

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2016, or tax year beginning OCT 1, 2016, and ending SEP 30, 2016

2015

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

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>319,597,150.</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 2015 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.

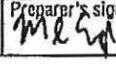
Sign Here  17/07/17 REGIONAL VP FINANCE
Signature of officer Date Title

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  8/8/17 Check if also paid preparer Check if self-employed ERO's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code
EIN
Phone no.

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
	<u>Mike Engle</u>		<u>7/31/17</u>		<u>P00482834</u>
	Firm's name	Firm's EIN			
	<u>BKD, LLP</u>	<u>44-0160260</u>			
	Firm's address	Phone no.			
	<u>1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106</u>	<u>816-221-6300</u>			

EXTENDED TO AUGUST 15, 2017

Form **990**

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

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

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		D Employer identification number 06-0250773
	Doing business as		E Telephone number 860-889-8331
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 389,400,558.
	326 WASHINGTON STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code NORWICH, CT 06360		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: BIMAL PATEL SAME AS C ABOVE			H(c) Group exemption number ▶
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			
J Website: WWW.BACKUSHOSPITAL.ORG			
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

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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2010
	6 Total number of volunteers (estimate if necessary)	6	485
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,413,551.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-48,595.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,626,345.	Current Year 512,743.
	9 Program service revenue (Part VIII, line 2g)	294,807,000.	308,726,062.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,159,759.	8,686,222.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,525,641.	1,672,123.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	306,118,745.	319,597,150.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	178,641.	149,587.
	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)	133,334,931.	139,755,080.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 690,298.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	124,142,781.	135,932,582.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	257,656,353.	275,837,249.	
19 Revenue less expenses. Subtract line 18 from line 12	48,462,392.	43,759,901.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 533,869,094.	End of Year 589,761,844.
	21 Total liabilities (Part X, line 26)	166,315,438.	172,757,813.
	22 Net assets or fund balances. Subtract line 21 from line 20	367,553,656.	417,004,031.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 7/27/17			
	ANTHONY MASTROIANNI, REGIONAL VP FINANCE Type or print name and title				
Paid Preparer Use Only	Print/type preparer's name MICHAEL J. ENGLE	Preparer's signature 	Date 7/31/17	Check if self-employed <input type="checkbox"/>	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	

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 108,913,167. including grants of \$) (Revenue \$ 117,201,207.) INPATIENT-THE HOSPITAL HAS 233 LICENSED BEDS. DISCHARGES FOR FY 16 WERE 10,607 OF WHICH 7,943 MED/SURG AND ICU, 1,943 MATERNITY/NEWBORN AND 721 PSYCH. PATIENT DAYS TOTALED 46,555 OF WHICH 36,062 MED/SURG AND ICU, 4,687 MATERNITY/NEWBORN AND 5,806 PSYCH. OBSERVATION DISCHARGES WERE 2,528 AND OBSERVATION DAYS WERE 4,996. THE AVERAGE LENGTH OF STAY IS 4.39 DAYS. THERE WERE 2,214 INPATIENT SURGERIES PERFORMED.

4b (Code:) (Expenses \$ 88,655,473. including grants of \$ 149,587.) (Revenue \$ 126,816,749.) OUTPATIENT-FOR FISCAL 16, THE HOSPITAL HAD 433,273 OUTPATIENT VISITS. INCLUDED IN THOSE VISITS ARE 144,276 IMAGING EXAMS, 7,337 MRI EXAMINATIONS, 6,334 SAME DAY SURGICAL PROCEDURES, 7,354 PSYCHIATRIC CLINICAL VISITS, 6,475 PSYCHIATRIC PARTIAL HOSPITAL VISITS, 26,643 REHAB VISITS, 3,568 CARDIAC VISITS, 2,822 CHEMO VISITS, AND 2,925 GASTROINTESTINAL VISITS.

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

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 1,211,594.)

4e Total program service expenses 230,785,371.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>		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>	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>		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>		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>		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>		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>		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>	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>	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>	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>		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>		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>	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>		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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>	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>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? Note. All Form 990 filers are required to complete Schedule O	X	

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes data for lines 1a (174), 1b (0), 2a (2010), 3a (X), 3b (X), 4a (X), 5a (X), 5b (X), 6a (X), 7a (X), 7b (X), 7c (X), 7e (X), 7f (X), 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.

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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	12													
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.														
b Enter the number of voting members included in line 1a, above, who are independent		8												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2											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?				3										X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4										X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5										X
6 Did the organization have members or stockholders?				6			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?				7a			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?				7b			X							
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?				8a			X							
b Each committee with authority to act on behalf of the governing body?				8b			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				9										X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	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?														
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										
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			

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: **ANTHONY MASTROIANNI - 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) ELIZABETH CONWAY DIRECTOR (THRU 3/16)	2.00 2.00	X						0.	0.	0.
(2) DEBORAH MONAHAN DIRECTOR	2.00 2.00	X						0.	0.	0.
(3) STEPHEN LARCEN DIRECTOR	2.00 2.00	X						0.	724,236.	99,900.
(4) REGINA CUSSON DIRECTOR (THRU 8/16)	2.00 2.00	X						0.	0.	0.
(5) LYNNE QUINTAL-HILL DIRECTOR	2.00 2.00	X						0.	0.	0.
(6) MARK TRAMONTOZZI DIRECTOR	2.00 2.00	X						0.	0.	0.
(7) JAMES WATSON, MD DIRECTOR	2.00 2.00	X						0.	0.	0.
(8) CAROLYN DRESCHER DIRECTOR	2.00 2.00	X						0.	0.	0.
(9) MARY BARRY, MD DIRECTOR	2.00 2.00	X						0.	48,374.	1,721.
(10) CATINA CABAN-OWEN DIRECTOR (THRU 9/16)	2.00 2.00	X						0.	0.	0.
(11) DIANE WISHNAFSKI DIRECTOR	2.00 2.00	X						0.	0.	0.
(12) CARMEN CID DIRECTOR	2.00 2.00	X						0.	0.	0.
(13) KARLA FOX DIRECTOR/CHAIR	3.00 3.00	X		X				0.	0.	0.
(14) ANTHONY JOYCE DIRECTOR/VICE CHAIRMAN	3.00 3.00	X		X				0.	0.	0.
(15) DAVID WHITEHEAD FORMER DIRECTOR/PRESIDENT/EVP	0.00 60.00					X		0.	969,377.	71,418.
(16) BIMAL PATEL DIRECTOR/PRESIDENT	20.00 40.00	X		X				0.	476,135.	95,399.
(17) MARGARET MARCHAK SECRETARY/CLO	3.00 60.00			X				0.	660,302.	141,415.

