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2014 Tax Return(s)

Prepared for THE WILLIAM W BACKUS HOSPITAL
CLIENT CODE: BACKUSHOSPIT

Account Number 139621
Release Number 2014.06010

Prepared by BKD, LLP
1201 WALNUT, SUITE 1700
KANSAS CITY, MO
64106

816-221-6300

Processing Date: 08/15/2016
Time: 09:56:50

**Special
Instructions**

Messages

Return Information

CAUTION

Form: T-1 Sheet: 1 Box: 35

- Form 990-T, Page 1. No entry has been made on Interview Form T-1, Box 35 for the book value of organization's assets at end of year. The amount from Form 990, Page 11, line 16 has been used. If necessary, an entry on Interview Form T-1, Box 35, may be used to override this amount. (20037)

Form: Form 990

- Form 990. Part XII, line 2c. If the organization has answered line 2c as "Yes" it should use Schedule O to explain if the process has changed from the prior year. Use Interview Form 9900-1 with an explanation code of "23." The explanation will appear on Schedule O in the appropriate sequence. (26012)

INFORMATIONAL

Form: 990-4 Sheet: 1 Box: 38

- Form 990. Page 3, Part IV, Line 11a. The question on line 11a has calculated an answer of "Yes" based on the corresponding data on line 10 of the balance sheet. If this is not correct make an entry of "N" on Interview Form 990-4, Box 38. (35932)

Form: 990-4 Sheet: 1 Box: 39

- Form 990. Page 3, Part IV, Line 11b. The question on line 11b has calculated an answer of "Yes" based on the corresponding data on line 12 of the balance sheet. If this is not correct make an entry of "N" on Interview Form 990-4, Box 39. (35933)

Form: 990-4 Sheet: 1 Box: 42

- Form 990. Page 3, Part IV, Line 11e. The question on line 11e has calculated an answer of "Yes" based on the corresponding data on line 25 of the balance sheet. If this is not correct make an entry of "N" on Interview Form 990-4, Box 42. (35936)

Form: 990 Page 8

- Form 990. Page 7, Part VII, Section A. One or more entries are present for a 'former' officer, director, trustee, key employee or highest paid employee. Per IRS instructions only the 'Former' checkbox has been completed on Section A, Column C. Be sure that the status (i.e., 'former' officer, director, etc.,) of the individual has been included in the description of the 'Title.' (30038)

Return Information

Form: 990 Page 11

- Form 990, Page 11, Line 11b. If the organization is reporting publicly traded stock for which the organization holds 5% or more of the outstanding shares of the same class or publicly traded stock in a corporation that comprises more than 5% of the organization's total assets it should be reported on line 12 of the balance sheet as "Other Securities." (32999)

Form: 990 Page 12

- Form 990. Page 12, Part XII, line 2b. This question has been answered as "Yes," to indicate that the organization's financial statements were audited by an independent accountant. If these financial statements contained a footnote regarding the organization's liability for uncertain tax positions under FIN 48 a statement must be included on Schedule D, Part XIV providing the text of this footnote. Use Interview Form 990-17, Box 170 to prepare this statement. Refer to the official instructions for Schedule D (Form 990), Part X for specific reporting requirements. (34659)

Form: 990-16 Sheet: 1 Box: 160

- Form 990. Schedule D, Page 3, Part IX. The amount of Other Assets on Form 990, Page 11, Part X, line 15 does not equal or exceed 5 percent of the total assets on Form 990, Page 11, Part X, line 16, column b. Consequently in accordance with IRS instructions Schedule D, Part IX has been left blank. (36035)

Form: Sch D Pg 4

- Schedule D (Form 990). Page 4. Parts XI and XII are not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on Interview Form 990-19, Box 90 to suppress the preparation of Schedule D, Parts XI and XII. (30037)

Form: T-8 Sheet: 1 Box: 30

- Form 990-T. Page 2. Each member of a controlled group must attach a schedule to the tax return showing the taxable income of the entire group, as well as how its share of any additional taxes on line 35 was computed. (31010)

Form: FD eFile

- Electronic Filing. The following EFIN 062257 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

Return Information

Form: EF-1 Sheet: 1 Box: 37

- Electronic Filing. The following Name Control WILL has been computed and is being used to electronically file Form 990 for THE WILLIAM W BACKUS HOSPITAL. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on Interview Form EF-1, Box 37. (37026)

Form: FD eFile

- Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Please note that Form 990-T is also present and must be filed by conventional paper filing. (39512)

Form: EF-PDF1 Sheet: 1 Box: 30

- Electronic Filing. PDF attachment(s) has/have been requested on Interview Form EF-PDF1. The requested PDF attachment for Form 8453-EO is attached to this return and will be transmitted to IRS along with the electronically filed return. Be sure that Form 8453-EO was properly signed and dated, by the appropriate individuals, before being scanned into PDF format and attached to the electronic return. Please note that it is NEVER acceptable to include other forms or information in the Form 8453-EO PDF attachment. (39501)
- Electronic Filing. One or more PDF attachments have been requested on Interview Form EF-PDF1. The requested PDF attachments are attached to this return and will be transmitted to IRS along with the electronically filed Form 990 return. Refer to the PDF File Report for a complete list of all attached PDF files. (39514)

Form: Form 8868

- Form 8868 Extension Information. Form 990 is allowed a maximum of two 3-month extensions. The first extension for Form 990 is automatic and must be requested by filing Form 8868, Part I on or before February 16, 2016. If an additional 3-month extension is needed it must be requested by filing Form 8868, Part II on or before May 16, 2016. Form 990-T is being prepared as a corporation and is allowed one automatic 6-month extension. The extension for Form 990-T must be requested by filing Form 8868, Part I on or before February 16, 2016. (34478)

Return Information

Form: FD eFile

- Electronic Filing. Form 990-T is being prepared and is not currently available (by IRS) for electronic filing. The following supporting forms for Form 990-T are also present and will NOT be included in the electronic return for Form 990: 2220, 4626, Sch O(1120). Be sure that these forms are paper filed with Form 990-T. (34813)

Input Overrides

NAME: THE WILLIAM W BACKUS HOSPITAL

ID Number: 06-0250773

Unit	Form	Entity	Box	Description	Amount/Percentage
990	990-10		102	TOTAL NUMBER OF INDEPENDENT CONTRACTORS PAID OVER \$100,000	35.
990	990-10		101	TOTAL NUMBER OF OFFICERS, DIRECTORS, ETC., PAID OVER \$100,000	206.
990	990-14		101	DEPRECIATION/AMORTIZATION - PROGRAM SERVICES	6,088,464.
990	990-14		102	DEPRECIATION/AMORTIZATION - MANAGEMENT & GENERAL	8,221,030.
990-D	990D-3		101	END OF YEAR BALANCE - PRIOR YEAR ENDOWMENT FUNDS	5,719,446.
990-D	990D-3		102	END OF YEAR BALANCE - TWO YEARS BACK ENDOWMENT FUNDS	5,551,985.
990-D	990D-3		103	END OF YEAR BALANCE - THREE YEARS BACK ENDOWMENT FUNDS	5,396,859.
990-D	990D-3		104	END OF YEAR BALANCE - FOUR YEARS BACK ENDOWMENT FUNDS	5,396,859.
SCHD	990D-4		31	OTHER LAND - COST/OTHER BASIS	0.
SCHD	990D-4		33	INVESTMENT BUILDINGS - COST/OTHER BASIS	10,381,267.
SCHD	990D-4		34	OTHER BUILDINGS - COST/OTHER BASIS	119,487,496.
SCHD	990D-4		35	BUILDINGS - DEPRECIATION	41,411,817.
SCHD	990D-4		38	OTHER LEASEHOLD IMPROVMENTS - COST/OTHER BASIS	64,841,123.
SCHD	990D-4		38	LEASEHOLD IMPROVMENTS - DEPRECIATION	64,841,123.
SCHD	990D-4		42	OTHER EQUIPMENT - COST/OTHER BASIS	107,097,123.
SCHD	990D-4		43	EQUIPMENT - DEPRECIATION	84,410,723.
SCHD	990D-4		46	OTHER - COST/OTHER BASIS	1,246,289.
990	990-16		49	BUILDINGS AND EQUIPMENT - END OF YEAR	303,053,298.
990	990-16		51	ACCUMULATED DEPRECIATION - END OF YEAR	188,485,953.
990	990-16		53	LAND - END OF YEAR	5,011,878.
990	990-16		63	OTHER ASSETS	15,947,783.
990	990-13		164	TOTAL REVENUE	316,776,392.
990	990-15		65	TOTAL EXPENSES	258,616,565.
990	990-15		66	REVENUE LESS EXPENSES	58,159,827.

2014 Return Summary

THE WILLIAM W BACKUS HOSPITAL

06-0250773

FORM 990:

TOTAL REVENUE	306,118,745.
TOTAL EXPENSES	257,656,353.
EXCESS <DEFICIT>	48,462,392.
BEGINNING NET ASSETS	354,894,900.
CHANGES IN NET ASSETS	-35,803,636.
ENDING NET ASSETS (1)	367,553,656.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	533,869,094.
ENDING TOTAL LIABILITIES	166,315,438.
ENDING TOTAL NET ASSETS OR FUND BALANCES (2)	367,553,656.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN ITEMS (1) AND (2)	0.

FORM 990-T:

TAXABLE INCOME	525,284.
TAX	178,597.
CREDITS	0.
TOTAL TAX AFTER NONREFUNDABLE CREDITS	178,597.
OTHER CREDITS AND PAYMENTS	-145,142.
UNDERPAYMENT PENALTY	685.
TOTAL DUE <REFUND>	34,140.

2014 Return Summary

THE WILLIAM W BACKUS HOSPITAL

06-0250773

CONNECTICUT FORM CT-990T:

TAXABLE INCOME	567,875.
TAX	42,591.
OTHER PAYMENTS AND CREDIT	-35,000.
TAX DUE AFTER CREDITS AND PAYMENTS	7,591.
TOTAL PENALTIES AND INTEREST	1,307.
TOTAL DUE <REFUND>	8,898.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2014, or tax year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>306,118,745.</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here Signature of officer Date **SENIOR VP/CFO** Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature <input type="text"/>	Date <input type="text"/>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <input type="text"/>
	Firm's name (or yours if self-employed), address, and ZIP code	HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102		EIN 06-0646668	Phone no. 860-696-6282

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00482834
	Firm's name	BKD, LLP			Firm's EIN 44-0160260
	Firm's address	1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106			Phone no. 816-221-6300

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **SEP 30, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WILLIAM W BACKUS HOSPITAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 326 WASHINGTON STREET City or town, state or province, country, and ZIP or foreign postal code NORWICH, CT 06360	D Employer identification number 06-0250773 E Telephone number 860-889-8331
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 352,632,566.
J Website: WWW.BACKUSHOSPITAL.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1891 M State of legal domicile: CT
F Name and address of principal officer: DANIEL E LOHR SAME AS C ABOVE		
H(c) Group exemption number		

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 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 2059 6 Total number of volunteers (estimate if necessary) 6 412 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,757,558. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 525,284.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,374,100. Prior Year 1,626,345. Current Year 9 Program service revenue (Part VIII, line 2g) 302,711,330. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 9,511,371. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,179,591. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 316,776,392. 306,118,745.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 145,509. 178,641. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 134,279,532. 133,334,931. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 405,448. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 124,191,524. 124,142,781. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 258,616,565. 257,656,353. 19 Revenue less expenses. Subtract line 18 from line 12 58,159,827. 48,462,392.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 513,864,285. Beginning of Current Year 533,869,094. End of Year 21 Total liabilities (Part X, line 26) 158,969,385. 166,315,438. 22 Net assets or fund balances. Subtract line 21 from line 20 354,894,900. 367,553,656.	

Part II Signature Block

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

Sign Here	Signature of officer DANIEL E LOHR, SENIOR VP/CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. ENGLE	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00482834
	Firm's name BKD, LLP Firm's address 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106	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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 214,347,071. including grants of \$ 178,641.) (Revenue \$ 293,780,904.) IN FISCAL YEAR 2015, BACKUS HOSPITAL HAD 9,878 ADMISSIONS, 79,930 EMERGENCY DEPARTMENT VISITS, AND 500,449 OUTPATIENT VISITS. THE HOSPITAL DELIVERED 903 BABIES AND 6,427 SAME DAY SURGICAL PROCEDURES. BACKUS PERFORMED 140,645 OUTPATIENT IMAGING EXAMS, 7,127 MRI EXAMINATIONS, 7,791 PSYCHIATRIC CLINICAL VISITS AND 7,582 PSYCHIATRIC PARTIAL HOSPITAL VISITS.

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

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

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

4e Total program service expenses 214,347,071.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		X
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>		X
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>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee counts, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response 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 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.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
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?	X	
16b		X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DANIEL LOHR - 860-889-8331**
326 WASHINGTON STREET, NORWICH, CT 06360

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID WHITEHEAD DIRECTOR/PRESIDENT/SENIOR VP	30.00 30.00	X		X				0.	806,006.	50,532.
(2) ELIZABETH CONWAY DIRECTOR/VICE CHAIR	3.00 2.00	X		X				0.	0.	0.
(3) DEBORAH MONAHAN DIRECTOR/SECRETARY	3.00 2.00	X		X				0.	0.	0.
(4) KARLA FOX DIRECTOR/CHAIR	3.00 3.00	X		X				0.	0.	0.
(5) ANTHONY JOYCE DIRECTOR/VICE CHAIRMAN	3.00 3.00	X		X				0.	0.	0.
(6) JOHN BILDA (TERM 6/15) DIRECTOR	2.00 2.00	X						0.	0.	0.
(7) STEPHEN BRIGGS (TERM 6/15) DIRECTOR	2.00 2.00	X						0.	0.	0.
(8) JAMES CARDON, MD (TERM 6/15) DIRECTOR	2.00 40.00	X						0.	593,699.	111,496.
(9) NANCY GENTES (TERM 6/15) DIRECTOR	2.00 2.00	X						0.	0.	0.
(10) PETER MANERI (TERM 6/15) DIRECTOR	2.00 2.00	X						0.	0.	0.
(11) PAUL MAXFIELD (TERM 6/15) DIRECTOR	2.00 2.00	X						0.	0.	0.
(12) LYNNE QUINTAL-HILL DIRECTOR	2.00 2.00	X						0.	0.	0.
(13) DONNA ROMITO (TERM 6/15) DIRECTOR	2.00 2.00	X						0.	0.	0.
(14) DENNIS SLATER (TERM 6/15) DIRECTOR	2.00 2.00	X						0.	0.	0.
(15) MARK TRAMONTOZZI DIRECTOR	2.00 2.00	X						0.	0.	0.
(16) ELLIOT JOSEPH (TERM 6/15) DIRECTOR	2.00 60.00	X						0.	1,895,364.	299,299.
(17) JAMES WATSON, MD DIRECTOR	2.00 2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) CAROLYN DRESCHER DIRECTOR	2.00 2.00	X						0.	0.	0.
(19) MARY BARRY, MD DIRECTOR	2.00 2.00	X						0.	25,545.	1,954.
(20) CATINA CABAN-OWEN DIRECTOR	2.00 2.00	X						0.	0.	0.
(21) DIANE WISHNAFSKI DIRECTOR	2.00 2.00	X						0.	0.	0.
(22) CARMEN CID DIRECTOR	2.00 2.00	X						0.	0.	0.
(23) MARGARET MARCHAK DIRECTOR/SECRETARY	3.00 60.00	X		X				0.	541,910.	108,761.
(24) DANIEL LOHR SENIOR VP/CFO	30.00 30.00			X				0.	593,901.	44,016.
(25) CAROLYN TRANTALIS VP OPERATIONS EAST REGION	30.00 30.00				X			0.	267,884.	39,198.
(26) MARY BYLONE VP PATIENT CARE EAST REGIO	40.00				X			0.	279,774.	32,407.
1b Sub-total								0.	5,004,083.	687,663.
c Total from continuation sheets to Part VII, Section A								2,305,584.	508,802.	178,971.
d Total (add lines 1b and 1c)								2,305,584.	5,512,885.	866,634.

