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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 10-01-2016 , and ending 09-30-2017

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)

326 WASHINGTON STREET

Room/suite

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

NORWICH, CT 06360

F Name and address of principal officer

DONNA HANDLEY

326 WASHINGTON STREET

NORWICH, CT 06360

D Employer identification number

06-0250773

E Telephone number

(860) 889-8331

G Gross receipts \$ 364,808,623

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 ☐ 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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶276,068

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)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

2018-08-14

Date

ANTHONY MASTROIANNI VP, FINANCE

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

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

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 \$	107,218,197	including grants of \$	(Revenue \$	114,032,732)
See Additional Data						

4b	(Code)	(Expenses \$	96,679,589	including grants of \$	60,026)	(Revenue \$	126,236,121)
See Additional Data							

4c	(Code)	(Expenses \$	32,012,415	including grants of \$	(Revenue \$	68,146,098)
See Additional Data						

(Code)	(Expenses \$	23,744,878	including grants of \$	(Revenue \$	36,389,176)
OTHER PROGRAM SERVICES INCLUDE EHR REVENUE, PURCHASE DISCOUNTS, CONTRACT SERVICES AND OTHER MISCELLANEOUS INCOME					

4d	Other program services (Describe in Schedule O)				
(Expenses \$	23,744,878	including grants of \$	(Revenue \$	36,389,176)	

4e	Total program service expenses ▶	259,655,079
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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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	137
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,980
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11	
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	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.
☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ► 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 ☐

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,315,258	4,641,677	828,184

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 ► 208

		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) Name and business address	(B) Description of services	(C) Compensation
ALLIANCE HEALTHCARE SERVICES PO BOX 96485 CHICAGO, IL 60693	MEDICAL SERVICES	2,945,412
HARTFORD HEALTHCARE LABORATORIES 80 SEYMOUR STREET HARTFORD, CT 06102	LAB SERVICES	1,711,798
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368	FOOD/TRANSPORT	1,447,216
LOCUMTENES PO BOX 405547 ATLANTA, GA 30384	MEDICAL SERVICES	1,109,865
NORTH AMERICAN PARTNERS ANESTHESIA 68 SOUTH SERVICE RD MELVILLE, NY 11747	MEDICAL SERVICES	864,008

<p>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 ► 39</p>	
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Part VIII Statement of RevenueCheck 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	81,180				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	769,163				
	g Noncash contributions included in lines 1a-1f \$ _____	1,388					
	h Total. Add lines 1a-1f ▶			850,343			
Program Service Revenue			Business Code				
	2a NET PATIENT REVENUE		624100	342,498,235	342,498,235		
	b LAB COURIER SERVICE		621500	2,299,867		2,299,867	
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶			344,798,102				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		5,311,763			5,311,763	
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		1,709,295					
		b Less rental expenses	3,288,946				
	c Rental income or (loss)	-1,579,651					
	d Net rental income or (loss) ▶			-1,579,651		-1,579,651	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		10,983,420	2,000				
		b Less cost or other basis and sales expenses	0	348,249			
	c Gain or (loss)	10,983,420	-346,249				
	d Net gain or (loss) ▶			10,637,171		10,637,171	
	8a Gross income from fundraising events (not including \$ 81,180 of contributions reported on line 1c) See Part IV, line 18 a						
		b Less direct expenses b	28,080				
		c Net income or (loss) from fundraising events . . . ▶	56,311				
				-28,231		-28,231	
	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							
	b Less cost of goods sold . . . b						
	c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code					
11a CAFETERIA		722320	1,119,595			1,119,595	
b _____							
c _____							
d All other revenue			6,025		6,025		
e Total. Add lines 11a-11d ▶			1,125,620				
12 Total revenue. See Instructions ▶			361,115,117	342,498,235	2,305,892	15,460,647	

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.	50,026	50,026		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	10,000	10,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	108,440,928	98,808,908	9,523,496	108,524
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,853,897	3,511,583	338,457	3,857
9 Other employee benefits.	15,968,712	14,550,327	1,402,404	15,981
10 Payroll taxes.	7,397,114	6,660,265	728,547	8,302
11 Fees for services (non-employees).				
a Management.				
b Legal.	65,186		65,186	
c Accounting.	20,303		20,303	
d Lobbying.	23,850		23,850	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	1,084,370	1,084,370		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	11,622,681	11,622,681		
12 Advertising and promotion.	227,686	39,381	155,762	32,543
13 Office expenses.	2,664,937	1,795,800	794,827	74,310
14 Information technology.	17,734,250	10,640,550	7,093,700	
15 Royalties.				
16 Occupancy.	5,346,552	4,465,363	881,189	
17 Travel.	59,453	43,305	16,148	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	364,345	275,684	88,661	
20 Interest.	4,030,959	589,365	3,441,594	
21 Payments to affiliates.	12,926,108	6,592,315	6,333,793	
22 Depreciation, depletion, and amortization.	12,549,535	11,991,450	558,085	
23 Insurance.	4,840,681	4,840,681		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	43,955,153	43,955,153		
b HOSPITAL PROVIDER TAX	19,715,655	19,715,655		
c PURCHASED SERVICES	15,927,831	12,492,239	3,407,555	28,037
d REPAIRS AND MAINTENANCE	7,182,122	5,461,200	1,720,922	
e All other expenses	826,501	458,778	363,209	4,514
25 Total functional expenses. Add lines 1 through 24e.	296,888,835	259,655,079	36,957,688	276,068
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		2,302,732	1	29,681,835	
	2	Savings and temporary cash investments		46,966,017	2	2,410,144	
	3	Pledges and grants receivable, net		64	3	0	
	4	Accounts receivable, net		37,772,680	4	40,586,735	
	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		7,885	7		
	8	Inventories for sale or use		3,822,252	8	4,056,193	
	9	Prepaid expenses and deferred charges		4,061,424	9	1,700,384	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	325,071,526			
	b	Less: accumulated depreciation	10b	202,958,805	114,328,120	10c	122,112,721
	11	Investments—publicly traded securities		27,637,016	11	4,840,321	
	12	Investments—other securities. See Part IV, line 11		340,919,004	12	401,607,453	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14	14,919,217	
	15	Other assets. See Part IV, line 11		11,944,650	15	25,003,182	
16	Total assets. Add lines 1 through 15 (must equal line 34)		589,761,844	16	646,918,185		
Liabilities	17	Accounts payable and accrued expenses		15,572,886	17	15,553,720	
	18	Grants payable			18		
	19	Deferred revenue			19	313,087	
	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		1,322,594	23	1,162,798	
	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		155,862,333	25	155,936,507	
	26	Total liabilities. Add lines 17 through 25		172,757,813	26	172,966,112	
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		404,269,648	27	459,954,493	
	28	Temporarily restricted net assets		4,543,173	28	5,595,523	
	29	Permanently restricted net assets		8,191,210	29	8,402,057	
	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		417,004,031	33	473,952,073	
	34	Total liabilities and net assets/fund balances		589,761,844	34	646,918,185	

