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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/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

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

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

C Name of organization
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

F Name and address of principal officer
BIMAL PATEL
326 WASHINGTON STREET
NORWICH,CT 06360

D Employer identification number

06-0250773

E Telephone number

(860) 889-8331

G Gross receipts \$ 389,400,558

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	
Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,010
Revenue	6 Total number of volunteers (estimate if necessary)	6	485
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,413,551
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-48,595
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,626,345	512,743
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	294,807,000	308,726,062
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,159,759	8,686,222
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,525,641	1,672,123
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	306,118,745	319,597,150
Net Assets or Fund Balances	14 Benefits paid to or for members (Part IX, column (A), line 4)	178,641	149,587
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	133,334,931	139,755,080
	b Total fundraising expenses (Part IX, column (D), line 25) ▶690,298	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	124,142,781	135,932,582
	19 Revenue less expenses Subtract line 18 from line 12	257,656,353	275,837,249
		48,462,392	43,759,901
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	533,869,094	589,761,844
	21 Total liabilities (Part X, line 26)	166,315,438	172,757,813
	22 Net assets or fund balances Subtract line 21 from line 20	367,553,656	417,004,031

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

2017-08-10

Date

▶

ANTHONY MASTROIANNI REGIONAL VP FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
MICHAEL J ENGLE

Firm's name ▶ BKD LLP

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

Preparer's signature
MICHAEL J ENGLE

Date

Check ☐ if self-employed

PTIN
P00482834

Firm's EIN ▶ 44-0160260

Phone no (816) 221-6300

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

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 \$ 108,913,167 including grants of \$) (Revenue \$ 117,201,207) See Additional Data
4b	(Code) (Expenses \$ 88,655,473 including grants of \$ 149,587) (Revenue \$ 126,816,749) See Additional Data
4c	(Code) (Expenses \$ 33,216,731 including grants of \$) (Revenue \$ 64,668,888) See Additional Data See Additional Data
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$ 1,211,594)
4e	Total program service expenses ▶ 230,785,371

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	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	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? <i>If "Yes," complete Schedule I, Parts I and III</i> 	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? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i> 	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 	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? <i>If "Yes," complete Schedule R, Part VI</i> 	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.	174	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	2,010	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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	12	
	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	8	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 ANTHONY MASTROIANNI 326 WASHINGTON STREET NORWICH, CT 06360 (860) 889-8331	

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	2,819,003	4,440,745	928,933

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 ► 196

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation
ALLIANCE HEALTHCARE SERVICES PO BOX 96485 CHICAGO, IL 60693	MEDICAL SERVICES	2,806,438
HARTFORD HEALTHCARE LABORATORIES 80 SEYMOUR STREET HARTFORD, CT 06102	LAB SERVICES	1,091,730
NORTH AMERICAN PARTNERS IN ANESTHESIA 68 SOUTH SERVICE RD MELVILLE, NY 11747	MEDICAL SERVICES	862,008
LOCUMTENES PO BOX 405547 ATLANTA, GA 30384	MEDICAL SERVICES	712,551
DVA HEALTHCARE OF NORWICH LLC PO BOX 781607 PHILADELPHIA, PA 19178	MEDICAL SERVICES	546,908

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 ▶ 30

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	95,410			
	d	Related organizations . . .	1d	87			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	417,246			
	g	Noncash contributions included in lines 1a-1f \$		13,239			
	h	Total. Add lines 1a-1f		512,743			
Program Service Revenue	2a	OUTPATIENT	Business Code 900099	124,404,721	124,404,721		
	b	INPATIENT	900099	117,201,207	117,201,207		
	c	EMERGENCY DEPT	900099	64,668,888	64,668,888		
	d	LAB COURIER SERVICE	621500	2,412,028		2,412,028	
	e	EHR REVENUE	900099	39,218	39,218		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		308,726,062			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		831,985			831,985
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real 1,731,711				
		b Less rental expenses	2,475,866				
		c Rental income or (loss)	-744,155				
		d Net rental income or (loss)		-744,155			-744,155
	7a	Gross amount from sales of assets other than inventory	(i) Securities 74,748,467				
		b Less cost or other basis and sales expenses	66,909,675				
		c Gain or (loss)	7,838,792				
		d Net gain or (loss)		7,854,237			7,854,237
	8a	Gross income from fundraising events (not including \$ 95,410 of contributions reported on line 1c) See Part IV, line 18	a 28,080				
	b	Less direct expenses	b 52,640				
	c	Net income or (loss) from fundraising events . .		-24,560			-24,560
	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 428,555				
	b	Less cost of goods sold	b 323,572				
	c	Net income or (loss) from sales of inventory . .		104,983			104,983
	Miscellaneous Revenue		Business Code				
	11a	CAFETERIA	722320	1,163,479			1,163,479
	b	PURCHASE DISCOUNTS	900099	409,840	409,840		
	c	CONTRACT SERVICES	621400	385,653	385,653		
	d	All other revenue		376,883	375,360	1,523	
	e	Total. Add lines 11a-11d		2,335,855			
	12	Total revenue. See Instructions		319,597,150	307,484,887	2,413,551	9,185,969