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) DANIEL LOHR SENIOR VP/CFO	30.00 30.00			X				0.	576,066.	64,342.
(19) CAROLYN TRANTALIS VP OPERATIONS EAST REGION	30.00 30.00				X			0.	288,714.	50,224.
(20) ROBERT SIDMAN, MD VP MEDICAL AFFAIRS EAST REGION	40.00				X			476,272.	0.	41,235.
(21) KAREN JAMES VP HUMAN RESOURCES EAST REGION	30.00 30.00				X			0.	150,219.	35,596.
(22) SERGIO CASILLA, MD PHYSICIAN	40.00					X		659,293.	0.	55,946.
(23) ZHENXIANG LIU, MD PHYSICIAN	40.00					X		499,301.	0.	51,677.
(24) RICHARD GOULDING, MD PHYSICIAN	40.00					X		400,039.	0.	54,383.
(25) WILLIAM HORGAN, MD PHYSICIAN	40.00					X		390,483.	0.	52,048.
(26) NADER BAHADORY, MD PHYSICIAN	40.00					X		393,615.	0.	59,472.
1b Sub-total								2,819,003.	3,893,423.	874,776.
c Total from continuation sheets to Part VII, Section A								0.	547,322.	54,157.
d Total (add lines 1b and 1c)								2,819,003.	4,440,745.	928,933.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **196**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 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	4 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	5	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	2,806,438.
HARTFORD HEALTHCARE LABORATORIES 80 SEYMOUR STREET, HARTFORD, CT 06102	LAB SERVICES	1,091,730.
NORTH AMERICAN PARTNERS IN ANESTHESIA 68 SOUTH SERVICE RD, MELVILLE, NY 11747	MEDICAL SERVICES	862,008.
LOCUMTENES PO BOX 405547, ATLANTA, GA 30384	MEDICAL SERVICES	712,551.
DVA HEALTHCARE OF NORWICH LLC PO BOX 781607, PHILADELPHIA, PA 19178	MEDICAL SERVICES	546,908.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **30**

SEE PART VII, SECTION A CONTINUATION SHEETS

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					
	b Membership dues					
	c Fundraising events	95,410.				
	d Related organizations	87.				
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	417,246.				
	g Noncash contributions included in lines 1a-1f: \$	13,239.				
	h Total. Add lines 1a-1f	512,743.				
	Program Service Revenue	2 a OUTPATIENT	900099	124,404,721.	124,404,721.	
b INPATIENT		900099	117,201,207.	117,201,207.		
c EMERGENCY DEPT		900099	64,668,888.	64,668,888.		
d LAB COURIER SERVICE		621500	2,412,028.		2,412,028.	
e EHR REVENUE		900099	39,218.	39,218.		
f All other program service revenue						
g Total. Add lines 2a-2f			308,726,062.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		831,985.		831,985.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	1,731,711.			
		(ii) Personal				
		b Less: rental expenses	2,475,866.			
		c Rental income or (loss)	-744,155.			
	d Net rental income or (loss)		-744,155.		-744,155.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	74,748,467.			
		(ii) Other	57,100.			
		b Less: cost or other basis and sales expenses	66,909,675.	41,655.		
		c Gain or (loss)	7,838,792.	15,445.		
	d Net gain or (loss)		7,854,237.		7,854,237.	
	8 a Gross income from fundraising events (not including \$ 95,410. of contributions reported on line 1c). See Part IV, line 18	a		28,080.		
		b Less: direct expenses		52,640.		
c Net income or (loss) from fundraising events			-24,560.		-24,560.	
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	428,555.				
	b Less: cost of goods sold	323,572.				
	c Net income or (loss) from sales of inventory		104,983.		104,983.	
Miscellaneous Revenue		Business Code				
11 a CAFETERIA		722320	1,163,479.		1,163,479.	
	b PURCHASE DISCOUNTS	900099	409,840.	409,840.		
	c CONTRACT SERVICES	621400	385,653.	385,653.		
	d All other revenue	900099	376,883.	375,360.	1,523.	
e Total. Add lines 11a-11d			2,335,855.			
12 Total revenue. See instructions.			319,597,150.	307,484,887.	2,413,551.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	139,537.	139,537.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,050.	10,050.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	517,507.		517,507.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	110,203,665.	102,979,500.	7,083,897.	140,268.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,635,955.	4,311,807.	318,275.	5,873.
9 Other employee benefits	16,611,120.	15,449,663.	1,140,413.	21,044.
10 Payroll taxes	7,786,833.	7,242,374.	534,594.	9,865.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	31,476.		31,476.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,282,702.		1,282,702.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,111,241.	14,899,675.	2,211,566.	
12 Advertising and promotion	22,104.	7,809.		14,295.
13 Office expenses	4,132,875.	3,181,022.	950,036.	1,817.
14 Information technology	14,397,431.	7,061,323.	7,336,108.	
15 Royalties				
16 Occupancy	5,758,651.	513,148.	5,245,503.	
17 Travel	232,706.	120,730.	111,976.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,493.		14,493.	
20 Interest	3,144,871.		3,144,871.	
21 Payments to affiliates	10,920,911.	7,177,855.	3,743,056.	
22 Depreciation, depletion, and amortization	13,228,471.	5,454,203.	7,774,268.	
23 Insurance	2,996,067.	2,185,052.	811,015.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL EXPENSES	40,625,083.	40,625,083.		
b BAD DEBT	8,148,518.	8,148,518.		
c MAINT/SERVICE CONTRACTS	5,340,571.	4,067,378.	1,273,193.	
d LAB EXPENSES	4,915,923.	4,915,923.		
e All other expenses	3,628,488.	2,294,721.	836,631.	497,136.
25 Total functional expenses. Add lines 1 through 24e	275,837,249.	230,785,371.	44,361,580.	690,298.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	3,266,435.	1	2,302,732.
	2	Savings and temporary cash investments	189,891,820.	2	46,966,017.
	3	Pledges and grants receivable, net	142.	3	64.
	4	Accounts receivable, net	36,077,266.	4	37,772,680.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	8,773.	7	7,885.
	8	Inventories for sale or use	3,679,710.	8	3,822,252.
	9	Prepaid expenses and deferred charges	3,850,954.	9	4,061,424.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 314,440,561.		
		b Less: accumulated depreciation	10b 200,112,441.		
	11	Investments - publicly traded securities	69,130,964.	11	27,637,016.
	12	Investments - other securities. See Part IV, line 11	92,436,024.	12	340,919,004.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	15,947,783.	15	11,944,650.
16	Total assets. Add lines 1 through 15 (must equal line 34)	533,869,094.	16	589,761,844.	
Liabilities	17	Accounts payable and accrued expenses	18,341,304.	17	15,572,886.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,395,217.	23	1,322,594.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	146,578,917.	25	155,862,333.
	26	Total liabilities. Add lines 17 through 25	166,315,438.	26	172,757,813.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	355,541,298.	27	404,269,648.
	28	Temporarily restricted net assets	3,907,265.	28	4,543,173.
	29	Permanently restricted net assets	8,105,093.	29	8,191,210.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	367,553,656.	33	417,004,031.	
34	Total liabilities and net assets/fund balances	533,869,094.	34	589,761,844.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	319,597,150.
2	Total expenses (must equal Part IX, column (A), line 25)	2	275,837,249.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,759,901.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	367,553,656.
5	Net unrealized gains (losses) on investments	5	25,299,227.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-19,608,753.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	417,004,031.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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	X	