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) ROBERT SIDMAN, MD PHYSICIAN	40.00					X		529,422.	0.	34,490.
(28) SERGIO CASILLA, MD PHYSICIAN	40.00					X		512,758.	0.	34,032.
(29) ZHENXIANG LIU, MD PHYSICIAN	40.00					X		487,488.	0.	32,900.
(30) MARIANO LIBRIJO, MD PHYSICIAN	40.00					X		400,217.	0.	18,618.
(31) NATHAN SIEGEL, MD PHYSICIAN	40.00					X		375,699.	0.	28,333.
(32) PETER SHEA FORMER MEDICAL DIRECTOR	40.00						X	0.	508,802.	30,598.
Total to Part VII, Section A, line 1c								2,305,584.	508,802.	178,971.

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

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? 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.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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):		
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 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Area with horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EDWARD AND MARY LORD FOUNDATION 116 CASH STREET NORWICH, CT 06360	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ESTATE OF IDA DILIMENTINIAN 326 WASHINGTON STREET NORWICH, CT 06360	\$ 115,293.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESTATE OF HARRIET JANE DIBBLE 457 W MAIN STREET NORWICH, CT 06360	\$ 40,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WILLIMANTIC LODGE # 1311 PO BOX 102 WILLIMANTIC, CT 06226	\$ 7,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PANERA BREAD 640 GEORGE WASHINGTON HWY LINCOLN, RI 02865	\$ 5,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	CHELSEA GROTON BANK 904 POQUONNOCK RD STE 101 GROTON, CT 06340	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	JEWETT CITY SAVINGS BANK 111 MAIN STREET JEWETT CITY, CT 06351	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	BIG Y FOODS INC PO BOX 7840 SPRINGFIELD, MA 01102	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MRS MARION RIPANI 238 LAURA BOULEVARD NORWICH, CT 06360	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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.**

Open to Public Inspection

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

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

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

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

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

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

Name of 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? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		46,273.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			46,273.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES ARE PRIMARILY COMPRISED OF THE PORTION OF DUES PAID TO THE CONNECTICUT HOSPITAL ASSOCIATION AND THE AMERICAN HOSPITAL ASSOCIATION THAT THOSE INSTITUTIONS DEEM LOBBYING BASED ON THE MEDICARE DEFINITION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,011,878.		5,011,878.
b Buildings	10,381,267.	119,487,496.	41,411,817.	88,456,946.
c Leasehold improvements		64,841,123.	62,663,413.	2,177,710.
d Equipment		107,097,123.	84,410,723.	22,686,400.
e Other		1,246,289.		1,246,289.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 119,579,223.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE MEANT TO PROVIDE LONG TERM SUPPORT FOR CAPITAL AND OPERATING PROGRAMS FOR THE HOSPITAL IN ACCORDANCE WITH THE DONOR'S WISHES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AUXILIARY INCOME-121,229

UNREALIZED LOSS ON INVESTMENTS-7,947,241

RENTAL EXPENSES-(2,372,818)

GOLF TOURNAMENT EXPENSES-(56,715)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RENTAL EXPENSES-2,372,818

GOLF TOURNAMENT EXPENSES-56,715

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AUXILIARY EXPENSES-75,866

K-1 PASSTHRU LOSS-94

SCHEDULE D PART X LINE 2

ASC 740-10, UNCERTAIN TAX POSITIONS, PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THIS INTERPRETATION ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS. MANAGEMENT HAD EVALUATED THE IMPLICATIONS OF ASC 740-10 AND DETERMINED THAT ITS IMPACT ON THE FINANCIAL STATEMENTS IS NOT SIGNIFICANT.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

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

Schedule F (Form 990) 2014

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

Part I

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

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

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

2 a 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.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	SEDER GOLF TOURNAMENT (event type)	NONE (total number)	
1	Gross receipts	60,640.	44,429.		105,069.
2	Less: Contributions	43,640.	37,109.		80,749.
3	Gross income (line 1 minus line 2)	17,000.	7,320.		24,320.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	9,018.	2,891.	11,909.
	6	Rent/facility costs	10,820.	7,520.	18,340.
	7	Food and beverages	11,513.	7,775.	19,288.
	8	Entertainment			
	9	Other direct expenses	2,360.	4,818.	7,178.
10	Direct expense summary. Add lines 4 through 9 in column (d)				56,715.
11	Net income summary. Subtract line 10 from line 3, column (d)				-32,395.

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

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1391546.		1391546.	.56%
b Medicaid (from Worksheet 3, column a)			58395538.	35173932.	23221606.	9.32%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			59787084.	35173932.	24613152.	9.88%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			594,342.	350.	593,992.	.24%
f Health professions education (from Worksheet 5)			249,266.	3,025.	246,241.	.10%
g Subsidized health services (from Worksheet 6)			2002630.		2002630.	.80%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			75,245.		75,245.	.03%
j Total. Other Benefits			2921483.	3,375.	2918108.	1.17%
k Total. Add lines 7d and 7j			62708567.	35177307.	27531260.	11.05%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			67,130.		67,130.	.03%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			3,168.		3,168.	.00%
7 Community health improvement advocacy			946.		946.	.00%
8 Workforce development						
9 Other						
10 Total			71,244.		71,244.	.03%

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?			X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	8,486,887.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,274,706.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

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

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 %

Part V Facility Information

Section A. Hospital Facilities

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

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)

1 THE WILLIAM W BACKUS HOSPITAL
326 WASHINGTON STREET
NORWICH, CT 06360

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first three columns and the ER-24 hours column.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
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	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
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"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>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	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
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	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.BACKUSHOSPITAL.ORG</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	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): _____		
b If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
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	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %</p> <p>b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>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):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>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</p> <p>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</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input checked="" type="checkbox"/> Other (describe in Section C)</p>		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.BACKUSHOSPITAL.ORG</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.BACKUSHOSPITAL.ORG</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.BACKUSHOSPITAL.ORG</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>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)</p> <p>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)</p> <p>g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p>h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> Other (describe in Section C)</p>		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
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)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 3J: THIS ASSESSMENT INCORPORATED DATA FROM BOTH QUANTITATIVE AND QUALITATIVE SOURCES. QUANTITATIVE DATA INPUT INCLUDE PRIMARY RESEARCH AND SECONDARY RESEARCH. THE SURVEY INSTRUMENT USED FOR THIS STUDY WAS BASED LARGELY ON THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), AS WELL AS VARIOUS OTHER PUBLIC HEALTH SURVEYS AND CUSTOMIZED QUESTIONS ADDRESSING GAPS IN INDICATOR DATA RELATIVE TO HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES AND OTHER RECOGNIZED HEALTH ISSUES.

TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED, A TELEPHONE INTERVIEW METHODOLOGY - ONE THAT INCORPORATES BOTH LANDLINE AND CELL PHONE INTERVIEWS - WAS EMPLOYED. THE SAMPLE DESIGN USED FOR THIS EFFORT CONSISTED OF A RANDOM SAMPLE OF 614 INDIVIDUALS AGE 18 AND OLDER IN THE BACKUS HOSPITAL SERVICE AREA. BECAUSE THE STUDY WAS PART OF A LARGER EFFORT INVOLVING MULTIPLE REGIONS AND HOSPITAL SERVICE AREAS, THE SURVEYS WERE DISTRIBUTED AMONG VARIOUS STRATA. ONCE THE INTERVIEWS WERE COMPLETED, THESE WERE WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION SO AS TO APPROPRIATELY REPRESENT THE HARTFORD REGION AS A WHOLE.

A VARIETY OF EXISTING (SECONDARY) DATA SOURCES WAS CONSULTED TO COMPLEMENT THE RESEARCH QUALITY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT.

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 5: TO SOLICIT INPUT FROM KEY INFORMANTS, INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS.

Part V Facility Information (continued)

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

THESE INDIVIDUALS INCLUDED PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES,
HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS AND A VARIETY OF OTHER
COMMUNITY LEADERS.

AMERICAN AMBULANCE SERVICE, INC.

AMERICAN RED CROSS BLOOD SERVICES

BACKUS HOSPITAL

CATHOLIC CHARITIES

GENERATIONS FAMILY HEALTH CENTER, INC.

MOHEGAN TRIBE

NORWICH ADULT EDUCATION / RELIANCE HOUSE, INC.

ROSE CITY SENIOR CENTER

SOUTHEASTERN REGIONAL ACTION COUNCIL

ST. VINCENT DE PAUL PLACE NORWICH

THREE RIVERS COMMUNITY COLLEGE NURSING PROGRAM

TOWN OF WINDHAM

TVCCA

UNCAS HEALTH DISTRICT

UNITED COMMUNITY AND FAMILY SERVICES

WINDHAM HOSPITAL

WINDHAM REGION NO FREEZE PROJECT

PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY
CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE
COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE
PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE A SURVEY ONLINE. KEY
INFORMANTS WERE ASKED TO RATE THE DEGREES TO WHICH VARIOUS HEALTH ISSUES
WERE A PROBLEM IN THE HARTFORD REGION. FOLLOW-UP QUESTIONS ASKED THEM TO
DESCRIBE WHY THEY IDENTIFIED AREAS AS SUCH, AND HOW THESE MIGHT BE BETTER

Part V Facility Information (continued)

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

ADDRESSED.

BACKUS HOSPITAL RECOGNIZES THAT IT CANNOT MEASURE ALL POSSIBLE ASPECTS OF HEALTH IN THE COMMUNITY, NOR CAN IT ADEQUATELY REPRESENT ALL POSSIBLE POPULATIONS OF INTEREST. IN TERMS OF CONTENT, THE ASSESSMENT WAS DESIGNED TO PROVIDE A COMPREHENSIVE AND BROAD PICTURE OF THE HEALTH OF THE OVERALL COMMUNITY. THE CHNA ANALYSIS AND REPORT YIELDED A WEALTH OF INFORMATION ABOUT THE HEALTH STATUS, BEHAVIORS AND NEEDS FOR OUR POPULATION. A DISTINCT ADVANTAGE OF THE PRIMARY QUANTITATIVE (SURVEY) RESEARCH IS THE ABILITY TO SEGMENT FINDINGS BY GEOGRAPHIC, DEMOGRAPHIC AND HEALTH CHARACTERISTICS TO IDENTIFY THE PRIMARY AND CHRONIC DISEASE NEEDS AND OTHER HEALTH ISSUES OF VULNERABLE POPULATIONS, SUCH AS UNINSURED PERSONS, LOW-INCOME PERSONS, AND RACIAL/ETHNIC MINORITY GROUPS. FOR ADDITIONAL STATISTICS ABOUT UNINSURED, LOW-INCOME, AND MINORITY HEALTH NEEDS PLEASE REFER TO THE COMPLETE COMMUNITY HEALTH NEEDS ASSESSMENT REPORT, WHICH CAN BE VIEWED ONLINE AT:

[HTTPS://BACKUSHOSPITAL.ORG/ABOUT-US/COMMUNITY-OUTREACH/HEALTH-NEEDS-ASSESS](https://backushospital.org/about-us/community-outreach/health-needs-assess) 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, WE USED AUDIENCE RESPONSE SYSTEM (ARS) TECHNOLOGIES TO LEAD STEERING COMMITTEE MEMBERS THROUGH A PROCESS OF UNDERSTANDING KEY LOCAL DATA FINDINGS (AREAS OF OPPORTUNITY) AND RANKING IDENTIFIED HEALTH ISSUES AGAINST THE FOLLOWING ESTABLISHED, UNIFORM CRITERIA: MAGNITUDE, IMPACT/SERIOUSNESS/FEASIBILITY, CONSEQUENCES OF INACTION. FROM THIS EXERCISE, THE AREAS OF OPPORTUNITY WERE PRIORITIZED AS FOLLOWS BY THE COMMITTEE: MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY & WEIGHT STATUS, DIABETES, SUBSTANCE ABUSE, CANCER, HEART DISEASE AND STROKE.

Part V Facility Information (continued)

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 7D: THE NEEDS ASSESSMENT WAS PUBLISHED IN MARCH 2015 AND IS AVAILABLE ON THE HOSPITAL'S WEBSITE. IN ADDITION, COPIES WERE MADE AVAILABLE TO OUR COMMUNITY PARTNERS.

PART V, SECTION B, LINE 9:

ALTHOUGH THE APPROVED IMPLEMENTATION STRATEGY DATE REFLECTS 2014 YEAR, THE IMPLEMENTATION STRATEGY WAS APPROVED IN DECEMBER 2015. THE ORGANIZATION REPORTS ITS DATE ON A FISCAL YEAR BASIS. AS A RESULT, THE CURRENT SOFTWARE PREVENTS THE DISCLOSURE OF THE 2015 DATE ON THE CURRENT FORM. THE CORRECT DATE (2015) WILL BE REFLECTED ON THE FY16 FORM.

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 11: AS INDIVIDUAL ORGANIZATIONS BEGIN TO PARSE OUT THE INFORMATION FROM THE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT, IT IS BACKUS HOSPITAL'S GOAL THAT THIS WILL FOSTER GREATER DESIRE TO EMBARK ON A COMMUNITY-WIDE COMMUNITY HEALTH IMPROVEMENT PLANNING PROCESS. BACKUS HOSPITAL HAS EXPRESSED THIS INTENTION TO PARTNERING ORGANIZATIONS AND IS COMMITTED TO BEING A PRODUCTIVE MEMBER IN THIS PROCESS AS IT EVOLVES. SINCE THE CHIP IS STILL BEING DEVELOPED AND NOT REQUIRED TO BE DONE UNTIL FEBRUARY OF 2016 THE ACTIONS THAT WILL BE TAKEN TO ADDRESS IDENTIFIED NEEDS HAVE NOT BEEN FINALIZED.

IN ADDITION, FORMAL COLLABORATIVES HAVE BEEN FORMED, AND SYSTEM-WIDE INITIATIVES HAVE BEEN LAUNCHED THAT ADDRESS NUTRITION EDUCATION SUCH AS

Part V Facility Information (continued)

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

OUR PARTNERSHIP WITH A STATEWIDE SUPER MARKET RETAILER. IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, BACKUS HOSPITAL DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE:

- NUTRITION, PHYSICAL ACTIVITY & WEIGHT (OBESITY), CANCER, DIABETES, HEART DISEASE & STROKE, AND RESPIRATORY DISEASES
- ACCESS TO CARE, INCLUDING ORAL HEALTH, DEMENTIAS, AND ALZHEIMER'S DISEASE
- MENTAL HEALTH & SUBSTANCE USE, INCLUDING TOBACCO USE

OTHER IDENTIFIED NEEDS WERE:

- RESPIRATORY DISEASES
- INJURY & VIOLENCE
- INFANT HEALTH & FAMILY PLANNING
- POTENTIALLY DISABLING CONDITIONS

IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, BACKUS HOSPITAL DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO INFLUENCE.

HEALTH PRIORITIES NOT CHOSEN FOR ACTION:

INFANT HEALTH AND FAMILY PLANNING-BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS FAMILY PLANNING AND INFANT HEALTH. OTHER COMMUNITY PARTNERS SUCH AS UCFS AND MADONNA PLACE HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED.

Part V Facility Information (continued)

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

VIOLENCE-BACKUS HOSPITAL BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF SAFE FUTURES, THE FORMER WOMEN'S SHELTER. BACKUS IS A COMMUNITY PARTNER AND HAS ARRANGED FOR SAFE FUTURES TO OPEN AN OFFICE IN THE MEDICAL OFFICE BUILDING, ADJOINING THE HOSPITAL.

INJURY-BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS INJURY PREVENTION.

POTENTIALLY DISABLING CONDITIONS-BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS POTENTIALLY DISABLING CONDITIONS.

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 13H: FAMILY ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALSO INCLUDE FAMILY SIZE, EMPLOYMENT STATUS AND AMOUNT.

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 15E: IN ADDITION, PATIENT MAY ASK NURSE, PHYSICIAN, CHAPLAIN, OR STAFF MEMBER FROM PATIENT REGISTRATION, PATIENT FINANCIAL SERVICES, OFFICE OF PROFESSIONAL SERVICES, CASE COORDINATION, OR SOCIAL SERVICES ABOUT INITIATING THE FINANCIAL ASSISTANCE APPLICATION PROCESS.