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.	139,537	139,537		
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.	517,507		517,507	
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.	110,203,665	102,979,500	7,083,897	140,268
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	4,635,955	4,311,807	318,275	5,873
9	Other employee benefits.	16,611,120	15,449,663	1,140,413	21,044
10	Payroll taxes.	7,786,833	7,242,374	534,594	9,865
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.	31,476		31,476	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	1,282,702		1,282,702	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	17,111,241	14,899,675	2,211,566	
12	Advertising and promotion.	22,104	7,809		14,295
13	Office expenses.	4,132,875	3,181,022	950,036	1,817
14	Information technology.	14,397,431	7,061,323	7,336,108	
15	Royalties.				
16	Occupancy.	5,758,651	513,148	5,245,503	
17	Travel.	232,706	120,730	111,976	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	14,493		14,493	
20	Interest.	3,144,871		3,144,871	
21	Payments to affiliates.	10,920,911	7,177,855	3,743,056	
22	Depreciation, depletion, and amortization.	13,228,471	5,454,203	7,774,268	
23	Insurance.	2,996,067	2,185,052	811,015	
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	40,625,083	40,625,083		
b	BAD DEBT	8,148,518	8,148,518		
c	MAINT/SERVICE CONTRACTS	5,340,571	4,067,378	1,273,193	
d	LAB EXPENSES	4,915,923	4,915,923		
e	All other expenses	3,628,488	2,294,721	836,631	497,136
25	Total functional expenses. Add lines 1 through 24e.	275,837,249	230,785,371	44,361,580	690,298
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 <input type="checkbox"/> 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)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		3,266,435	1	2,302,732	
	2	Savings and temporary cash investments		189,891,820	2	46,966,017	
	3	Pledges and grants receivable, net		142	3	64	
	4	Accounts receivable, net		36,077,266	4	37,772,680	
	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		8,773	7	7,885	
	8	Inventories for sale or use		3,679,710	8	3,822,252	
	9	Prepaid expenses and deferred charges		3,850,954	9	4,061,424	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	314,440,561			
	b	Less: accumulated depreciation	10b	200,112,441	119,579,223	10c	114,328,120
	11	Investments—publicly traded securities		69,130,964	11	27,637,016	
	12	Investments—other securities. See Part IV, line 11		92,436,024	12	340,919,004	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15,947,783	15	11,944,650	
16	Total assets. Add lines 1 through 15 (must equal line 34)		533,869,094	16	589,761,844		
Liabilities	17	Accounts payable and accrued expenses		18,341,304	17	15,572,886	
	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		1,395,217	23	1,322,594	
	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		146,578,917	25	155,862,333	
	26	Total liabilities. Add lines 17 through 25		166,315,438	26	172,757,813	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		355,541,298	27	404,269,648	
	28	Temporarily restricted net assets		3,907,265	28	4,543,173	
	29	Permanently restricted net assets		8,105,093	29	8,191,210	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		367,553,656	33	417,004,031	
	34	Total liabilities and net assets/fund balances		533,869,094	34	589,761,844	

Part XI

Reconciliation 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	319,597,150
2	Total expenses (must equal Part IX, column (A), line 25)	2	275,837,249
3	Revenue less expenses Subtract line 2 from line 1	3	43,759,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	367,553,656
5	Net unrealized gains (losses) on investments	5	25,299,227
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-19,608,753
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	417,004,031

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:**Software Version:**

EIN: 06-0250773

Name: THE WILLIAM W BACKUS HOSPITAL

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 108,913,167 including grants of \$) (Revenue \$ 117,201,207)

INPATIENT-THE HOSPITAL HAS 233 LICENSED BEDS DISCHARGES FOR FY 16 WERE 10,607 OF WHICH 7,943 MED/SURG AND ICU, 1,943 MATERNITY/NEWBORN AND 721 PSYCH PATIENT DAYS TOTALED 46,555 OF WHICH 36,062 MED/SURG AND ICU, 4,687 MATERNITY/NEWBORN AND 5,806 PSYCH OBSERVATION DISCHARGES WERE 2,528 AND OBSERVATION DAYS WERE 4,996 THE AVERAGE LENGTH OF STAY IS 4 39 DAYS THERE WERE 2,214 INPATIENT SURGERIES PERFORMED

Form 990, Part III, Line 4b

4b (Code) (Expenses \$ 88,655,473 including grants of \$ 149,587) (Revenue \$ 126,816,749)

OUTPATIENT-FOR FISCAL 16, THE HOSPITAL HAD 433,273 OUTPATIENT VISITS INCLUDED IN THOSE VISITS ARE 144,276 IMAGING EXAMS, 7,337 MRI EXAMINATIONS, 6,334 SAME DAY SURGICAL PROCEDURES, 7,354 PSYCHIATRIC CLINICAL VISITS, 6,475 PSYCHIATRIC PARTIAL HOSPITAL VISITS, 26,643 REHAB VISITS, 3,568 CARDIAC VISITS, 2,822 CHEMO VISITS, AND 2,925 GASTROINTESTINAL VISITS

Form 990, Part III, Line 4c

4c	(Code) (Expenses \$ 33,216,731 including grants of \$) (Revenue \$ 64,668,888)
	EMERGENCY DEPARTMENT-THE HOSPITAL HAS EMERGENCY DEPARTMENTS LOCATED IN NORWICH AND PLAINFIELD FOR FISCAL 16, VISITS TOTALED 78,199 OF WHICH 6,342 WERE TRANSITIONED TO INPATIENT CARE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	including grants of \$) (Revenue \$	1,211,594)
OTHER PROGRAM SERVICES INCLUDE EHR REVENUE, PURCHASE DISCOUNTS, CONTRACT SERVICES AND OTHER MISCELLANEOUS INCOME				