Form 990 (2015)

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

2015

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 in line 11 on 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 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 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

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," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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) 2015

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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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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?														

Yes No

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

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

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?		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		31,476.
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			31,476.
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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

- a Board designated or quasi-endowment %
- b Permanent endowment 73.00 %
- c Temporarily restricted endowment 27.00 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CT HOSP LAB	12,632.	COST
(B) ENDOWMENT LLC	340,906,372.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	340,919,004.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO 3RD PARTIES	6,879,937.
(3) EMPLOYEE RELATED OBLIGATIONS	62,840,113.
(4) SELF-INSURED PROF LIABILITY	8,932,886.
(5) CAPITAL LEASE OBLIGATIONS	6,938,228.
(6) OTHER LIABILITIES	4,571,139.
(7) DUE TO AFFILIATES	5,661,723.
(8) TAX EXEMPT SERIES E BOND PREMIUM	1,338,239.
(9) LT INTERCOMPANY DEBT SERIES E	58,700,068.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	155,862,333.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	SEDER GOLF TOURNAMENT (event type)	NONE (total number)	
Revenue	1	Gross receipts	77,005.	46,485.	123,490.
	2	Less: Contributions	57,805.	37,605.	95,410.
	3	Gross income (line 1 minus line 2)	19,200.	8,880.	28,080.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	9,180.	1,115.	10,295.
	6	Rent/facility costs	10,820.	6,142.	16,962.
	7	Food and beverages	9,778.	9,904.	19,682.
	8	Entertainment			
	9	Other direct expenses	3,625.	2,076.	5,701.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			52,640.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-24,560.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	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).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990.

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

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

Part 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 free 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 discounted 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)			1514083.		1514083.	.57%
b Medicaid (from Worksheet 3, column a)			61534651.	38672617.	22862034.	8.54%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			63048734.	38672617.	24376117.	9.11%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			549,220.		549,220.	.21%
f Health professions education (from Worksheet 5)			150,114.		150,114.	.06%
g Subsidized health services (from Worksheet 6)			3160177.		3160177.	1.18%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			55,500.		55,500.	.02%
j Total Other Benefits			3915011.		3915011.	1.47%
k Total. Add lines 7d and 7j			66963745.	38672617.	28291128.	10.58%

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?		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		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	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 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	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		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		X
7 Did the hospital facility make its CHNA report widely available to the public?	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>SEE PART V</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		X
a If "Yes," (list url): _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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 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>SEE PART V, PAGE 7</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u></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?		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?		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?		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 5: TO SOLICIT INPUT FROM KEY INFORMANTS AND INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS. THESE INDIVIDUALS INCLUDED PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS AND A VARIETY OF OTHER COMMUNITY LEADERS INCLUDING THE FOLLOWING:

AMERICAN AMBULANCE SERVICE, INC.

AMERICAN RED CROSS BLOOD SERVICES

BACKUS HOSPITAL

CATHOLIC CHARITIES

GENERATIONS FAMILY HEALTH CENTER, INC.

MOHEGAN TRIBE

NORWICH ADULT EDUCATION / RELIANCE HOUSE, INC.

ROSE CITY SENIOR CENTER

SOUTHEASTERN REGIONAL ACTION COUNCIL

ST. VINCENT DE PAUL PLACE NORWICH

THREE RIVERS COMMUNITY COLLEGE NURSING PROGRAM

TOWN OF WINDHAM

TVCCA

UNCAS HEALTH DISTRICT

UNITED COMMUNITY AND FAMILY SERVICES

WINDHAM HOSPITAL

WINDHAM REGION NO FREEZE PROJECT

PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE OVERALL

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.

COMMUNITY. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE. KEY INFORMANTS WERE ASKED TO RATE THE DEGREES TO WHICH VARIOUS HEALTH ISSUES WERE A PROBLEM IN THE HARTFORD REGION. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFIED AREAS AS SUCH, AND HOW THESE MIGHT BE BETTER ADDRESSED.

AFTER REVIEWING THE COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS, THE COMMUNITY REPRESENTATIVES MET ON JUNE 11, 2015 TO DETERMINE THE HEALTH NEEDS TO BE PRIORITIZED FOR ACTION. DURING A DETAILED PRESENTATION OF THE CHNA FINDINGS, THE HOSPITAL USED AUDIENCE RESPONSE SYSTEM (ARS) TECHNOLOGIES TO LEAD STEERING COMMITTEE MEMBERS THROUGH A PROCESS OF UNDERSTANDING KEY LOCAL DATA FINDINGS (AREAS OF OPPORTUNITY) AND RANKING IDENTIFIED HEALTH ISSUES AGAINST THE FOLLOWING ESTABLISHED, UNIFORM CRITERIA: MAGNITUDE, IMPACT/SERIOUSNESS/FEASIBILITY, CONSEQUENCES OF INACTION. FROM THIS EXERCISE, THE AREAS OF OPPORTUNITY WERE PRIORITIZED AS FOLLOWS BY THE COMMITTEE: MENTAL HEALTH, NUTRITION, PHYSICAL ACTIVITY & WEIGHT STATUS, DIABETES, SUBSTANCE ABUSE, CANCER, HEART DISEASE AND STROKE.