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 16I: PATIENTS ARE INFORMED DIRECTLY BY STAFF OF THE AVAILABILITY OF THE FINANCIAL ASSISTANCE POLICY.

Part V Facility Information *(continued)*

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 22D: FOR FY 15, THE HOSPITAL DID A COMPUTATION TO DETERMINE ON AVERAGE INSURANCE COMPANIES REIMBURSEMENT FOR TYPES OF SERVICES RENDERED. THE AVERAGE (DISCOUNT) WAS OFFERED TO ALL SELF-PAY PATIENTS WITHOUT REGARDS TO FINANCIAL ABILITY. PATIENTS WHO WERE UNABLE TO PAY THEIR BILLS WERE ABLE TO APPLY FOR FINANCIAL ASSISTANCE. BASED UPON FACTORS INCLUDING FAMILY SIZE & INCOME, PATIENTS WERE ELIGIBLE TO RECEIVE WRITE-OFFS RANGING 25-100%.

THE HOSPITAL FINANCIAL ASSISTANCE POLICY (EFFECTIVE JANUARY 1, 2016) IN COMPLIANCE WITH IRS CODE SEC 501R. PER THE HOSPITAL'S POLICY, NO INDIVIDUAL WHO IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE WILL BE CHARGED MORE FOR EMERGENCY OR OTHER MEDICALLY NECESSARY CARE THAN THE AMOUNT GENERALLY BILLED TO INDIVIDUALS WHO HAVE INSURANCE COVERING SUCH CARE. THE BASIS TO WHICH ANY DISCOUNT IS APPLIED IS EQUIVALENT TO THE BILLED CHARGES POSTED TO A PATIENT ACCOUNT MINUS ANY PRIOR INSURANCE PAYMENTS AND ADJUSTMENTS FROM THE PATIENTS INSURANCE (IF APPLICABLE). STARTING JANUARY 1, 2016, THE HOSPITAL USED THE IRS 501R PRESCRIBED METHODOLOGY TO COMPUTE SELF-PAY DISCOUNT (AGB DISCOUNT).

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

Schedule H (Form 990) 2014

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? _____

Name and address	Type of Facility (describe)
11 JEWETT CITY PATIENT SERVICE CENTER 70 MAIN STREET JEWETT CITY, CT 06351	LAB

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.

PART I, LINE 7:

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

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 8,486,887.

PART III, LINE 4:

Part VI Supplemental Information (Continuation)

PLEASE SEE THE TEXT OF THE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE ON PAGES 16-19 OF THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

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

PART III, LINE 9B:

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

PART VI, LINE 2:

IN 2015, THE WILLIAM W. BACKUS HOSPITAL COMMISSIONED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC, A PROFESSIONAL RESEARCH FIRM. THE ASSESSMENT CONSISTED OF 614 TELEPHONE INTERVIEWS WHICH WERE CONDUCTED THROUGHOUT THE HOSPITAL'S

Part VI Supplemental Information (Continuation)

SERVICE REGION (BOTH NEW LONDON AND WINDHAM COUNTIES). THE ASSESSMENT ALSO INCLUDED A DETAILED ANALYSIS OF SECONDARY DATA SOURCES, AS WELL AS KEY INFORMANT INTERVIEWS AND THREE FOCUS GROUPS.

PART VI, LINE 3:

NOTIFICATION ABOUT CHARITABLE CARE AND ASSISTANCE PROGRAMS IS AVAILABLE AT ALL REGISTRATION AREAS, ON AND OFF THE MAIN HOSPITAL CAMPUS, IN WAITING AREAS, IN THE PATIENT HANDBOOK, ON OUR WEBSITE, AND ON PROMINENTLY PLACED SIGNS (IN ENGLISH AND IN SPANISH). ADDITIONALLY, CARE MANAGEMENT STAFF MEET WITH PARENTS, FAMILY, CLERGY, AND OTHERS AS APPROPRIATE TO DISCUSS ASSISTANCE PROGRAMS AND SERVICES THAT MAY BE AVAILABLE.

IN ADDITION TO THE COMPLETE FINANCIAL ASSISTANCE POLICY AND APPLICATION FOR FINANCIAL ASSISTANCE, HERE IS THE INFORMATION INCLUDED ON THE HOSPITAL WEBSITE:

FINANCIAL ASSISTANCE

BACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE PROGRAMS FOR CERTAIN QUALIFIED PATIENTS WHO ARE UNABLE TO PAY ALL OR PART OF THEIR BILL FOR INPATIENT, OUTPATIENT AND EMERGENCY SERVICES RENDERED AT THE HOSPITAL.

IF YOU ARE COPING WITH A FINANCIAL HARDSHIP, AND ARE FACING DEBTS OWED TO BACKUS HOSPITAL, FINANCIAL ASSISTANCE MAY BE AVAILABLE TO YOU.

INCOME VERIFICATION

BACKUS REQUESTS INCOME INFORMATION FROM THE APPLICANT. VERIFICATION OF REPORTED INCOME SHOULD BE INCLUDED WITHIN THE APPLICATION PACKAGE.

Part VI Supplemental Information (Continuation)

APPROPRIATE VERIFICATION SOURCES INCLUDE:

- MOST RECENT FEDERAL TAX RETURN AND W-2
- MOST RECENT 3 PAYROLL CHECKS
- COPIES OF UNEMPLOYMENT CHECKS
- COPIES OF ANY PENSION, ALIMONY, CHILD SUPPORT OR OTHER SOURCES OF INCOME
- COPIES OF SOCIAL SECURITY EARNINGS, IF ANY
- ANY OTHER PERTINENT INFORMATION

IF THE APPLICANT HAS NO INCOME A STATEMENT DETAILING THE CURRENT METHOD OF SUPPORT WILL BE ACCEPTED. PROOF OF INCOME OR EARNINGS IS REQUIRED WITH APPLICATION OR THE APPLICATION WILL NOT BE CONSIDERED.

FINANCIAL ASSISTANCE OPTIONS

THE LEVEL OF FINANCIAL ASSISTANCE THAT YOU MAY BE ELIGIBLE TO RECEIVE WILL BE BASED UPON THE CRITERIA DEFINED IN THE FINANCIAL ASSISTANCE POLICY.

THE WILLIAM W. BACKUS HOSPITAL CONSIDERS FINANCIAL ASSISTANCE AWARDS ON A CASE-BY-CASE BASIS. PLEASE CONTACT US IF YOU HAVE QUESTIONS REGARDING ELIGIBILITY.

FINANCIALLY INDIGENT

FINANCIALLY INDIGENT IS DEFINED AS AN INDIVIDUAL WHOSE TOTAL GROSS ANNUAL INCOME IS LESS THAN OR EQUAL TO 250% OF THE FEDERAL POVERTY GUIDELINES (FPG).

PATIENTS AT OR BELOW 250% FPG ARE ELIGIBLE FOR A 100% DISCOUNT OFF OF THEIR OUTSTANDING BALANCES. INDIVIDUALS ABOVE 250% UP TO 400% FPG ARE ELIGIBLE FOR A DISCOUNT BASED ON THEIR TOTAL GROSS ANNUAL INCOME.

Part VI Supplemental Information (Continuation)

MEDICALLY INDIGENT

BACKUS HOSPITAL CONSIDERS AN INDIVIDUAL TO BE MEDICALLY INDIGENT IF THEIR TOTAL ANNUAL GROSS INCOME IS ABOVE 400% FPG AND THEIR OUTSTANDING MEDICAL OBLIGATIONS ARE GREATER THAN 50% OF THEIR TOTAL ANNUAL GROSS INCOME.

THESE INDIVIDUALS MAY BE ELIGIBLE FOR A DISCOUNT SEPARATE FROM TRADITIONAL FINANCIAL ASSISTANCE. PLEASE REFER TO THE FINANCIAL ASSISTANCE POLICY FOR DETAILS REGARDING ELIGIBILITY AND THE DISCOUNT SCHEDULE.

MEDICALLY INDIGENT IS DEFINED BY THE IRS AS: "PERSONS WHOM THE ORGANIZATION HAS DETERMINED ARE UNABLE TO PAY SOME OR ALL OF THEIR MEDICAL BILLS BECAUSE THEIR MEDICAL BILLS EXCEED A CERTAIN PERCENTAGE OF THEIR FAMILY OR HOUSEHOLD INCOME OR ASSETS (FOR EXAMPLE, DUE TO CATASTROPHIC COSTS OR CONDITIONS), EVEN THOUGH THEY HAVE INCOME OR ASSETS THAT OTHERWISE EXCEED THE GENERALLY APPLICABLE ELIGIBILITY REQUIREMENTS FOR FREE OR DISCOUNTED CARE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY."

BACKUS HOSPITAL TREATS EACH APPLICATION INDIVIDUALLY. IF YOU HAVE ANY QUESTIONS ABOUT YOUR SPECIFIC SITUATION, PLEASE CONTACT OUR CUSTOMER SERVICE REPRESENTATIVES AT 860-889-8331, EXT. 2917, MONDAY THROUGH FRIDAY FROM 7:30 AM TO 4 PM.

FINANCIAL ASSISTANCE LETTER

THE WILLIAM W. BACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE FOR CERTAIN QUALIFIED PATIENTS WHO ARE UNABLE TO PAY ALL OR PART OF THEIR BILL FOR INPATIENT, OUTPATIENT AND EMERGENCY SERVICES RENDERED AT THE HOSPITAL. IF YOU ARE COPING WITH A FINANCIAL HARDSHIP AND ARE FACING DEBTS OWED TO THE WILLIAM W. BACKUS HOSPITAL, FINANCIAL ASSISTANCE SUCH AS FREE CARE OR A SLIDING SCALE DISCOUNT MAY BE AVAILABLE TO YOU. THE FINANCIAL COUNSELING PROCESS WILL INDICATE WHAT OPTIONS EXIST TO ASSIST YOU WITH

Part VI Supplemental Information (Continuation)

YOUR OUTSTANDING BALANCE.

FINANCIAL ASSISTANCE APPLIES TO BACKUS HOSPITAL BILLS ONLY. IT DOES NOT APPLY TO RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS OR OTHER PROFESSIONAL SERVICES INVOLVED IN YOUR CARE THAT ARE BILLED SEPARATELY.

FREQUENTLY ASKED QUESTIONS

1. DOES THE HOSPITAL HAVE A FINANCIAL ASSISTANCE POLICY?

THE WILLIAM W. BACKUS HOSPITAL DOES HAVE A WRITTEN FINANCIAL ASSISTANCE POLICY THAT DEFINES THE DISCOUNT STRUCTURE AND PROGRAMS AVAILABLE TO QUALIFYING PATIENTS.

THE WILLIAM W. BACKUS HOSPITAL BASES ALL FINANCIAL ASSISTANCE ON THE MOST CURRENT FEDERAL POVERTY GUIDELINES (FPG), WHICH ARE BASED ON THE GROSS INCOME AND HOUSEHOLD SIZE.

BACKUS GRANTS 100% CHARITY CARE TO THOSE APPLICANTS WHOSE GROSS HOUSEHOLD INCOME IS AT OR BELOW 250% FPG. A SLIDING DISCOUNT IS AVAILABLE TO THOSE PATIENTS WHO HAVE GROSS INCOME UP TO 400% FPG.

CURRENTLY, THE FEDERAL GOVERNMENT DEFINES 100% OF POVERTY AS AN INDIVIDUAL EARNING A GROSS INCOME OF \$11,770 PER YEAR. THE WILLIAM W. BACKUS HOSPITAL FINANCIAL ASSISTANCE POLICY GRANTS 100% CHARITY CARE TO A FAMILY OF ONE EARNING UP TO \$29,425 PER YEAR, OR 250% FPG. INCOME THRESHOLDS INCREASE RELATIVE TO HOUSEHOLD SIZE. A DISCOUNT IS AVAILABLE FOR APPLICANTS EARNING UP TO 400% FPG.

2. WHAT SERVICES DOES THE FINANCIAL ASSISTANCE POLICY COVER?

THE WILLIAM W. BACKUS HOSPITAL'S FINANCIAL ASSISTANCE POLICY COVERS SERVICES RENDERED AT THE WILLIAM W. BACKUS HOSPITAL, INCLUDING INPATIENT, EMERGENCY, AND OUTPATIENT PROCEDURES.

FINANCIAL ASSISTANCE MAY NOT BE GRANTED FOR SOME PROCEDURES, SUCH AS ELECTIVE PROCEDURES OR SOME SPECIAL SITUATIONS, SUCH AS THAT OF AN INDIVIDUAL WHO IS ELIGIBLE FOR INSURANCE BUT HAS REFUSED TO APPLY OR FUNDS

Part VI Supplemental Information (Continuation)

ARE AVAILABLE THROUGH ANOTHER SOURCE FOR PAYMENT (I.E. SETTLEMENTS, STATE FUNDED PROGRAMS).

FINANCIAL ASSISTANCE APPLIES TO BACKUS HOSPITAL BILLS ONLY. IT DOES NOT APPLY TO RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS OR OTHER PROFESSIONAL SERVICES INVOLVED IN YOUR CARE THAT ARE BILLED SEPARATELY.

3. DOES THE HOSPITAL PROVIDE PERSONNEL TO HELP WITH APPLICATIONS AND TO ANSWER QUESTIONS?

THE WILLIAM W. BACKUS HOSPITAL EMPLOYS FINANCIAL COUNSELORS TO HELP PATIENTS APPLY FOR FINANCIAL ASSISTANCE, MEDICAID, AND OTHER STATE HEALTH PROGRAMS.

THE HOSPITAL ALSO HAS RESOURCES TO HELP WITH APPLICATIONS FOR STATE NUTRITIONAL ASSISTANCE PROGRAMS (SNAP) AND PHARMACY ASSISTANCE PROGRAMS. FINANCIAL COUNSELORS CAN HELP TO DETERMINE APPROPRIATE REFERRALS TO THESE RESOURCES.

THE WILLIAM W. BACKUS HOSPITAL PROVIDES LANGUAGE TRANSLATION VIA CYRACOM AND MARTTI LANGUAGE LINES.

4. DOES THE HOSPITAL COMMUNICATE THE AVAILABILITY OF FINANCIAL ASSISTANCE TO THE COMMUNITY?

THE WILLIAM W. BACKUS HOSPITAL BELIEVES IT IS IMPORTANT TO COMMUNICATE THE AVAILABILITY OF FINANCIAL ASSISTANCE TO THE COMMUNITIES IT SERVES.

THEREFORE, A NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS INCLUDED WITH THE PAPER BILL SENT TO THE PATIENT'S HOME, IS POSTED IN ALL MAIN REGISTRATION AREAS, IS AVAILABLE ON THE HOSPITAL'S WEBSITE, AND UPON REQUEST OF HOSPITAL STAFF OR REPRESENTATIVES.

5. DOES THE HOSPITAL EVER DENY CARE BASED ON INABILITY TO PAY?

THE WILLIAM W. BACKUS HOSPITAL WILL NEVER DELAY OR DENY EMERGENCY CARE OR NECESSARY SERVICES DUE TO AN INABILITY TO PAY.

6. DOES THE HOSPITAL HAVE A PROGRAM FOR PATIENTS WHO DON'T QUALIFY FOR

Part VI Supplemental Information (Continuation)

TRADITIONAL FINANCIAL ASSISTANCE BUT INCUR CATASTROPHIC MEDICAL DEBTS?

THE HOSPITAL HAS A WRITTEN POLICY THAT COVERS CATASTROPHIC FINANCIAL ASSISTANCE FOR THE MEDICALLY INDIGENT. THE POLICY IS INCLUDED IN THE FINANCIAL ASSISTANCE POLICY, IS AVAILABLE ON THE WEBSITE, AND UPON REQUEST.

PART VI, LINE 4:

THE WILLIAM W. BACKUS HOSPITAL IS LOCATED IN NORWICH, 45 MINUTES SOUTHEAST OF HARTFORD, IN THE PAST DECADE, THE REGION HAS UNDERGONE MAJOR ECONOMIC CHANGES, DUE TO THE OPERATION OF TWO NATIVE-AMERICAN OWNED ENTERTAINMENT VENUES BRINGING THOUSANDS OF VISITORS INTO THE REGION EACH DAY. THE CASINOS ARE THE LARGEST EMPLOYERS, AND ARE EXPERIENCING FINANCIAL DIFFICULTIES AS THE ECONOMY DECLINES.