Part XI Reconciliation of Net AssetsCheck 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	361,115,117
2	Total expenses (must equal Part IX, column (A), line 25)	2	296,888,835
3	Revenue less expenses Subtract line 2 from line 1	3	64,226,282
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	417,004,031
5	Net unrealized gains (losses) on investments	5	38,618,171
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-19,356
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-45,877,056
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	473,952,073

Part XII Financial Statements and ReportingCheck 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 (2016)

Form 990, Part III, Line 4a:

INPATIENT-THE HOSPITAL HAS 233 LICENSED BEDS DISCHARGES FOR FY 17 WERE 10,296 OF WHICH 7,711 MED/SURG AND ICU, 1,882 MATERNITY/NEWBORN AND 703 PSYCH PATIENT DAYS TOTALED 46,248 OF WHICH 35,775 MED/SURG AND ICU, 4,323 MATERNITY/NEWBORN AND 6,150 PSYCH OBSERVATION DISCHARGES WERE 2,715 AND OBSERVATION DAYS WERE 5,762 THE AVERAGE LENGTH OF STAY IS 4 49 DAYS THERE WERE 2,148 INPATIENT SURGERIES PERFORMED

Form 990, Part III, Line 4b:

OUTPATIENT-FOR FISCAL 17, THE HOSPITAL HAD 430,375 OUTPATIENT VISITS INCLUDED IN THOSE VISITS ARE 141,393 IMAGING EXAMS, 7,018 MRI EXAMINATIONS, 6,061 SAME DAY SURGICAL PROCEDURES, 7,547 PSYCHIATRIC CLINICAL VISITS, 10,240 PSYCHIATRIC PARTIAL HOSPITAL VISITS, 29,610 REHAB VISITS, 3,202 CARDIAC VISITS, 3,414 CHEMO VISITS, AND 3,007 GASTROINTESTINAL VISITS

Form 990, Part III, Line 4c:

EMERGENCY DEPARTMENT-THE HOSPITAL HAS EMERGENCY DEPARTMENTS LOCATED IN NORWICH AND PLAINFIELD FOR FISCAL 17, VISITS TOTALED 76,492 OF WHICH 6,415 WERE TRANSITIONED TO INPATIENT CARE

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			
MARY BARRY MD DIRECTOR	2 00 2 00	X						0	35,089	2,344
CARMEN CID DIRECTOR	2 00 2 00	X						0	0	0
CAROLYN DRESCHER DIRECTOR	2 00 2 00	X						0	0	0
KARLA FOX DIRECTOR (THRU JUNE 2017)	2 00 2 00	X						0	0	0
ANTHONY JOYCE DIRECTOR (THRU JUNE 2017)	2 00 2 00	X						0	0	0
STEPHEN LARCEN PHD DIRECTOR	2 00 2 00	X						0	62,966	3,955
STEVE LEE MD DIRECTOR	2 00 2 00	X						0	0	0
LYNN QUINTAL-HILL DIRECTOR	2 00 2 00	X						0	0	0
MARK TRAMONTOZZI MD DIRECTOR	2 00 2 00	X						0	0	0
JAMES WATSON MD DIRECTOR	2 00 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 CHAIR	3 00 3 00	X		X				0	0	0
DEBORAH MONAHAN VICE CHAIR	3 00 3 00	X		X				0	0	0
BIMAL PATEL DIRECTOR/PRESIDENT	20 00 40 00	X		X				0	648,139	103,528
ANTHONY MASTROIANNI VP FINANCE	30 00 30 00			X				0	268,409	50,315
DANIEL LOHR SENIOR VP/CFO (THRU DEC 2016)	30 00 30 00			X				0	582,635	128,453
MARGARET MARCHAK CHIEF LEGAL OFFICER	0 00 60 00			X				0	676,177	131,333
LESTER TEMPKIN VP OPERATIONS EAST REGION	30 00 30 00				X			0	308,936	38,333
CAROLYN TRANTALIS VP OPERATIONS EAST REGION	30 00 30 00				X			0	329,504	57,256
ROBERT SIDMAN MD VP MEDICAL AFFAIRS EAST REGION	30 00 30 00				X			0	514,163	52,683
GREGORY MAKOWSKI HHC LAB SERVICES	30 00 30 00				X			0	330,039	21,633

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			
SERGIO CASILLAS MD PHYSICIAN	60 00					X		622,426	0	38,282
ZHENXIANG LIU MD PHYSICIAN	60 00					X		507,401	0	37,643
RICHARD GOULDING MD PHYSICIAN	60 00					X		360,432	0	37,765
WILLIAM HORGAN MD PHYSICIAN	60 00					X		376,661	0	37,765
NADER BAHADORY MD PHYSICIAN	60 00					X		448,338	0	30,533
DAVID WHITEHEAD FORMER DIRECTOR/PRESIDENT/EVP	0 00 60 00						X	0	885,620	56,363

SCHEDULE A (Form 990 or 990-EZ)	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 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service 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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>	2	
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>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>	4c	
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>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
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 I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b 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>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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)	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
		2016 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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
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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