PART V, SECTION B, LINE 7A

WWW.BACKUSHOSPITAL.ORG/ABOUT-US/COMMUNITY-OUTREACH/HEALTH-NEEDS-ASSESSMENT

THE WILLIAM W BACKUS HOSPITAL:

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

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 11: IN ACKNOWLEDGING THE WIDE RANGE OF PRIORITY

HEALTH ISSUES THAT EMERGED FROM THE CHNA PROCESS, BACKUS HOSPITAL

DETERMINED THAT IT COULD ONLY EFFECTIVELY FOCUS ON THOSE WHICH IT DEEMED

MOST PRESSING, MOST UNDER-ADDRESSED, AND MOST WITHIN ITS ABILITY TO

INFLUENCE:

* NUTRITION

* PHYSICAL ACTIVITY & WEIGHT (OBESITY)

* CANCER

* DIABETES

* HEART DISEASE & STROKE

* RESPIRATORY DISEASES

* ACCESS TO CARE

* ORAL HEALTH

* DEMENTIA

* ALZHEIMER'S DISEASE

* MENTAL HEALTH & SUBSTANCE USE (INCLUDING TOBACCO USE).

BACKUS HOSPITAL IS IMPLEMENTING INITIATIVES THAT WILL RESPOND TO THESE

NEEDS. ADDITIONAL NEEDS IDENTIFIED AS "AREAS OF OPPORTUNITIES" WERE NOT

DEEMED AS SIGNIFICANT NEEDS AND DID NOT RANK HIGHLY ENOUGH TO EARN A

PRIORITIZED RANKING.

AREAS OF OPPORTUNITY, IDENTIFIED BUT NOT PRIORITIZED:

* INFANT HEALTH AND FAMILY PLANNING

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.

* INJURY & VIOLENCE

* POTENTIALLY DISABLING CONDITIONS

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.

INJURY & VIOLENCE: BACKUS HOSPITAL BELIEVES THAT THIS PRIORITY AREA FALLS MORE WITHIN THE PURVIEW OF SAFE FUTURES, THE FORMER WOMEN'S SHELTER. BACKUS IS A COMMUNITY PARTNER AND HAS ARRANGED FOR SAFE FUTURES TO OPEN AN OFFICE IN THE MEDICAL OFFICE BUILDING, ADJOINING THE HOSPITAL. BACKUS HOSPITAL HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS INJURY PREVENTION.

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 13H: FAMILY ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE ALSO INCLUDE FAMILY SIZE, EMPLOYMENT STATUS, FINANCIAL OBLIGATIONS, AND AMOUNT AND FREQUENCY OF HEALTH CARE EXPENSES.

THE WILLIAM W BACKUS HOSPITAL:

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.

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, LINE 16A, FAP WEBSITE:

HTTPS://BACKUSHOSPITAL.ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/

THE WILLIAM W BACKUS HOSPITAL:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTPS://BACKUSHOSPITAL.ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/

THE WILLIAM W BACKUS HOSPITAL:

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTPS://BACKUSHOSPITAL.ORG/FOR-PATIENTS-FAMILIES/FINANCIAL-INSURANCE-INFO/FINANCIAL-COVERAGE/

THE WILLIAM W BACKUS HOSPITAL:

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

THE WILLIAM W BACKUS HOSPITAL:

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.

PART V, SECTION B, LINE 22D: FOR UNINSURED PATIENTS, PUBLISHED RATES ARE REDUCED BY THE PERCENTAGE DEFINED BY THE IRS AS THE AMOUNTS GENERALLY BILLED USING A "LOOK BACK" RETROSPECTIVE CALULATION TO CALCULATE THE AMOUNT ALLOWED BY GOVERNMENTAL (MEDICARE AND MEDICAID) AND COMMERCIALY INSURED PATIENTS. THIS PERCENTAGE IS UPDATED ON AN ANNUAL BASIS. THE ANNUAL CALCULATION METHODOLOGY AND THE PERCENTAGES ARE LOCATED IN APPENDIX A OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY. UNDERINSURED PATIENTS WILL NOT BE BILLED MORE THAN THE AMOUNTS GENERALLY BILLED (AGB) TO INSURED PATIENTS.

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) 2015

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 3C:

BACKUS HOSPITAL USED FEDERAL POVERTY GUIDELINES TO DETERMINE ELIGIBILITY.
IN ADDITION, THE HOSPITAL TAKES INTO CONSIDERATION, MEDICAL INDIGENCY,
INSURANCE STATUS, UNDERINSURANCE STATUS, AND OTHER FAMILY ELIGIBILITY
CRITERIA SUCH AS FAMILY SIZE, EMPLOYMENT AND FINANCIAL OBLIGATIONS.

PART I, LINE 7:

THE ORGANIZATION UTILIZED THE RATIO OF COST TO CHARGE (RCC), DERIVED FROM
THE FY2016 MEDICARE COST REPORT WHICH ALREADY INCORPORATES OR IS NET OF
NON-PATIENT CARE COSTS (I.E. BAD DEBT, NON-PATIENT CARE, ETC). THE RATIO
WAS FURTHER REDUCED TO INCORPORATE THE DIRECTLY IDENTIFIED COMMUNITY
EXPENSES. THIS COST TO CHARGE RATIO WAS USED TO CALCULATE COSTS FOR PART I
LINES 7A & B. THE COSTS ASSOCIATED WITH THE ACTIVITIES REPORTED ON PART I,
LINE 7E WERE CAPTURED USING ACTUAL TIME MULTIPLIED BY AN AVERAGE SALARY
RATE. COSTS REPORTED IN PART III, SECTION B 6, WERE CALCULATED FROM THE
MEDICARE COST REPORT AND REDUCED FOR MEDICARE COSTS PREVIOUSLY REPORTED ON
PART I, LINES 7 F & G.

