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

Inspection

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

Open to Public

and ending SEP 30, A For the 2013 calendar year, or tax year beginning OCT 1. 2013 Check if C Name of organization D Employer identification number Address change THE WILLIAM W BACKUS HOSPITAL Name change 06-0250773 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-860-889-8331 326 WASHINGTON STREET Amended return 345,215,684. **G** Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Applica-NORWICH, CT 06360 H(a) Is this a group return pending F Name and address of principal officer: DANIEL E LOHR for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Ves I Tax-exempt status: X 501(c)(3) 501(c) (€ 527) ◀ (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) J Website: ► WWW.BACKUSHOSPITAL.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1891 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: BACKUS HOSPITAL DELIVERS AND **Activities & Governance** COORDINATES A CONTINUUM OF HIGH-OUALITY HEALTH CARE THAT IS Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 2061 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 453 Total number of volunteers (estimate if necessary) 2,712,206. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 424,011. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 1,225,848. 2,374,100. Contributions and grants (Part VIII, line 1h) Revenue 279,344,487. 302,711,330. Program service revenue (Part VIII, line 2g) 6,336,590. 9,511,371. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,501,468. 2,179,591. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 289,408,393. 316,776,392. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 130,303. 145,509. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 144,190,562. 134,279,532. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. <u>0.</u> **b** Total fundraising expenses (Part IX, column (D), line 25) 124,191,524. 113,205,414. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 257,526,279. 258,616,565. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 31,882,114. 58,159,827. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 477,063,817. 513,864,285. 20 Total assets (Part X, line 16) 151,234,531. 158,969,385. 21 Total liabilities (Part X. line 26) Met 325,829,286. 354,894,900. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DANIEL E LOHR, SENIOR VP/CFO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MICHAEL J. ENGLE P00482834 Paid Firm's name **BKD** , **LLP** 44-0160260 Preparer Firm's EIN Firm's address 1201 WALNUT, **SUITE 1700** Use Only KANSAS CITY, MO 64106 Phone no. 816 - 221 - 6300 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission:	
	THE WILLIAM W BACKUS HOSPITAL DELIVERS AND COORDINATES A CONTIN	
	HIGH QUALITY HEALTH CARE THAT IS SENSITIVE TO THE NEEDS OF INDI	
	IN EASTERN CONNECTICUT. THE HOSPITAL IS COMMITTED TO BEING RESE	
	AND ACCOUNTABLE TO THOSE FOR WHOSE BENEFIT IT EXISTS, AND TO IN	<u>IPROVING</u>
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$206, 360, 909 • including grants of \$145, 509 •) (Revenue \$303, 100)	
	IN FISCAL YEAR 2014, BACKUS HOSPITAL HAD 9,801 ADMISSIONS, 78,4	
	EMERGENCY DEPARTMENT VISITS, AND 486,854 OUTPATIENT VISITS. THE	
	HOSPITAL DELIVERED 896 BABIES AND 6,363 SAME DAY SURGICAL PROCE	EDURES.
	BACKUS PERFORMED 137,707 OUTPATIENT IMAGING EXAMS, 7,293 MRI	
	EXAMINATIONS, 7,985 PSYCHIATRIC CLINICAL VISITS AND 8,093 PSYCH	HIATRIC
	PARTIAL HOSPITAL VISITS.	
		_
4b	(Code:) (Expenses \$	
4c	/Code \/ France C	
40	(Code:) (Expenses \$,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 206,360,909.	_ ^^^
		Form 990 (2013)

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Part IV | Checklist of Required Schedules

If "Yes," complete ScheIs the organization requDid the organization en	cribed in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? cedule A direct to complete Schedule B, Schedule of Contributors? gage in direct or indirect political campaign activities on behalf of or in opposition to candidates for complete Schedule C, Part I nizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Yes, "complete Schedule C, Part II	1 2	X	
2 Is the organization requ3 Did the organization en	ired to complete Schedule B, Schedule of Contributors? gage in direct or indirect political campaign activities on behalf of or in opposition to candidates for complete Schedule C, Part I nizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	2		
3 Did the organization en	gage in direct or indirect political campaign activities on behalf of or in opposition to candidates for complete Schedule C, Part I nizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_	Х	
	complete Schedule C, Part I nizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
public office? If Yes, C	nizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		х
· · · · · · · · · · · · · · · · · · ·	Yes " complete Schedule C. Part II			
during the tax year? If "	ree, complete conedule c, r air n	4	Х	
5 Is the organization a se	ction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or ned in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	uintain any donor advised funds or any similar funds or accounts for which donors have the right to			
provide advice on the c	listribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7 Did the organization red	ceive or hold a conservation easement, including easements to preserve open space,			
the environment, histor	ic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0 1 1 1 5 5 1 111	aintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
	port an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
amounts not listed in Particle of the If "Yes," complete School	art X; or provide credit counseling, debt management, credit repair, or debt negotiation services? edule D, Part IV	9		Х
	rectly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments? If "Yes," complete Schedule D, Part V	10	Х	
	swer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• • •	port an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
Part VI		11a	X	
	port an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
-	port an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
-	port an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
	complete Schedule D, Part IX	11d 11e	Х	
	eparate or consolidated financial statements for the tax year include a footnote that addresses	TIE	- 21	
	ty for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
	tain separate, independent audited financial statements for the tax year? If "Yes," complete			
Schedule D, Parts XI an	· · · · · · · · · · · · · · · · · · ·	12a	Х	
b Was the organization in	cluded in consolidated, independent audited financial statements for the tax year?			
	nization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13 Is the organization a sc	hool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a Did the organization ma	nintain an office, employees, or agents outside of the United States?	14a		X
•	ve aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	m service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	olete Schedule F, Parts I and IV	14b		<u> </u>
-	port on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	"Yes," complete Schedule F, Parts II and IV	15		_X_
	port on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			Х
	s? If "Yes," complete Schedule F, Parts III and IV	16		
column (A), lines 6 and	port a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 11e? If "Yes," complete Schedule G, Part I	17		Х
	port more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		χ,	
1c and 8a? If "Yes," con	mplete Schedule G, Part II	18	X	
complete Schedule G, I		19		Х
	erate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х	
b If "Yes" to line 20a, did	the organization attach a copy of its audited financial statements to this return?	20b	X	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2-70		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If so,			,,,
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		21
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1101017 iii. 1 O. 11 O. O O Inoro di O roquirod to Compieto Correduio C			