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?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		23,850
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			23,850
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	THE WILLIAM W BACKUS HOSPITAL PAID ANNUAL DUES TO CONNECTICUT HOSPITAL ASSOCIATION (CHA). CHA CONDUCTS LOBBYING ACTIVITIES ON BEHALF OF ITS MEMBERS. CHA ALLOCATES A PORTION OF THEIR DUES AS LOBBYING EXPENSES. THE PORTION OF DUES ALLOCATED AS LOBBYING EXPENSES IS CALCULATED UNDER CURRENT MEDICARE RULES. CHA CONDUCTS LOBBING ACTIVITIES UNDER CURRENT MEDICARE RULES. THE ORGANIZATION OCCASIONALLY ASKS ITS EMPLOYEES TO VOLUNTEER THEIR TIME TO CONTACT STATE LEGISLATORS IN AN EFFORT TO LOBBY ON ITS BEHALF. THE TOTAL AMOUNT OF DUES ALLOCATED FOR LOBBYING EXPENSES FOR FY17 WAS \$23,850.

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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)?				<input type="checkbox"/> Yes <input type="checkbox"/> 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	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	7,849,631	7,465,627	7,558,064	7,100,798	6,513,852
b Contributions					
c Net investment earnings, gains, and losses	555,441	384,004	-92,437	459,483	591,457
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses				2,217	4,511
g End of year balance	8,405,072	7,849,631	7,465,627	7,558,064	7,100,798

2

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

a

Board designated or quasi-endowment

68 000 %

b

Permanent endowment

32 000 %

c

Temporarily restricted endowment

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,011,878		5,011,878
b Buildings	10,381,267	122,297,550	79,462,415	53,216,402
c Leasehold improvements		63,266,122	37,394,077	25,872,045
d Equipment		116,437,587	86,102,313	30,335,274
e Other		7,677,122		7,677,122
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				122,112,721

Part VII

Investments—Other Securities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____ (A) INVESTMENT IN ENDOWMENT LLC	396,412,137	F
(B) ASSET HELD IN TRUST BY OTHERS	2,649,201	F
(C) INVESTMENT IN OTHER JOINT VENTURES	1,806,115	F
(D) INVESTMENT IMAGING JOINT VENTURE (D)	740,000	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	401,607,453	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED POST RETIREMENT EXPENSES	48,168,223
ACCRUED MALPRACTICE	5,345,032
OTHER LIABILITIES	19,489,857
TAX EXEMPT BONDS	75,957,092
HOSPITAL PROVIDER TAX	3,758,330
SERP LIABILITY	3,217,973
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	155,936,507

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE HOSPITAL HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICABLE STREAM OF FUNDING TO MISSION RELATED PROGRAMS, SUCH AS THOSE DESCRIBED IN PART III, LINES 4A-4D, WHILE SEEKING TO MAINTAIN PURCHASING POWER OF THE ENDOWMENT ASSETS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE CORPORATION MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIC PERIOD(S). UNDER THIS POLICY, AS APPROVED BY THE BOARD OF DIRECTORS, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE A REAL RETURN, NET OF INFLATION AND INVESTMENT MANAGEMENT COSTS, OF AT LEAST 4% OVER THE LONG TERM. ACTUAL RETURNS IN ANY GIVEN YEAR MAY VARY FROM THIS AMOUNT.

Supplemental Information Regarding Fundraising or Gaming Activities

2016

Open to Public Inspection

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.

Employer identification number

06-0250773

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

- 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			
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.

Revenue		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 SEDER GOLF TOURNAMENT (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	74,730	34,530		109,260
	2 Less Contributions	55,530	25,650		81,180
	3 Gross income (line 1 minus line 2)	19,200	8,880		28,080
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,470	2,462		7,932
	6 Rent/facility costs	14,430	6,727		21,157
	7 Food and beverages	8,855	10,845		19,700
	8 Entertainment	1,500	1,500		3,000
	9 Other direct expenses	1,865	2,657		4,522
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				56,311
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-28,231

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	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

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493226003318

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► 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.

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

Part IFinancial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

3a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

☐ 100%

☐ 150%

☐ 200%

☒ Other25000 0000000000 %

3b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☒ 400%

☐ Other %

4

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

5b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

5c

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

6b

If "Yes," did the organization make it available to the public?

6b

Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

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)			1,136,703		1,136,703	0 380 %
b Medicaid (from Worksheet 3, column a)			70,824,281	42,328,692	28,495,589	9 600 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			71,960,984	42,328,692	29,632,292	9 980 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			465,662	231	465,431	0 160 %
f Health professions education (from Worksheet 5)			197,785		197,785	0 070 %
g Subsidized health services (from Worksheet 6)			3,174,719		3,174,719	1 070 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,500		1,500	0 %
j Total. Other Benefits			3,839,666	231	3,839,435	1 300 %
k Total. Add lines 7d and 7j			75,800,650	42,328,923	33,471,727	11 280 %

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

Cat No 50192T

Schedule H (Form 990) 2016

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			54,619		54,619	0.020 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			54,619		54,619	0.020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with 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		
	6,788,033		
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		
	0		
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	73,724,873
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	85,616,627
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-11,891,754
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

THE WILLIAM W BACKUS HOSPITAL

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

THE WILLIAM W BACKUS HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? 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 250 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
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? 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)	15 Yes	
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 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, PAGE 8		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, PAGE 8		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, PAGE 8		
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"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" 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"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

THE WILLIAM W BACKUS HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon 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"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations 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?	21	Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

THE WILLIAM W BACKUS HOSPITAL

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☒ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