THE HOSPITAL'S SERVICE AREA HAS AN ESTIMATED POPULATION OF ABOUT 243,000. THE SERVICE AREA CONSISTS OF LARGER COMMUNITIES, SUCH AS NEW LONDON AND GROTON, AND SMALLER LOWER-DENSITY RURAL COMMUNITIES. THE SERVICE AREAS CONTAIN MUNICIPALITIES IN THE NEW LONDON AND WINDHAM COUNTIES.

PART VI, LINE 5:

HOSPITAL EMPLOYEES VOLUNTEER THEIR SERVICES ON DOZENS OF COMMUNITY NOT-FOR-PROFIT ORGANIZATIONS, MANY OF WHICH HAS HEALTHCARE AS A PRIMARY OR MAJOR FOCUS. EXAMPLES INCLUDE THE FOUNDATION OF THREE RIVERS COMMUNITY COLLEGE (WHICH PROVIDES FUNDING FOR NURSING STUDENT EDUCATION AND EQUIPMENT), THE REGION'S NON-PROFIT HOSPICE ORGANIZATION, THE NORWICH CHAMBER OF COMMERCE HEALTH CARE COMMITTEE, UNITED WAY OF SOUTHEASTERN CONNECTICUT (WHICH PROVIDES FUNDING FOR MANY REGIONAL HUMAN SERVICES, INCLUDING THOSE THAT ARE HEALTH-RELATED); AS WELL AS SERVICES AND BOARD

Part VI Supplemental Information (Continuation)

MEMBERSHIP ON THE REGION'S FEDERALLY QUALIFIED HEALTH CENTERS.

ADDITIONALLY, BACKUS PERSONNEL VOLUNTEER ON OTHER BOARDS AND ORGANIZATIONS THAT ADVANCE THE QUALITY OF LIFE AND ECONOMIC WELL-BEING OF THE REGION, INCLUDING THE LOCAL LIBRARY, FAMILY SUPPORT AND SOCIAL SERVICE ORGANIZATIONS, THE REGIONAL CHAMBER OF COMMERCE, NUMEROUS CIVIC AND GOVERNMENTAL BODIES, AND VARIOUS VOLUNTEER COMPANIES AND AMBULANCE SERVICES.

MEMBERS OF THE ADMINISTRATIVE STAFF ROUTINELY SUBMIT GOVERNMENT TESTIMONY ON BEHALF OF THE REGIONAL NOT-FOR-PROFIT HEALTH-RELATED ORGANIZATIONS, AND PROVIDE RESEARCH AND ADVOCACY FOR THE HEALTH ACCESS.

THE HOSPITAL CONTRIBUTES CASH AND IN-KIND DONATIONS TO AREA NONPROFITS TO SUPPORT THEIR MISSION TO BETTER THE COMMUNITIES WHICH THEY SERVE. SUCH DONATIONS INCLUDE OFFICE SPACE FOR THE LOCAL DOMESTIC ABUSE NETWORK AND SUPPORT OF A LOCAL CHARITY WHOSE MISSION IS TO STRENGTHEN FAMILIES.

PART VI, LINE 6:

HARTFORD HEALTHCARE CORPORATION (HHC) IS ORGANIZED AS A SUPPORT ORGANIZATION TO GOVERN, MANAGE AND PROVIDE SUPPORT SERVICES TO ITS AFFILIATES. HHC, THROUGH ITS AFFILIATES INCLUDING HARTFORD HOSPITAL, STRIVES TO IMPROVE HEALTH USING THE "TRIPLE AIM" MODEL: IMPROVING QUALITY AND EXPERIENCE OF CARE; IMPROVING HEALTH OF THE POPULATION (POPULATION HEALTH) AND REDUCING COSTS. THE STRATEGIC PLANNING AND COMMUNITY BENEFIT COMMITTEE OF THE HHC BOARD OF DIRECTORS ENSURES THE OVERSIGHT FOR THESE SERVICES BY EACH HOSPITAL COMMUNITY. IN ADDITION, HHC CONTINUES TO TAKE IMPORTANT STEPS TOWARD ACHIEVING ITS VISION OF BEING "NATIONALLY RESPECTED

Part VI Supplemental Information (Continuation)

FOR EXCELLENCE IN PATIENT CARE AND MOST TRUSTED FOR PERSONALIZED,
COORDINATED CARE".

HHC AFFILIATION CREATES A STRONG, INTEGRATED HEALTH CARE DELIVERY SYSTEM WITH A FULL CONTINUUM OF CARE ACROSS A BROADER GEOGRAPHIC AREA. THIS ALLOWS THE SMALL COMMUNITIES EASY AND EXPEDIENT ACCESS TO THE MORE EXTENSIVE AND SPECIALIZED SERVICES THE LARGER HOSPITALS ARE ABLE TO OFFER. THIS INCLUDES CONTINUING EDUCATION OF HEALTH CARE PROFESSIONALS AT ALL THE AFFILIATED INSTITUTIONS THROUGH THE CENTER OF EDUCATION, SIMULATION AND INNOVATION LOCATED AT HARTFORD HOSPITAL, THE LARGEST OF THE SYSTEM HOSPITALS.

THE AFFILIATION FURTHER ENHANCES THE HOSPITALS' ABILITIES TO SUPPORT THEIR MISSIONS, IDENTITY, AND RESPECTIVE COMMUNITY ROLES. THIS IS ACHIEVED THROUGH INTEGRATED PLANNING AND COMMUNICATION TO MEET THE CHANGING NEEDS OF THE REGION. THIS INCLUDES RESPONSIBLE DECISION MAKING AND APPROPRIATE SHARING OF SERVICES, RESOURCES AND TECHNOLOGIES, AS WELL AS CONTAINMENT STRATEGIES. ADDITIONALLY, THE HOSPITAL IS AFFILIATED WITH SEVERAL OTHER NON HOSPITAL CHARITABLE ORGANIZATIONS.

THESE ORGANIZATIONS PROVIDE SIGNIFICANT BENEFITS TO THE COMMUNITY. THESE BENEFITS ARE NOT REPORTED IN THE COMMUNITY BENEFIT DATA PROVIDED BY THE HOSPITAL.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF COMMERCE OF SE CT 914 HARTFORD TPKE WATERFORD, CT 06385	06-0475490	501C6	16,800.	0.			SPONSORSHIP
NORTHEAST CT COUNCIL OF GOVERNMENT 125 PUTNAM PIKE DAYVILLE, CT 06241	06-0850466	DAYVILLE CT	20,000.	0.			PARAMEDIC PROGRAM
CT SPORTS FOUNDATION INC 445 BOSTON POST RD STE 203B OLD SAYBROOK, CT 06475	06-1240574	501C3	15,000.	0.			SPONSORSHIP
UNITED COMMUNITY & FAMILY SERVICES INC - 34 E TOWN STREET - NORWICH, CT 06360	06-0653142	501C3	10,000.	0.			SPONSORSHIP
BROADWAY KIDS 12 PENNSYLVANIA AVE NIANTIC, CT 06357			10,000.	0.			SPONSORSHIP
AMERICAN CANCER SOCIETY 825 BROOK STREET ROCKY HILL, CT 06067	13-1788491	501C3	5,500.	0.			SPONSORSHIP

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

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

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

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	3	10,050.	0.		

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

PART I, LINE 2:

DONATIONS MADE FOR LOCAL EVENTS, SUCH AS SPONSORSHIPS ARE TYPICALLY ATTENDED BY HOSPITAL EMPLOYEES. THREE SCHOLARSHIPS IN THE AMOUNT OF \$3350 EACH ARE AWARDED TO STUDENTS WHO WILL ATTEND SCHOOL EITHER FOR NURSING OR IN THE MEDICAL FIELD. THE APPLICANTS ARE REVIEWED BY THE SCHOLARSHIP COMMITTEE OF THE AUXILIARY AND WINNERS ARE BASED ON ACADEMICS AS WELL AS COMMUNITY SERVICE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2014

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

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

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

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

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.

PART I, LINE 4B:

HARTFORD HEALTHCARE CORPORATION MAINTAINS A 457(F) PLAN. PARTICIPANTS INCLUDE CERTAIN OFFICERS AND KEY EMPLOYEES AT THE PRESIDENT, EXECUTIVE VICE PRESIDENT, SENIOR VICE PRESIDENT AND VICE PRESIDENT LEVELS. CONTRIBUTIONS ARE MADE BY HARTFORD HEALTHCARE CORPORATION TO THE PLAN BASED ON A PERCENTAGE OF THE PARTICIPANT'S COMPENSATION. PARTICIPANTS VEST IN THE PLAN AT THE EARLIER OF REACHING AGE 55 AND HAVING 5 YEARS OF SERVICE, DEATH, DISABILITY, INVOLUNTARY SEPARATION WITHOUT REASONABLE CAUSE OR UPON REACHING AGE 65. EACH PARTICIPANT CEASES TO BE ELIGABLE FOR FURTHER CONTRIBUTIONS BY HARTFORD HEALTHCARE CORPORATION ON THE DATE OF THE PARTICIPANT'S SEPARATION FROM SERVICE. PARTICIPANTS RECEIVE A ONE-TIME LUMP SUM PAYMENT OF THE ACCUMULATED AMOUNT DURING THE 30-DAY PERIOD FOLLOWING THE PARTICIPANT'S SEPARATION FROM SERVICE.

2014 SERP ACCRUALS MADE ON BEHALF OF THE FOLLOWING INDIVIDUALS:

MR. ELLIOT JOSEPH \$210,538

MS. MARGARET MARCHAK \$53,965

DR. JAMES CARDON \$59,662

2014 SERP PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS:

MR. DANIEL LOHR \$74,000

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.

DR. PETER SHEA \$73,000

MR. DAVID WHITEHEAD \$108,000

MR. ELLIOT JOSEPH \$132,336*

*FOR THIS INDIVIDUAL, VESTING OCCURRED, CAUSING TAXABLE INCOME. A PORTION OF THE VESTED AMOUNT WAS USED TO PAY THE ASSOCIATED TAX LIABILITY, THE REMAINING BALANCE STAYED IN THE SERP ACCOUNT.

PART I, LINE 7:

HARTFORD HEALTHCARE CORP HAS AN AT RISK PLAN THAT PROVIDES AT-RISK AWARD OPPORTUNITIES TO MOTIVATE ELIGIBLE EXECUTIVES TO PUT FORTH MAXIMUM EFFORT TO ACCOMPLISH SPECIFIED ANNUAL GOALS. THE PAYMENT OF AN AWARD TO ANY SENIOR EXECUTIVE IS CONTINGENT ON THE SYSTEM ACHIEVING PRE-ESTABLISHED PERFORMANCE GOALS AND MAINTAINING FINANCIAL STABILITY, PARTICIPANTS ACHIEVING PRE-ESTABLISHED PERFORMANCE GOALS, AND ON APPROVAL OF THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

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

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.

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

THE HEALTH OF ITS COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 2:

ALL OFFICERS AND DIRECTORS HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER.

FORM 990, PART VI, SECTION A, LINE 4:

THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION

INCLUDES THE FOLLOWING SUBSTANTIVE AMENDMENTS:

1. THE CORPORATION'S PURPOSES HAVE BEEN REVISED BUT ARE CONSISTENT WITH ITS CHARITABLE PURPOSES.

2. THE BOARD'S ROLE WAS REVISED TO FOCUS ON QUALITY IN HEALTH CARE.

3. SECTION 12 RELATING TO THE INDEMNIFICATION OF DIRECTORS, OFFICERS, AND

COMMITTEE MEMBERS OF THE CORPORATION HAS BEEN REVISED CONSISTENT WITH

CONNECTICUT LAW.

THE ORGANIZATIONS' GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 6:

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

HARTFORD HEALTHCARE CORPORATION, A NOT-FOR-PROFIT 501(C)(3) ORGANIZATION,
IS THE SOLE MEMBER OF THE WILLIAM W BACKUS HOSPITAL.

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

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.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS PREPARED BY THE ACCOUNTING STAFF AND THEN REVIEWED BY AN
INDEPENDENT ACCOUNTING FIRM. THE 990 IS THEN REVIEWED BY THE CFO AND ANY
QUESTIONS ADDRESSED. THE FINAL 990 IS THEN PROVIDED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE HOSPITAL'S BOARD HAS ADOPTED THE POLICY OF THE MEMBER, HARTFORD
HEALTHCARE CORPORATION (HHC). HHC'S CONFLICT OF INTEREST POLICY (POLICY)
REQUIRES ALL COVERED INDIVIDUALS, INCLUDING BOARD MEMBERS AND OFFICERS, TO
PROVIDE A DISCLOSURE OF RELATIONSHIPS THAT CREATE OR HAVE THE APPEARANCE OF
CREATING A CONFLICT OF INTEREST OR COMMITMENT. THE POLICY REQUIRES UPDATES
IF CHANGES IN CIRCUMSTANCES ARISE DURING THE YEAR THAT EITHER (A) CREATE A
NEW POTENTIAL CONFLICT OF INTEREST OR COMMITMENT OR (B) CHANGE OR ELIMINATE
A CONFLICT OF INTEREST OR COMMITMENT PREVIOUSLY DISCLOSED. CONFLICT OF
INTEREST DISCLOSURE STATEMENTS ARE MAINTAINED BY THE HHC OFFICE OF
COMPLIANCE, AUDIT & PRIVACY (OCAP). EMPLOYEE DISCLOSURES ARE REVIEWED BY

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

OCAP IN COLLABORATION WITH THE COVERED INDIVIDUALS' SUPERVISOR WHEN DEEMED APPROPRIATE, TO DETERMINE IF THERE IS A POTENTIAL CONFLICT. OVERSIGHT REVIEW OF EMPLOYEE DISCLOSURES IS PROVIDED BY THE HHC CONFLICT OF INTEREST COMMITTEE (THE COMMITTEE) WHICH INCLUDES REPRESENTATION FROM THE MEDICAL STAFF, THE LEGAL DEPARTMENT, HUMAN RESOURCES, SUPPLY CHAIN MANAGEMENT AND COMPLIANCE. THE COMMITTEE ASSESSES AND MAY RECOMMEND THE CONFLICTING INTEREST EITHER BE (A) ELIMINATED FOR A CONTINUED RELATIONSHIP WITH HHC, OR (B) MANAGED THROUGH A MANAGEMENT PLAN. BOARD MEMBER DISCLOSURES ARE REPORTED TO THE HHC NOMINATING AND GOVERNANCE COMMITTEE FOR DETERMINATIONS OF CONFLICTS AND THE MANAGEMENT OF THEM, WHERE APPLICABLE.

FORM 990, PART VI, SECTION B, LINE 15:

THE INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS OF HARTFORD HEALTHCARE ON BEHALF OF BACKUS HOSPITAL HIRES AN OUTSIDE CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES, A DIVISION OF GALLAGHER BENEFIT SERVICES, INC., TO DETERMINE BEST PRACTICES IN GOVERNING EXECUTIVE COMPENSATION.

THE FOLLOWING STEPS WERE TAKEN:

- INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS OF HARTFORD HEALTHCARE, ON BEHALF OF BACKUS HOSPITAL, ESTABLISHED AND REGULARLY REVIEWS EXECUTIVE COMPENSATION PHILOSOPHY
- COMMITTEE REGULARLY REVIEWS SCOPE AND DEPTH OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY OF ALL "DISQUALIFIED PERSONS"
- NATIONAL PEER GROUP SELECTED FOR COMPARATIVE PURPOSES BASED ON ORGANIZATIONAL SIZE, OPERATING REVENUE, GEOGRAPHY AND OTHER RELEVANT

FACTORS

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

- ANALYSIS OF CURRENT TOTAL COMPENSATION VERSUS MARKET PERFORMED BY INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM, REVIEWED BY THE COMMITTEE

- RECOMMENDATIONS MADE BASED ON DATA ANALYSIS TO ENSURE APPROPRIATE COMPETITIVE POSITIONING WITHIN PARAMETERS OF COMPENSATION PHILOSOPHY

- CEO COMPENSATION REVIEWED BY COMMITTEE BASED ON COMPARATIVE MARKET INFORMATION AND ORGANIZATIONAL PERFORMANCE

- ALL CHANGES REVIEWED AND APPROVED BY EXECUTIVE COMPENSATION COMMITTEE

THE CEO COMPENSATION DETERMINATION PROCESS IS REVIEWED ON AN ANNUAL BASIS.

