No
(9) NATCHAUG HOSPITAL INC 189 STORRS ROAD MANSFIELD CENTER, CT 06226 06-0966963	BEHAVIORAL HEALTH	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(10) CARING FOR COLLEAGUES EMPLOYEE CRISIS FUND 100 GRAND STREET NEW BRITAIN, CT 06052 26-4469178	EMPLOYEE FUND	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
(11) VNA HEALTH RESOURCES INC 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109 06-1161422	HOME HEALTHCARE	CT	501C3	9	HARTFORD HEALTHCARE AT HOME	Yes	
(12) RUSHFORD CENTER INC 883 PADDOCK AVENUE MERIDAN, CT 06450 06-0932875	SUBSTANCE ABUSE HEALTHCARE SERVICES	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
(13) THE HATCH HOSPITAL CORP 112 MANSFIELD AVE WILLIMANTIC, CT 06226 06-6076412	HEALTHCARE SERVICES	CT	501C3	3	WINDHAM COMMUNITY MEMORIAL HOSPITAL	Yes	
(14) WCMH WOMEN'S AUXILIARY INC 112 MANSFIELD AVE WILLIMANTIC, CT 06226 06-0677728	FUNDRAISING	CT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	Yes	
(15) THE HOSPITAL OF CENTRAL CT & BRADLEY MEMORIAL 110 GRAND STREET NEW BRITAIN, CT 06050 06-0646768	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(16) CENTRAL CT SENIOR HEALTH DBA SOUTHING CARE CENTER 45 MERIDEN AVENUE SOUTHINGTON, CT 06489 22-2635676	SUB-ACUTE & LONG TERM CARE	CT	501C3	9	HARTFORD HEALTHCARE CORPORATION	Yes	
(17) BRADLEY HEALTH SERVICES 100 GRAND STREET NEW BRITAIN, CT 06050 06-1367014	HEALTHCARE SERVICES	CT	501C3	9	HARTFORD HEALTHCARE CORPORATION	Yes	
(18) CENTRAL CT HEALTH ALLIANCE 100 GRAND STREET NEW BRITAIN, CT 06050 22-2785033	SUPPORT & MANAGEMENT SVCS TO THOCC & AFFILIATES SHELL	CT	501C3	11B	HARTFORD HEALTHCARE CORPORATION	Yes	
(19) EVA STEARNS FAULKNER FOUNDATION 435 LEWIS AVENUE MERIDAN, CT 06451 06-6065398	SUPPORT SERVICES	CT	501C3	3	MIDSTATE MEDICAL CENTER	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
(21) THE ORCHARDS OF SOUTHINGTON 34 HOBART STREET SOUTHINGTON, CT 06489 06-1490803	RESIDENTIAL SERVICES FOR SENIOR CITIZENS	CT	501C3	9	CENTRAL CT SENIOR HEALTH SERVICES INC	Yes	
(1) MULBERRY GARDENS OF SOUTHINGTON LLC 58 MULBERRY STREET PLANTSVILLE, CT 06479 82-0586577	ASSISTED LIVING & ADULT DAY CARE	CT	501C3	9	CENTRAL CT SENIOR HEALTH SERVICES INC	Yes	
(2) MIDSTATE MEDICAL CENTER AUXILIARY 435 LEWIS AVENUE MERIDAN, CT 06451 06-6063082	FUNDRAISING	CT	501C3	11A	MIDSTATE MEDICAL CENTER	Yes	
(3) HHC PHYSICIANS CARE INC 80 SEYMOUR STREET HARTFORD, CT 06102 45-4456939	PRACTICE MEDICINE & PROVIDE HEALTH CARE TO THE PUBLIC	CT	501C3	9	HARTFORD HEALTHCARE CORPORATION	Yes	
(4) HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC 200 RETREAT AVENUE HARTFORD, CT 06102 46-0886367	MANAGE & COORDINATE CARE FOR MEDICARE BENEFICIARIES	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
(5) HARTFORD HEALTHCARE CORP GROUP EMPLOYEE BENEFIT PLAN TRUST C/O BOA 777 MAIN STREET HARTFORD, CT 06102 26-6671355	PROVIDE BENEFITS TO EMPLOYEES	CT	501C9		HARTFORD HEALTHCARE CORPORATION	Yes	
(6) HARTFORD HEALTHCARE AT HOME 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109 06-0646938	HOME HEALTHCARE	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
(7) RUSHFORD FOUNDATION INC 883 PADDOCK AVENUE MERIDAN, CT 06450 06-1432692	SUPPORTING ORGANIZATION	CT	501C3	11A	RUSHFORD CENTER INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
OMNI HOME HEALTH 12 CASE STREET NORWICH, CT 06360 06-1458837	HOME HEALTH CARE	CT	N/A	N/A				No			No	
HHC SOUTHINGTON SURGERY CENTER 81 MERIDEN AVENUE SOUTHINGTON, CT 06489 46-5500829	SURGERY SERVICES	CT	N/A	N/A				No			No	
NEW BRITAIN MRI LIMITED PARTNERSHIP 100 GRAND STREET NEW BRITAIN, CT 06050 06-1271349	MAGNETIC RESONANCE IMAGING	CT	N/A	N/A				No			No	
HARTFORD HEALTHCARE ENDOWMENT LLC 80 SEYMOUR STREET HARTFORD, CT 06102 45-4181103	ENDOWMENT MANAGEMENT	CT		RELATED	6,263,668	92,423,397		No			No	10 450 %
AMBULANCE SERVICE OF MANCHESTER PO BOX 300 MANCHESTER, CT 06450 06-1557358	AMBULATORY SERVICE	CT	N/A	N/A				No			No	
CT IMAGING PARTNERS LLC 111 FOUNDERS PLACE EAST HARTFORD, CT 06108 13-4298940	IMAGING SERVICES	CT	N/A	N/A				No			No	
GLASTONBURY ENDOSCOPY CENTER LLC 300 WESTERN BLVD STE B GLASTONBURY, CT 06033 26-1721234	ENDOSCOPY SERVICES	CT	N/A	N/A				No			No	
GLASTONBURY SURGERY CENTER LLC 195 EASTERN BLVD GLASTONBURY, CT 06033 26-2600828	SURGERY SERVICES	CT	N/A	N/A				No			No	
HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC 80 SEYMOUR STREET HARTFORD, CT 06110 06-1543605	AFFILIATE SUPPORT SERVICE	CT	N/A	N/A				No			No	
MED EAST ASSOC LLC 1703 WEST MAIN STREET WILLIMANTIC, CT 06226 06-1469575	OUTPATIENT CARE CLINIC	CT	N/A	N/A				No			No	
HHC SOUTHINGTON SURGERY CENTER 81 MERIDEN AVENUE SOUTHINGTON, CT 06489 46-5500829	SURGERY SERVICES	CT	N/A	N/A				No			No	