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			
ELIZABETH CONWAY DIRECTOR (THRU 3/16)	2 00	X						0	0	0
DEBORAH MONAHAN DIRECTOR	2 00	X						0	0	0
STEPHEN LARCEN DIRECTOR	2 00	X						0	724,236	99,900
REGINA CUSSON DIRECTOR (THRU 8/16)	2 00	X						0	0	0
LYNNE QUINTAL-HILL DIRECTOR	2 00	X						0	0	0
MARK TRAMONTOZZI DIRECTOR	2 00	X						0	0	0
JAMES WATSON MD DIRECTOR	2 00	X						0	0	0
CAROLYN DRESCHER DIRECTOR	2 00	X						0	0	0
MARY BARRY MD DIRECTOR	2 00	X						0	48,374	1,721
CATINA CABAN-OWEN DIRECTOR (THRU 9/16)	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE WISHNAFSKI DIRECTOR	2 00	X						0	0	0
CARMEN CID DIRECTOR	2 00	X						0	0	0
KARLA FOX DIRECTOR/CHAIR	3 00	X		X				0	0	0
ANTHONY JOYCE DIRECTOR/VICE CHAIRMAN	3 00	X		X				0	0	0
DAVID WHITEHEAD FORMER DIRECTOR/PRESIDENT/EVP	0 00						X	0	969,377	71,418
BIMAL PATEL DIRECTOR/PRESIDENT	60 00 20 00 40 00	X		X				0	476,135	95,399
MARGARET MARCHAK SECRETARY/CLO	3 00 60 00			X				0	660,302	141,415
DANIEL LOHR SENIOR VP/CFO	30 00 30 00			X				0	576,066	64,342
CAROLYN TRANTALIS VP OPERATIONS EAST REGION	30 00 30 00				X			0	288,714	50,224
ROBERT SIDMAN MD VP MEDICAL AFFAIRS EAST REGION	40 00				X			476,272	0	41,235

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			
KAREN JAMES VP HUMAN RESOURCES EAST REGION	30 00				X			0	150,219	35,596
SERGIO CASILLA MD PHYSICIAN	40 00					X		659,293	0	55,946
ZHENXIANG LIU MD PHYSICIAN	40 00					X		499,301	0	51,677
RICHARD GOULDING MD PHYSICIAN	40 00					X		400,039	0	54,383
WILLIAM HORGAN MD PHYSICIAN	40 00					X		390,483	0	52,048
NADER BAHADORY MD PHYSICIAN	40 00					X		393,615	0	59,472
MARY BYLONE FORMER VP PATIENT CARE EAST REGIO	40 00						X	0	350,170	24,332
PETER SHEA FORMER MEDICAL DIRECTOR	40 00						X	0	197,152	29,825

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						►
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						►
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						►
18 Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						►

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>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.</i></div>		
<div>2</div> <div>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? <i>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.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>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).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> <div><div>a</div><div>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? <i>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.</i></div></div> <div><div>b</div><div>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? <i>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.</i></div></div>	Yes	No
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> <div><div>a</div><div>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? <i>Provide details in Part VI.</i></div></div> <div><div>b</div><div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div></div>		

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). <input type="checkbox"/>		

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-														
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?														
		<input type="checkbox"/> Y e s	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)	(b)
		Yes	No 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	31,476
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		31,476
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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
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" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

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

1

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

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

2d

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	7,465,627	7,558,064	7,100,798	6,513,852	5,813,863
b Contributions					
c Net investment earnings, gains, and losses	384,004	-92,437	459,483	591,457	705,215
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses			2,217	4,511	5,226
g End of year balance	7,849,631	7,465,627	7,558,064	7,100,798	6,513,852

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 ▶ 73 000 %

c Temporarily restricted endowment ▶ 27 000 %

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		5,011,878		5,011,878
b Buildings	10,381,267	119,378,436	75,859,976	53,899,727
c Leasehold improvements		65,481,009	35,698,812	29,782,197
d Equipment		109,693,345	88,553,653	21,139,692
e Other		4,494,626		4,494,626
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				114,328,120

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII

Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 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	6,879,937
	EMPLOYEE RELATED OBLIGATIONS	62,840,113
	SELF-INSURED PROF LIABILITY	8,932,886
	CAPITAL LEASE OBLIGATIONS	6,938,228
	OTHER LIABILITIES	4,571,139
	DUE TO AFFILIATES	5,661,723
	TAX EXEMPT SERIES E BOND PREMIUM	1,338,239
	LT INTERCOMPANY DEBT SERIES E	58,700,068

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE MEANT TO PROVIDE LONG TERM SUPPORT FOR CAPI TAL AND OPERATING PROGRAMS FOR THE HOSPITAL IN ACCORDANCE WITH THE DONOR'S WISHES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I Fundraising Activities

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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?		(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
		Yes	No			
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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b)Event #2	(c)Other events	(d)
		GOLF TOURNAMENT (event type)	SEDER GOLF TOURNAMENT (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	77,005	46,485		123,490
	2 Less Contributions	57,805	37,605		95,410
	3 Gross income (line 1 minus line 2)	19,200	8,880		28,080
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	9,180	1,115		10,295
	6 Rent/facility costs	10,820	6,142		16,962
	7 Food and beverages	9,778	9,904		19,682
	8 Entertainment				
	9 Other direct expenses	3,625	2,076		5,701
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				52,640
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-24,560

Part III Gaming.

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

		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d)
					Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No
- 13

Indicate the percentage of gaming activity conducted in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14

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

Name ▶

Address ▶

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17

Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

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

Part IV

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

Return Reference	Explanation
------------------	-------------

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
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 <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 25000 0000000000 %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> 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 eligible 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)			1,514,083		1,514,083	0 570 %
b Medicaid (from Worksheet 3, column a)			61,534,651	38,672,617	22,862,034	8 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			63,048,734	38,672,617	24,376,117	9 110 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			549,220		549,220	0 210 %
f Health professions education (from Worksheet 5)			150,114		150,114	0 060 %
g Subsidized health services (from Worksheet 6)			3,160,177		3,160,177	1 180 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			55,500		55,500	0 020 %
j Total. Other Benefits			3,915,011		3,915,011	1 470 %
k Total. Add lines 7d and 7j			66,963,745	38,672,617	28,291,128	10 580 %