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Second Programme Second Program 1906 Enter-0- if not applicable 1a 202 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V							
b Enter the number of Forms W2G included in line 1s. Enter 6-bill rot applicable 10 0 0 0 0 0 0 0 0						Yes	No		
b Enter the number of Forms W2G included in line 1a. Enter o I find applicable OI bit the organization comply with backup withholding rules for reportable payment to vendors and reportable gaming (gambling) winnings to prize winners? 2a 2061 2b If all least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall enquired federal employment tax returns? 2b If all least one is reported on line 2a, did the organization fall required federal employment tax returns? 2c If the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If any time during the calendar year, did the organization have an interest it, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 4a If yea, enter the name of the foreign country. If year is a probable of the organization have an interest in, or a signature or other authority over, a financial account or foreign shark and price and the probable of the security of the security of the organization and the accounts. 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yea, 1 for the Sa or Sb, did the organization file Form 8887? 5c If Yea, 1 foreign San and year or security of the organization solicity and year or the security of the organization file Form 8888.7 5c If Yea, 1 foreign San and year or the security of the organization solicity and year or the security of the organization file Form 8888.7 5c If Yea, 1 foreign San and year or the year of Foreign San and Financial Accounts. 5c If Yea, 1 foreign San and year organization file Form 8888.7 5c If Yea, 1 foreign San and year organization file Form 8888.7 5c If Yea, 1 foreign San and year organization file Form 8888.7 5c If Yea,	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	202					
column to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize withorises. 2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3b If the organization is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, and a state one is reported on line 2a, did the organization file all required federal employment tax returns? 2c X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c Id the organization have unrelated business gross income of \$1,000 or more during the year? 3c If Yes, and the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c If Yes, and the sum of the	b		1b	0					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this result. 2b If at least on is reported on line 2a, did the organization field is equired federal employment tax retures? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a If the organization have unreated business gross income of \$1,000 or more during the resulted varies. 5b If Yes, 1 has it filed a Form 990-T for this year // 11/0, 1 file 3b, provide an explanation in Schedule O 3b X 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. Period of the comparison of the foreign country. Period of the comparison have an interest in, or a signature or other authority over, a financial account in a foreign country. Period of the organization have interest in the country of the comparison of the foreign country. Period of the organization have a selected that the second of the comparison have an explanation in Schedule O 5b If Yes, 1 for the name of the foreign country. Period of the organization have a selected that was or is a party to a prohibited tax shelter transaction? 5c If Yes, 1 for the said party notify the organization file Form 8868-77 6c If Yes, 1 for the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, 2 fid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, 3 fid the organization include with every solicitation and explanation of the value of the goods or services provided? 7c If Yes, 3 fid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If Yes, 3 fide the organization receive any payment in e	С		eporta	ble gaming					
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," to time 3b, provide an explanation in Schedule O 3b IX 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sornitive account, or other financial account)? b If "Yes," also the means of the foreign country. See instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line 5a or 5b, did the organization file Form 8898-17 6c If "Yes," to line 5a or 5b, did the organization file Form 8898-17 6d Does the organization have amountal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If Yes," did the organization inclied with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organization sell-exchange, or otherwise dispose of family property for which it was required to the payor? 7c IX b If the organization receive a payment in excess of \$75 made parity sa sortification and party for goods and services provided to the payor? 7c IX 1 Did the organization sell-exchange, or otherwise dispose of family property of which it was required to the payor? 7d IX 1 Did the organization received a contribution of care, boats, simplanes, or other vehicles, did the organization file a Form 1		(gambling) winnings to prize winners?			1c	X			
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a bid the organization have unrelated business gross income of \$7,000 or more during the year? 3b if Yes, 'has it filed a Form 990-Ti or this year? If 'No,' to line 3b, provide an explanation in Schedule O 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 5b if Yes,' enter the name of the foreign country Schedule O 5c is with the foreign country Schedule O 5c is with the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c is structions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c is structions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c is bid any taxabibe party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c is bid any taxabibe party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c is bid any contributions that were not tax deductible as charatable contributions? 6c is a contribution of the very contributions and the organization and the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 6c is a X 6d if Yes, 'did the organization notify the donor of the value of the goods or services provided? 7c organization receive a payment in excess of \$75 made party as a contribution of quantization from the approximation receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d if the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d if the organization receive any funds, dire	2a								
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to refile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If Yes, 'has it filed a Form 990 T for this year? If 'No, 'ro line 3b, provide an explination in Schedule O 3a At any time during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the name of the foreign country: 5b If 'Yes,' reter the name of the foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes,' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes,' did the organization notify the donor of the value of the goods or services provided? 7b Organization sections apprent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7c If Yes,' did the organization notify the donor of the value of the goods or services provided? 7c Variation of the Form 8282? 7d If Yes,' finction that may receive deductible contributions under section 170(c). 8 If the organization is received any funds, clinecity or indirectly,		0061							
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif 17 %e, "has it filed a Form 990T for this year? if "No," to fire 36, provide an explanation in Schedule O dhaw At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. bif 17 %e, "inter the name of the foreign country! ► Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae was the organization approximation for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. Sae Control of the organization include with expression filing foreign Bank and Financia	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X			
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make any taxable distributions under section 4966? 9 a Did the organization make any taxable distributions under section 4966? 9 a Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution included on Part VIII, line 12 10 a Did the organization server 990, Part VIII, line 12 11 b Gross income from members or shareholders 11 b Gross income from members or shareholders 12 b Gross income from them.) 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					44		v		
	D	if res, rias it filed a Form 720 to report these payments? If two, provide an explanation in Scheduli	.			gan	(2012)		

Form 990 (2013) THE WILL
Part VI | Governance, Management THE WILLIAM W BACKUS HOSPITAL

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	140 1	СЗРОП	30
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	37	Х
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	_	v	
	more members of the governing body?	7a	X	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Х	
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76	21	
8	The governing body?	8a	Х	
a 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	0.0		
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			l
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?	45-	Х	
a	The organization's CEO, Executive Director, or top management official	15a 15b	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	-25	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
····a	taxable entity during the year?	16a	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		Х
Sec	tion 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) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ${\tt DANIEL\ LOHR\ -\ 860-889-8331}$	tion:		
	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.

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

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

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID WHITEHEAD TRUSTEE/PRESIDENT/CEO	40.00	x		Х				731,171.	0.	45,918.
(2) JOHN BILDA	2.00							7,02,7272		
TRUSTEE	1.00	х						0.	0.	0.
(3) STEPHEN BRIGGS	2.00									
TRUSTEE	1.00	х						0.	0.	0.
(4) ELIZABETH CONWAY	6.00									
TRUSTEE/VICE CHAIRMAN		Х		X				0.	0.	0.
(5) JAMES CARDON, MD	2.00									
TRUSTEE	1.00	Х						0.	0.	0.
(6) NANCY GENTES	2.00								_	_
TRUSTEE	1.00	Х						0.	0.	0.
(7) ANTHONY JOYCE	6.00									•
TRUSTEE/CHAIRMAN	1.00	Х		X				0.	0.	0.
(8) PETER MANERI	2.00	,,								0
TRUSTEE	1.00	Х						0.	0.	0.
(9) PAUL MAXFIELD	2.00	7,						0.	0.	0
TRUSTEE (10) DEBORAH MONAHAN	1.00	Х						0.	0.	0.
TRUSTEE/SECRETARY	1.00	х		х				0.	0.	0.
(11) LYNNE QUINTAL-HILL	2.00	Δ		Λ				0.	0.	
TRUSTEE	1.00	x						0.	0.	0.
(12) ROBERT RAMSDELL	6.00							•	•	
TRUSTEE/TREASURER	1.00	x		х				0.	0.	0.
(13) DONNA ROMITO	2.00							-		
TRUSTEE		х						0.	0.	0.
(14) DENNIS SLATER	2.00									
TRUSTEE	1.00	Х						0.	0.	0.
(15) MARK TRAMONTOZZI	2.00									
TRUSTEE	1.00	Х						0.	0.	0.
(16) ELLIOT JOSEPH	2.00									
TRUSTEE	40.00	Х						0.	1,847,535.	347,786.
(17) DANIEL LOHR	40.00							101 -0-		
SENIOR VP/CFO	9.00			X				481,725.	0.	38,685.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from related other from (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization ndividual trustee organizations employee and related below organizations line) (18) CAROLYN TRANTALIS 1.00 40.00 X 0. 195,013. 21,586. VP OPERATIONS EAST REGION 40.00 (19) MARY BYLONE X 246,598. 20,900. VP PATIENT CARE EAST REGION 0. 40.00 (20) THERESA BUSS VP HUMAN RESOURCES E. REGION Х 234,419 0. 20,380. (21) PETER SHEA 40.00 0. 38,268. SENIOR VP/MEDICAL DIRECTOR Х 452,908 40.00 (22) SERGIO CASILLAS 0. X 552,668 36,254. PHYSTCTAN (23) ROBERT SIDMAN 40.00 PHYSICIAN X 436,250. 0. 37,598. 40.00 (24) MARK TOUSIGNANT 440,368. X 0. 37,598. PHYSICIAN (25) WILLIAM HORGAN 40.00 37,598. PHYSICIAN X 358,568 0. (26) RICHARD GOULDING 40.00 361,040. 0. 37,598. PHYSICIAN 2,042,548. 4,295,715 720,169. Ō. Ο. c Total from continuation sheets to Part VII, Section A 4,295,715. 2,042,548. 720,169. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 191 compensation from the organization Yes No 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 Х 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

Section B. Independent Contractors

rendered to the organization? If "Yes," complete Schedule J for such person

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ALLIANCE HEALTHCARE SERVICES		
PO BOX 96485, CHICAGO, IL 60693	MEDICAL SERVICES	3,187,496.
YALE NEW HAVEN HOSPITAL		
20 YORK STREET, NEW HAVEN, CT 06504	MEDICAL SERVICES	2,311,515.
ROPES & GRAY LLP		
PO BOX 414265, BOSTON, MA 02241	LEGAL	1,416,980.
BARTON & ASSOCIATES		
PO BOX 417844, BOSTON, MA 02241	MEDICAL SERVICES	1,326,206.
EXECUTIVE HEALTH RESOURCES		
PO BOX 822688, PHILADELPHIA, PA 19182	CONSULTING	975,105.
2 Total number of independent contractors (including but not limited to those lis		
\$100,000 of compensation from the organization > 37		
	·	000