ALL OTHER EXECUTIVE COMPENSATION IS REGULARLY REVIEWED FOR SCOPE AND DEPTH OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONS FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION UPON REQUEST AT THE ORGANIZATIONS ADDRESS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

K-1 PASSTHROUGH	94.
TRANSFER TO AFFILIATES	-12,663,772.
DECREASE IN ASSETS HELD IN TRUST	-247,856.
CHANGE IN PENSION FUNDING	-14,972,653.
TOTAL TO FORM 990, PART XI, LINE 9	-27,884,187.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BACKUS HEALTH CARE INC - 22-2481794 326 WASHINGTON STREET NORWICH, CT 06360	SUPPORT	CONNECTICUT	501C3	11A	HARTFORD HEALTHCARE CORPORATION	X	
BACKUS CORPORATION - 22-2757608 326 WASHINGTON STREET NORWICH, CT 06360	SUPPORT	CONNECTICUT	501C3	11B	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HOSPITAL - 06-0646668 80 SEYMOUR STREET HARTFORD, CT 06102	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	
WINDHAM COMMUNITY MEMORIAL HOSPITAL - 06-0646966, 112 MANSFIELD AVE, WILLIMANTIC, CT 06226	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	

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

Schedule R (Form 990) 2014

Part II Continuation of 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 organization?	
						Yes	No
MIDSTATE MEDICAL CENTER - 06-0646715 435 LEWIS AVENUE MERIDAN, CT 06451	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	
WINDHAM HOSPITAL FOUNDATION INC - 56-2546632 112 MANSFIELD AVE WILLIMANTIC, CT 06226	SUPPORTING ORGANIZATION	CONNECTICUT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	
HARTFORD HOSPITAL AUXILIARY C/O HARTFORD HOSPITAL - 06-6040747, 80 SEYMOUR STREET, HARTFORD, CT 06115	FUNDRAISING	CONNECTICUT	501C3	11C	HARTFORD HOSPITAL	X	
CONNECTICUT HEALTH SYSTEM INC - 22-2779421 80 SEYMOUR STREET HARTFORD, CT 06102	COORDINATION OF HEALTH DELIVERY	CONNECTICUT	501C3	11C	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE CORPORATION - 22-2672834 1 STATE STREET STE 19 HARTFORD, CT 06103	SUPPORT & MANAGEMENT SVCS TO HHC & AFFILIATES	CONNECTICUT	501C3	11C	N/A		X
NATCHAUG HOSPITAL INC - 06-0966963 189 STORRS ROAD MANSFIELD CENTER, CT 06226	BEHAVIORAL HEALTH	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	
CARING FOR COLLEAGUES EMPLOYEE CRISIS FUND - 26-4469178, 100 GRAND STREET, NEW BRITAIN, CT 06052	EMPLOYEE FUND	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
VNA HEALTH RESOURCES INC - 06-1161422 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109	HOME HEALTHCARE	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE AT HOME	X	
RUSHFORD CENTER INC - 06-0932875 883 PADDOCK AVENUE MERIDAN, CT 06450	SUBSTANCE ABUSE HEALTHCARE SERVICES	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
THE HATCH HOSPITAL CORP - 06-6076412 112 MANSFIELD AVE WILLIMANTIC, CT 06226	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	
WCMH WOMEN'S AUXILIARY INC - 06-0677728 112 MANSFIELD AVE WILLIMANTIC, CT 06226	FUNDRAISING	CONNECTICUT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	
THE HOSPITAL OF CENTRAL CT & BRADLEY MEMORIAL - 06-0646768, 110 GRAND STREET, NEW BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	

Part II Continuation of 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 organization?	
						Yes	No
CENTRAL CT SENIOR HEALTH DBA SOUTHING CARE CENTER - 22-2635676, 45 MERIDEN AVENUE, SOUTHINGTON, CT 06489	SUB-ACUTE & LONG TERM CARE	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
BRADLEY HEALTH SERVICES - 06-1367014 100 GRAND STREET NEW BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
CENTRAL CT HEALTH ALLIANCE - 22-2785033 100 GRAND STREET NEW BRITAIN, CT 06050	SUPPORT & MANAGEMENT SVCS TO THOCC & AFFILIATES SHELL	CONNECTICUT	501C3	11B	HARTFORD HEALTHCARE CORPORATION	X	
EVA STEARNS FAULKNER FOUNDATION - 06-6065398 435 LEWIS AVENUE MERIDAN, CT 06451	SUPPORT SERVICES	CONNECTICUT	501C3	3	MIDSTATE MEDICAL CENTER	X	
THE ORCHARDS OF SOUTHINGTON - 06-1490803 34 HOBART STREET SOUTHINGTON, CT 06489	RESIDENTIAL SERVICES FOR SENIOR CITIZENS	CONNECTICUT	501C3	9	CENTRAL CT SENIOR HEALTH SERVICES INC	X	
MULBERRY GARDENS OF SOUTHINGTON LLC - 82-0586577, 58 MULBERRY STREET, PLANTSVILLE, CT 06479	ASSISTED LIVING & ADULT DAY CARE	CONNECTICUT	501C3	9	CENTRAL CT SENIOR HEALTH SERVICES INC	X	
MIDSTATE MEDICAL CENTER AUXILIARY - 06-6063082, 435 LEWIS AVENUE, MERIDAN, CT 06451	FUNDRAISING	CONNECTICUT	501C3	11A	MIDSTATE MEDICAL CENTER	X	
HHC PHYSICIANS CARE INC - 45-4456939 80 SEYMOUR STREET HARTFORD, CT 06102	PRACTICE MEDICINE & PROVIDE HEALTH CARE TO THE PUBLIC	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC - 46-0886367, 200 RETREAT AVENUE, HARTFORD, CT 06102	MANAGE & COORDINATE CARE FOR MEDICARE BENEFICIARIES	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE CORP GROUP EMPLOYEE BENEFIT PLAN TRUST - 26-6671355, C/O BOA 777 MAIN STREET, HARTFORD, CT 06102	PROVIDE BENEFITS TO EMPLOYEES	CONNECTICUT	501C9		HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE AT HOME - 06-0646938 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109	HOME HEALTHCARE	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
RUSHFORD FOUNDATION INC - 06-1432692 883 PADDOCK AVENUE MERIDAN, CT 06450	SUPPORTING ORGANIZATION	CONNECTICUT	501C3	11A	RUSHFORD CENTER INC	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OMNI HOME HEALTH - 06-1458837 12 CASE STREET NORWICH, CT 06360	HOME HEALTH CARE	CT	N/A	N/A				X	N/A		X	
HHC SOUTHTON SURGERY CENTER - 46-5500829, 81 MERIDEN AVENUE, SOUTHTON, CT 06489	SURGERY SERVICES	CT	N/A	N/A				X	N/A		X	
NEW BRITAIN MRI LIMITED PARTNERSHIP - 06-1271349, 100 GRAND STREET, NEW BRITAIN, CT 06050	MAGNETIC RESONANCE IMAGING	CT	N/A	N/A				X	N/A		X	
HARTFORD HEALTHCARE ENDOWMENT LLC - 45-4181103, 80 SEYMOUR STREET, HARTFORD, CT 06102	ENDOWMENT MANAGEMENT	CT		RELATED	6,263,668.	92,423,397.		X	N/A		X	10.45%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WWB CORPORATION - 06-1094836 326 WASHINGTON STREET NORWICH, CT 06360	HOLDING COMPANY	CT	N/A	C CORP					X
CONNCARE INC - 06-1387598 326 WASHINGTON STREET NORWICH, CT 06360	HEALTHCARE SERVICES	CT	N/A	C CORP					X
BACKUS MEDICAL CENTER CONDO ASSOC INC - 06-1542647, 330 WASHINGTON STREET, NORWICH, CT 06360	CONDO ASSOCIATION	CT		THE WILLIAM W BACKUS HOSPITAL C CORP			69.00%		X
HHMOB CORPORATION& SUBSIDIARY - 06-1140244 80 SEYMOUR STREET HARTFORD, CT 06102	REAL ESTATE PARKING	CT	N/A	C CORP					X
HARTFORD HEALTHCARE INDEMNITY SERVICES LTD FB PERRY BLVD 40 CHURCH ST HAMILTON, BERMUDA	CAPTIVE INSURANCE	BERMUDA	N/A	C CORP					X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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		
AMBULANCE SERVICE OF MANCHESTER - 06-1557358, PO BOX 300, MANCHESTER, CT 06450	AMBULATORY SERVICE	CT	N/A	N/A				X		N/A		X	
CT IMAGING PARTNERS LLC - 13-4298940, 111 FOUNDERS PLACE, EAST HARTFORD, CT 06108	IMAGING SERVICES	CT	N/A	N/A				X		N/A		X	
GLASTONBURY ENDOSCOPY CENTER LLC - 26-1721234, 300 WESTERN BLVD STE B, GLASTONBURY, CT 06033	ENDOSCOPY SERVICES	CT	N/A	N/A				X		N/A		X	
GLASTONBURY SURGERY CENTER LLC - 26-2600828, 195 EASTERN BLVD, GLASTONBURY, CT 06033	SURGERY SERVICES	CT	N/A	N/A				X		N/A		X	
HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110	AFFILIATE SUPPORT SERVICE	CT	N/A	N/A				X		N/A		X	
MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT 06226	OUTPATIENT CARE CLINIC	CT	N/A	N/A				X		N/A		X	
HHC SOUTHTON SURGERY CENTER - 46-5500829, 81 MERIDEN AVENUE, SOUTHTON, CT 06489	SURGERY SERVICES	CT	N/A	N/A				X		N/A		X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WINDHAM HEALTH SERVICES INC - 06-1461101 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226	HOME HEALTHCARE	CT	N/A	C CORP				X	
WINDHAM PHYSICIAN HOSPITAL ORGANIZATION - 06-1441614, 112 MANSFIELD AVENUE, WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT	N/A	C CORP				X	
WINDHAM FAMILY MEDICAL SERVICES - 06-1491649 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT	N/A	C CORP				X	
CENCONN SERVICES INC - 22-2836001 100 GRAND STREET NEW BRITAIN, CT 06050	HOLDING COMPANY	CT	N/A	C CORP				X	
AETNA AMBULANCE SERVICE - 06-0795431 PO BOX 1150 MANCHESTER, CT 06045	AMBULANCE SERVICE INC	CT	N/A	C CORP				X	
HARTFORD PHYSICIAN SERVICES - 06-1254082 80 SEYMOUR STREET HARTFORD, CT 06102	MEDICAL SERVICES	CT	N/A	C CORP				X	
MERIDEN IMAGING CENTER - 06-1541468 101 NORTH PLAINS INDUSTRIAL RD MERIDEN, CT 06429	IMAGING	CT	N/A	S CORP				X	
MIDSTATE MEDICAL GROUP PC - 20-4327968 435 LEWIS AVENUE MERIDEN, CT 06450	MEDICAL SERVICES	CT	N/A	C CORP				X	
HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC - 22-2785918, 80 SEYMOUR STREET, HARTFORD, CT 06102	PHYSICIAN & HOSPITAL SUPPORT	CT	N/A	C CORP				X	
METRO WHEELCHAIR SERVICES INC - 06-0878432 PO BOX 300 MANCHESTER, CT 06045	WHEELCHAIR SERVICES	CT	N/A	C CORP				X	
WINDHAM PROFESSIONAL OFFICE CONDOMINIUMS - 06-1090041, 1120 MANSFIELD AVE, WILLIMANTIC, CT 06226	CONDO ASSOCIATION	CT	N/A	C CORP				X	

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONNCARE INC	J	1,415,938.	COST
(2) INTEGRATED CARE PARTNERS	B	118,911.	COST
(3) CONNCARE INC	Q	15,516,323.	COST
(4) WWB INC	Q	2,267,212.	COST
(5) HARTFORD HEALTHCARE MEDICAL GROUP	Q	68,617.	COST
(6) WINDHAM HOSPITAL	O	87,390.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) WINDHAM HOSPITAL	O	53,280.	COST
HARTFORD HEALTHCARE REHABILITATION	O	95,958.	COST
(8) NETWORK	O	95,958.	COST
(9) HARTFORD HOSPITAL	M	2,097,381.	COST
(10) VNA HEALTH RESOURCES	Q	121,362.	COST
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

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

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

Form **990-W**

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)
Department of the Treasury
Internal Revenue Service

(and on Investment Income for Private Foundations) **FORM 990-T**
(Keep for your records. Do not send to the Internal Revenue Service.)

2015

1	Unrelated business taxable income expected in the tax year	1	
2	Tax on the amount on line 1. See instructions for tax computation	2	
3	Alternative minimum tax (see instructions)	3	
4	Total. Add lines 2 and 3	4	
5	Estimated tax credits (see instructions)	5	
6	Subtract line 5 from line 4	6	
7	Other taxes (see instructions)	7	
8	Total. Add lines 6 and 7	8	
9	Credit for federal tax paid on fuels (see instructions)	9	
10a	Subtract line 9 from line 8. Note. If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	
b	Enter the tax shown on the 2014 return (see instructions). Caution. If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	178,597.
c	2015 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	178,600.

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions)	11	01/15/16	03/15/16	06/15/16	09/15/16
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions)	12	44,650.	44,650.	44,650.	44,650.
13	2014 Overpayment (see instructions)	13				
14	Payment due (Subtract line 13 from line 12)	14	44,650.	44,650.	44,650.	44,650.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2015)

0.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE WILLIAM W BACKUS HOSPITAL Number, street, and room or suite no. If a P.O. box, see instructions. 326 WASHINGTON STREET City or town, state or province, country, and ZIP or foreign postal code NORWICH, CT 06360	D Employer identification number (Employees' trust, see instructions.) 06-0250773 E Unrelated business activity codes (See instructions.) 621500 531120
---	---------------------	--	--

C Book value of all assets at end of year 533869094.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
---	---	--

H Describe the organization's primary unrelated business activity. ▶ **LAB COURIER SERVICES**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DANIEL LOHR** Telephone number ▶ **860-889-8331**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>9,768,155.</u>			
b Less returns and allowances <u>7,010,597.</u> c Balance ▶	1c 2,757,558.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 2,757,558.		2,757,558.
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 2,757,558.		2,757,558.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		447,456.
16 Repairs and maintenance	16		11,868.
17 Bad debts	17		118,861.
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		42,591.
20 Charitable contributions (See instructions for limitation rules) STATEMENT 3 SEE STATEMENT 1	20		58,365.
21 Depreciation (attach Form 4562)	21	76,910.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		76,910.
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		91,771.
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 2	28		1,383,452.
29 Total deductions. Add lines 14 through 28	29		2,231,274.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		526,284.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		526,284.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		525,284.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	(1) \$ <u>50,000.</u> (2) \$ <u>25,000.</u> (3) \$ <u>450,284.</u>	
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$ <u>11,750.</u>	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
c Income tax on the amount on line 34	SEE STATEMENT 4	35c <u>178,597.</u>
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 <u>178,597.</u>

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	<u>178,597.</u>
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	<u>178,597.</u>
44a Payments: A 2013 overpayment credited to 2014	44a	<u>4,454.</u>
b 2014 estimated tax payments	44b	<u>140,688.</u>
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	<u>145,142.</u>
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	46	<u>685.</u>
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	<u>34,140.</u>
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		<input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		<input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (att. schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **SENIOR VP/CFO**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

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

Firm's name: **BKD, LLP** Firm's EIN: **44-0160260**

Firm's address: **1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106** Phone no.: **816-221-6300**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

**SCHEDULE O
(Form 1120)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.**
▶ **Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.**

OMB No. 1545-0123

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

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending **SEPTEMBER 30, 2014**, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))	
1	THE WILLIAM W BACKUS HOSPITAL	06-0250773	15-09	50,000.	25,000.	450,284.		525,284.
2	BACKUS MEDICAL CENTER CONDOMINIUM ASSOC	06-1542647	15-09	0.	0.	0.		0.
3	CONN CARE INC	06-1387598	15-09	0.	0.	0.		0.
4	BACKUS CORPORATION	22-2757608	15-09	0.	0.	0.		0.
5	WWB CORPORATION	06-1094838	15-09	0.	0.	0.		0.
6	HHMOB CORPORATION & SUBS	06-1140244	15-09	0.	0.	1,073,717.		1,073,717.
7	HARTFORD HEALTHCARE CORPORATION	22-2672834	15-09	0.	0.	1,315,047.		1,315,047.
8	HARTFORD HOSPITAL	06-0646668	15-09	0.	0.	0.		0.
9	MIDSTATE MEDICAL CENTER	06-0646715	15-09	0.	0.	0.		0.
10	WINDHAM COMMUNITY MEMORIAL HOSPITAL	06-0646966	15-09	0.	0.	0.		0.
11	THE HOSPITAL OF CENTRAL CONNECTICUT	06-0646768	15-09	0.	0.	0.		0.
12	CENTRAL CT SENIOR HEALTH CENTER	22-2635676	15-09	0.	0.	0.		0.
Total				50,000.	25,000.	3,131,375.		3,206,375.