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		93,793		93,793	0.040 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development		400		400	0 %
9	Other					
10	Total		94,193		94,193	0.040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare 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

8,148,488

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

2,184,007

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

72,046,496

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

88,168,329

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-16,121,833

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				

Section A. Hospital Facilities

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)

[illegible]

Section B. Facility Policies and Practices

THE WILLIAM W BACKUS HOSPITAL

THE WELLSFART W. BARNES FOOTBALL

1

Schedule H (Form 990) 2015

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

THE WILLIAM W BACKUS HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 7</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 7</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 7</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> 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 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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> 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? If "Yes," explain in Section C	23		No
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? If "Yes," explain in Section C	24		No

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

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

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

Form and Line Reference	Explanation

Part V

Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **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 3C	BACKUS HOSPITAL USED FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY IN ADDITION, THE HOSPITAL TAKES INTO CONSIDERATION, MEDICAL INDIGENCY, INSURANCE STATUS, UNDERINSURANCE STATUS, AND OTHER FAMILY ELIGIBILITY CRITERIA SUCH AS FAMILY SIZE, EMPLOYMENT AND FINANCIAL OBLIGATIONS

Form and Line Reference	Explanation
PART I, LINE 7	THE ORGANIZATION UTILIZED THE RATIO OF COST TO CHARGE (RCC), DERIVED FROM THE FY2016 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 IDENTIFIED COMMUNITY 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 \$ 8,148,488

Form and Line Reference	Explanation
PART III, LINE 4	PLEASE SEE THE TEXT OF THE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE BEGINNING ON PAGE 20 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'S 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	<p>THE FINANCIAL ASSISTANCE POLICY STATES IN THE EVENT A PATIENT FAILS TO QUALIFY FOR FINANCIAL ASSISTANCE OR FAILS TO PAY THEIR PORTION OF DISCOUNTED CHARGES PURSUANT TO THIS POLICY, AND THE PATIENT DOES NOT PAY TIMELY THEIR OBLIGATIONS TO THE HOSPITAL, THE HOSPITAL RESERVES THE RIGHT TO BEGIN COLLECTION ACTIONS, INCLUDING BUT NOT LIMITED TO, IMPOSING WAGE GARNISHMENTS OR LIENS ON PRIMARY RESIDENCES, INSTITUTING LEGAL ACTION AND REPORTING THE MATTER TO ONE OR MORE CREDIT RATING AGENCIES FOR THOSE PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE AND WHO ARE COOPERATING IN GOOD FAITH TO RESOLVE THE HOSPITAL'S OUTSTANDING ACCOUNTS, THE HOSPITAL MAY OFFER EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS, WILL NOT IMPOSE WAGE GARNISHMENTS OR LIENS ON PRIMARY RESIDENCES, WILL NOT SEND UNPAID BILLS TO OUTSIDE COLLECTION AGENCIES AND WILL CEASE ALL COLLECTION EFFORTS NO EXTRAORDINARY COLLECTION ACTIONS (ECA) WILL BE INITIATED DURING THE FIRST 120 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT TO A VALID ADDRESS OR DURING THE TIME THAT PATIENT'S FINANCIAL ASSISTANCE APPLICATION IS PROCESSING BEFORE INITIATING ANY ECA, A NOTICE WILL BE PROVIDED TO THE PATIENT 30 DAYS PRIOR TO INITIATING SUCH AN EVENT IF THE PATIENT APPLIES FOR ASSISTANCE WITHIN 240 DAYS FROM THE FIRST NOTIFICATION OF THE SELF-PAY BALANCE, AND IS GRANTED ASSISTANCE, ANY ECA'S SUCH AS NEGATIVE REPORTING TO A CREDIT BUREAU OR LIENS THAT HAVE BEEN FILED WILL BE REMOVED</p>

Form and Line Reference	Explanation
PART VI, LINE 2	BACKUS HOSPITAL USES EMERGENCY ROOM DATA TO TRACK INCREASES IN MEDICAL CONDITIONS SUCH AS FALLS, FLU, DRUG OVERDOSES, ETC THE SAME APPROACH IS TAKEN IN OUR OUTPATIENT CLINICS WE PERIODICALLY CANVAS OUR SOCIAL WORK/CASE MANAGEMENT STAFF AS TO WHAT THEY ARE SEEING AND HEARING ABOUT AS THEY WORK WITH PATIENTS WE ALSO TRACK REQUESTS FROM OTHER ENTITIES SUCH AS AREA NON-PROFITS, LOCAL GOVERNMENTAL AGENCIES AND PUBLIC SCHOOLS THESE REQUESTS OFTEN REFLECT GROWING NEEDS AND ISSUES IN OUR COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 3	<p>BACKUS HOSPITAL WILL PROVIDE INFORMATION ABOUT ITS FINANCIAL ASSISTANCE POLICY AS FOLLOWS (1) PROVIDE SIGNS REGARDING THIS POLICY AND WRITTEN PLAIN LANGUAGE SUMMARY INFORMATION DESCRIBING THE POLICY ALONG WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IN THE EMERGENCY DEPARTMENT, LABOR AND DELIVERY AREAS AND OTHER PATIENT REGISTRATION AREAS,(2) PROVIDE TO EACH PATIENT WRITTEN PLAIN LANGUAGE SUMMARY INFORMATION DESCRIBING THE POLICY ALONG WITH FINANCIAL ASSISTANCE CONTACT INFORMATION IN ADMISSION, PATIENT REGISTRATION, DISCHARGE, BILLING AND COLLECTION WRITTEN COMMUNICATIONS,(3) MAKE PAPER COPIES OF THE POLICY, FINANCIAL ASSISTANCE APPLICATION, AND PLAIN LANGUAGE SUMMARY OF THE POLICY AVAILABLE UPON REQUEST AND WITHOUT CHARGE, BOTH BY MAIL AND IN PUBLIC LOCATIONS IN THE HOSPITAL FACILITY, INCLUDING THE EMERGENCY ROOM AND ADMISSION AREAS,(4) POST THE POLICY, PLAIN LANGUAGE SUMMARY AND FINANCIAL ASSISTANCE APPLICATION ON THE WEBSITE WITH CLEAR LINKAGE TO SUCH DOCUMENTS ON THE HOSPITAL'S HOME PAGE,(5) EDUCATE ALL ADMISSION AND REGISTRATION PERSONNEL REGARDING THE POLICY SO THAT THEY CAN SERVE AS AN INFORMATIONAL RESOURCE TO PATIENTS REGARDING THE POLICY AND (6) INCLUDE THE TAG LINE "PLEASE ASK ABOUT OUR FINANCIAL ASSISTANCE POLICY" IN BACKUS WRITTEN PUBLICATIONS</p>