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? **10**

Name and address	Type of Facility (describe)
1 1 - BACKUS OUTPATIENT CARE CENTER 111 SALEM TURNPIKE NORWICH, CT 06360	OUTPATIENT SERVICES
2 2 - MEDICAL OFFICE BUILDING 330 WASHINGTON STREET NORWICH, CT 06360	RADIATION THERAPY/LAB
3 3 - COLCHESTER BACKUS HEALTH CENTER 163 BROADWAY COLCHESTER, CT 06415	RADIOLOGY/LAB/PRIMARY CARE
4 4 - MONTVILLE BACKUS HEALTH CARE 80 NORWICH/NEW LONDON TURNPIKE UNCASVILLE, CT 06382	RADIOLOGY/LAB/PRIMARY CARE
5 5 - LEDYARD BACKUS HEALTH CENTER 2 LORENZ PARKWAY LEDYARD, CT 06339	LAB/PRIMARY CARE
6 6 - FAMILY HEALTH CENTER AT CROSSROADS 196 PARKWAY SOUTH WATERFORD, CT 06385	PRIMARY CARE/REHAB/ORTHOPEDICS
7 7 - INFECTIOUS DISEASE CLINIC 107 LAFAYETTE STREET NORWICH, CT 06360	CLINIC
8 8 - NORTH STONINGTON BACKUS HEALTH CENTER 82 NORWICH-WESTERLY ROAD NORTH STONINGTON, CT 06359	PRIMARY CARE
9 9 - PLAINFIELD MEDICAL OFFICE 584 NORWICH ROAD PLAINFIELD, CT 06374	PHYSICIAN OFFICES/INFUSION CENTER
10 10 - PLAINFIELD EMERGENCY CENTER 582 NORWICH ROAD PLAINFIELD, CT 06374	LAB/RADIOLOGY/EMERGENCY SERVICES

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	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 PART I LINE 6A THE ORGANIZATIONS SUBMITS QUARTERLY REPORTS TO THE CONNECTICUT HOSPITAL ASSOCIATION AND FORM 990 IS SUBMITTED TO THE CONNECTICUT OFFICE OF HEALTH CARE ACCESS (OHCA) ANNUALLY
PART I, LINE 7	THE ORGANIZATION UTILIZED AN OVERALL COST TO CHARGE RATIO (RCC), DEVELOPED FROM THE MEDICARE COST REPORT TOTAL EXPENSE WAS ADJUSTED FOR MEDICAID PROVIDER TAXES, DIRECTLY IDENTIFIED COMMUNITY BENEFIT EXPENSE AND COMMUNITY BUILDING 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 THE COSTS ASSOCIATED WITH LINE 7H, WERE THE ACTUAL COSTS REPORTED IN THE ORGANIZATION'S GENERAL LEDGER LESS ANY INDUSTRY FUNDED STUDIES THESE COSTS WERE REMOVED FROM THE CALCULATIONS TO AVOID DUPLICATION COSTS REPORTED IN PART III, SECTION B6, WERE CALCULATED FROM THE MEDICARE COST REPORT AND REDUCED FOR MEDICARE COSTS PREVIOUSLY REPORTED IN PART I LINES 7F & G

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	BACKUS HOSPITAL INTERACTS WITH THE COMMUNITY TO ADDRESS NEEDS AND FACILITATE APPROPRIATE RESPONSES FOR FY 2017, BACKUS EXPENDED \$54,619 ON COMMUNITY BUILDING ACTIVITIES
PART III, LINE 3	A PRE-BAD DEBT FINANCIAL ASSISTANCE SCREENING IS IN PLACE TO IDENTIFY PATIENTS THAT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE PRE-BAD DEBT ACCOUNTS THAT ARE IDENTIFIED AS MEETING THE REQUIREMENTS ARE ADJUSTED PRIOR TO BEING SENT TO BAD DEBT THEREFORE, ANY BAD DEBT EXPENSE THAT COULD HAVE BEEN ATTRIBUTABLE TO CHARITY CARE AT THE END OF FY 2017 WOULD BE IMMATERIAL

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	PLEASE SEE THE TEXT OF THE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE BEGINNING ON PAGE 22 OF THE AUDITED FINANCIAL STATEMENTS THE FOOTNOTE IS ALSO APPLICABLE TO PART III LINE 2
PART III, LINE 8	THE ORGANIZATION'S MEDICARE COST REPORT WAS USED TO ACCUMULATE ACTUAL COSTS RELATED TO PART III SECTION B LINE 6

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	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 LEINS 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
PART VI, LINE 2	BACKUS HOSPITAL USES EMERGENCY ROOM DATA TO TRACK INCREASES IN MEDICAL CONDITIONS SUCH AS FALLS, FLU, DRUG OVERDOSES, ETC AND THE SAME APPROACH IS TAKEN IN OUR OUTPATIENT CLINICS PERIODICALLY INFORMATION IS SURVEYED TO DETERMINE ADDITIONAL PATIENT NEEDS INFORMATION IS ALSO TRACKED FROM OTHER ENTITIES SUCH AS AREA NON-PROFITS,GOVERNMENTAL AGENCIES AND PUBLIC SCHOOLS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	BACKUS HOSPITAL PROVIDES INFORMATION ABOUT ITS FINANCIAL ASSISTANCE POLICY AS FOLLOWS (I) 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, (II) 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, (III) 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, (IV) 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, (V) EDUCATE ALL ADMISSION AND REGISTRATION PERSONNEL REGARDING THE POLICY SO THAT THEY CAN SERVE AS AN INFORMATIONAL RESOURCE TO PATIENTS REGARDING THE POLICY, AND (VI) INCLUDE THE TAG LINE "PLEASE ASK ABOUT OUR FINANCIAL ASSISTANCE POLICY" IN BACKUS WRITTEN PUBLICATIONS
PART VI, LINE 4	THE TOTAL POPULATION OF THE BACKUS HOSPITAL PRIMARY SERVICE AREA IS 275,166 77% OF THE POPULATION IS WHITE WITH 5% BLACK PEOPLE OF HISPANIC ORIGIN MAKE UP 8 9% AND 4% IS ASIAN 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 10% WITH THOSE LIVING BELOW 200% FPL IS 22 5% 10 9% HAVE NO HIGH SCHOOL DIPLOMA 27% HAVE A BA OR HIGHER THE REGION IS A FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREA

990 Schedule H, Supplemental Information

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 NOR CONTRACTORS OF THE HOSPITAL
PART VI, LINE 6	HARTFORD HEALTHCARE CORPORATION (HHC) IS ORGANIZED AS A SUPPORT ORGANIZATION TO GOVERN, MANAGE AND PROVIDE SUPPORT SERVICES TO ITS AFFILIATES HHC, THROUGH ITS AFFILIATES INCLUDING THE WILLAM W BACKUS 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 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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 06-0250773