Part VI Supplemental Information (Continuation)

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 \$ 8,148,488.

PART III, LINE 4:

PLEASE SEE THE TEXT OF THE FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE
BEGINNING ON PAGE 20 OF THE AUDITED FINANCIAL STATEMENTS.

PART III, LINE 8:

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

PART III, LINE 9B:

THE FINANCIAL ASSISTANCE POLICY STATES: IN THE EVENT A PATIENT FAILS TO
QUALIFY FOR FINANCIAL ASSISTANCE OR FAILS TO PAY THEIR PORTION OF
DISCOUNTED CHARGES PURSUANT TO THIS POLICY, AND THE PATIENT DOES NOT PAY
TIMELY THEIR OBLIGATIONS TO THE HOSPITAL, THE HOSPITAL RESERVES THE RIGHT
TO BEGIN COLLECTION ACTIONS, INCLUDING BUT NOT LIMITED TO, IMPOSING WAGE
GARNISHMENTS OR LEINS ON PRIMARY RESIDENCES, INSTITUTING LEGAL ACTION AND
REPORTING THE MATTER TO ONE OR MORE CREDIT RATING AGENCIES. FOR THOSE
PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE AND WHO ARE COOPERATING IN
GOOD FAITH TO RESOLVE THE HOSPITAL'S OUTSTANDING ACCOUNTS, THE HOSPITAL

Part VI Supplemental Information (Continuation)

MAY OFFER EXTENDED PAYMENT PLANS TO ELIGIBLE PATIENTS, WILL NOT IMPOSE WAGE GARNISHMENTS OR LIENS ON PRIMARY RESIDENCES, WILL NOT SEND UNPAID BILLS TO OUTSIDE COLLECTION AGENCIES AND WILL CEASE ALL COLLECTION EFFORTS.

NO EXTRAORDINARY COLLECTION ACTIONS (ECA) WILL BE INITIATED DURING THE FIRST 120 DAYS FOLLOWING THE FIRST POST-DISCHARGE BILLING STATEMENT TO A VALID ADDRESS OR DURING THE TIME THAT PATIENT'S FINANCIAL ASSISTANCE APPLICATION IS PROCESSING. BEFORE INITIATING ANY ECA, A NOTICE WILL BE PROVIDED TO THE PATIENT 30 DAYS PRIOR TO INITIATING SUCH AN EVENT. IF THE PATIENT APPLIES FOR ASSISTANCE WITHIN 240 DAYS FROM THE FIRST NOTIFICATION OF THE SELF-PAY BALANCE, AND IS GRANTED ASSISTANCE, ANY ECA'S SUCH AS NEGATIVE REPORTING TO A CREDIT BUREAU OR LIENS THAT HAVE BEEN FILED WILL BE REMOVED.

PART VI, LINE 2:

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

PART VI, LINE 3:

BACKUS HOSPITAL WILL PROVIDE INFORMATION ABOUT ITS FINANCIAL ASSISTANCE POLICY AS FOLLOWS: (1) PROVIDE SIGNS REGARDING THIS POLICY AND WRITTEN PLAIN LANGUAGE SUMMARY INFORMATION DESCRIBING THE POLICY ALONG WITH

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 4:

THE TOTAL POPULATION OF THE BACKUS HOSPITAL PRIMARY SERVICE AREA IS 391,769. 85.4% OF THE POPULATION IS WHITE WITH 4.4% BLACK. PEOPLE OF HISPANIC ORIGIN MAKE UP 8.9%. CHILDREN AGE 0-17 MAKE UP 21.8%, 18-64 64.3% AND SENIORS ACCOUNT FOR 13.9% OF THE POPULATION. THE POPULATION LIVING IN POVERTY IS 9.2% WITH THOSE LIVING BELOW 200% FPL IS 22.5%. 10.9% HAVE NO HIGH SCHOOL DIPLOMA.

THE REGION IS A FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREA.

PART VI, LINE 5:

A REGIONAL BOARD GOVERNS BACKUS, WINDHAM AND NATCHAUG HOSPITALS. THE BOARD IS RESPONSIBLE FOR MAINTAINING OUTSTANDING QUALITY SERVICES AND

Part VI Supplemental Information (Continuation)

CREDENTIALS ITS MEDICAL STAFF. ALL OF THE DIRECTORS RESIDE IN OUR SERVICE AREA AND ARE NEITHER EMPLOYEES, FAMILY MEMBERS, NOR CONTRACTORS OF THE HOSPITAL.

PART VI, LINE 6:

HARTFORD HEALTHCARE CORPORATION (HHC) IS ORGANIZED AS A SUPPORT ORGANIZATION TO GOVERN, MANAGE AND PROVIDE SUPPORT SERVICES TO ITS AFFILIATES. HHC, THROUGH ITS AFFILIATES INCLUDING HARTFORD HOSPITAL, STRIVES TO IMPROVE HEALTH USING THE "TRIPLE AIM" MODEL: IMPROVING QUALITY AND EXPERIENCE OF CARE; IMPROVING HEALTH OF THE POPULATION (POPULATION HEALTH) AND REDUCING COSTS. THE STRATEGIC PLANNING AND COMMUNITY BENEFIT COMMITTEE OF THE HHC BOARD OF DIRECTORS ENSURES THE OVERSIGHT FOR THESE SERVICES BY EACH HOSPITAL COMMUNITY. HHC AND ITS AFFILIATES, INCLUDING ALL SUPPORTED ORGANIZATIONS, DEVELOP AND IMPLEMENT PROGRAMS TO IMPROVE THE HEALTH CARE IN OUR SOUTHERN NEW ENGLAND REGION. THIS INCLUDES INITIATIVES TO IMPROVE THE QUALITY AND ACCESSIBILITY OF HEALTH CARE, CREATE EFFICIENCY ON BOTH OUR INTERNAL OPERATIONS AND THE UTILIZATION OF HEALTH CARE, AND PROVIDE PATIENTS WITH THE MOST TECHNICALLY ADVANCED AND COMPASSIONATE COORDINATED CARE. IN ADDITION, HHC CONTINUES TO TAKE IMPORTANT STEPS TOWARD ACHIEVING ITS VISION OF BEING "NATIONALLY RESPECTED FOR EXCELLENCE IN PATIENT CARE AND MOST TRUSTED FOR PERSONALIZED, COORDINATED CARE".