Form **990** (2013)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 82,858. Fundraising events 1c 1.710. 1d Related organizations 556,154. Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1,733,378 3.765 g Noncash contributions included in lines 1a-1f: \$ 2,374,100 Total. Add lines 1a-1f Business Code Program Service Revenue INPATIENT 900099 123,906,609 123,906,609 OUTPATIENT 900099 116,551,873 116,551,873. EMERGENCY DEPT 900099 58,535,862 58,535,862, LAB COURIER SERVICE 621500 2,658,878 2,658,878 1,058,108 EHR REVENUE 900099 1,058,108 All other program service revenue 302,711,330 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,751,637 3,751,637. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 1,177,783 6 a Gross rents 1,655,972 **b** Less: rental expenses -478,189 Rental income or (loss) -478,189 -478,189. **d** Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of 32,039,843 93,500 assets other than inventory b Less: cost or other basis 26,093,258 280,351. and sales expenses 5,946,585 -186,851 c Gain or (loss) 5,759,734 5,759,734. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 82,858. of including \$ contributions reported on line 1c). See 24,800 Part IV, line 18 56,725. **b** Less: direct expenses -31,925 -31,925. c Net income or (loss) from fundraising events 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 499,903 352,986 **b** Less: cost of goods sold 146,917 146,917. c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue CAFETERIA 1,250,359 722320 1,250,359. 11 a 285,378 PURCHASE DISCOUNTS 900099 285,378 191,350. CHILD CARE 624410 191,350 900099 815,701 762,373. 53,328. All other revenue 2,542,788 Total. Add lines 11a-11d Total revenue. See instructions. 316,776,392. 301,100,203. 2,712,206. 10,589,883. 332009 10-29-13

Part IX | Statement of Functional Expenses

Sect	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.											
	not include amounts reported on lines 6b, 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 governments and organizations in the United States. See Part IV, line 21	135,509.	·	3 1	'						
2	Grants and other assistance to individuals in										
	the United States. See Part IV, line 22	10,000.	10,000.								
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	2 025 125	420 002	1 505 100							
	trustees, and key employees	2,025,125.	430,003.	1,595,122.							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	110 766 120	101,785,251.	8,848,523.	132,346.						
7	Other salaries and wages	110,700,120.	101,705,251.	0,040,323.	134,340.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3 002 639	2,802,653.	286,356.	3 620						
_			9,473,181.	967,904.	3,629. 12,266.						
9	Other employee benefits	7,942,298.		735,399.	9,319.						
10	Payroll taxes	7,942,290.	7,197,300•	133,333.	9,319.						
11	Fees for services (non-employees):										
	Management	604,127.		604,127.							
	Legal	596,470.		596,470.							
	Accounting	64,774.		64,774.							
	Lobbying	01,771.		01,771							
f	Investment management fees	213,746.		213,746.							
	Other. (If line 11g amount exceeds 10% of line 25,										
9	column (A) amount, list line 11g expenses on Sch O.)	28,797,163.	15,378,807.	13,418,356.							
12	Advertising and promotion	142,823.		, , , , , , ,	23,379.						
13	Office expenses	4,705,389.		1,023,712.	2,067.						
14	Information technology	3,584,111.		3,121,208.							
15	Royalties										
16	Occupancy	5,558,850.	517,301.	5,041,549.							
17	Travel	268,727.	133,647.	135,080.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	27,319.	4,633.	22,686.							
20	Interest	2,777,042.		2,777,042.							
21	Payments to affiliates	45 655 =5:									
22	Depreciation, depletion, and amortization	15,002,794.		8,459,198.							
23	Insurance	1,924,718.	1,363,097.	561,621.							
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 0.)										
а	MEDICAL EXPENSES	37,083,444.	37,083,444.								
b	BAD DEBT		8,035,283.	42,722.							
С	MAINT/SERVICE CONTRACTS	5,112,846.	3,981,740.	1,131,106.							
d	LAB EXPENSES	4,227,272.	4,227,272.								
е	All other expenses	5,421,904.	2,995,955.	2,129,694.	296,255.						
25	Total functional expenses. Add lines 1 through 24e	258,616,565.	206,360,909.	51,776,395.	479,261.						
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)										
	1 10-20-13				Form 990 (2013						

Form 990 (2013)
Part X | Balance Sheet

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
1	Cash - non-interest-bearing	1,643,564.	1	2,710,787
2	Savings and temporary cash investments	130,996,812.	2	184,674,883
3	Pledges and grants receivable, net	29,416.	3	460
4	Accounts receivable, net	31,013,657.	4	36,980,052
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			
ts	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 7	Notes and loans receivable, net	53,821.	7	11,760
ž 8	Inventories for sale or use	3,778,841.	8	3,836,103
9	Prepaid expenses and deferred charges	2,941,851.	9	2,589,705
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 303,097,892.			
l b	Less: accumulated depreciation 10b 175, 263, 190.	138,743,906.	10c	127,834,702
11	Investments - publicly traded securities	158,491,234.	11	145,614,943
12	Investments - other securities. See Part IV, line 11	12,632.	12	12,632
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	9,358,083.	15	9,598,258
16	Total assets. Add lines 1 through 15 (must equal line 34)	477,063,817.	16	513,864,285
17	Accounts payable and accrued expenses	21,300,221.	17	22,981,573
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	62,005,476.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္က 22	Loans and other payables to current and former officers, directors, trustees,			
≝	key employees, highest compensated employees, and disqualified persons.			
Liabilities 22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	1,527,930.	23	1,463,627
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	66,400,904.	25	134,524,185
26	Total liabilities. Add lines 17 through 25	151,234,531.	26	158,969,385
	Organizations that follow SFAS 117 (ASC 958), check here ▶			
S S	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	314,456,228.	27	343,007,454
麗 28	Temporarily restricted net assets	3,305,592.	28	3,534,497
g 29	Permanently restricted net assets	8,067,466.	29	8,352,949
声	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u></u>	and complete lines 30 through 34.			
g 30	Capital stock or trust principal, or current funds		30	
ğ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 24 25 26 27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	325,829,286.	33	354,894,900
34	Total liabilities and net assets/fund balances	477,063,817.	34	513,864,285

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		77			
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,61			
3	Revenue less expenses. Subtract line 2 from line 1	3		3,15			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	325	,82			
5	Net unrealized gains (losses) on investments	5		60	<u>4,0</u>	64.	
6	Donated services and use of facilities	6					
7	Investment expenses	7		-40	7,8	<u>65.</u>	
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29	,29	0,4	<u> 12.</u>	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	354	1,89	<u>4,9</u>	00.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis	ί,				
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit				
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

THE WILLIAM W BACKUS HOSPITAL

Employer identification number 06 - 0250773

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	tructions.				
The orga	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
зХ	7		tal service organization			170(b)(1)	A)(iii).					
4	, '		operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospita	l's nar	ne.
	city, and stat				•				•	•		•
5	7		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ned in		
<u> </u>	-	(b)(1)(A)(iv). (Comple		involuty of		ooratoa by	a govern	morrial arm	t docorno	, ou		
e [7		•	t doooribo	d in acati a	- 470/b\/-	IV A V. A					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
/	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.)											
•	7			(01-4-	D4 II.)							
8	7		ection 170(b)(1)(A)(vi).								!	6
9 ∟			eives: (1) more than 33									
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquirea b	y the orga	ınızatıon	after June 3	30, 19	75.
	7	509(a)(2). (Complete										
10	٦ .	•	perated exclusively to te	•	•			•			_	
11	J		perated exclusively for the		′ '		· · · · · · · · ·		,			or
			ations described in secti		•		2). See se o	ction 509(a)(3). Ch	ieck the box	that	
			organization and compl									
	a	•		ype III - Fu	•	•		• •		n-functional	•	-
e		· · · · · · · · · · · · · · · · · · ·	t the organization is not		•	•	•		-	•		
			han one or more publicly						9(a)(1) or	section 509	∂(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										. L
g			organization accepted ar									
			irectly controls, either al								Yes	No
			upported organization?								Ь—	
			n described in (i) above?								<u> </u>	
	(iii) A 35% (controlled entity of a	person described in (i) of	or (ii) above	e?					11g(iii)	<u>/</u>	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Nam	ne of supported	(ii) EIN	(iii) Type of organization			(v) Did yoւ		(vi) Is organizațio	the	(vii) Amoun	t of mo	netary
or	ganization	, ,	(described on lines 1-9	in col. (i) lis				l (i) organiz	ed in the	sup	port	-
			above or IRC section (see instructions))	governing	document?	(i) of your	support?	U.S	.?			
			(acc manuchona))	Yes	No	Yes	No	Yes	No			
								1				
								1				
Total										1		

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

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

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3)	
_	organization, check this box and stop						<u></u>
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2013 (li	, , ,	•	.,,		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the o	-					
	stop here. The organization qualifies						
k	33 1/3% support test - 2012. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						
k	o 10% -facts-and-circumstances test	-					
	more, and if the organization meets th						,
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n ala not check a	pox on line 13, 16	oa, 16b, 1/a, or 17		and see instruction	