Name: THE WILLIAM W BACKUS HOSPITAL

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

Section A. Hospital Facilities		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
(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											
1	THE WILLIAM W BACKUS HOSPITAL 326 WASHINGTON STREET NORWICH, CT 06360 BACKUSHOSPITAL.ORG 0037	X	X					X			

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 5 TO SOLICIT INPUT FROM KEY INFORMANTS AND INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS THIS SURVEY WAS CONDUCTED FROM 12/1/14 THOUGH 12/21/14 THESE INDIVIDUALS INCLUDED PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS AND A VARIETY OF OTHER COMMUNITY LEADERS INCLUDING THE FOLLOWING AMERICAN AMBULANCE SERVICE, INC AMERICAN RED CROSS BLOOD SERVICES BACKUS HOSPITAL CATHOLIC CHARITIES GENERATIONS FAMILY HEALTH CENTER, INC MOHEGAN TRIBE NORWICH ADULT EDUCATION / RELIANCE HOUSE, INC ROSE CITY SENIOR CENTER SOUTHEASTERN REGIONAL ACTION COUNCIL ST VINCENT DE PAUL PLACE NORWICH THREE RIVERS COMMUNITY COLLEGE NURSING PROGRAM TOWN OF WINDHAM TVCCA UNCAS HEALTH DISTRICT UNITED COMMUNITY AND FAMILY SERVICES WINDHAM HOSPITAL WINDHAM REGION NO FREEZE PROJECTPARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE OVERALL COMMUNITY KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE KEY INFORMANTS WERE ASKED TO RATE THE DEGREES TO WHICH VARIOUS HEALTH ISSUES WERE A PROBLEM IN THE HARTFORD REGION FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFIED AREAS AS SUCH, AND HOW THESE MIGHT BE BETTER ADDRESSED AFTER REVIEWING THE COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS, THE COMMUNITY REPRESENTATIVES MET ON JUNE 11, 2015 TO DETERMINE THE HEALTH NEEDS TO BE PRIORITIZED FOR ACTION DURING A DETAILED PRESENTATION OF THE CHNA FINDINGS, THE HOSPITAL USED AUDIENCE RESPONSE SYSTEM (ARS) TECHNOLOGIES TO LEAD STEERING COMMITTEE MEMBERS THROUGH A PROCESS OF UNDERSTANDING KEY LOCAL DATA FINDINGS (AREAS OF OPPORTUNITY) AND RANKING IDENTIFIED HEALTH ISSUES AGAINST THE FOLLOWING ESTABLISHED, UNIFORM CRITERIA MAGNITUDE, IMPACT/SERIOUSNESS/FEASIBILITY, CONSEQUENCES OF INACTION FROM THIS EXERCISE, THE AREAS OF OPPORTUNITY WERE PRIORITIZED AS FOLLOWS BY THE COMMITTEE MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY & WEIGHT STATUS, DIABETES, SUBSTANCE ABUSE, CANCER, HEART DISEASE AND STROKE PART V, SECTION B, LINE 7AWWW BACKUSHOSPITAL ORG/ABOUT-US/COMMUNITY-OUTREACH/HEALTH-NEEDS-ASSESSMENT
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 7D THE NEEDS ASSESSMENT WAS PUBLISHED IN MARCH 2015 AND IS AVAILABLE ON THE HOSPITAL'S WEBSITE IN ADDITION, COPIES WERE MADE AVAILABLE TO OUR COMMUNITY PARTNERS

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 11 IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, BACKUS HOSPITAL DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE * NUTRITION* PHYSICAL ACTIVITY & WEIGHT (OBESITY)* CANCER* DIABETES* HEART DISEASE & STROKE* RESPIRATORY DISEASES* ACCESS TO CARE* ORAL HEALTH* DEMENTIA* ALZHEIMER'S DISEASE* MENTAL HEALTH & SUBSTANCE USE (INCLUDING TOBACCO USE) BACKUS HOSPITAL IS IMPLEMENTING INITIATIVES THAT WILL RESPOND TO THESE NEEDS ADDITIONAL NEEDS IDENTIFIED AS "AREAS OF OPPORTUNITIES" WERE NOT DEEMED AS SIGNIFICANT NEEDS AND DID NOT RANK HIGHLY ENOUGH TO EARN A PRIORITIZED RANKING AREAS OF OPPORTUNITIES, IDENTIFIED BUT NOT PRIORITIZED * INFANT HEALTH AND FAMILY PLANNING * INJURY & VIOLENCE* POTENTIALLY DISABLING CONDITIONSINFANT HEALTH AND FAMILY PLANNING BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS FAMILY PLANNING AND INFANT HEALTH OTHER COMMUNITY PARTNERS SUCH AS UCFS AND MADONNA PLACE HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED INJURY & VIOLENCE BACKUS HOSPITAL BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF SAFE FUTURES, THE FORMER WOMEN'S SHELTER BACKUS IS A COMMUNITY PARTNER AND HAS ARRANGED FOR SAFE FUTURES TO OPEN AN OFFICE IN THE MEDICAL OFFICE BUILDING, ADJOINING THE HOSPITAL BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS INJURY PREVENTION POTENTIALLY DISABLING CONDITIONS BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS POTENTIALLY DISABLING CONDITIONS
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 13H FAMILY ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALSO INCLUDE FAMILY SIZE, EMPLOYMENT STATUS, FINANCIAL OBLIGATIONS, AND AMOUNT AND FREQUENCY OF HEALTH CARE EXPENSES