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

Part VI Supplemental Information (Continuation)

INNOVATION LOCATED AT HARTFORD HOSPITAL.

THE AFFILIATION FURTHER ENHANCES THE AFFILIATE'S ABILITIES TO SUPPORT THEIR MISSIONS, IDENTITY, AND RESPECTIVE COMMUNITY ROLES. THIS IS ACHIEVED THROUGH INTEGRATED PLANNING AND COMMUNICATION TO MEET THE CHANGING NEEDS OF THE REGION. THIS INCLUDES RESPONSIBLE DECISION MAKING AND APPROPRIATE SHARING OF SERVICES, RESOURCES AND TECHNOLOGIES, AS WELL AS CONTAINMENT STRATEGIES.

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

CT

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

2015

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF COMMERCE OF SE CT 914 HARTFORD TPKE WATERFORD, CT 06385	06-0475490	501C6	11,500.	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	6,000.	0.			SPONSORSHIP
SPRAGUE COMMUNITY CENTER 22 WEST MAIN STREET BAL TIC, CT 06330	22-2512537	SPRAGUE CT	10,000.	0.			SPONSORSHIP
CENTER FOR HOSPICE CARE 227 DUNHAM STREET NORWICH, CT 06360	22-2667260	501C3	10,000.	0.			SPONSORSHIP
AMERICAN CANCER SOCIETY 825 BROOK STREET ROCKY HILL, CT 06067	13-1788491	501C3	7,100.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTHEASTERN CT RT 12 PO BOX 375 GALES FERRY, CT 06335	06-0771393	501C3	10,000.	0.			SPONSORSHIP
DR MARTIN LUTHER KING SCHOLARSHIP FUND - PO BOX 1308 - NEW LONDON, CT 06320	06-6107846	501C3	10,000.	0.			SPONSORSHIP
WINDHAM COMMUNITY MEMORIAL HOSPITAL AUXILIARY - 112 MANSFIELD AVE - WILLIMANTIC, CT 06226	06-0677728	501C3	5,350.	0.			SPONSORSHIP

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

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

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

Part I Questions Regarding Compensation

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

- | | |
|---|--|
| <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 checked="" 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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		X
2		X
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) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STEPHEN LARCEN DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	434,751.	184,730.	104,755.	56,425.	43,475.	824,136.	0.
(2) DAVID WHITEHEAD FORMER DIRECTOR/PRESIDENT/EVP	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	564,363.	316,867.	88,147.	22,260.	49,158.	1,040,795.	0.
(3) BIMAL PATEL DIRECTOR/PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	355,464.	118,896.	1,775.	76,741.	18,658.	571,534.	0.
(4) MARGARET MARCHAK SECRETARY/CLO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	463,399.	166,749.	30,154.	93,339.	48,076.	801,717.	0.
(5) DANIEL LOHR SENIOR VP/CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	373,623.	106,207.	96,236.	22,260.	42,082.	640,408.	74,000.
(6) CAROLYN TRANTALIS VP OPERATIONS EAST REGION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	232,424.	55,094.	1,196.	15,473.	34,751.	338,938.	0.
(7) ROBERT SIDMAN, MD VP MEDICAL AFFAIRS EAST REGION	(i)	372,768.	84,603.	18,901.	14,310.	26,925.	517,507.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KAREN JAMES VP HUMAN RESOURCES EAST REGION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	133,970.	16,000.	249.	8,237.	27,359.	185,815.	0.
(9) SERGIO CASILLA, MD PHYSICIAN	(i)	518,036.	140,646.	611.	14,310.	41,636.	715,239.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ZHENXIANG LIU, MD PHYSICIAN	(i)	465,945.	32,930.	426.	12,560.	39,117.	550,978.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RICHARD GOULDING, MD PHYSICIAN	(i)	299,829.	81,953.	18,257.	14,310.	40,073.	454,422.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) WILLIAM HORGAN, MD PHYSICIAN	(i)	303,612.	82,563.	4,308.	14,310.	37,738.	442,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NADER BAHADORY, MD PHYSICIAN	(i)	328,715.	64,156.	744.	22,260.	37,212.	453,087.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARY BYLONE FORMER VP PATIENT CARE EAST REGIO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	116,850.	0.	233,320.	6,360.	17,972.	374,502.	0.
(15) PETER SHEA FORMER MEDICAL DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	194,252.	0.	2,900.	6,360.	23,465.	226,977.	0.
	(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 1A:

STARTING IN 2013, THE ORGANIZATION IMPLEMENTED A WRITTEN TAX GROSS UP

POLICY WHICH RESTRICTS THE USE OF FUTURE GROSS UPS.

PART I, LINES 4A-B:

LUMP SUM SEVERANCE PAYMENT WAS MADE TO MARY BYLONE IN THE AMOUNT OF

\$231,614.

HARTFORD HEALTHCARE CORPORATION MAINTAINS A 457(F) SUPPLEMENTAL EXECUTIVE

RETIREMENT PLAN (SERP). PARTICIPANTS INCLUDE CERTAIN OFFICERS AND KEY

EMPLOYEES AT THE PRESIDENT, EXECUTIVE VICE PRESIDENT, SENIOR VICE PRESIDENT

AND VICE PRESIDENT LEVELS. CONTRIBUTIONS ARE MADE BY HARTFORD HEALTHCARE

CORPORATION TO THE PLAN BASED ON A PERCENTAGE OF THE PARTICIPANT'S

COMPENSATION. PARTICIPANTS VEST IN THE PLAN AT THE EARLIER OF REACHING AGE

55 AND HAVING 5 YEARS OF SERVICE, DEATH, DISABILITY, INVOLUNTARY SEPARATION

WITHOUT REASONABLE CAUSE OR UPON REACHING AGE 65. EACH PARTICIPANT CEASES

TO BE ELIGIBLE FOR FURTHER CONTRIBUTIONS BY HARTFORD HEALTHCARE CORPORATION

ON THE DATE OF THE PARTICIPANT'S SEPARATION FROM SERVICE. PARTICIPANTS

RECEIVE A ONE-TIME LUMP SUM PAYMENT OF THE ACCUMULATED AMOUNT DURING THE

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.

30-DAY PERIOD FOLLOWING THE PARTICIPANT'S SEPARATION FROM SERVICE.