Form and Line Reference	Explanation
PART VI, LINE 4	THE TOTAL POPULATION OF THE BACKUS HOSPITAL PRIMARY SERVICE AREA IS 391,769 85 4% OF THE POPULATION IS WHITE WITH 4 4% BLACK PEOPLE OF HISPANIC ORIGIN MAKE UP 8 9% CHILDREN AGE 0-17 MAKE UP 21 8%, 18-64 64 3% AND SENIORS ACCOUNT FOR 13 9% OF THE POPULATION THE POPULATION LIVING IN POVERTY IS 9 2% WITH THOSE LIVING BELOW 200% FPL IS 22 5% 10 9% HAVE NO HIGH SCHOOL DIPLOMA THE REGION IS A FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREA

Form and Line Reference	Explanation
PART VI, LINE 5	A REGIONAL BOARD GOVERNS BACKUS, WINDHAM AND NATCHAUG HOSPITALS THE BOARD IS RESPONSIBLE FOR MAINTAINING OUTSTANDING QUALITY SERVICES AND CREDENTIALS ITS MEDICAL STAFF ALL OF THE DIRECTORS RESIDE IN OUR SERVICE AREA AND ARE NEITHER EMPLOYEES, FAMILY MEMBERS, NOR CONTRACTORS OF THE HOSPITAL

Form and Line Reference	Explanation
PART VI, LINE 6	<p>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 HHC AND ITS AFFILIATES, INCLUDING ALL SUPPORTED ORGANIZATIONS, DEVELOP AND IMPLEMENT PROGRAMS TO IMPROVE THE HEALTH CARE IN OUR SOUTHERN NEW ENGLAND REGION THIS INCLUDES INITIATIVES TO IMPROVE THE QUALITY AND ACCESSIBILITY OF HEALTH CARE, CREATE EFFICIENCY ON BOTH OUR INTERNAL OPERATIONS AND THE UTILIZATION OF HEALTH CARE, AND PROVIDE PATIENTS WITH THE MOST TECHNICALLY ADVANCED AND COMPASSIONATE COORDINATED CARE 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" THE AFFILIATION WITH HHC 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 HOSPITAL IS 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 AFFILIATION FURTHER ENHANCES THE AFFILIATE'S 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</p>

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

Schedule H (Form 990) 2015

Additional Data

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

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

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	THE WILLIAM W BACKUS HOSPITAL 326 WASHINGTON STREET NORWICH, CT 06360	X	X				X			

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - BACKUS OUTPATIENT CARE CENTER 111 SALEM TURNPIKE NORWICH,CT 06360	OUTPATIENT SERVICES
1 2 - MEDICAL OFFICE BUILDING 330 WASHINGTON STREET NORWICH,CT 06360	RADIATION THERAPY/LAB
2 3 - COLCHESTER BACKUS HEALTH CENTER 163 BROADWAY COLCHESTER,CT 06415	RADIOLOGY/LAB/PRIMARY CARE
3 4 - MONTVILLE BACKUS HEALTH CARE 80 NORWICH/NEW LONDON TURNPIKE UNCASVILLE,CT 06382	RADIOLOGY/LAB/PRIMARY CARE
4 5 - LEDYARD BACKUS HEALTH CENTER 2 LORENZ PARKWAY LEDYARD,CT 06339	LAB/PRIMARY CARE
5 6 - FAMILY HEALTH CENTER AT CROSSROADS 196 PARKWAY SOUTH WATERFORD,CT 06385	PRIMARY CARE/REHAB/ORTHOPEDICS
6 7 - INFECTIOUS DISEASE CLINIC 107 LAFAYETTE STREET NORWICH,CT 06360	CLINIC
7 8 - NORTH STONINGTON BACKUS HEALTH CENTER 82 NORWICH-WESTERLY ROAD NORTH STONINGTON,CT 06359	PRIMARY CARE
8 9 - NORWICHTOWN BACKUS PATIENT SERVICE CTR 55 TOWN STREET NORWICH,CT 06360	LAB
9 10 - PLAINFIELD EMERGENCY CENTER 582 NORWICH ROAD PLAINFIELD,CT 06374	LAB/RADIOLOGY/EMERGENCY SERVICES
10 11 - JEWETT CITY PATIENT SERVICE CENTER 70 MAIN STREET JEWETT CITY,CT 06351	LAB