Form 990, Schedule R, 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	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
WWB CORPORATION 326 WASHINGTON STREET NORWICH, CT 06360 06-1094836	HOLDING COMPANY	CT	N/A	C				Yes
CONNCARE INC 326 WASHINGTON STREET NORWICH, CT 06360 06-1387598	HEALTHCARE SERVICES	CT	N/A	C				Yes
BACKUS MEDICAL CENTER CONDO ASSOC INC 330 WASHINGTON STREET NORWICH, CT 06360 06-1542647	CONDO ASSOCIATION	CT	THE WILLIAM W BACKUS HOSPITAL	C			69 000 %	Yes
HHMOB CORPORATION& SUBSIDIARY 80 SEYMOUR STREET HARTFORD, CT 06102 06-1140244	REAL ESTATE PARKING	CT	N/A	C				Yes
HARTFORD HEALTHCARE INDEMNITY SERVICES LTD FB PERRY BLVD 40 CHURCH ST HAMILTON BD	CAPTIVE INSURANCE	BD	N/A	C				Yes
WINDHAM HEALTH SERVICES INC 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-1461101	HOME HEALTHCARE	CT	N/A	C				Yes
WINDHAM PHYSICIAN HOSPITAL ORGANIZATION 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-1441614	MEDICAL SERVICES	CT	N/A	C				Yes
WINDHAM FAMILY MEDICAL SERVICES 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-1491649	MEDICAL SERVICES	CT	N/A	C				Yes
CENCONN SERVICES INC 100 GRAND STREET NEW BRITAIN, CT 06050 22-2836001	HOLDING COMPANY	CT	N/A	C				Yes
AETNA AMBULANCE SERVICE PO BOX 1150 MANCHESTER, CT 06045 06-0795431	AMBULANCE SERVICE INC	CT	N/A	C				Yes
HARTFORD PHYSICIAN SERVICES 80 SEYMOUR STREET HARTFORD, CT 06102 06-1254082	MEDICAL SERVICES	CT	N/A	C				Yes
MERIDEN IMAGING CENTER 101 NORTH PLAINS INDUSTRIAL RD MERIDEN, CT 06429 06-1541468	IMAGING	CT	N/A	S				Yes
MIDSTATE MEDICAL GROUP PC 435 LEWIS AVENUE MERIDEN, CT 06450 20-4327968	MEDICAL SERVICES	CT	N/A	C				Yes
HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC 80 SEYMOUR STREET HARTFORD, CT 06102 22-2785918	PHYSICIAN & HOSPITAL SUPPORT	CT	N/A	C				Yes
METRO WHEELCHAIR SERVICES INC PO BOX 300 MANCHESTER, CT 06045 06-0878432	WHEELCHAIR SERVICES	CT	N/A	C				Yes

Form 990, Schedule R, 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	(i) Section 512(b)(13) controlled entity?
Yes	**No**							
WINDHAM PROFESSIONAL OFFICE CONDOMINIUMS 1120 MANSFIELD AVE WILLIMANTIC, CT 06226 06-1090041	CONDO ASSOCIATION	CT	N/A	C				Yes

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CONNCARE INC	J	1,415,938	COST
INTEGRATED CARE PARTNERS	B	118,911	COST
CONNCARE INC	Q	15,516,323	COST
WWB INC	Q	2,267,212	COST
HARTFORD HEALTHCARE MEDICAL GROUP	Q	68,617	COST
WINDHAM HOSPITAL	O	87,390	COST
WINDHAM HOSPITAL	O	53,280	COST
HARTFORD HEALTHCARE REHABILITATION NETWORK	O	95,958	COST
HARTFORD HOSPITAL	M	2,097,381	COST
VNA HEALTH RESOURCES	Q	121,362	COST