2015 SERP ACCRUALS MADE ON BEHALF OF THE FOLLOWING INDIVIDUALS:

MR. BIMAL PATEL \$44,157

MS. MARGARET MARCHAK \$56,789

2015 SERP PAYMENTS WERE MADE TO THE FOLLOWING INDIVIDUALS:

MR. DANIEL LOHR \$74,000

MR. DAVID WHITEHEAD \$69,487*

MR. STEPHEN LARCEN \$51,590*

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

PART I, LINE 7:

HARTFORD HEALTHCARE CORPORATION, A RELATED ORGANIZATION, HAS A COMPENSATION AT RISK PLAN THAT ENCOURAGES AND REWARDS ACHIEVEMENTS OF SIGNIFICANT FUNCTIONAL GOALS FOR MANAGEMENT THAT CONTRIBUTE TO ORGANIZATION(S)

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.

STRATEGIC AND FINANCIAL DIRECTION. THE PLAN UTILIZES MARKET PRACTICE
ALIGNMENT TO ENSURE COMPETITIVE RECRUITMENT AND RETENTION. AWARDS ARE BASED
ON CEO AND/OR HARTFORD HEALTHCARE CORPORATION'S COMPENSATION COMMITTEE
DISCRETIONARY ASSESSMENT OF OVERALL ORGANIZATION PERFORMANCE AND INDIVIDUAL
CONTRIBUTION TO RESULTS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number
06-0250773

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 III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE EHR REVENUE, PURCHASE DISCOUNTS,

CONTRACT SERVICES AND OTHER MISCELLANEOUS INCOME.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,211,594.

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

HARTFORD HEALTHCARE CORPORATION, A NOT-FOR-PROFIT 501(C)(3) ORGANIZATION,

IS THE SOLE MEMBER OF THE WILLIAM W BACKUS HOSPITAL.

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.

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

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

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

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

HHC'S CONFLICT OF INTEREST POLICY (POLICY) REQUIRES ALL COVERED INDIVIDUALS, INCLUDING BOARD MEMBERS AND OFFICERS, TO PROVIDE A DISCLOSURE OF RELATIONSHIPS THAT CREATE OR HAVE THE APPEARANCE OF CREATING A CONFLICT OF INTEREST OR COMMITMENT. THE POLICY REQUIRES UPDATES IF CHANGES IN CIRCUMSTANCES ARISE DURING THE YEAR THAT EITHER (A) CREATE A NEW POTENTIAL CONFLICT OF INTEREST OR COMMITMENT OR (B) CHANGE OR ELIMINATE A CONFLICT OF INTEREST OR COMMITMENT PREVIOUSLY DISCLOSED. CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE MAINTAINED BY THE HHC OFFICE OF COMPLIANCE AND INTEGRITY (OCI). EMPLOYEE DISCLOSURES ARE REVIEWED BY OCI IN COLLABORATION WITH THE COVERED INDIVIDUALS' SUPERVISOR WHEN DEEMED APPROPRIATE, TO DETERMINE IF THERE IS A POTENTIAL CONFLICT. OVERSIGHT REVIEW OF EMPLOYEE DISCLOSURES IS PROVIDED BY THE HHC CONFLICT OF INTEREST COMMITTEE (THE COMMITTEE) WHICH INCLUDES REPRESENTATION FROM THE MEDICAL STAFF, THE LEGAL DEPARTMENT, HUMAN RESOURCES, SUPPLY CHAIN MANAGEMENT AND COMPLIANCE. THE COMMITTEE ASSESSES AND MAY RECOMMEND THE CONFLICTING INTEREST EITHER BE (A) ELIMINATED FOR A CONTINUED RELATIONSHIP WITH HHC/BACKUS, OR (B) MANAGED THROUGH A MANAGEMENT PLAN. BOARD MEMBER DISCLOSURES ARE REPORTED TO THE HHC

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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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
- THE COMMITTEE REGULARLY REVIEWS SCOPE AND DEPTH OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY OF ALL "DISQUALIFIED PERSONS"
- NATIONAL PEER GROUPS ARE SELECTED FOR COMPARATIVE PURPOSES BASED ON ORGANIZATIONAL SIZE, OPERATING REVENUE, GEOGRAPHY AND OTHER RELEVANT FACTORS
- ANALYSIS OF CURRENT TOTAL COMPENSATION VERSUS MARKET IS PERFORMED BY INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM, AND IS REVIEWED BY THE COMMITTEE
- RECOMMENDATIONS ARE MADE BASED ON DATA ANALYSIS TO ENSURE APPROPRIATE COMPETITIVE POSITIONING WITHIN PARAMETERS OF COMPENSATION PHILOSOPHY
- CEO COMPENSATION IS REVIEWED BY THE COMMITTEE BASED ON COMPARATIVE MARKET INFORMATION AND ORGANIZATIONAL PERFORMANCE
- ALL CHANGES ARE REVIEWED AND APPROVED BY EXECUTIVE COMPENSATION COMMITTEE

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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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 ORGANIZATION'S ADDRESS.

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

K-1 PASSTHROUGH	-286.
TRANSFER TO AFFILIATES	-7,360,564.
CHANGE IN ASSETS HELD IN TRUST	86,117.
CHANGE IN PENSION FUNDING	-12,334,020.
TOTAL TO FORM 990, PART XI, LINE 9	-19,608,753.

FORM 990, PART XII, LINE 3B:

ALTHOUGH THE ORGANIZATION WAS NOT REQUIRED TO UNDERGO A-133 FEDERAL AUDIT, THE RESULTS WERE INCLUDED IN A CONSOLIDATED A-133 AUDIT PERFORMED AT THE PARENT LEVEL-HARTFORD HEALTHCARE CORPORATION.

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.

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.