2015

Open to Public Inspection

06-0250773

☒ Yes ☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of 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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF COMMERCE OF SE CT 914 HARTFORD TPKE WATERFORD,CT 06385	06-0475490	501C6	11,500				SPONSORSHIPSPONSORSHIP
NORTHEAST CT COUNCIL OF GOVERNMENT 125 PUTNAM PIKE DAYVILLE,CT 06241	06-0850466	DAYVILLE CT	20,000				PARAMEDIC PROGRAM
CT SPORTS FOUNDATION INC 445 BOSTON POST RD STE 203B OLD SAYBROOK,CT 06475	06-1240574	501C3	6,000				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRAGUE COMMUNITY CENTER 22 WEST MAIN STREET BAL TIC,CT 06330	22-2512537	SPRAGUE CT	10,000				SPONSORSHIP
CENTER FOR HOSPICE CARE 227 DUNHAM STREET NORWICH,CT 06360	22-2667260	501C3	10,000				SPONSORSHIP
AMERICAN CANCER SOCIETY 825 BROOK STREET ROCKY HILL,CT 06067	13-1788491	501C3	7,100				SPONSORSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTHEASTERN CT RT 12 PO BOX 375 GALES FERRY, CT 06335	06-0771393	501C3	10,000				SPONSORSHIP
DR MARTIN LUTHER KING SCHOLARSHIP FUND PO BOX 1308 NEW LONDON, CT 06320	06-6107846	501C3	10,000				SPONSORSHIP
WINDHAM COMMUNTIY MEMORIAL HOSPITAL AUXILIARY 112 MANSFIELD AVE WILLIMANTIC, CT 06226	06-0677728	501C3	5,350				SPONSORSHIP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
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	No
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	No
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

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

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

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	STARTING IN 2013, THE ORGANIZATION IMPLEMENTED A WRITTEN TAX GROSS UP POLICY WHICH RESTRICTS THE USE OF FUTURE GROSS UPS
PART I, LINES 4A-B	LUMP SUM SEVERANCE PAYMENT WAS MADE TO MARY BYLONE IN THE AMOUNT OF \$231,614. HARTFORD HEALTHCARE CORPORATION MAINTAINS A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). 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, DISABILITY, INVOLUNTARY SEPARATION WITHOUT REASONABLE CAUSE OR UPON REACHING AGE 65. EACH PARTICIPANT CEASES TO BE ELIGIBLE 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. 2015 SERP ACCRUALS MADE ON BEHALF OF THE FOLLOWING INDIVIDUALS: MR. BIMAL PATEL \$44,157; MS. MARGARET MARCHAK \$56,789. 2015 SERP PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS: MR. DANIEL LOHR \$74,000; MR. DAVID WHITEHEAD \$69,487; *MR. STEPHEN LARCEN \$51,590. *FOR THESE INDIVIDUALS, 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 CORPORATION, A RELATED ORGANIZATION, HAS A COMPENSATION AT RISK PLAN THAT ENCOURAGES AND REWARDS ACHIEVEMENTS OF SIGNIFICANT FUNCTIONAL GOALS FOR MANAGEMENT THAT CONTRIBUTE TO ORGANIZATION(S) STRATEGIC AND FINANCIAL DIRECTION. THE PLAN UTILIZES MARKET PRACTICE ALIGNMENT TO ENSURE COMPETITIVE RECRUITMENT AND RETENTION. AWARDS ARE BASED ON CEO AND/OR HARTFORD HEALTHCARE CORPORATION'S COMPENSATION COMMITTEE DISCRETIONARY ASSESSMENT OF OVERALL ORGANIZATION PERFORMANCE AND INDIVIDUAL CONTRIBUTION TO RESULTS.

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1STEPHEN LARCENDIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	434,751	184,730	104,755	56,425	-	-	0
1DAVID WHITEHEAD FORMER DIRECTOR/PRESIDENT/EVP	(i)	0	0	0	0	0	0	0
	(ii)	564,363	316,867	88,147	22,260	-	-	0
2BIMAL PATEL DIRECTOR/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	355,464	118,896	1,775	76,741	-	-	0
3MARGARET MARCHAK SECRETARY/CLO	(i)	0	0	0	0	0	0	0
	(ii)	463,399	166,749	30,154	93,339	-	-	0
4DANIEL LOHR SENIOR VP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	373,623	106,207	96,236	22,260	-	-	74,000
5CAROLYN TRANTALIS VP OPERATIONS EAST REGION	(i)	0	0	0	0	0	0	0
	(ii)	232,424	55,094	1,196	15,473	-	-	0
6ROBERT SIDMAN MD VP MEDICAL AFFAIRS EAST REGION	(i)	372,768	84,603	18,901	14,310	26,925	517,507	0
	(ii)	0	0	0	0	-	-	0
7KAREN JAMES VP HUMAN RESOURCES EAST REGION	(i)	0	0	0	0	0	0	0
	(ii)	133,970	16,000	249	8,237	-	-	0
8SERGIO CASILLA MD PHYSICIAN	(i)	518,036	140,646	611	14,310	41,636	715,239	0
	(ii)	0	0	0	0	-	-	0
9ZHENXIANG LIU MD PHYSICIAN	(i)	465,945	32,930	426	12,560	39,117	550,978	0
	(ii)	0	0	0	0	-	-	0
10RICHARD GOULDING MD PHYSICIAN	(i)	299,829	81,953	18,257	14,310	40,073	454,422	0
	(ii)	0	0	0	0	-	-	0
11WILLIAM HORGAN MD PHYSICIAN	(i)	303,612	82,563	4,308	14,310	37,738	442,531	0
	(ii)	0	0	0	0	-	-	0
12NADER BAHADORY MD PHYSICIAN	(i)	328,715	64,156	744	22,260	37,212	453,087	0
	(ii)	0	0	0	0	-	-	0
13MARY BYLONE FORMER VP PATIENT CARE EAST REGIO	(i)	0	0	0	0	0	0	0
	(ii)	116,850	0	233,320	6,360	-	-	0
14PETER SHEA FORMER MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	194,252	0	2,900	6,360	-	-	0