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	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and stop here	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

chedule A	A (Form 990 or 990-EZ) 2013 THE WILLIAM W BACKUS HOSPITAL 06 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;	-0250773 Page
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b;	and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nar	ne of organization			Empl	oyer identification number
		LIAM W BACKUS HO			06-0250773
Pa	art I-A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	·		 ►\$	
		ganization is exempt un			
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955	▶ \$	
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
48	a Was a correction made?				Yes No
_	o If "Yes," describe in Part IV.				
	·	ganization is exempt un	`	· · · · · · · · · · · · · · · · · · ·	• • • •
1	Enter the amount directly expended	d by the filing organization for s	ection 527 exempt fund	ction activities >\$	
2	Enter the amount of the filing organ		•		
	exempt function activities				
3	Total exempt function expenditures				
	line 17b				
	Did the filing organization file Form Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (E ttion listed, enter the amount pa omptly and directly delivered to	EIN) of all section 527 p aid from the filing organ a separate political org	olitical organizations to whic ization's funds. Also enter th ganization, such as a separa	th the filing organization ne amount of political
	(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) 2013

LHA

Part II-A Complete if the orga	ınization is exe	mpt under section	on 501(c)(3) and fil	ed Form 5768	5230773 Page 2
expenses, and share	on belongs to an aff of excess lobbying		n Part IV each affiliated	group member's nar	me, address, EIN,
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures					
f Lobbying nontaxable amount. Enter		e following table in bo	th columns.		
If the amount on line 1e, column (a) or		bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50	·	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1f)				
h Subtract line 1g from line 1a. If zero					
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zero					•
reporting section 4911 tax for this y	ear?				Yes No
, ,	tions that made a sumns below. See th	ne instructions for line	n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		1
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(;	a)	(b)	
of the	e lobbying activity.	Yes	No	Am	ount
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:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Х		
	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		Х		
	Grants to other organizations for lobbying purposes?	X		6	4,774.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?		X		
j	Total. Add lines 1c through 1i			6	4,774.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ction	
				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		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b	<u> </u>	
С	Total				
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 ex-	cess		1	

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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political

expenditure next year?

PART II-B, LINE 1, LOBBYING ACTIVITIES:

Taxable amount of lobbying and political expenditures (see instructions)

EXPLANATION: 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 C (Form 990 or 990-EZ) 2013

4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

2013
Open to Public Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number 0.6 – 0.25 0.773

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	S.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Pai			
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of an his	torically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d 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
а	Total number of conservation easements		2a
b	-		0
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and	nd enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
Da	conservation easements.	Aut Historical Transcruss on O	they Cimilay Accets
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
та	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	,	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
D	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		
^	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		ıı gaın, provide
_	the following amounts required to be reported under SFAS 116	-	• •
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		• • •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		ILAM W BACK			har Si		250//		age 2
	gameations maintaining s								
3	Using the organization's acquisition, accession	n, and other record	s, check any of the	following that are a	signific	cant use of i	ts collection	ı item	ıs
	(check all that apply):								
а	Public exhibition	d		hange programs					
b	Scholarly research	е	U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's e	xempt p	ourpose in F	Part XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simi	lar asse	ets		_	_
	to be sold to raise funds rather than to be ma						Yes		J No_
Pai	t IV Escrow and Custodial Arrang	jements. Comple	te if the organizatio	n answered "Yes"	to Form	990, Part I	V, line 9, or		
	reported an amount on Form 990, Part	: X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets n	ot inclu	ded			_
	on Form 990, Part X?					[Yes		J No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount	:	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai									
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years ba	ck (e) Four	years	back
1a	Beginning of year balance	5,551,985.	5,396,859.	5,396,859		5,320,78	6. 4	841,	631.
	Contributions					5,00	0.	358,	064.
	Net investment earnings, gains, and losses	169,678.	159,637.	5,226		76,50	5.	505,	259.
	Grants or scholarships	,	,	,		· ·			
	Other expenditures for facilities								
	and programs							378	271.
f	Administrative expenses	2,217.	4,511.	5,226		5,43	2.		897.
	End of year balance	5,719,446.	5,551,985.			5,396,85			786.
2	Provide the estimated percentage of the curre				-				
	Board designated or quasi-endowment	one year one balance	%	a)) ficia as.					
	Permanent endowment 100.00	%	_′°						
	Temporarily restricted endowment								
·	The percentages in lines 2a, 2b, and 2c should	-							
22	Are there endowment funds not in the posses	•	tion that are hold a	nd administered fo	r tha ar	ganization			
Ja		SSION OF THE Organiza	ition that are neid a	na administered to	i tile oi(gariizatiori	Г	Yes	No
	by:							162	No X
	(i) unrelated organizations						3a(i)		X
		Bakadaa wa walio da a					3a(ii)		
	If "Yes" to 3a(ii), are the related organizations						3b		
Dai	t VI Land, Buildings, and Equipm		wment tunas.						
Fai			Dort IV line 11e C	on Form 000 Dort	V lina 1	0			
	Complete if the organization answered					- 1	(-I) D I		
	Description of property	(a) Cost or ot basis (investm	1 ' '	, ,	Accum leprecia		(d) Bool	(value	е
	Land	<u> </u>		1,878.	ichi colo	aciOII	5,01	1 0	72
	Land			•	303	106			
	Buildings		267.118,75			,196.	90,73		
	Leasehold improvements					,471.	7,35		
	Equipment		104,14		, 003	,523.	24,54		
	Other			5,693.				5,6	
Total	. Add lines 1a through 1e. (Column (d) must ed	jual Form 990, Part 🤇	x, column (B), line 1	U(c).)		▶ 🏻	.27,83	±,/	∪⊿.

Schedule D (Form 990) 2013

Part VII	Investn	nents -	Other	Securities

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV (b) Book value			d-of-year market value
(4) Elemental destruction	(b) DOOK value	(c) Method of Va	aiuation. Cost of end	a-or-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11d. See Form 990, F	Part X, line 15.	
	Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 15 \			
Part X Other Liabilities.	e 15.)		······	
Complete if the organization answered "Yes"	to Form 990 Part IV	line 11e or 11f See Form	990 Part X line 25	
1. (a) Description of liability	10 1 01111 000,1 01111	(b) Book value	000,1 41171, 11110 20	
(1) Federal income taxes		()		
(2) DUE TO 3RD PARTIES		8,036,715.		
(3) EMPLOYEE RELATED OBLIGATI	ONS	42,795,856.		
(4) SELF-INSURED PROF LIABILI	TY	9,181,837.		
(5) CAPITAL LEASE OBLIGATIONS		6,848,070.		
(6) OTHER LIABILITIES		4,532,110.		
(7) DUE FROM AFFILIATES		2,841,766.		
(8) TAX EXEMPT SERIES E BOND		1,503,488.		
(9) LT INTERCOMPANY DEBT SERI		58,784,343.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶	134,524,185.		

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

Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 THE WILLIAM W BACKUS HOSPITA	AL		06-	·0250773 Pa	age 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per R	etur	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	318,530,62	21
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	604,064.			
	Donated services and use of facilities	2b				
	Recoveries of prior year grants	2c				
	Other (Describe in Part XIII.)	2d				
	Add lines 2a through 2d			2e	604,00	64
3	Subtract line 2e from line 1			3	317,926,5	57
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	596,611.			
	Other (Describe in Part XIII.)	4b	-1,746,776.			
	Add lines 4a and 4b			4c	-1,150,10	65
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				316,776,39	
	t XII Reconciliation of Expenses per Audited Financial Statemen			Retu	irn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	260,250,25	95
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , , , ,	
	Donated services and use of facilities	2a				
	Prior year adjustments	2b				
	Other losses	2c				
	Other (Describe in Part XIII.)		1,899,548.			
	Add lines 2a through 2d	_		2e	1,899,5	48
					258,350,74	
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b	42	188,746.			
	Other (Describe in Part XIII.)	4b	77,072.			
			· · · · · · · · · · · · · · · · · · ·	4c	265,83	18
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)				258,616,50	
	t XIII Supplemental Information.				230,010,3	-
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ linco	1h and 2h: Dort V. line	4. Dor	t V line 2: Dort VI	
			·	+, ran	t A, III le Z, Part AI,	
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onai in	iornation.			
DZI	RT V, LINE 4:					
	ti v, mind 4.					
EXI	PLANATION: THE PERMANENTLY RESTRICTED ENDOW	MEN	T FIINDS ARE	MΕΔ	חיי יידות	
	THE TENTH OF THE PERSON OF THE	TILLIN.	I TONDO AND	111173	111 10	
PRC	OVIDE LONG TERM SUPPORT FOR CAPITAL AND OPE	RΣT.	TNG PROGRAMS	FΟ	אדת או	
- 100	7VIDE BONG TERM BOTTOKT TOK CRITIKE MAD OTE.	11211.	ING INCOMME		T 111111	
<u>н</u> О с	SPITAL IN ACCORDANCE WITH THE DONOR'S WISHE	q				
101	TITAL IN ACCORDANCE WITH THE DONOR D WIDHE	٥.				
ם א ב	RT XI, LINE 4B - OTHER ADJUSTMENTS:					
FAI	(1 XI, DINE 4B - OTHER ADOUGHENTS:					
ΣΤΤ	KILIARY INCOME-152,130					
102	TITIANI INCOME IJA, IJO					
K _ 1	PASSTHROUGH-642					
	. 1110011111100011 012					
ריטפ	SS ON FIXED ASSETS-(186,851)					
	,,, oi, 111111 1100110 (100,001)					