Schedule O (Form 1120) (Rev. 12-2012)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	CENNCNN SERVICES	22-2836001	15-09	0.	0.	292,327.	292,327.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total							

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 THE WILLIAM W BACKUS HOSPITAL	7,500.	6,250.	153,097.		11,750.		178,597.
2 BACKUS MEDICAL CENTER CONDOMINIUM ASSOC	0.	0.	0.		0.		
3 CONNCARE INC	0.	0.	0.		0.		
4 BACKUS CORPORATION	0.	0.	0.		0.		
5 WWB CORPORATION	0.	0.	0.		0.		
6 HHMOB CORPORATION & SUBS	0.	0.	365,064.		0.		365,064.
7 HARTFORD HEALTHCARE CORPORATION	0.	0.	447,116.		0.		447,116.
8 HARTFORD HOSPITAL	0.	0.	0.		0.		
9 MIDSTATE MEDICAL CENTER	0.	0.	0.		0.		
10 WINDHAM COMMUNITY MEMORIAL HOSPITAL	0.	0.	0.		0.		
11 THE HOSPITAL OF CENTRAL CONNECTICUT	0.	0.	0.		0.		
12 CENTRAL CT SENIOR HEALTH CENTER	0.	0.	0.		0.		
Total	7,500.	6,250.	1,064,668.		11,750.		1,090,168.

Schedule O (Form 1120) (Rev. 12-2012)

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 CENNCONE SERVICES	0.	0.	99,391.		0.		99,391.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total							

Schedule O (Form 1120) (Rev. 12-2012)

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	THE WILLIAM W BACKUS HOSPITAL					
2	BACKUS MEDICAL CENTER CONDOMINIUM ASSOC					
3	CONN CARE INC					
4	BACKUS CORPORATION					
5	WWB CORPORATION					
6	HHMOB CORPORATION & SUBS		40,000.	150,000.		
7	HARTFORD HEALTHCARE CORPORATION					
8	HARTFORD HOSPITAL					
9	MIDSTATE MEDICAL CENTER					
10	WINDHAM COMMUNITY MEMORIAL HOSPITAL					
11	THE HOSPITAL OF CENTRAL CONNECTICUT					
12	CENTRAL CT SENIOR HEALTH CENTER					
Total			40,000.	150,000.		

Schedule O (Form 1120) (Rev. 12-2012)

Part IV Other Apportionments (See instructions)

	(a) Group member's name	Other Apportionments				
		(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1	CENNCNN SERVICES					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
	Total					

Schedule O (Form 1120) (Rev. 12-2012)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2014

Name THE WILLIAM W BACKUS HOSPITAL		Employer identification number 06-0250773
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	525,284.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	*
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	525,284.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	525,284.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	525,284.
6	Alternative tax net operating loss deduction (see instructions)	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	525,284.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	
b	Multiply line 8a by 25% (.25)	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	0.
9	Subtract line 8c from line 7. If zero or less, enter -0-	525,284.
10	Multiply line 9 by 20% (.20)	105,057.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	
12	Tentative minimum tax. Subtract line 11 from line 10	105,057.
13	Regular tax liability before applying all credits except the foreign tax credit	178,597.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2014)

* SEE ALSO

STATEMENT 5

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	525,284.
2 ACE depreciation adjustment:			
a	AMT depreciation	2a	
b ACE depreciation:			
(1)	Post-1993 property	2b(1)	
(2)	Post-1989, pre-1994 property	2b(2)	
(3)	Pre-1990 MACRS property	2b(3)	
(4)	Pre-1990 original ACRS property	2b(4)	
(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
(6)	Other property	2b(6)	
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a	
b	Death benefits from life insurance contracts	3b	
c	All other distributions from life insurance contracts (including surrenders)	3c	
d	Inside buildup of undistributed income in life insurance contracts	3d	
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4 Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a	
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b	
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5 Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a	
b	Circulation expenditures	5b	
c	Organizational expenditures	5c	
d	LIFO inventory adjustments	5d	
e	Installment sales	5e	
f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6	Disallowance of loss on exchange of debt pools	6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8	Depletion	8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	525,284.

FORM 990-T		CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
CONTRIBUTIONS	N/A		58,365.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			58,365.

FORM 990-T		OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
OFFICE			78,004.
SUBSCRIPTIONS & EDUCATION			7,459.
OUTSIDE SERVICE			218,095.
SUPPLIES			217,596.
INSURANCE			40,057.
ADMINISTRATIVE			460,647.
OCCUPANCY			75,170.
TRAVEL			1,119.
MISCELLANEOUS			2,917.
PROFESSIONAL FEES			202,104.
CATERING EXPENSES			1,569.
CAFE EXPENSES			78,715.
TOTAL TO FORM 990-T, PAGE 1, LINE 28			1,383,452.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

FOR TAX YEAR 2013

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

58,365

TOTAL CONTRIBUTIONS AVAILABLE

58,365

TAXABLE INCOME LIMITATION AS ADJUSTED

58,365

EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

58,365

TOTAL CONTRIBUTION DEDUCTION

58,365

FORM 990-T	TAX COMPUTATION	STATEMENT	4
1.	TAXABLE INCOME	525,284	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	50,000	
3.	LINE 1 LESS LINE 2	475,284	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	25,000	
5.	LINE 3 LESS LINE 4	450,284	
6.	INCOME SUBJECT TO 34% TAX RATE	450,284	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	7,500	
9.	25 PERCENT OF LINE 4	6,250	
10.	34 PERCENT OF LINE 6	153,097	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX.	11,750	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		178,597

FORM 4626	AMT CONTRIBUTIONS	STATEMENT	5
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2009			
FOR TAX YEAR 2010			
FOR TAX YEAR 2011			
FOR TAX YEAR 2012			
FOR TAX YEAR 2013			
TOTAL CARRYOVER			
CURRENT YEAR CONTRIBUTIONS		58,365	
TOTAL CONTRIBUTIONS		58,365	
10% OF TAXABLE INCOME AS ADJUSTED		58,365	
EXCESS CONTRIBUTIONS		0	
ALLOWABLE CONTRIBUTIONS		58,365	
AMT CHARITABLE DEDUCTION		58,365	
REGULAR CONTRIBUTION DEDUCTION		58,365	
AMT CONTRIBUTION ADJUSTMENT		0	

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

2014

▶ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

Name **THE WILLIAM W BACKUS HOSPITAL** Employer identification number **06-0250773**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	178,597.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	178,597.
4	Enter the tax shown on the corporation's 2013 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	143,186.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	143,186.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	01/15/15	03/15/15	06/15/15	09/15/15
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column.	35,797.	35,796.	35,797.	35,796.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	4,454.			140,688.
<i>Complete lines 12 through 18 of one column before going to the next column.</i>				
12 Enter amount, if any, from line 18 of the preceding column				
13 Add lines 11 and 12				140,688.
14 Add amounts on lines 16 and 17 of the preceding column		31,343.	67,139.	102,936.
15 Subtract line 14 from line 13. If zero or less, enter -0-	4,454.	0.	0.	37,752.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		31,343.	67,139.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	31,343.	35,796.	35,797.	
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.
LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2014)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2014 and before 7/1/2014	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2014 and before 10/1/2014	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2014 and before 1/1/2015	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2014 and before 4/1/2015	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2015 and before 7/1/2015	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2015 and before 10/01/2015	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2015 and before 1/1/2016	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2015 and before 2/16/2016	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38			\$ 685.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

FORM 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s) THE WILLIAM W BACKUS HOSPITAL					Identifying Number 06-0250773
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/15	35,797.	35,797.			
01/15/15	-4,454.	31,343.	59	.000082192	152.
03/15/15	35,796.	67,139.	92	.000082192	508.
06/15/15	35,797.	102,936.	3	.000082192	25.
06/18/15	-104,647.	-1,711.			
09/09/15	-36,041.	-37,752.			
09/15/15	35,796.	-1,956.			
12/31/15	0.	-1,956.	46	.000081967	
Penalty Due (Sum of Column F)					685.

* Date of estimated tax payment, withholding credit date or installment due date.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) BLACK RIVER FIXED INCOME RV OPPORTUNITY FUND	4a Identifying number, if any 98-0418356
---	--

5 Address (including country) UGLAND HOUSE, SOUTH CHURCH STREET GEORGETOWN, GRAND CAYMAN KY1-0011 CAYMAN ISLANDS	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
EXEMPTED COMPANY

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
 INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .7170 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 6

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) ALPHADYNE INTERNATIONAL FUND	4a Identifying number, if any 98-0490241
---	--

5 Address (including country) 17 STATE STREET, 30TH FLOOR NEW YORK, NY 10004	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	02/26/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .8600 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 7

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at www.irs.gov/form926.**
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) LYXOR/BALYSANY ATLANTAS ENHANCED	4a Identifying number, if any 98-1244398
--	---

5 Address (including country) 181 W. MADISON STREET SUITE 3600 CHICAGO, IL 60602	4b Reference ID number
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6 Country code of country of incorporation or organization
JE

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .3580 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 8

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) GREYWOLF CAPITAL OVERSEAS II	4a Identifying number, if any 98-1124059
---	--

5 Address (including country) 4 MANHATTANVILLE ROAD SUITE 210 PURCHASE, NY 10577	4b Reference ID number
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6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 2.7600 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 9

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) LONG POND OFFSHORE LTD	4a Identifying number, if any 27-3090149
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5 Address (including country) 527 MADISON AVENUE, 5TH FLOOR NEW YORK, NY 10022	4b Reference ID number
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6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	02/27/2015		1,045,605.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 1.2000 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 10

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) NORTH RUN OFFSHORE PARTNERS	4a Identifying number, if any
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5 Address (including country) 87 MARY STREET GEORGETOWN, GRAND CAYMAN KY1-9002 CAYMAN ISLANDS	4b Reference ID number 001305256
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6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 2.2300 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 11

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) OCEANWOOD OPFS FD	4a Identifying number, if any
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5 Address (including country) PO BOX 309, UGLAND HOUSE SOUTH CHURCH STREET GEORGETOWN, GRAND CAYMAN KY1-1104 CAYMAN ISLANDS	4b Reference ID number 001461025
--	--

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .7300 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 12

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) STANDARD GEN OFF FD LTD	4a Identifying number, if any 98-0629524
--	--

5 Address (including country) 87 MARY STREET GEORGETOWN, GRAND CAYMAN KY1-9002 CAYMAN ISLANDS	4b Reference ID number
--	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
 INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 4.3900 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 13

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) TACONIC OPPORTUNITY OFFSHORE	4a Identifying number, if any 98-1228012
---	--

5 Address (including country) SOUTH CHURCH STREET GEORGETOWN, GRAND CAYMAN KY1-9002 CAYMAN ISLANDS	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .3700 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 14

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) VENOR CAPITAL OFFSHORE LTD	4a Identifying number, if any
---	-------------------------------

5 Address (including country) C/O HEDGE SER LTD 75 S. STEPHENS GREEN DUBLIN2, IRELAND D2 IRELAND	4b Reference ID number 691BV9.9999.SL
---	---

6 Country code of country of incorporation or organization
EI

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 3.2600 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 15

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ **Information about Form 926 and its separate instructions is at www.irs.gov/form926.**
 ▶ **Attach to your income tax return for the year of the transfer or distribution.**

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) VISIUM GLOBAL OFFSHORE	4a Identifying number, if any
---	-------------------------------

5 Address (including country) HTCHINS DRIVE BOX 2671 GRAND CAYMAN E9, GRAND CAYMAN KY1-1111 CAYMAN ISLANDS	4b Reference ID number 001463876
---	--

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	09/30/2015		1,359,287.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .9400 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 16

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
HARTFORD HEALTHCARE ENDOWMENT LLC	45-4181103

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) SSGA GLOBAL MACRO OFFSHORE	4a Identifying number, if any 98-1130744
---	--

5 Address (including country) ONE LINCOLN STREET BOSTON, MA 02111	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/31/2015		1,463,847.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
INDIRECT PASS THROUGH OF FUNDS VIA INVESTMENT IN LLC. INFORMATION REPORTED FROM SCHEDULE K-1.

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After 1.6150 %

10 Type of nonrecognition transaction (see instructions) IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 17

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WILLIAM W BACKUS HOSPITAL	Identifying number (see instructions) 06-0250773
--	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation HARTFORD HEALTHCARE CORPORATION	EIN of parent corporation 22-2672834
--	--

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) HARTFORD HEALTHCARE INDEMNITY SERVICES LTD	4a Identifying number, if any
---	-------------------------------

5 Address (including country) F.B.PERRY BUILDING 40 CHURCH STREET PO BOX HM0262 HAMILTON, BERMUDA	4b Reference ID number AA-3190907
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6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2014		6,796,267.		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):
CASH TRANSFERRED TO COVER MALPRACTICE INSURANCE PREMIUMS

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before .0000 % (b) After .0000 %

10 Type of nonrecognition transaction (see instructions) IRS SEC 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

- a Gain recognition under section 904(f)(3)
b Gain recognition under section 904(f)(5)(F)
c Recapture under section 1503(d)
d Exchange gain under section 987

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

- a Tainted property
b Depreciation recapture
c Branch loss recapture
d Any other income recognition provision contained in the above-referenced regulations

SEE STATEMENT 18

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?

15 a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred \$

16 Was cash the only property transferred?

17 a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Horizontal lines for text entry.