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY HARTFORD HEALTHCARE'S STAFF ACCOUNTANT. IT WAS THEN REVIEWED BY AN HHC TAX DEPARTMENT AND INDEPENDENT ACCOUNTING FIRM. THE FORM WAS THEN FORWARDED TO THE ORGANIZATION'S TOP MANAGEMENT INCLUDING THE REGIONAL VP OF FINANCE FOR REVIEW. THE FINAL FORM WAS PROVIDED TO THE ENTIRE BOARD PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE (IRS). ONCE THE ENTIRE PROCESS WAS COMPLETED, THE FORM WAS SIGNED BY THE REGIONAL VP OF FINANCE AND THEN FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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 AND INTEGRITY (OCI). EMPLOYEE DISCLOSURES ARE REVIEWED BY OCI 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/BACKUS, 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.</p>

990 Schedule O, Supplemental Information

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 HEALTH CARE, ON BEHALF OF BACKUS HOSPITAL, ESTABLISHED AND REGULARLY REVIEWS EXECUTIVE COMPENSATION PHILOSOPHY - THE COMMITTEE REGULARLY REVIEWS SCOPE AND DEPTH OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY OF ALL "DISQUALIFIED PERSONS " - NATIONAL PEER GROUPS ARE SELECTED FOR COMPARATIVE PURPOSES BASED ON ORGANIZATIONAL SIZE, OPERATING REVENUE, GEOGRAPHY AND OTHER RELEVANT FACTORS - ANALYSIS OF CURRENT TOTAL COMPENSATION VERSUS MARKET IS PERFORMED BY INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM, AND IS REVIEWED BY THE COMMITTEE - RECOMMENDATIONS ARE MADE BASED ON DATA ANALYSIS TO ENSURE APPROPRIATE COMPETITIVE POSITIONING WITHIN PARAMETERS OF COMPENSATION PHILOSOPHY - CEO COMPENSATION IS REVIEWED BY THE COMMITTEE BASED ON COMPARATIVE MARKET INFORMATION AND ORGANIZATIONAL PERFORMANCE - ALL CHANGES ARE 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	K-1 PASSTHROUGH -286 TRANSFER TO AFFILIATES -7,360,564 CHANGE IN ASSETS HELD IN TRUST 86,117 CHANGE IN PENSION FUNDING -12,334,020

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 3B	ALTHOUGH THE ORGANIZATION WAS NOT REQUIRED TO UNDERGO A-133 FEDERAL AUDIT, THE RESULTS WERE INCLUDED IN A CONSOLIDATED A-133 AUDIT PERFORMED AT THE PARENT LEVEL-HARTFORD HEALTHCARE CORPORATION

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

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	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) Disproportionate 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.

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 organization 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