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

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

Form and Line Reference	Explanation
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 15E IN ADDITION, PATIENT MAY ASK A NURSE, PHYSICIAN, CHAPLAIN, OR STAFF MEMBER FROM PATIENT REGISTRATION, PATIENT FINANCIAL SERVICES, CASE COORDINATION, OR SOCIAL SERVICES ABOUT INITIATING THE FINANCIAL ASSISTANCE APPLICATION PROCESS THE WILLIAM W BACKUS HOSPITAL PART V, LINE 16A, FAP WEBSITE HTTPS //BACKUSHOSPITAL ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/THE WILLIAM W BACKUS HOSPITAL PART V, LINE 16B, FAP APPLICATION WEBSITE HTTPS //BACKUSHOSPITAL ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/THE WILLIAM W BACKUS HOSPITAL PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE HTTPS //BACKUSHOSPITAL ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/
THE WILLIAM W BACKUS HOSPITAL	PART V, SECTION B, LINE 16J PATIENTS ARE INFORMED DIRECTLY BY STAFF OF THE AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

Part I

General Information on Grants and Assistance

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

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0

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

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	5	10,000			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	DONATIONS MADE FOR LOCAL EVENTS, SUCH AS SPONSORSHIPS ARE TYPICALLY ATTENDED BY HOSPITAL EMPLOYEES FIVE SCHOLARSHIPS IN THE AMOUNT OF \$2,000 EACH ARE AWARDED TO STUDENTS WHO WILL ATTEND SCHOOL EITHER FOR NURSING OR IN THE MEDICAL FIELD THE APPLICANTS ARE REVIEWED BY THE SCHOLARSHIP COMMITTEE OF THE AUXILIARY AND WINNERS ARE 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.

[illegible]

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
							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"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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	Yes	
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?	Yes	
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 type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?		No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		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?		No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		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	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		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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	TAX INDEMNIFICATION AND GROSS-UP PAYMENTS TO INDIVIDUALS FOR BENEFITS WERE INCLUDED AS TAXABLE INCOME ON THEIR 2016 FORM W-2. PART 1, LINE 3. 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. PLEASE REFER TO COMPENSATION NARRATIVE REPORTED ON SCHEDULE O.
PART I, LINE 4B	HARTFORD HEALTHCARE CORPORATION, A RELATED ORGANIZATION, MAINTAINS A 457(F) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). PARTICIPANTS INCLUDE CERTAIN OFFICERS AND KEY EMPLOYEES AT THE CEO, PRESIDENT, EXECUTIVE VICE PRESIDENT, SENIOR VICE PRESIDENT AND VICE PRESIDENT LEVELS THAT ARE REPORTED BY BACKUS HOSPITAL ON ITS FORM 990, PART VII. 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, UPON REACHING AGE 65 OR THE OCCURENCE OF A CHANE IN CONTROL. 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. 2016 SERP ACCRUALS MADE ON BEHALF OF THE FOLLOWING INDIVIDUALS: MR. BIMAL PATEL \$58,694; MR. DAVID WHITEHEAD \$75,587; MS. MARGARET MARCHAK \$60,847. 2016 SERP PAYOUTS WERE MADE ON BEHALF OF THE FOLLOWING INDIVIDUALS: MR. STEPHEN LARCEN \$6,674; MR. DANIEL LOHR \$74,000; MR. DAVID WHITEHEAD \$34,339*. *FOR THIS INDIVIDUAL, VESTING OCCURRED, CAUSING TAXABLE INCOME. A PORTION OF THE VESTED AMOUNT WAS USED TO PAY THE ASSOCIATED TAX LIABILITY. THE REMAINING BALANCE WAS DEPOSITED INTO THE EMPLOYEE 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. THESE GOALS CONTRIBUTE TO THE 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				
1BIMAL PATEL DIRECTOR/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	445,963	185,927	16,249	91,279	-	-	0
						12,249	751,667	
1ANTHONY MASTROIANNI VP FINANCE	(i)	0	0	0	0	0	0	0
	(ii)	197,286	70,136	987	18,550	-	-	0
						31,765	318,724	
2DANIEL LOHR SENIOR VP/CFO (THRU DEC 2016)	(i)	0	0	0	0	0	0	0
	(ii)	362,355	114,850	105,430	92,550	-	-	0
						35,903	711,088	
3MARGARET MARCHAK CHIEF LEGAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	453,679	186,949	35,549	90,285	-	-	0
						41,048	807,510	
4LESTER TEMPKIN VP OPERATIONS EAST REGION	(i)	0	0	0	0	0	0	0
	(ii)	233,271	69,236	6,429	18,550	-	-	0
						19,783	347,269	
5CAROLYN TRANTALIS VP OPERATIONS EAST REGION	(i)	0	0	0	0	0	0	0
	(ii)	237,409	90,860	1,235	18,550	-	-	0
						38,706	386,760	
6ROBERT SIDMAN MD VP MEDICAL AFFAIRS EAST REGION	(i)	0	0	0	0	0	0	0
	(ii)	381,747	130,484	1,932	18,550	-	-	0
						34,133	566,846	
7GREGORY MAKOWSKI HHC LAB SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	253,221	74,449	2,369	9,275	-	-	0
						12,358	351,672	
8SERGIO CASILLAS MD PHYSICIAN	(i)	511,183	110,626	617	18,550	19,732	660,708	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9ZHENXIANG LIU MD PHYSICIAN	(i)	474,690	32,283	428	18,550	19,093	545,044	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10RICHARD GOULDING MD PHYSICIAN	(i)	282,850	77,308	274	18,550	19,215	398,197	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11WILLIAM HORGAN MD PHYSICIAN	(i)	297,182	79,060	419	18,550	19,215	414,426	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12NADER BAHADORY MD PHYSICIAN	(i)	331,224	115,646	1,468	18,550	11,983	478,871	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13DAVID WHITEHEAD FORMER DIRECTOR/PRESIDENT/EVP	(i)	0	0	0	0	0	0	0
	(ii)	578,564	222,671	84,385	18,550	-	-	0
						37,813	941,983	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
THE WILLIAM W BACKUS HOSPITAL**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