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	
HARTFORD HEALTHCARE ENDOWMENT LLC - 45-4181103, 80 SEYMOUR STREET, HARTFORD, CT 06102	ENDOWMENT MANAGEMENT	CONNECTICUT	501C3	11A	HARTFORD HEALTHCARE CORPORATION	X	
RUSHFORD CENTER INC - 06-0932875 883 PADDOCK AVENUE MERIDAN, CT 06450	SUBSTANCE ABUSE HEALTHCARE SERVICES	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	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	
HARTFORD HEALTHCARE SENIOR SERVICES INC - 22-2635676, 45 MERIDEN AVENUE, SOUTHINGTON, CT 06489	SUB-ACUTE & LONG TERM CARE	CONNECTICUT	501C3	9	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
BRADLEY HEALTH SERVICES - 06-1367014 100 GRAND STREET NEW BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
THE ORCHARDS OF SOUTHTON - 06-1490803 34 HOBART STREET SOUTHTON, CT 06489	RESIDENTIAL SERVICES FOR SENIOR CITIZENS	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE SENIOR SERVICES INC	X	
MULBERRY GARDENS OF SOUTHTON LLC - 82-0586577, 58 MULBERRY STREET, PLANTSVILLE, CT 06479	ASSISTED LIVING & ADULT DAY CARE	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE SENIOR 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	MEDICAL SERVICES	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC - 46-0886367, 200 RETREAT AVENUE, HARTFORD, CT 06102	GOVERNMENT CONTRACTS	CONNECTICUT	501C3	7	HHC PHYSICIANS CARE INC	X	
HARTFORD HEALTHCARE CORP GROUP EMPLOYEE BENEFIT PLAN TRUST - 26-6671355, C/O BOA 777 MAIN STREET, HARTFORD, CT 06102	MEDICAL BENEFITS TRUST	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	
HARTFORD HEALTHCARE INDEPENDENCE@HOME - 06-1161422, 1290 SILAS DEAN HWY STE 4B, WETHERSFIELD, CT 06109	HOME HEALTHCARE	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE AT HOME	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	N/A	N/A	N/A		N/A	N/A		N/A
HHC SOUTHTONINGTON SURGERY CENTER - 46-5500829, 100 AVON MEADOW LANE, AVON, CT 06001	SURGERY SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEW BRITAIN MRI LIMITED PARTNERSHIP - 06-1271349, 100 GRAND STREET, NEW BRITAIN, CT 06050	MAGNETIC RESONANCE IMAGING	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HARTFORD HEALTHCARE ENDOWMENT LLC - 45-4181103, 80 SEYMOUR STREET, HARTFORD, CT 06102	ENDOWMENT MANAGEMENT	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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
WVB CORPORATION - 06-1094836 326 WASHINGTON STREET NORWICH, CT 06360	HOLDING COMPANY	CT	N/A	C CORP	N/A	N/A	N/A	X	
CONNCARE INC - 06-1387598 326 WASHINGTON STREET NORWICH, CT 06360	HEALTHCARE SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	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	0.	15,655.	69.00%	X	
HMMOB CORPORATION& SUBSIDIARY - 06-1140244 80 SEYMOUR STREET HARTFORD, CT 06102	REAL ESTATE PARKING	CT	N/A	C CORP	N/A	N/A	N/A	X	
HARTFORD HEALTHCARE INDEMNITY SERVICES LTD FB PERRY BLVD 40 CHURCH ST HAMILTON, BERMUDA	CAPTIVE INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	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	N/A	N/A	N/A		N/A	N/A		N/A
CT IMAGING PARTNERS LLC - 13-4298940, 111 FOUNDERS PLACE, EAST HARTFORD, CT 06108	IMAGING SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GLASTONBURY ENDOSCOPY CENTER LLC - 26-1721234, 300 WESTERN BLVD STE B, GLASTONBURY, CT 06033	ENDOSCOPY SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GLASTONBURY SURGERY CENTER LLC - 26-2600828, 195 EASTERN BLVD, GLASTONBURY, CT 06033	SURGERY SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110	AFFILIATE SUPPORT SERVICE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT 06226	OUTPATIENT CARE CLINIC	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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	N/A	N/A	N/A	X	
WINDHAM PHYSICIAN HOSPITAL ORGANIZATION - 06-1441614, 112 MANSFIELD AVENUE, WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
WINDHAM FAMILY MEDICAL SERVICES - 06-1491649 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
CENCONN SERVICES INC - 22-2836001 100 GRAND STREET NEW BRITAIN, CT 06050	HOLDING COMPANY	CT	N/A	C CORP	N/A	N/A	N/A	X	
AETNA AMBULANCE SERVICE - 06-0795431 PO BOX 1150 MANCHESTER, CT 06045	AMBULANCE SERVICE INC	CT	N/A	C CORP	N/A	N/A	N/A	X	
HARTFORD PHYSICIAN SERVICES - 06-1254082 80 SEYMOUR STREET HARTFORD, CT 06102	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
MERIDEN IMAGING CENTER - 06-1541468 101 NORTH PLAINS INDUSTRIAL RD MERIDEN, CT 06429	IMAGING	CT	N/A	S CORP	N/A	N/A	N/A	X	
MIDSTATE MEDICAL GROUP PC - 20-4327968 435 LEWIS AVENUE MERIDEN, CT 06450	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC - 22-2785918, 80 SEYMOUR STREET, HARTFORD, CT 06102	PHYSICIAN & HOSPITAL SUPPORT	CT	N/A	C CORP	N/A	N/A	N/A	X	
METRO WHEELCHAIR SERVICES INC - 06-0878432 PO BOX 300 MANCHESTER, CT 06045	WHEELCHAIR SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
WINDHAM PROFESSIONAL OFFICE CONDOMINIUMS - 06-1090041, 1120 MANSFIELD AVE, WILLIMANTIC, CT 06226	CONDO ASSOCIATION	CT	N/A	C CORP	N/A	N/A	N/A	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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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	1,412,612	COST
(2) CONNCARE INC	B	4,743,946	COST
(3) CONNCARE INC	Q	13,170,714	COST
(4) WWB INC	Q	2,087,400	COST
(5) HHC PHYSICIANS CARE INC	M	480,504	COST
(6) WINDHAM COMMUNITY MEMORIAL HOSPITAL	L	67,011	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) NATCHAUG HOSPITAL	L	150,962.	COST
(8) HARTFORD HEALTHCARE REHABILITATION NETWORK	O	131,864.	COST
(9) HARTFORD HOSPITAL	M	2,204,843.	COST
(10) HARTFORD HEALTHCARE INDEPENDENCE @ HOME	Q	153,164.	COST
(11) NATCHAUG HOSPITAL	M	368,132.	COST
(12) HOSPITAL OF CENTRAL CT	Q	95,680.	COST
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.