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

Yes

No

No

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			

Schedule R (Form 990) 2015

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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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	No
BACKUS HEALTH CARE INC 326 WASHINGTON STREET NORWICH, CT 06360 22-2481794	SUPPORT	CT	501C3	11A	HARTFORD HEALTHCARE CORPORATION	Yes	
BACKUS CORPORATION 326 WASHINGTON STREET NORWICH, CT 06360 22-2757608	SUPPORT	CT	501C3	11B	HARTFORD HEALTHCARE CORPORATION	Yes	
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102 06-0646668	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
WINDHAM COMMUNITY MEMORIAL HOSPITAL 112 MANSFIELD AVE WILLIMANTIC, CT 06226 06-0646966	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
MIDSTATE MEDICAL CENTER 435 LEWIS AVENUE MERIDAN, CT 06451 06-0646715	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
WINDHAM HOSPITAL FOUNDATION INC 112 MANSFIELD AVE WILLIMANTIC, CT 06226 56-2546632	SUPPORTING ORGANIZATION	CT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	Yes	
HARTFORD HOSPITAL AUXILIARY CO HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06115 06-6040747	FUNDRAISING	CT	501C3	11C	HARTFORD HOSPITAL	Yes	
CONNECTICUT HEALTH SYSTEM INC 80 SEYMOUR STREET HARTFORD, CT 06102 22-2779421	COORDINATION OF HEALTH DELIVERY	CT	501C3	11C	HARTFORD HEALTHCARE CORPORATION	Yes	
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
NATCHAUG HOSPITAL INC 189 STORRS ROAD MANSFIELD CENTER, CT 06226 06-0966963	BEHAVIORAL HEALTH	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
CARING FOR COLLEAGUES EMPLOYEE CRISIS FUND 100 GRAND STREET NEW BRITAIN, CT 06052 26-4469178	EMPLOYEE FUND	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
HARTFORD HEALTHCARE ENDOWMENT LLC 80 SEYMOUR STREET HARTFORD, CT 06102 45-4181103	ENDOWMENT MANAGEMENT	CT	501C3	11A	HARTFORD HEALTHCARE CORPORATION	Yes	
RUSHFORD CENTER INC 883 PADDOCK AVENUE MERIDAN, CT 06450 06-0932875	SUBSTANCE ABUSE HEALTHCARE SERVICES	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
WCMH WOMEN'S AUXILIARY INC 112 MANSFIELD AVE WILLIMANTIC, CT 06226 06-0677728	FUNDRAISING	CT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	Yes	
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	
HARTFORD HEALTHCARE SENIOR SERVICES INC 45 MERIDEN AVENUE SOUTHINGTON, CT 06489 22-2635676	SUB-ACUTE & LONG TERM CARE	CT	501C3	9	HARTFORD HEALTHCARE CORPORATION	Yes	
BRADLEY HEALTH SERVICES 100 GRAND STREET NEW BRITAIN, CT 06050 06-1367014	HEALTHCARE SERVICES	CT	501C3	9	HARTFORD HEALTHCARE CORPORATION	Yes	
THE ORCHARDS OF SOUTHINGTON 34 HOBART STREET SOUTHINGTON, CT 06489 06-1490803	RESIDENTIAL SERVICES FOR SENIOR CITIZENS	CT	501C3	9	HARTFORD HEALTHCARE SENIOR SERVICES INC	Yes	
MULBERRY GARDENS OF SOUTHINGTON LLC 58 MULBERRY STREET PLANTSVILLE, CT 06479 82-0586577	ASSISTED LIVING & ADULT DAY CARE	CT	501C3	9	HARTFORD HEALTHCARE SENIOR SERVICES INC	Yes	
MIDSTATE MEDICAL CENTER AUXILIARY 435 LEWIS AVENUE MERIDAN, CT 06451 06-6063082	FUNDRAISING	CT	501C3	11A	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
HHC PHYSICIANS 80 SEYMOUR STREET HARTFORD, CT 06102 45-4456939	MEDICAL SERVICES	CT	501C3	9	HARTFORD HEALTHCARE CORPORATION	Yes	
HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC 200 RETREAT AVENUE HARTFORD, CT 06102 46-0886367	GOVERNMENT CONTRACTS	CT	501C3	7	HHC PHYSICIANS INC	Yes	
HARTFORD HEALTHCARE CORP GROUP EMPLOYEE BENEFIT PLAN TRUST C/O BOA 777 MAIN STREET HARTFORD, CT 06102 26-6671355	MEDICAL BENEFITS TRUST	CT	501C9		HARTFORD HEALTHCARE CORPORATION	Yes	
HARTFORD HEALTHCARE AT HOME 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109 06-0646938	HOME HEALTHCARE	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
RUSHFORD FOUNDATION INC 883 PADDOCK AVENUE MERIDAN, CT 06450 06-1432692	SUPPORTING ORGANIZATION	CT	501C3	11A	RUSHFORD CENTER INC	Yes	
HARTFORD HEALTHCARE INDEPENDENCE 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109 06-1161422	HOME HEALTHCARE	CT	501C3	9	HARTFORD HEALTHCARE AT HOME	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
(1) WWB CORPORATION 326 WASHINGTON STREET NORWICH, CT 06360 06-1094836	HOLDING COMPANY	CT	N/A	C				Yes	
(1) CONNCARE INC 326 WASHINGTON STREET NORWICH, CT 06360 06-1387598	HEALTHCARE SERVICES	CT	N/A	C				Yes	
BACKUS MEDICAL CENTER CONDO (2) ASSOC INC 330 WASHINGTON STREET NORWICH, CT 06360 06-1542647	CONDO ASSOCIATION	CT	THE WILLIAM W BACKUS HOSPITAL	C		15,655	69 000 %	Yes	
(3) HHMOB CORPORATION& SUBSIDIARY 80 SEYMOUR STREET HARTFORD, CT 06102 06-1140244	REAL ESTATE PARKING	CT	N/A	C				Yes	
(4) HARTFORD HEALTHCARE INDEMNITY SERVICES LTD FB PERRY BLVD 40 CHURCH ST HAMILTON BD	CAPTIVE INSURANCE	BD	N/A	C				Yes	
(5) WINDHAM HEALTH SERVICES INC 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-1461101	HOME HEALTHCARE	CT	N/A	C				Yes	
WINDHAM PHYSICIAN HOSPITAL (6) ORGANIZATION 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-1441614	MEDICAL SERVICES	CT	N/A	C				Yes	
(7) WINDHAM FAMILY MEDICAL SERVICES 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226 06-1491649	MEDICAL SERVICES	CT	N/A	C				Yes	
(8) CENCONN SERVICES INC 100 GRAND STREET NEW BRITAIN, CT 06050 22-2836001	HOLDING COMPANY	CT	N/A	C				Yes	
(9) AETNA AMBULANCE SERVICE PO BOX 1150 MANCHESTER, CT 06045 06-0795431	AMBULANCE SERVICE INC	CT	N/A	C				Yes	
(10) HARTFORD PHYSICIAN SERVICES 80 SEYMOUR STREET HARTFORD, CT 06102 06-1254082	MEDICAL SERVICES	CT	N/A	C				Yes	
(11) MERIDEN IMAGING CENTER 101 NORTH PLAINS INDUSTRIAL RD MERIDEN, CT 06429 06-1541468	IMAGING	CT	N/A	S				Yes	
(12) MIDSTATE MEDICAL GROUP PC 435 LEWIS AVENUE MERIDEN, CT 06450 20-4327968	MEDICAL SERVICES	CT	N/A	C				Yes	
HARTFORD PHYSICIAN HOSPITAL (13) ORGANIZATION INC 80 SEYMOUR STREET HARTFORD, CT 06102 22-2785918	PHYSICIAN & HOSPITAL SUPPORT	CT	N/A	C				Yes	
(14) 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 (16) 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
(1)	CONN CARE INC	J	1,412,612	COST
(1)	CONN CARE INC	B	4,743,946	COST
(2)	CONN CARE INC	Q	13,170,714	COST
(3)	WWB INC	Q	2,087,400	COST
(4)	HHC PHYSICIANS CARE INC	M	480,504	COST
(5)	WINDHAM COMMUNITY MEMORIAL HOSPITAL	L	67,011	COST
(6)	NATCHAUG HOSPITAL	L	150,962	COST
(7)	HARTFORD HEALTHCARE REHABILITATION NETWORK	O	131,864	COST
(8)	HARTFORD HOSPITAL	M	2,204,843	COST
(9)	HARTFORD HEALTHCARE INDEPENDENCE HOME	Q	153,164	COST
(10)	NATCHAUG HOSPITAL	M	368,132	COST
(11)	HOSPITAL OF CENTRAL CT	Q	95,680	COST