RENTAL EXPENSES-(1,655,972)

GOLF TOURNAMENT EXPENSES-(56,725)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Employer identification number 06-0250773

THE WIL	LIAM W BACKUS HO	SPITA	L		06-0250	773
Fundraising Activities. required to complete this par	- Complete if the organization ant.	swered "\	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solid f Solid g Spe or oral agreement with any individ Part VII) or entity in connection will ividuals or entities (fundraisers) p	citation of citation of cial fundra dual (inclu th profess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fund have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
otal 3 List all states in which the organization				s or has been notified	d it is exempt from re	egistration
or licensing.						
·	· · · · · · · · · · · · · · · · · · ·		_	·	· · · · · · · · · · · · · · · · · · ·	

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

Schedule G (Form 990 or 990-EZ) 2013

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

		or furidialsing event contributions and gr			·	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	SEDER GOLF	NONE	1
			TOURNAMENT	TOURNAMENT		(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			(overne type)	(overne type)	(total Hallibol)	
Revenue	_	Overage	58,110.	49,548.		107,658.
Re	1	Gross receipts	30,110.	49,540.		107,030.
	_		40 E10	12 240		02 050
	2	Less: Contributions	40,510.	42,348.		82,858.
			17 600	7 200		24 000
_	3	Gross income (line 1 minus line 2)	17,600.	7,200.		24,800.
	4	Cash prizes				
				1 500		6 600
"	5	Noncash prizes	5,100.	1,500.		6,600.
ses			16 010	0.500		05 400
per	6	Rent/facility costs	16,910.	8,580.		25,490.
Direct Expenses				0.554		10.110
ect	7	Food and beverages	3,485.	8,664.		12,149.
₫						
	8	Entertainment		750.		750.
	9	Other direct expenses	7,768.	3,968.		11,736.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	56,725.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		_	-31,925.
Pa	rt I	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Φ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
nue			(a) Billigo	bingo/progressive bingo	(b) outlot garming	col. (a) through col. (c))
Revenue						
ш.	1	Gross revenue				
S	2	Cash prizes				
Jse						
Direct Expenses	3	Noncash prizes				
Ê						
rec	4	Rent/facility costs				
ֿ						
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	□ No	
	_			1		
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	•	Birot expense carmiary. Add into 2 timeagn	10 III 00Iaiiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	Ŭ	Thet garming moorne summary. Subtract into 7	TOTT IIITO 1, GOIGITIIT (G)			
9	Fnt	ter the state(s) in which the organization opera	tes gaming activities:			
		the organization licensed to operate gaming ac	_	etatos?		Yes No
		No," explain:	ATTRICS IT CAUT OF THESE	G.G.CO :		. — 103 — NO
Ü	"	140, EAPIAIII				
	_					
10-	14/-	are any of the organization's garrier lines	wokod guanandad aut	erminated during the term	voor?	Yes No
		ere any of the organization's gaming licenses re	· · · · · ·	minated during the tax y	yeai (Yes No
O	П.,	Yes," explain:				
	_					
	_					

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Sch	edule G (Form 990 or 990-EZ) 2013 THE WILLIAM W BACKUS HOSPITAL 06-0	<u> 1250</u>	773	Page 3
11	Does the organization operate 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 operated in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	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	o 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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
D -	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	ines 9,	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
_				

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
 ► Attach to Form 990.
 ► See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number 06-0250773

Pai	t I Financial Assistance a	and Certain Ot	her Commu	nity Benefits a	t Cost	•			
								Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a							Х	
	If "Yes," was it a written policy? If the organization had multiple hospital facilities.		,				1b	Х	
2	If the organization had multiple hospital facilities facilities during the tax year.	, indicate which of the fol	llowing best describes	application of the financi	al assistance policy to its	s various hospital			
	Applied uniformly to all hospita	al facilities	Appli	ed uniformly to mo	st hospital facilities	S			
	Generally tailored to individual	hospital facilities		•	•				
3	Answer the following based on the financial assis	stance eligibility criteria t	hat applied to the large	est number of the organiz	ation's patients during th	ie tax year.			
а	Did the organization use Federal Pov	verty Guidelines (Fl	PG) as a factor in	determining eligib	ility for providing fr	ee care?			
	If "Yes," indicate which of the follow	ing was the FPG fa	amily income limit	for eligibility for fre	ee care:		За	Х	
			Other 25						
b	Did the organization use FPG as a fa	actor in determining	g eligibility for pro	oviding discounted	care? If "Yes," indi	cate which			
	of the following was the family incom	ne limit for eligibility	for discounted	care:			3b	X	
	200% 250%	300%	350% X	400%	ther9	6			
С	If the organization used factors othe	r than FPG in dete	rmining eligibility	, describe in Part V	I the income based	d criteria for			
	determining eligibility for free or disc		-		-	asset test or			
	other threshold, regardless of incom	•		•					
4	Did the organization's financial assistance policy "medically indigent"?			its during the tax year pro			4	X	
5a	Did the organization budget amounts for	free or discounted ca	re provided under	its financial assistanc	e policy during the ta	x year?	5a	X	
b	If "Yes," did the organization's finance	cial assistance exp	enses exceed th	e budgeted amoun	it?		5b		X
С	If "Yes" to line 5b, as a result of bud	-							
	care to a patient who was eligible for	r free or discounte	d care?				5c		
	Did the organization prepare a comm						6a	Х	
b	If "Yes," did the organization make it						6b	X	
	Complete the following table using the workshee	ets provided in the Sched	lule H instructions. Do	not submit these worksh	eets with the Schedule F	l			
7	Financial Assistance and Certain Other	ner Community Be (a) Number of		(a) Total	(d) Diment	(a) No.	/#\	D	-4
	Financial Assistance and	`activities or	(b) Persons served	(C) Total community	(d) Direct offsetting	(e) Net community	tot	Percent al expen	se
	ins-Tested Government Programs	programs (optional)	(optional)	benefit expense	revenue	benefit expense			
а	Financial Assistance at cost (from			1700600		1700600		71	Ο.
	Worksheet 1)			1788699.		1788699.		<u>.71</u>	<u>ক</u>
b	Medicaid (from Worksheet 3,			E0407106	20651020	10025276	٦,	.92	O.
	column a)			5948/196.	39651920.	19835476.	/	.94	6
С	Costs of other means-tested								
	government programs (from								
	Worksheet 3, column b)								
a	Total Financial Assistance and			61275895	39651920.	21623975	Ω	.63	<u>ي</u>
	Means-Tested Government Programs Other Benefits			01273033.	37031720.	21023773.	-	• 0 3	•
•	Community health								
E	improvement services and								
	community benefit operations								
	(from Worksheet 4)			532,644.	5,455.	527,189.		.21	8
f	Health professions education				2,133	22.,2000			
•	(from Worksheet 5)			221,658.		221,658.		.09	ક્ર
a	Subsidized health services				1	,			-
9	(from Worksheet 6)			2194502.		2194502.		.88	ક
h	Research (from Worksheet 7)			11,812.	1	11,812.		.00	
	Cash and in-kind contributions			1		, , , , , ,			
-	for community benefit (from								
	Worksheet 8)			63,564.		63,564.		.03	용
i	Total. Other Benefits			3024180.	5,455.		1	.21	
	Total. Add lines 7d and 7j			64300075.	39657375.			.84	