2016**Open to Public
Inspection**

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 11B	THE FORM 990 WAS PREPARED BY HARTFORD HEALTHCARE'S STAFF ACCOUNTANT WITH OVERSIGHT FROM THE HARTFORD HEALTHCARE TAX DEPARTMENT. IT WAS THEN REVIEWED BY AN 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>THE HOSPITAL'S BOARD HAS ADOPTED THE POLICY OF THE MEMBER, HARTFORD HEALTHCARE CORPORATION (HHC) HHC'S CONFLICT OF INTEREST POLICY (POLICY) REQUIRES ALL COVERED INDIVIDUALS, INCLUDING BOARD MEMBERS AND OFFICERS, TO PROVIDE A DISCLOSURE OF RELATIONSHIPS THAT CREATE OR HAVE THE APPEARANCE OF CREATING A CONFLICT OF INTEREST OR COMMITMENT THE POLICY REQUIRES UPDATES IF CHANGES IN CIRCUMSTANCES ARISE DURING THE YEAR THAT EITHER (A) CREATE A NEW POTENTIAL CONFLICT OF INTEREST OR COMMITMENT OR (B) CHANGE OR ELIMINATE A CONFLICT OF INTEREST OR COMMITMENT PREVIOUSLY DISCLOSED CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE MAINTAINED BY THE HHC OFFICE OF COMPLIANCE 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 EXECUTIVE COMPLIANCE STEERING COMMITTEE ("ECSC") (THE COMMITTEE) WHICH INCLUDES REPRESENTATION FROM THE MEDICAL STAFF, THE LEGAL DEPARTMENT, HUMAN SERVICES, SUPPLY CHAIN MANAGEMENT AND COMPLIANCE THE COMMITTEE ASSESSES AND MAY RECOMMEND THE CONFLICTING INTEREST EITHER BE (A) ELIMINATED FOR 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	<p>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 - THE USE OF AN INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS OF HARTFORD HEALTHCARE, ON BEHALF OF BACKUS HOSPITAL, ESTABLISHED AND REGULARLY REVIEWS EXECUTIVE COMPENSATION PHILOSOPHY, - 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 THEN REVIEWED BY THE COMMITTEE, - RECOMMENDATIONS ARE MADE BASED ON MARKET DATA ANALYSIS TO ENSURE APPROPRIATE COMPETITIVE POSITIONING WITHIN PARAMETERS OF COMPENSATION PHILOSOPHY, -THE CEO COMPENSATION IS REVIEWED BY THE COMMITTEE AND IS BASED ON COMPARATIVE MARKET INFORMATION AND ORGANIZATIONAL PERFORMANCE, - ALL CHANGES ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE, THE COMPENSATION DETERMINATION PROCESS FOR THE CEO 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</p>

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 POLICY 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	CHANGE IN ASSETS HELD IN TRUST 177,438 CHANGE IN PENSION FUNDING 8,871,012 TRANSFER TO AFFILIATES -54,926,792 K-1 PASS-THROUGH INVESTMENTS 1,286

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493226003318	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .					
Department of the Treasury Internal Revenue Service					
Name of the organization THE WILLIAM W BACKUS HOSPITAL				Employer identification number 06-0250773	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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)

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
(1) 326 WASHINGTON STREET NORWICH, CT 06360 22-2481794	SUPPORT	CT	501C3	12A	HARTFORD HEALTHCARE CORPORATION	Yes	
(1) 326 WASHINGTON STREET NORWICH, CT 06360 22-2757608	SUPPORT	CT	501C3	12B	HARTFORD HEALTHCARE CORPORATION	Yes	
(2) 80 SEYMOUR STREET HARTFORD, CT 06102 06-0646668	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(3) 112 MANSFIELD AVE WILLIMANTIC, CT 06226 06-0646966	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(4) 435 LEWIS AVENUE MERIDAN, CT 06451 06-0646715	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(5) 112 MANSFIELD AVE WILLIMANTIC, CT 06226 56-2546632	SUPPORTING ORGANIZATION	CT	501C3	12A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	Yes	
(6) 80 SEYMOUR STREET HARTFORD, CT 06115 06-6040747	FUNDRAISING	CT	501C3	12B	HARTFORD HOSPITAL	Yes	
(7) 80 SEYMOUR STREET HARTFORD, CT 06102 22-2779421	COORDINATION OF HEALTH DELIVERY	CT	501C3	12C	HARTFORD HEALTHCARE CORPORATION	Yes	
(8) 1 STATE STREET STE 19 HARTFORD, CT 06103 22-2672834	SUPPORT & MANAGEMENT SVCS TO HHC & AFFILIATES	CT	501C3	12C	N/A		No
(9) 189 STORRS ROAD MANSFIELD CENTER, CT 06226 06-0966963	BEHAVIORAL HEALTH	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(10) 100 GRAND STREET NEW BRITAIN, CT 06052 26-4469178	EMPLOYEE FUND	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
(11) 80 SEYMOUR STREET HARTFORD, CT 06102 45-4181103	INVESTMENT MANAGEMENT	CT	501C3	12A	HARTFORD HEALTHCARE CORPORATION	Yes	
(12) 883 PADDOCK AVENUE MERIDAN, CT 06450 06-0932875	SUBSTANCE ABUSE HEALTHCARE SERVICES	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
(13) 112 MANSFIELD AVE WILLIMANTIC, CT 06226 06-0677728	FUNDRAISING	CT	501C3	12A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	Yes	
(14) 110 GRAND STREET NEW BRITAIN, CT 06050 06-0646768	HEALTHCARE SERVICES	CT	501C3	3	HARTFORD HEALTHCARE CORPORATION	Yes	
(15) 45 MERIDEN AVENUE SOUTHINGTON, CT 06489 22-2635676	SUB-ACUTE & LONG TERM CARE	CT	501C3	10	HARTFORD HEALTHCARE CORPORATION	Yes	
(16) 34 HOBART STREET SOUTHINGTON, CT 06489 06-1490803	RESIDENTIAL SERVICES FOR SENIOR CITIZENS	CT	501C3	10	HARTFORD HEALTHCARE SENIOR SERVICES INC	Yes	
(17) 58 MULBERRY STREET PLANTSVILLE, CT 06479 82-0586577	ASSISTED LIVING & ADULT DAY CARE	CT	501C3	10	HARTFORD HEALTHCARE SENIOR SERVICES INC	Yes	
(18) 435 LEWIS AVENUE MERIDAN, CT 06451 06-6063082	FUNDRAISING	CT	501C3	12A	MIDSTATE MEDICAL CENTER	Yes	
(19) 1290 SILAS DEAN HWY 2ND FLOOR WETHERSFIELD, CT 06109 45-4456939	MEDICAL SERVICES	CT	501C3	10	HARTFORD HEALTHCARE CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) 1290 SILAS DEAN HWY 2ND FLOOR WETHERSFIELD, CT 06109 46-0886367	GOVERNMENT CONTRACTS	CT	501C3	7	HHC PHYSICIANS CARE INC	Yes	
(1) 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109 06-0646938	HOME HEALTHCARE	CT	501C3	7	HARTFORD HEALTHCARE CORPORATION	Yes	
(2) 883 PADDOCK AVENUE MERIDAN, CT 06450 06-1432692	SUPPORTING ORGANIZATION	CT	501C3	12A	RUSHFORD CENTER INC	Yes	
(3) 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109 06-1161422	HOME HEALTHCARE	CT	501C3	10	HARTFORD HEALTHCARE AT HOME	Yes	