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 6
 REGULATION SECTIONS 1.6038B-1T(C)(4)(III)
 AND (VII), AND 1.6038B-1T(C)(5)

ATTACHMENT TO FORM 926, PART III, LINE 11
 THE WILLIAM W. BACKUS HOSPITAL
 EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
 1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
 (I) BLACK RIVER FIXED INCOME RV OPPORTUNITY FUND

EIN: 98-0418356

ADDRESS: UGLAND HOUSE, SOUTH CHURCH STREET
 GEORGETOWN, KY1-0011, CAYMAN ISLANDS

(II) PAYMENT OF \$1,359,287 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,359,287

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
 PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926	ADDITIONAL INFORMATION REQUIRED BY TEMPORARY REGULATION SECTIONS 1.6038B-1T(C)(4)(III) AND (VII), AND 1.6038B-1T(C)(5)	STATEMENT 10
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ATTACHMENT TO FORM 926, PART III, LINE 11
THE WILLIAM W. BACKUS HOSPITAL
EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
(I) LONG POND OFFSHORE, LTD

EIN: 27-3090149

ADDRESS: 527 MADISON AVENUE, 15TH FLOOR
NEW YORK, NY 10022

(II) PAYMENT OF \$1,045,605 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,045,605

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 11
 REGULATION SECTIONS 1.6038B-1T(C)(4)(III)
 AND (VII), AND 1.6038B-1T(C)(5)

ATTACHMENT TO FORM 926, PART III, LINE 11
THE WILLIAM W. BACKUS HOSPITAL
EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
(I) NORTH RUN OFFSHORE PARTNERS

CIK: 001305256

ADDRESS: 87 MARY STREET
 GEORGETOWN, GRAND CAYMAN, KYI-9002, CAYMAN ISLANDS

(II) PAYMENT OF \$1,359,287 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,359,287

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 12
REGULATION SECTIONS 1.6038B-1T(C)(4)(III)
AND (VII), AND 1.6038B-1T(C)(5)

ATTACHMENT TO FORM 926, PART III, LINE 11
THE WILLIAM W. BACKUS HOSPITAL
EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
(I) OCEANWOOD OPFS FD

CIK: 001461025

ADDRESS: P.O. BOX 309 UGLAND HOUSE, SOUTH CHURCH STREET
GEORGETOWN, GRAND CAYMAN, KYI-1104, CAYMAN ISLANDS

(II) PAYMENT OF \$1,359,287 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,359,287

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926	ADDITIONAL INFORMATION REQUIRED BY TEMPORARY REGULATION SECTIONS 1.6038B-1T(C)(4)(III) AND (VII), AND 1.6038B-1T(C)(5)	STATEMENT 13
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ATTACHMENT TO FORM 926, PART III, LINE 11
THE WILLIAM W. BACKUS HOSPITAL
EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS 1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
(I) STANDARD GEN OFF FD LTD

EIN: 98-0629524

ADDRESS: 87 MARY STREET
GEORGETOWN, GRAND CAYMAN, KYI-9002, CAYMAN ISLANDS

(II) PAYMENT OF \$1,359,287 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,359,287

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 14
REGULATION SECTIONS 1.6038B-1T(C)(4)(III)
AND (VII), AND 1.6038B-1T(C)(5)

ATTACHMENT TO FORM 926, PART III, LINE 11
THE WILLIAM W. BACKUS HOSPITAL
EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
(I) TACONIC OPPORTUNITY OFFSHORE

EIN: 98-1228012

ADDRESS: SOUTH CHURCH STREET
GEORGETOWN, GRAND CAYMAN, KYI-9002, CAYMAN ISLANDS

(II) PAYMENT OF \$1,359,287 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,359,287

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 15
 REGULATION SECTIONS 1.6038B-1T(C)(4)(III)
 AND (VII), AND 1.6038B-1T(C)(5)

ATTACHMENT TO FORM 926, PART III, LINE 11
THE WILLIAM W. BACKUS HOSPITAL
EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
(I) VENOR CAPITAL OFFSHORE LTD

CIIN: 691BV9.99999.SL.136

ADDRESS: C/O HEDGE SER LTD 75 S. STEPHENS GREEN
 DUBLIN2, IRELAND

(II) PAYMENT OF \$1,359,287 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,359,287

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 16
REGULATION SECTIONS 1.6038B-1T(C)(4)(III)
AND (VII), AND 1.6038B-1T(C)(5)

ATTACHMENT TO FORM 926, PART III, LINE 11
THE WILLIAM W. BACKUS HOSPITAL
EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
(I) VISIUM GLOBAL OFFSHORE

INDEX KEY: 0001463876

ADDRESS: HTCHINS DRIVE, BOX 2681
 GRAND CAYMAN, E9, KY1-1111, CAYMAN ISLANDS

(II) PAYMENT OF \$1,359,287 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,359,287

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 17
 REGULATION SECTIONS 1.6038B-1T(C)(4)(III)
 AND (VII), AND 1.6038B-1T(C)(5)

ATTACHMENT TO FORM 926, PART III, LINE 11
 THE WILLIAM W. BACKUS HOSPITAL
 EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
 1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

NOT APPLICABLE

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
 (I) SSGA GLOBAL MACRO OFFSHORE

EIN: 98-1130744

ADDRESS: ONE LINCOLN STREET
 BOSTON, MA 02111

(II) PAYMENT OF \$1,463,847 US DOLLARS

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$1,463,847

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
 PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

FORM 926 ADDITIONAL INFORMATION REQUIRED BY TEMPORARY STATEMENT 18
 REGULATION SECTIONS 1.6038B-1T(C)(4)(III)
 AND (VII), AND 1.6038B-1T(C)(5)

ATTACHMENT TO FORM 926, PART III, LINE 11
 THE WILLIAM W. BACKUS HOSPITAL
 EIN: 06-0250773

FOLLOWING IS ADDITIONAL INFORMATION AS REQUESTED BY REGULATIONS SECTIONS
 1.6038B-1(C) AND TEMPORARY REGULATIONS 1.6038B-1T (C)(1) THROUGH
 1.6038B-1T(C)(5) AND 1.6038B-1T(D).

REGULATION SECTION 1.6038B-1T(C)(1): TRANSFEROR

THE WILLIAM W BACKUS HOSPITAL
 EIN: 06-0250773
 ADDRESS: 326 WASHINGTON STREET
 NORWICH, CT 06360

REGULATION SECTION 1.6038B-1T(C)(2): TRANSFEREE
 (I) HARTFORD HEALTHCARE INDEMNITY SERVICES, LTD
 ADDRESS: F.B. PERRY BUILDING, 40 CHURCH STREET
 P.O. BOX HM 2062
 HAMILTON, HM HX, BERMUDA

(II) PAYMENT OF \$6,796,267 US DOLLARS TO HARTFORD HEALTHCARE
 INDEMNITY SERVICES, LTD

REGULATION SECTION 1.6038B-1T(C)(3): CONSIDERATION RECEIVED

CONTRACT TO PAY CLAIMS

REGULATION SECTION 1.6038B-1T(C)(4): PROPERTY TRANSFERRED

CASH US \$6,796,267

REGULATION SECTION 1.6038B-1T(C)(5): TRANSFER OF FOREIGN BRANCH WITH
 PREVIOUSLY DEDUCTED LOSSES

NOT APPLICABLE

REGULATIONS SECTION 1.6038B-1T(D): APPLICATION OF SECTION 367(D)

NOT APPLICABLE

General Instructions

Who Must File: Every organization subject to tax under Chapter 208a whose estimated current year tax liability, as shown on *Schedule 1*, Line 3, is more than \$1,000.

Using an estimate of current year tax to determine the required annual payment where the amount of tax due changes may result in earlier installments of estimated tax being underpaid. Payments of estimated tax are credited first against underpaid installments in the order in which the installments are required to be paid.

Interest: If the current year tax is more than \$1,000 and the estimated payment does not equal: (1) 27% of the current year tax; or (2) 30% of the tax shown on the prior year return (without regard to any tax credits), whichever is less, interest is assessed at 1% per month or fraction of a month on the amount of the underpayment for the period of the underpayment.

Annualization: If an organization establishes that its annualized income installment is less than *Schedule 1*, Line 4, then the organization must enter the amount from *Worksheet CT-1120AE*, Line 20, Column A, onto *Schedule 1*, Line 4, for each installment. See **Information Publication 2014(14)**, Q&A on *Estimated Corporation Business Tax and Worksheet CT-1120AE*.

Schedule 1

Visit www.ct.gov/TSC to pay this return electronically.

1. Estimated current year tax (including surtax) before applying tax credits	1.		00
2. Less: Estimated tax credits	2.		00
3. Subtotal: Subtract Line 2 from Line 1.	3.		00
4. Current year first installment: Multiply Line 3 by 27% (.27) or enter the amount from <i>Worksheet CT-1120AE</i> , Line 20, Column A. ADJUSTED TO 30%	4.		00

CT-990T ESA (Rev. 12/14)

441931 12-09-14

2015	CT-990T ESA	Department of Revenue Services PO Box 5014 Hartford CT 06102-5014	Check here <input type="checkbox"/> if closing month has changed and attach explanation.
Payment Coupon - First Installment			
Estimated Unrelated Business Income Tax (Rev. 12/14)		<i>Complete in blue or black ink only.</i>	FOR INCOME YEAR ENDING ▶ SEPTEMBER 30, 2016
Connecticut Tax Registration Number ▶ 6005474	1. Tax shown on prior year return (including surtax) before any tax credits, multiplied by 30% (.30)	1.	00
DRS use only ▶ - - 20	2. Current year first installment from <i>Schedule 1</i> , Line 4	2.	00
Federal Employer ID Number ▶ 06-0250773	3. First installment due: Lesser of Line 1 or Line 2	3.	00
	4. Overpayment from prior year (see Informational Publication 2014(14))	4.	00
	5. Payment due with this coupon: Subtract Line 4 from Line 3. ▶	5.	38,332 00

See instructions.

Due Date: 15th day of the 3rd month of the income year.
If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Visit www.ct.gov/TSC to pay this return electronically.

Make Check Payable To:
Commissioner of Revenue Services

Mail To: Department of Revenue Services
PO Box 5014
Hartford CT 06102-5014

Please correct name and mailing address if shown incorrectly.

THE WILLIAM W BACKUS HOSPITAL
326 WASHINGTON STREET
NORWICH, CT 06360

1019

General Instructions

Who Must File: Every organization subject to tax under Chapter 208a whose estimated current year tax liability, as shown on *Schedule 1*, Line 3, is more than \$1,000.

Interest: If the current year tax is more than \$1,000 and the estimated payment does not equal: (1) 63% of the current year tax; or (2) 70% of the tax shown on the prior year return (without regard to any tax credits), whichever is less, interest is assessed at 1% per month or fraction of a month on the amount of the underpayment for the period of the underpayment.

Using an estimate of current year tax to determine the required annual payment where the amount of tax due changes may result in earlier installments of estimated tax being underpaid. Payments of estimated tax are credited first against underpaid installments in the order in which the installments are required to be paid.

Annualization: If an organization establishes that its annualized income installment is less than *Schedule 1*, Line 4, then the organization must enter the amount from *Worksheet CT-1120AE*, Line 20, Column B, onto *Schedule 1*, Line 4, for each installment. See **Information Publication 2014(14)**, Q&A on *Estimated Corporation Business Tax and Worksheet CT-1120AE*

Schedule 1

Visit www.ct.gov/TSC to pay this return electronically.

1. Estimated current year tax (including surtax) before applying tax credits	1.		00
2. Less: Estimated tax credits	2.		00
3. Subtotal: Subtract Line 2 from Line 1.	3.		00
4. Current year second installment: Multiply Line 3 by 63% (.63) or enter the amount from <i>Worksheet CT-1120AE</i> , Line 20, Column B. ADJUSTED TO 70%	4.		00

CT-990T ESB (Rev. 12/14)

441932 12-09-14

2015	CT-990T ESB	Department of Revenue Services PO Box 5014 Hartford CT 06102-5014	Check here <input type="checkbox"/> if closing month has changed and attach explanation.
Payment Coupon - Second Installment			
Estimated Unrelated Business Income Tax (Rev. 12/14)		FOR INCOME YEAR ENDING ▶ SEPTEMBER 30, 2016	
		<i>Complete in blue or black ink only.</i>	
Connecticut Tax Registration Number ▶ 6005474	1.	Tax shown on prior year return (including surtax) before any tax credits, multiplied by 70% (.70)	1. 00
DRS use only ▶ - - 20	2.	Current year second installment from <i>Schedule 1</i> , Line 4	2. 00
Federal Employer ID Number ▶ 06-0250773	3.	Second installment due: Lesser of Line 1 or Line 2	3. 00
	4.	Amount paid with Form CT-990T ESA , plus overpayment from prior year	4. 00
	5.	Payment due with this coupon: Subtract Line 4 from Line 3. ▶	5. 00

See instructions.

Due Date: 15th day of the 6th month of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Visit www.ct.gov/TSC to pay this return electronically.

Make Check Payable To:
Commissioner of Revenue Services

Mail To: Department of Revenue Services
PO Box 5014
Hartford CT 06102-5014

Please correct name and mailing address if shown incorrectly.
THE WILLIAM W BACKUS HOSPITAL
326 WASHINGTON STREET
NORWICH, CT 06360

1019

General Instructions

Who Must File: Every organization subject to tax under Chapter 208a whose estimated current year tax liability, as shown on *Schedule 1*, Line 3, is more than \$1,000.

Interest: If the current year tax is more than \$1,000 and the estimated payment does not equal: (1) 72% of the current year tax; or (2) 80% of the tax shown on the prior year return (without regard to any tax credits), whichever is less, interest is assessed at 1% per month or fraction of a month on the amount of the underpayment for the period of the underpayment.

Using an estimate of current year tax to determine the required annual payment where the amount of tax due changes may result in earlier installments of estimated tax being underpaid. Payments of estimated tax are credited first against underpaid installments in the order in which the installments are required to be paid.

Annualization: If an organization establishes that its annualized income installment is less than *Schedule 1*, Line 4, then the organization must enter the amount from *Worksheet CT-1120AE*, Line 20, Column C, onto *Schedule 1*, Line 4, for each installment. See **Information Publication 2014(14)**, *Q&A on Estimated Corporation Business Tax and Worksheet CT-1120AE*

Schedule 1

Visit www.ct.gov/TSC to pay this return electronically.

1. Estimated current year tax (including surtax) before applying tax credits	1.		00
2. Less: Estimated tax credits	2.		00
3. Subtotal: Subtract Line 2 from Line 1.	3.		00
4. Current year third installment: Multiply Line 3 by 72% (.72) or enter the amount from <i>Worksheet CT-1120AE</i> , Line 20, Column C. ADJUSTED TO 80%	4.		00

CT-990T ESC (Rev. 12/14)

441934 12-09-14

2015 CT-990T ESC
 Payment Coupon - Third Installment
Estimated Unrelated Business Income Tax
 (Rev. 12/14)

Department of Revenue Services
PO Box 5014
Hartford CT 06102-5014

Check here if closing month has changed and attach explanation.

FOR INCOME YEAR ENDING
SEPTEMBER 30, 2016

Complete in blue or black ink only.

Connecticut Tax Registration Number ▶ 6005474	1.	Tax shown on prior year return (including surtax) before any tax credits, multiplied by 80% (.80)	1.		00
	2.	Current year third installment from <i>Schedule 1</i> , Line 4	2.		00
DRS use only ▶ - - 20	3.	Third installment due: Lesser of Line 1 or Line 2	3.		00
	4.	Amount paid with Form CT-990T ESA and Form CT-990T ESB , plus overpayment from prior year	4.		00
Federal Employer ID Number ▶ 06-0250773	5.	Payment due with this coupon: Subtract Line 4 from Line 3. ▶	5.		00

See instructions.

Due Date: 15th day of the 9th month of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Visit www.ct.gov/TSC to pay this return electronically.

Make Check Payable To:
Commissioner of Revenue Services

Mail To: Department of Revenue Services
 PO Box 5014
 Hartford CT 06102-5014

Please correct name and mailing address if shown incorrectly.
THE WILLIAM W BACKUS HOSPITAL
326 WASHINGTON STREET
NORWICH, CT 06360

1019

General Instructions

Who Must File: Every organization subject to tax under Chapter 208a whose estimated current year tax liability, as shown on *Schedule 1*, Line 3, is more than \$1,000.

Interest: If the current year tax is more than \$1,000 and the estimated payment does not equal: (1) 90% of the current year tax; or (2) 100% of the tax shown on the prior year return (without regard to any tax credits), whichever is less, interest is assessed at 1% per month or fraction of a month on the amount of the underpayment for the period of the underpayment.

Using an estimate of current year tax to determine the required annual payment where the amount of tax due changes may result in earlier installments of estimated tax being underpaid. Payments of estimated tax are credited first against underpaid installments in the order in which the installments are required to be paid.

Annualization: If an organization establishes that its annualized income installment is less than *Schedule 1*, Line 4, then the organization must enter the amount from *Worksheet CT-1120AE*, Line 20, Column D, onto *Schedule 1*, Line 4, for each installment. See **Information Publication 2014(14)**, Q&A on *Estimated Corporation Business Tax and Worksheet CT-1120AE*

Schedule 1

Visit www.ct.gov/TSC to pay this return electronically.