Sche Pa	rt II Community Building		ete this table if the	e organization c	onducted any			ivities o			
	tax year, and describe in Par	(a) Number of activities or programs (optional)	nity building active (b) Persons served (optional)	(c) Total community building expense	(d) Dire	ect	munities it serve (e) Net community building expense	(f	(f) Percent of total expense		
1	Physical improvements and housing										
2	Economic development										
3	Community support			57,761	L.		57,761	•	.02	ક	
4	Environmental improvements										
5	Leadership development and										
	training for community members										
_6	Coalition building			3,694	1.		3,694	•	.00	용	
7	Community health improvement				_					_	
	advocacy			2,702	2.		2,702	•	.00	용	
8	Workforce development										
9	Other										
10	Total			64,157	7 .		64,157	•	.02	용	
Pa	rt III Bad Debt, Medicare, a	& Collection Pr	actices								
Sect	ion A. Bad Debt Expense								Yes	No	
1	Did the organization report bad deb	t expense in accord	dance with Health	ncare Financial N	Management A	ssocia	ation				
	Statement No. 15?							1		X	
2	Enter the amount of the organizatio	n's bad debt expen	se. Explain in Par	rt VI the							
	methodology used by the organizat	ion to estimate this	amount		2	8	3,035,283	<u>.</u>			
3	Enter the estimated amount of the	organization's bad d	lebt expense attr	ibutable to							
	patients eligible under the organizat	tion's financial assis	tance policy. Exp	olain in Part VI th	ne						
	methodology used by the organizat	ion to estimate this	amount and the	rationale, if any,							
	for including this portion of bad deb	ot as community ber	nefit		3		617,246	•			
4	Provide in Part VI the text of the foo	tnote to the organiz	zation's financial :	statements that	describes bac	l debt					
	expense or the page number on wh	ich this footnote is	contained in the	attached financi	ial statements.						
Sect	ion B. Medicare										
5	Enter total revenue received from M	ledicare (including [OSH and IME)		5	73	3,314,619	•			
6	Enter Medicare allowable costs of c						,280,637				
7	Subtract line 6 from line 5. This is the	ne surplus (or shortf	all)		7	-10	,966,018	•			
8	Describe in Part VI the extent to wh					benef	it.				
	Also describe in Part VI the costing	methodology or sou	urce used to dete	ermine the amou	ınt reported or	line 6					
	Check the box that describes the m	nethod used:			·						
	Cost accounting system	Cost to char	ge ratio	Other							
Sect	ion C. Collection Practices										
9a	Did the organization have a written	debt collection polic	cy during the tax	year?				9a	X		
	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the										
	collection practices to be followed for pa	tients who are known	to qualify for financ	cial assistance? De	scribe in Part VI			9b	X		
Pa	rt IV Management Compa	nies and Joint	Ventures (owned	d 10% or more by off	icers, directors, tru	stees, ke	y employees, and phys	sicians - s	ee instru	ıctions)	
	(a) Name of entity		cription of primar tivity of entity		e) Organization profit % or stoo ownership %	k o k pi	Officers, direct- rs, trustees, or ey employees' rofit % or stock ownership %	pro	hysicia ofit % o stock nership	or	
33700	-										

Part V	Facility Information										
Section A	. Hospital Facilities		_			oital					
(list in orde	er of size, from largest to smallest)	l-icensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	lity				
How many	hospital facilities did the organization operate	los	a &	ğ	Soc	Ses	Research facility	rs			
	tax year?1		adic	s,ué	l gu	ag	된	hou	er		Facility
		ens	Ĕ	ildre	Schi	ţi	seal	ER-24 hours	ER-other		reporting
Name, add	dress, primary website address, and state license number WILLIAM W BACKUS HOSPITAL	은	Ger	S	<u>ľ</u>	Ċ	Вě	ER	ER	Other (describe)	group
1 THE	WILLIAM W BACKUS HOSPITAL										
	WASHINGTON STREET	4									
NOR	WICH, CT 06360	4									
		٦.,	,,					,,			
		<u>X</u>	Х					Х			
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			4								

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 facility reporting group $\begin{tabular}{c} \hline THE & WILLIAM & W & BACKUS & HOSPITAL \\ \hline \end{tabular}$

If reporting on Part V, Section B for a single hospital facility only: line number of

osi	pital fac	ility (from Schedule H, Part V, Section A)			
	'		_	Yes	No
C	ommuni	ity Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
		the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health	1		
		assessment (CHNA)? If "No," skip to line 9	1	Х	
		" indicate what the CHNA report describes (check all that apply):			
а	X	A definition of the community served by the hospital facility			
b	37	Demographics of the community			
С	\mathbf{X}	Existing health care facilities and resources within the community that are available to respond to the health needs			
		of the community			
d	X	How data was obtained			
е	X	The health needs of the community			
f		Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
		groups			
g	X	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h		The process for consulting with persons representing the community's interests			
i	X	Information gaps that limit the hospital facility's ability to assess the community's health needs			
j		Other (describe in Section C)			
2	Indicate	e the tax year the hospital facility last conducted a CHNA:			
3		ducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
		ts of the community served by the hospital facility, including those with special knowledge of or expertise in public			
		If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the			
		nity, and identify the persons the hospital facility consulted	3	Х	
4		e hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
		ıl facilities in Section C	4		Х
5	Did the	hospital facility make its CHNA report widely available to the public?	5	Х	
	If "Yes,	" indicate how the CHNA report was made widely available (check all that apply):			
а	X	Hospital facility's website (list url): WWW • BACKUSHOSPITAL • ORG/HEALTHSURVEY			
b	, \square	Other website (list url):			
С	X	Available upon request from the hospital facility			
d	X	Other (describe in Section C)			
6	If the ho	ospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all			
	that ap	ply as of the end of the tax year):			
а	X	Adoption of an implementation strategy that addresses each of the community health needs identified			
		through the CHNA			
b		Execution of the implementation strategy			
С		Participation in the development of a community-wide plan			
d		Participation in the execution of a community-wide plan			
е		Inclusion of a community benefit section in operational plans			
f		Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	, X	Prioritization of health needs in its community			
h	X	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i		Other (describe in Section C)			
7	Did the	hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain			
	in Secti	ion C which needs it has not addressed and the reasons why it has not addressed such needs	7		X
8a	Did the	organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA			l _
	as requ	iired by section 501(r)(3)?	8a		X
b	If "Yes"	to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
С	If "Yes"	to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720			
	for all o	f its hospital facilities? \$			

332094 10-03-13

Schedule H (Form 990) 2013

Pa	rt V	Facility Information (continued) THE WILLIAM W BACKUS HOSPITAL						
Fi	nancial	Assistance Policy		Yes	No			
	Did the hospital facility have in place during the tax year a written financial assistance policy that:							
9	Explair	ned eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Х				
10	10 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?							
	If "Yes	s," indicate the FPG family income limit for eligibility for free care: 250 %						
	If "No,	explain in Section C the criteria the hospital facility used.						
11	Used F	FPG to determine eligibility for providing discounted care?	11	Х				
	If "Yes	s," indicate the FPG family income limit for eligibility for discounted care: 400 %						
	If "No,	explain in Section C the criteria the hospital facility used.						
12	Explair	ned the basis for calculating amounts charged to patients?	12	Х				
		s," indicate the factors used in determining such amounts (check all that apply):						
а	X	Income level						
b		Asset level						
c	\mathbf{X}	Medical indigency						
c	X	Insurance status						
e	X	Uninsured discount						
f	X	Medicaid/Medicare						
ç	X	State regulation						
h		Residency						
i		Other (describe in Section C)						
13	Explair	ned the method for applying for financial assistance?	13	Х				
14		ed measures to publicize the policy within the community served by the hospital facility?	14	Х				
		s," indicate how the hospital facility publicized the policy (check all that apply):						
а	37	The policy was posted on the hospital facility's website						
b	X							
c		The policy was posted in the hospital facility's emergency rooms or waiting rooms						
c	X							
e		The policy was provided, in writing, to patients on admission to the hospital facility						
f	X	The policy was available on request						
ç		Other (describe in Section C)						
— Bi	lling an	nd Collections						
15	Did the	e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial						
	assista	ance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Х				
16	Check	all of the following actions against an individual that were permitted under the hospital facility's policies during the tax						
	year b	efore making reasonable efforts to determine the individual's eligibility under the facility's FAP:						
а		Reporting to credit agency						
b	, 🔲	Lawsuits						
c	: 🔲	Liens on residences						
c		Body attachments						
e		Other similar actions (describe in Section C)						
17	Did the	e hospital facility or an authorized third party perform any of the following actions during the tax year before making						
	reason	nable efforts to determine the individual's eligibility under the facility's FAP?	17		Х			
	If <u>"Yes</u>	s," check all actions in which the hospital facility or a third party engaged:						
а		Reporting to credit agency						
b	· 🗀	Lawsuits						
c	; <u> </u>	Liens on residences						
c		Body attachments						
e		Other similar actions (describe in Section C)						

Schedule H (Form 990) 2013

		(Form 990) 2013 THE WILLIAM W BACKUS HOSPITAL U6-025	0//	3 Pa	ıge 6
Pa	art V	Facility Information (continued) THE WILLIAM W BACKUS HOSPITAL			
18	Indicat	e which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that			
a	ı <u>X</u>	Notified individuals of the financial assistance policy on admission			
k		Notified individuals of the financial assistance policy prior to discharge			
c	: <u>X</u>	Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bi	lls		
c	ı X	Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's			
		financial assistance policy			
	, .	Other (describe in Section C)			
P	olicy Re	lating to Emergency Medical Care			
				Yes	No
19	Did the	hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the			
	hospita	al facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their			
	eligibili	ty under the hospital facility's financial assistance policy?	19	Х	
	If "No,"	' indicate why:			
a		The hospital facility did not provide care for any emergency medical conditions			
k	,	The hospital facility's policy was not in writing			
c	, 🔲	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
c	ı 🗆	Other (describe in Section C)			
	harges	to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
20	Indicat	e how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible			
	individ	uals for emergency or other medically necessary care.			
a		The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts			
		that can be charged			
k	, X	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating			
		the maximum amounts that can be charged			
c	\Box	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
c	ı 🗌	Other (describe in Section C)			
21	During	the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			
	emerge	ency or other medically necessary services more than the amounts generally billed to individuals who had			
	insurar	nce covering such care?	21		X
		," explain in Section C.			
22	During	the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any			
		provided to that individual?	22		X
		," explain in Section C.			