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

[illegible]

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	
(2) BACKUS MEDICAL CENTER CONDO ASSOC INC 330 WASHINGTON STREET NORWICH, CT 06360 06-1542647	CONDO ASSOCIATION	CT	THE WILLIAM W BACKUS HOSPITAL	C		13,191	69 000 %	Yes	
(3) HHMOB CORPORATION 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) CENCONN SERVICES INC 100 GRAND STREET NEW BRITAIN, CT 06050 22-2836001	HOLDING COMPANY	CT	N/A	C				Yes	
(6) AETNA AMBULANCE SERVICE PO BOX 1150 MANCHESTER, CT 06045 06-0795431	AMBULATORY SERVICE	CT	N/A	C				Yes	
(7) HARTFORD PHYSICIAN SERVICES 80 SEYMOUR STREET HARTFORD, CT 06102 06-1254082	MEDICAL SERVICES	CT	N/A	C				Yes	
(8) MERIDEN IMAGING CENTER 101 NORTH PLAINS INDUSTRIAL RD MERIDEN, CT 06429 06-1541468	IMAGING	CT	N/A	S				Yes	
(9) MIDSTATE MEDICAL GROUP PC 435 LEWIS AVENUE MERIDEN, CT 06450 20-4327968	MEDICAL SERVICES	CT	N/A	C				Yes	
(10) HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC 80 SEYMOUR STREET HARTFORD, CT 06102 22-2785918	PHYSICIAN & HOSPITAL SUPPORT	CT	N/A	C				Yes	
(11) METRO WHEELCHAIR SERVICES INC PO BOX 300 MANCHESTER, CT 06045 06-0878432	WHEELCHAIR SERVICES	CT	N/A	C				Yes	
(12) WINDHAM PROFESSIONAL OFFICE CONDOMINIUMS 1120 MANSFIELD AVE WILLIMANTIC, CT 06226 06-1090041	CONDO ASSOCIATION	CT	N/A	C				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	HARTFORD HOSPITAL	O	173,198	FMV
(1)	HARTFORD HOSPITAL	M	2,920,984	FMV
(2)	HARTFORD HOSPITAL	P	120,202	FMV
(3)	HARTFORD HOSPITAL	R	4,998,264	FMV
(4)	HARTFORD HOSPITAL	S	4,883,734	FMV
(5)	THE HOSPITAL OF CENTRAL CT	M	87,170	FMV
(6)	THE HOSPITAL OF CENTRAL CT	R	1,038,215	FMV
(7)	THE HOSPITAL OF CENTRAL CT	S	117,962	FMV
(8)	HARTFORD HEALTHCARE MEDICAL GROUP INC	A	123,605	FMV
(9)	HARTFORD HEALTHCARE MEDICAL GROUP INC	L	838,396	FMV
(10)	HARTFORD HEALTHCARE MEDICAL GROUP INC	M	6,776,406	FMV
(11)	HARTFORD HEALTHCARE MEDICAL GROUP INC	O	942,080	FMV
(12)	HARTFORD HEALTHCARE MEDICAL GROUP INC	R	7,814,599	FMV
(13)	HARTFORD HEALTHCARE MEDICAL GROUP INC	S	7,160,387	FMV
(14)	WINDHAM COMMUNITY MEMORIAL HOSPITAL	O	192,085	FMV
(15)	WINDHAM COMMUNITY MEMORIAL HOSPITAL	Q	192,865	FMV
(16)	WINDHAM COMMUNITY MEMORIAL HOSPITAL	R	65,123	FMV
(17)	WINDHAM COMMUNITY MEMORIAL HOSPITAL	S	204,507	FMV
(18)	NATCHAUG HOSPITAL	A	54,823	FMV
(19)	NATCHAUG HOSPITAL	M	420,307	FMV
(20)	NATCHAUG HOSPITAL	Q	85,575	FMV
(21)	NATCHAUG HOSPITAL	R	567,671	FMV
(22)	NATCHAUG HOSPITAL	S	545,894	FMV
(23)	HARTFORD HEALTHCARE REHAB NETWORK	R	223,239	FMV
(24)	HARTFORD HEALTHCARE REHAB NETWORK	S	101,767	FMV

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
(26)	BACKUS PHYSICIAN SERVICES	R	8,862,936	FMV
(1)	BACKUS PHYSICIAN SERVICES	S	9,921,991	FMV
(2)	BACKUS PHYSICIAN SERVICES	A	639,429	FMV
(3)	CONNCARE INC	R	8,485,532	FMV
(4)	CONNCARE INC	S	9,204,627	FMV
(5)	CONNCARE INC	A	793,522	FMV
(6)	BACKUS MEDICAL CENTER CONDO	R	1,151,841	FMV
(7)	BACKUS MEDICAL CENTER CONDO	S	1,163,556	FMV
(8)	OMNI HOME HEALTH SVRS OF E CT	R	64,570	FMV
(9)	OMNI HOME HEALTH SVRS OF E CT	S	64,570	FMV