1. Estimated current year tax (including surtax) before applying tax credits	1.		00
2. Less: Estimated tax credits	2.		00
3. Subtotal: Subtract Line 2 from Line 1.	3.		00
4. Current year fourth installment: Multiply Line 3 by 90% (.90) or enter the amount from <i>Worksheet CT-1120AE</i> , Line 20, Column D.	4.		00

CT-990T ESD (Rev. 12/14)

441935 12-09-14

2015	CT-990T ESD	Department of Revenue Services PO Box 5014 Hartford CT 06102-5014	Check here <input type="checkbox"/> if closing month has changed and attach explanation.
Payment Coupon - Fourth Installment			
Estimated Unrelated Business Income Tax (Rev. 12/14)		<i>Complete in blue or black ink only.</i>	FOR INCOME YEAR ENDING ▶ SEPTEMBER 30, 2016
Connecticut Tax Registration Number ▶ 6005474	1. Tax shown on prior year return (including surtax) before any tax credits, multiplied by 100% (1.00)	1.	00
DRS use only ▶ - - 20	2. Current year fourth installment from <i>Schedule 1</i> , Line 4	2.	00
Federal Employer ID Number ▶ 06-0250773	3. Fourth installment due: Lesser of Line 1 or Line 2	3.	00
	4. Amount paid with Form CT-990T ESA, Form CT-990T ESB, and Form CT-990T ESC , plus overpayment from prior year	4.	00
	5. Payment due with this coupon: Subtract Line 4 from Line 3. ▶	5.	00

See instructions.

Due Date: 15th day of the 12th month of the income year. If the due date falls on a Saturday, Sunday, or legal holiday, the next business day is the due date.

Visit www.ct.gov/TSC to pay this return electronically.

Make Check Payable To:
Commissioner of Revenue Services

Mail To: Department of Revenue Services
PO Box 5014
Hartford CT 06102-5014

Please correct name and mailing address if shown incorrectly.

THE WILLIAM W BACKUS HOSPITAL
326 WASHINGTON STREET
NORWICH, CT 06360

1019

Form CT-990T Connecticut Unrelated Business Income Tax Return

2014

Complete this return in blue or black ink only.

Enter Income Year Beginning **▶ OCTOBER 1**, 2014, and Ending **▶ SEPTEMBER 30**, 2015

Taxpayer (Please type or print)	Organization name <i>(please type or print)</i> THE WILLIAM W BACKUS HOSPITAL	CT Tax Registration Number 6005474
	Address Number and street PO Box 326 WASHINGTON STREET	DRS use only - - 20
	City or town State ZIP code NORWICH, CT 06360	Federal Employer ID Number (FEIN) 06-0250773

Check and Complete All Applicable Boxes If the organization is annualizing its income check here

Change of: Mailing address Closing month (Attach explanation.) **Return status:** Amended return Initial return Final return

If final return: Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. Number. _____

Type of organization: Corporation Domestic trust Foreign trust Other: Explain _____

1. Date unrelated trade or business began in Connecticut: **04/01/1987**

2. Nature of unrelated trade or business income activity: **LAB COURIER SERVICES**

3. **Corporation only:** Enter state of incorporation: **CONNECTICUT** Date of organization: **04/01/1987**

Date qualified in Connecticut if not incorporated in Connecticut: _____

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income

1. Federal unrelated business taxable income from 2014 federal Form 990-T, Part II, Line 34	▶ 1	525,284	00
2. Federal net operating loss deduction from 2014 federal Form 990-T, Part II, Line 31	▶ 2		00
3. Federal deduction for Connecticut tax on unrelated business taxable income	▶ 3	42,591	00
4. Total: Add Lines 1, 2, and 3	▶ 4	567,875	00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	▶ 5		00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	▶ 6	567,875	00

Computation of Tax

1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3	▶ 1	567,875	00
2. Apportionment fraction from <i>Schedule A</i> , Line 5 on page 2. Carry to six places	▶ 2		
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	▶ 3	567,875	00
4. Operating loss carryover from <i>Schedule B</i> , Line 15 on page 2	▶ 4		00
5. Income subject to tax: Subtract Line 4 from Line 3	▶ 5	567,875	00
6. Tax: Multiply Line 5 by 7.5% (.075)	▶ 6	42,591	00

Computation of Amount Payable

1. Tax: Include surtax if applicable. See instructions	▶ 1	42,591	00
2. <i>Reserved for future use</i>	▶ 2		
3. Total Tax: Enter the amount from Line 1	▶ 3	42,591	00
4. Tax credits from Form CT-1120K , Part III, Line 9. Do not exceed amount on Line 1	▶ 4		00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	▶ 5	42,591	00
6a. Paid with application for extension from Form CT-990T EXT	▶ 6a		00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	▶ 6b	35,000	00
6c. Overpayment from prior year	▶ 6c		00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c	▶ 6	35,000	00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	▶ 7	7,591	00
8. Add Penalty ▶ (8a) _____ Interest ▶ (8b) _____ CT-1120I Interest ▶ (8c) 1,307.	▶ 8	1,307	00
9. Amount to be credited to 2015 estimated tax ▶ (9a) _____ Refunded ▶ (9b) _____	▶ 9		00

For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.

9c. Checking Savings

9d. Routing number _____ 9e. Account number _____

9f. Will this refund go to a bank account outside the U.S.? Yes 9g. Bank name _____

10. **Balance due with this return:** Add Line 7 and Line 8 ▶ 10 **8,898**00

Visit the DRS website at www.ct.gov/DRS or www.ct.gov/TSC to pay electronically. Taxpayer Service Center

Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014

Make check payable to: Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Name of officer or fiduciary <i>(print)</i> DANIEL E LOHR	Signature of officer or fiduciary	Date
	Officer's email address <i>(print)</i>		
Keep a copy of this return for your records.	Title SENIOR VP/CFO	Telephone number 860-889-8331	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid preparer's signature	Date	Preparer's SSN or PTIN P00482834
	Firm's name and address BKD, LLP 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106	FEIN 44-0160260	Telephone number 816-221-6300

Schedule A - Unrelated Business Income Apportionment: See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
Property (Average value)	1. (a) Inventories	00	00	
	(b) Tangible property	00	00	
	(c) Real property	00	00	
	(d) Capitalized rent	00	00	
	1. Total	00	00	
Receipts	2. (a) Sales of tangibles	00	00	
	(b) Services	00	00	
	(c) Rentals	00	00	
	(d) Other	00	00	
	2. Total	00	00	
Wages, salaries, and other compensation	3. Total	00	00	
4. Total: Add Lines 1, 2, and 3 in Column C.				
5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C, Line 4; and also on page 1, Computation of Tax, Line 2.</i>				

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2014

1. 2000 Connecticut net operating loss available for use in 2014	1.	00
2. 2001 Connecticut net operating loss available for use in 2014	2.	00
3. 2002 Connecticut net operating loss available for use in 2014	3.	00
4. 2003 Connecticut net operating loss available for use in 2014	4.	00
5. 2004 Connecticut net operating loss available for use in 2014	5.	00
6. 2005 Connecticut net operating loss available for use in 2014	6.	00
7. 2006 Connecticut net operating loss available for use in 2014	7.	00
8. 2007 Connecticut net operating loss available for use in 2014	8.	00
9. 2008 Connecticut net operating loss available for use in 2014	9.	00
10. 2009 Connecticut net operating loss available for use in 2014	10.	00
11. 2010 Connecticut net operating loss available for use in 2014	11.	00
12. 2011 Connecticut net operating loss available for use in 2014	12.	00
13. 2012 Connecticut net operating loss available for use in 2014	13.	00
14. 2013 Connecticut net operating loss available for use in 2014	14.	00
15. Total: Add Lines 1 through 14. Enter here and on <i>Computation of Tax, Line 4.</i>	15.	00

Schedule C - Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income, Line 6</i> , if less than zero	1.	00
2. Add back specific deduction from 2014 federal Form 990-T, Part II, Line 33	2.	00
3. Subtotal: Add Line 1 and Line 2	3.	00
4. Apportionment fraction from <i>Schedule A, Line 5</i>	4.	
5. 2014 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	00

Form CT-1120I
Computation of Interest Due on Underpayment of Estimated Tax

2014

Enter Income Year Beginning OCT 1, 2014, and Ending SEP 30, 2015

Corporation name THE WILLIAM W BACKUS HOSPITAL	Connecticut Tax Registration Number 6005474
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Part I - Computation of Required Annual Payment

1. Tax due from 2014 Form CT-1120 or Form CT-1120U , <i>Schedule C</i> , Line 6, minus <i>Schedule C</i> , Line 1c; Form CT-1120CR , Part IV, Line 13, minus Part IV, Line 4; or Form CT-990T , <i>Computation of Amount Payable</i> , Line 5. See instructions.	1.	42,591.
2. Multiply Line 1 by 90% (.90).	2.	38,332.
3. Tax from 2013 Form CT-1120 or Form CT-1120U , <i>Schedule C</i> , Line 1, minus <i>Schedule C</i> , Line 1c; or Form CT-1120CR , Part IV, Line 7, minus Part IV, Line 4; or Form CT-990T , <i>Computation of Amount Payable</i> , Line 3. See instructions.	3.	34,379.
4. Multiply Line 3 by 100% (1.00).	4.	34,379.
5. Required annual payment: Enter the lesser of Line 2 or Line 4.	5.	34,379.

Part II - Computation of Required Installments

6. First required installment: Multiply Line 5 by 30% (.30). Enter here and on Part III, Line 13, Column A, or Part IV, Line 10a.	6.	10,314.
7. Second required installment: Multiply Line 5 by 40% (.40). Enter here and on Part III, Line 13, Column B, or Part IV, Line 13c.	7.	13,752.
8. Third required installment: Multiply Line 5 by 10% (.10). Enter here and on Part III, Line 13, Column C, or Part IV, Line 16c.	8.	3,438.
9. Fourth required installment: Multiply Line 5 by 20% (.20). Enter here and on Part III, Line 13, Column D, or Part IV, Line 19c.	9.	6,876.

Part III - Annualized Income Installment Schedule

Estimated Payment Calculation	A	First 2 Months	B	First 5 Months	C	First 8 Months	D	First 11 Months
1. Enter your Connecticut corporation business income for each period. See instructions.								
2. Annualization factor		6		2.4		1.5		1.09091
3. Annualized Connecticut corporation business income: Multiply Line 1 by Line 2.								
4. Multiply Line 3 by 7.5% (.075).								
5. Enter amounts for surtax and preference tax, if applicable.								
6. Add Line 4 and Line 5.								
7. Corporation business tax credits: See instructions.								
8. Total annualized corporation business tax: Subtract Line 7 from Line 6.								
9. Applicable percentages		.27		.63		.72		.90
10. Multiply Line 8 by Line 9.								
11. Add the amounts in all preceding columns of Line 17. See instructions.								
12. Annualized income installment using net income: Subtract Line 11 from Line 10. If zero or less, enter "0."								
13. Enter your required installment for the period. See instructions.								
14. Enter the amount from Line 16 of the preceding column of this worksheet.								
15. Add Line 13 and Line 14 and enter here.								
16. If Line 15 is more than Line 12, subtract Line 12 from Line 15 (otherwise enter "0").								
17. Enter the lesser of Line 12 or Line 15.								
18. Total required installment for the period: Add Line 11 and Line 17.								
19. Estimated tax payments made through the due date for the period.								
20. Estimated tax payment required by the next due date: Subtract Line 19 from Line 18 and enter the result, but not less than "0."								

Part IV - Computation of Interest		
10a. First installment; Enter the required installment amount due on the fifteenth day of the third month.	10a	10,314.
10b. Enter payments made or credits received on or before the fifteenth day of the third month.	10b	
10c. First installment underpayment balance: Subtract Line 10b from Line 10a.	10c	10,314.
10. Interest due - Sixteenth day of the third month through the fifteenth day of the fourth month. Multiply Line 10c by .01 if greater than zero.	10	103.
11a. Enter payments made or credits received on or before the fifteenth day of the fourth month.	11a	
11b. First installment underpayment balance: Subtract Line 11a from Line 10c.	11b	10,314.
11. Interest due - Sixteenth day of the fourth month through the fifteenth day of the fifth month. Multiply Line 11b by .01 if greater than zero.	11	103.
12a. Enter payments made or credits received on or before the fifteenth day of the fifth month.	12a	
12b. First installment underpayment balance: Subtract Line 12a from Line 11b.	12b	10,314.
12. Interest due - Sixteenth day of the fifth month through the fifteenth day of the sixth month. Multiply Line 12b by .01 if greater than zero.	12	103.
13a. Second installment; Enter payments made or credits recd on or before the fifteenth day of the sixth month.	13a	
13b. First installment underpayment balance: Subtract Line 13a from Line 12b.	13b	10,314.
13c. Enter the second required installment amount due on the fifteenth day of the sixth month.	13c	13,752.
13d. Second installment underpayment balance: Add Line 13b and Line 13c.	13d	24,066.
13. Interest due - Sixteenth day of the sixth month through the fifteenth day of the seventh month. Multiply Line 13d by .01 if greater than zero.	13	241.
14a. Enter payments made or credits received on or before the fifteenth day of the seventh month.	14a	
14b. Second installment underpayment balance: Subtract Line 14a from Line 13d.	14b	24,066.
14. Interest due - Sixteenth day of the seventh month through the fifteenth day of the eighth month. Multiply Line 14b by .01 if greater than zero.	14	241.
15a. Enter payments made or credits received on or before the fifteenth day of the eighth month.	15a	
15b. Second installment underpayment balance: Subtract Line 15a from Line 14b.	15b	24,066.
15. Interest due - Sixteenth day of the eighth month through the fifteenth day of the ninth month. Multiply Line 15b by .01 if greater than zero.	15	241.
16a. Third installment; Enter payments made or credits received on or before the fifteenth day of the ninth month.	16a	
16b. Second installment underpayment balance: Subtract Line 16a from Line 15b.	16b	24,066.
16c. Enter the third required installment amount due on the fifteenth day of the ninth month.	16c	3,438.
16d. Third installment underpayment balance: Add Line 16b and Line 16c.	16d	27,504.
16. Interest due - Sixteenth day of the ninth month through the fifteenth day of the tenth month. Multiply Line 16d by .01 if greater than zero.	16	275.
17a. Enter payments made or credits received on or before the fifteenth day of the tenth month.	17a	35,000.
17b. Third installment underpayment balance: Subtract Line 17a from Line 16d.	17b	-7,496.
17. Interest due - Sixteenth day of the tenth month through the fifteenth day of the eleventh month. Multiply Line 17b by .01 if greater than zero.	17	
18a. Enter payments made or credits received on or before the fifteenth day of the eleventh month.	18a	
18b. Third installment underpayment balance: Subtract Line 18a from Line 17b.	18b	-7,496.
18. Interest due - Sixteenth day of the eleventh month through the fifteenth day of the twelfth month. Multiply Line 18b by .01 if greater than zero.	18	
19a. Fourth installment; Enter payments made or credits received on or before the fifteenth day of the twelfth month.	19a	
19b. Third installment underpayment balance: Subtract Line 19a from Line 18b.	19b	-7,496.
19c. Enter the fourth required installment amount due on the fifteenth day of the twelfth month.	19c	6,876.
19d. Fourth installment underpayment balance: Add Line 19b and Line 19c.	19d	-620.
19. Interest due - Sixteenth day of the twelfth month through the fifteenth day of the thirteenth month. Multiply Line 19d by .01 if greater than zero.	19	
20a. Enter payments made or credits received on or before the fifteenth day of the thirteenth month.	20a	
20b. Fourth installment underpayment balance: Subtract Line 20a from Line 19d.	20b	-620.
20. Interest due - Sixteenth day of the thirteenth month through the fifteenth day of the fourteenth month. Multiply Line 20b by .01 if greater than zero.	20	
21a. Enter payments made or credits received on or before the fifteenth day of the fourteenth month.	21a	
21b. Fourth installment underpayment balance: Subtract Line 21a from Line 20b.	21b	-620.
21. Interest due - Sixteenth day of the fourteenth month through the fifteenth day of the fifteenth month. Multiply Line 21b by .01 if greater than zero.	21	
22a. Enter payments made or credits received on or before the fifteenth day of the fifteenth month.	22a	
22b. Fourth installment underpayment balance: Subtract Line 22a from Line 21b.	22b	-620.
22. Interest due - Sixteenth day of the fifteenth month to the first day of the sixteenth month. Multiply Line 22b by .01 if greater than zero.	22	
23. Total interest due: Add Lns 10 through 22. Enter here and on the appropriate Connecticut tax form. 23		1,307.