Schedule H (Form 990) 2013

Part V Facility Information (continued)

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 3: IN THE MOST RECENT CHNA, WILLIAM W. BACKUS HOSPITAL CONTRACTED WITH HOLLERAN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM LOCATED IN LANCASTER, PENNSYLVANIA. A SAMPLE OF 461 INDIVIDUALS WHO RESIDE WITHIN EASTERN CONNECTICUT WERE INTERVIEWED BY TELEPHONE TO ASSESS THEIR HEALTH BEHAVIORS, PREVENTATIVE PRACTICES, AND ACCESS TO HEALTH CARE. INDIVIDUALS WERE RANDOMLY SELECTED FOR PARTICIPATION BASED ON A STATISTICALLY VALID SAMPLING FRAME DEVELOPED BY HOLLERAN. THE SAMPLING FRAME REPRESENTED 24 ZIP CODES WITHIN THE HOSPITAL'S SERVICE AREA. INTERVIEWS WERE CONDUCTED BY HOLLERAN'S TELE-RESEARCH CENTER BETWEEN THE DATES OF JULY 24, 2012 AND SEPTEMBER 6, 2012. INTERVIEWERS CONTACTED RESPONDENTS VIA LAND-LINE TELEPHONE NUMBERS GENERATED FROM A RANDOM CALL LIST. EACH INTERVIEW LASTED APPROXIMATELY 12 - 15 MINUTES DEPENDING ON THE CRITERIA MET AND WAS COMPLETELY CONFIDENTIAL. ONLY RESPONDENTS WHO WERE AT LEAST 18 YEARS OF AGE AND LIVED IN A PRIVATE RESIDENCE WERE INCLUDED. THE SURVEY WAS ADAPTED FROM THE CENTER FOR DISEASE CONTROL AND PREVENTION'S BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS). BRFSS IS THE LARGEST TELEPHONE HEALTH SURVEY IN THE WORLD. IT IS USED NATIONALLY TO IDENTIFY NEW HEALTH PROBLEMS, MONITOR CURRENT PROBLEMS AND GOALS, AND ESTABLISH AND EVALUATE HEALTH PROGRAMS AND POLICIES. THE SURVEY TOOL CONSISTED OF APPROXIMATELY 100 FACTORS SELECTED FROM THE 2010 AND 2011 BRFSS TOOLS. THE FACTORS WERE CHOSEN BY WILLIAM W. BACKUS HOSPITAL, IN CONSULTATION WITH HOLLERAN AND ADDRESSED 27 HEALTH-RELATED TOPICS RANGING FROM GENERAL HEALTH STATUS TO CHILD HUMAN PAPILLOMA VIRUS. IN ADDITION, BRFSS RESULTS FOR CONNECTICUT AND THE UNITED STATES ARE INCLUDED WHEN AVAILABLE TO INDICATE HOW THE HEALTH STATUS OF WILLIAM W. BACKUS HOSPITAL'S SERVICE

Part V Facility Information (continued)

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

AREA COMPARES ON A STATE AND NATIONAL LEVEL.

THE SUMMARY REPORT IS AVAILABLE AT:

HTTP://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/CHNA-FINAL-REPORT.PDF

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 5D: THE CHNA REPORT WAS MADE WIDELY AVAILABLE TO THE PUBLIC. INFORMATION ABOUT THE CHNA AND ITS MAJOR FINDINGS AND IMPLEMENTATION STRATEGY APPEARED IN HEALTHY CONNECTIONS AND THE HOSPITELL. BACKUS HOSPITAL PUBLISHES HEALTHY CONNECTIONS EACH MONTH AS A COMMUNITY SERVICE TO THE RESIDENTS OF EASTERN CONNECTICUT. INFORMATION IN HEALTHY CONNECTIONS COMES FROM A WIDE RANGE OF MEDICAL RESOURCES. THE HOSPITELL IS A WEEKLY NEWSLETTER FOR BACKUS EMPLOYEES, VOLUNTEERS, PATIENTS, AND COMMUNITY MEMBERS. IT KEEPS READERS UPDATED ON HOSPITAL NEWS AND CAN BE FOUND IN PRINTED FORM IN THE HOSPITAL AND ITS OFFSITE LOCATIONS AND IT CAN ALSO BE FOUND ONLINE AT THE HOSPITAL'S WEBSITE. THE ENTIRE NEEDS ASSESSMENT IS MADE AVAILABLE TO THE PUBLIC VIA THE HOSPITALS WEBSITE AND CAN BE FOUND AT WWW.BACKUSHOSPITAL.ORG/HEALTHSURVEY. YOU CAN ALSO ACCESS THE CHNA REPORT ON THE CONNECTICUT OFFICE OF HEALTHCARE ACCESS WEBSITE AT WWW.CT.GOV/DPH/CWP/VIEW.ASP?A=3902&Q=277344 .

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 7: BY FOCUSING EFFORTS THE CROSS-CUTTING ISSUES

OF ACCESS TO CARE, PREVENTATIVE HEALTH (INCLUDING CHRONIC AND INFECTIOUS

DISEASE, RESPIRATORY HEALTH, AND OBESITY), AND MENTAL HEALTH (INCLUDING

Part V	Facility Information (continued

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A, " "Facility B," etc.
SUBSTANCE ABUSE), THE BACKUS HEALTH SYSTEM WILL TAKE A COMPREHENSIVE
APPROACH TO ADDRESSING EIGHT OF THE NINE MOST URGENT NEEDS IN THE
COMMUNITIES IT SERVES.
AS WITH ALL BACKUS HEALTH SYSTEM PROGRAMS, IT WILL CONTINUE TO MONITOR
COMMUNITY NEEDS AND ADJUST PROGRAMMING AND SERVICES ACCORDINGLY.
BACKUS RECOGNIZES THAT THERE ARE NUMEROUS PARTNERS IN THE COMMUNITY THAT
CAN HELP TO IMPROVE THE IDENTIFIED HEALTH NEEDS. IN SOME CASES, PARTNERS
ARE BETTER SUITED TO LEAD THE INITIATIVE TO IMPACT CERTAIN HEALTH NEEDS.
SUCH IS THE CASE WITH THE BUILT ENVIRONMENT. BACKUS HEALTH SYSTEM WILL
SUPPORT ONGOING AND NEW EFFORTS TO IMPROVE THE COMMUNITY'S PHYSICAL
ENVIRONMENT AND INFRASTRUCTURE TO IMPROVE SAFETY, THE TRANSPORTATION
SYSTEM, AND CREATE MORE OPPORTUNITIES FOR PHYSICAL ACTIVITY, BUT SEES ITS
PRIMARY ROLE AS ALLOCATING RESOURCES TO ADDRESS DIRECT HEALTH NEEDS FOR
THE COMMUNITY.

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)

Nar	ne and address	Type of Facility (describe)
1	BACKUS OUTPATIENT CARE CENTER	
	111 SALEM TURNPIKE	1
	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	1
	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		
	82 NORWICH-WESTERLY ROAD	
	NORTH STONINGTON, CT 06359	PRIMARY CARE
9		
	55 TOWN STREET	
	NORWICH, CT 06360	LAB
10	PLAINFIELD EMERGENCY CENTER	
	582 NORWICH ROAD	LAB/RADIOLOGY/EMERGENCY
	PLAINFIELD, CT 06374	SERVICES

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

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

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

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.
- **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.).
- **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7, 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 \$ 8,078,005.

PART III, LINE 4:

EXPLANATION: SEE PAGES 10&19 OF THE AUDITED FINANCIAL STATEMENTS. LINE

3-COST METHODOLOGY EQUALS RCC FROM 2014 OHCA FILING. PORTION OF BAD DEBT

CONSIDERED COMMUNITY BENEFIT IS BASED ON THE COST OF THE ACCOUNTS RETURNED

FROM THE COLLECTION AGENCY AS UNCOLLECTIBLE.

PART III, LINE 8:

EXPLANATION: THE MEDICARE SHORTFALL WAS NOT INCLUDED IN THE COMMUNITY

BENEFIT COST. THE COSTING METHODOLOGY CONSISTED OF INFORMATION FROM THE

HOSPITAL'S COST ACCOUNTING SYSTEM AS WELL AS COSTS FROM THE MEDICARE COST

REPORT

332099 10-03-13 Schedule H (Form 990) 2013

PART III, LINE 9B:

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

PART VI, LINE 2:

EXPLANATION: IN 2012, THE WILLIAM W. BACKUS HOSPITAL COMMISSIONED A

COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY HOLLERAN, A

PROFESSIONAL RESEARCH FIRM. THE ASSESSMENT CONSISTED OF 461 TELEPHONE

INTERVIEWS WHICH WERE CONDUCTED THROUGHOUT THE HOSPITAL'S SERVICE REGION

(BOTH NEW LONDON AND WINDHAM COUNTIES). THE ASSESSMENT ALSO INCLUDED A

DETAILED ANALYSIS OF SECONDARY DATA SOURCES, AS WELL AS KEY INFORMANT

INTERVIEWS AND THREE FOCUS GROUPS.

THE NEEDS ASSESSMENT WAS PRESENTED AND DISTRIBUTED, AND CAN BE ACCESSED AT WWW.BACKUSHOSPITAL.ORG/HEATLHSURVEY.

THE SUMMARY REPORT IS AVAILABLE AT:

HTTP://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/CHNA-FINAL-REPORT.PDF

PART VI, LINE 3:

EXPLANATION: NOTIFICATION ABOUT CHARITABLE CARE AND ASSISTANCE PROGRAMS IS

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

IN ADDITION TO THE COMPLETE FINANCIAL ASSISTANCE POLICY AND APPLICATION

FOR FINANCIAL ASSISTANCE, HERE IS THE INFORMATION INCLUDED ON THE HOSPITAL

WEBSITE:

FINANCIAL ASSISTANCE

BACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE PROGRAMS FOR CERTAIN

QUALIFIED PATIENTS WHO ARE UNABLE TO PAY ALL OR PART OF THEIR BILL FOR

INPATIENT, OUTPATIENT AND EMERGENCY SERVICES RENDERED AT THE HOSPITAL.

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

INCOME VERIFICATION

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

APPROPRIATE VERIFICATION SOURCES INCLUDE:

"MOST RECENT FEDERAL TAX RETURN AND W-2

"MOST RECENT 3 PAYROLL CHECKS

"COPIES OF UNEMPLOYMENT CHECKS

"COPIES OF ANY PENSION, ALIMONY, CHILD SUPPORT OR OTHER SOURCES OF INCOME

"COPIES OF SOCIAL SECURITY EARNINGS, IF ANY

"ANY OTHER PERTINENT INFORMATION

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

FINANCIAL ASSISTANCE OPTIONS

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

THE WILLIAM W. BACKUS HOSPITAL CONSIDERS FINANCIAL ASSISTANCE AWARDS ON A

CASE-BY-CASE BASIS. PLEASE CONTACT US IF YOU HAVE QUESTIONS REGARDING

ELIGIBILITY.

FINANCIALLY INDIGENT

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

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

MEDICALLY INDIGENT

BACKUS HOSPITAL CONSIDERS AN INDIVIDUAL TO BE MEDICALLY INDIGENT IF THEIR

TOTAL ANNUAL GROSS INCOME IS ABOVE 400% FPG AND THEIR OUTSTANDING MEDICAL

OBLIGATIONS ARE GREATER THAN 50% OF THEIR TOTAL ANNUAL GROSS INCOME.

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

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

BACKUS HOSPITAL TREATS EACH APPLICATION INDIVIDUALLY. IF YOU HAVE ANY

QUESTIONS ABOUT YOUR SPECIFIC SITUATION, PLEASE CONTACT OUR CUSTOMER

SERVICE REPRESENTATIVES AT 860-889-8331, EXT. 2917, MONDAY THROUGH FRIDAY

FROM 7:30 AM TO 4 PM.

FINANCIAL ASSISTANCE LETTER

THE WILLIAM W. BACKUS HOSPITAL PROVIDES FINANCIAL ASSISTANCE FOR CERTAIN

QUALIFIED PATIENTS WHO ARE UNABLE TO PAY ALL OR PART OF THEIR BILL FOR

INPATIENT, OUTPATIENT AND EMERGENCY SERVICES RENDERED AT THE HOSPITAL.

IF YOU ARE COPING WITH A FINANCIAL HARDSHIP AND ARE FACING DEBTS OWED TO

THE WILLIAM W. BACKUS HOSPITAL, FINANCIAL ASSISTANCE SUCH AS FREE CARE OR

A SLIDING SCALE DISCOUNT MAY BE AVAILABLE TO YOU. THE FINANCIAL

COUNSELING PROCESS WILL INDICATE WHAT OPTIONS EXIST TO ASSIST YOU WITH

YOUR OUTSTANDING BALANCE.

FINANCIAL ASSISTANCE APPLIES TO BACKUS HOSPITAL BILLS ONLY. IT DOES NOT

APPLY TO RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS OR OTHER

PROFESSIONAL SERVICES INVOLVED IN YOUR CARE THAT ARE BILLED SEPARATELY.

FREQUENTLY ASKED QUESTIONS

1. DOES THE HOSPITAL HAVE A FINANCIAL ASSISTANCE POLICY?

THE WILLIAM W. BACKUS HOSPITAL DOES HAVE A WRITTEN FINANCIAL ASSISTANCE

POLICY THAT DEFINES THE DISCOUNT STRUCTURE AND PROGRAMS AVAILABLE TO

QUALIFYING PATIENTS.

THE WILLIAM W. BACKUS HOSPITAL BASES ALL FINANCIAL ASSISTANCE ON THE MOST

CURRENT FEDERAL POVERTY GUIDELINES (FPG), WHICH ARE BASED ON THE GROSS

INCOME AND HOUSEHOLD SIZE.

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

CURRENTLY, THE FEDERAL GOVERNMENT DEFINES 100% OF POVERTY AS AN INDIVIDUAL EARNING A GROSS INCOME OF \$11,670 PER YEAR. THE WILLIAM W. BACKUS HOSPITAL FINANCIAL ASSISTANCE POLICY GRANTS 100% CHARITY CARE TO A FAMILY OF ONE EARNING UP TO \$29,175 PER YEAR, OR 250% FPG. INCOME THRESHOLDS INCREASE RELATIVE TO HOUSEHOLD SIZE. A DISCOUNT IS AVAILABLE FOR APPLICANTS EARNING UP TO 400% FPG.

2. WHAT SERVICES DOES THE FINANCIAL ASSISTANCE POLICY COVER?

THE WILLIAM W. BACKUS HOSPITAL'S FINANCIAL ASSISTANCE POLICY COVERS

SERVICES RENDERED AT THE WILLIAM W. BACKUS HOSPITAL, INCLUDING INPATIENT,

EMERGENCY, AND OUTPATIENT PROCEDURES.

FINANCIAL ASSISTANCE MAY NOT BE GRANTED FOR SOME PROCEDURES, SUCH AS

ELECTIVE PROCEDURES OR SOME SPECIAL SITUATIONS, SUCH AS THAT OF AN

INDIVIDUAL WHO IS ELIGIBLE FOR INSURANCE BUT HAS REFUSED TO APPLY OR FUNDS

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

FUNDED PROGRAMS).

FINANCIAL ASSISTANCE APPLIES TO BACKUS HOSPITAL BILLS ONLY. IT DOES NOT

APPLY TO RADIOLOGISTS, PATHOLOGISTS, ANESTHESIOLOGISTS OR OTHER

PROFESSIONAL SERVICES INVOLVED IN YOUR CARE THAT ARE BILLED SEPARATELY.

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

THE WILLIAM W. BACKUS HOSPITAL EMPLOYS FINANCIAL COUNSELORS TO HELP

PATIENTS APPLY FOR FINANCIAL ASSISTANCE, MEDICAID, AND OTHER STATE HEALTH

PROGRAMS.

THE HOSPITAL ALSO HAS RESOURCES TO HELP WITH APPLICATIONS FOR STATE

NUTRITIONAL ASSISTANCE PROGRAMS (SNAP) AND PHARMACY ASSISTANCE PROGRAMS.

FINANCIAL COUNSELORS CAN HELP TO DETERMINE APPROPRIATE REFERRALS TO THESE RESOURCES.

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

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

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

THEREFORE, A NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE IS

INCLUDED WITH THE PAPER BILL SENT TO THE PATIENT'S HOME, IS POSTED IN ALL

MAIN REGISTRATION AREAS, IS AVAILABLE ON THE HOSPITAL'S WEBSITE, AND UPON

REQUEST OF HOSPITAL STAFF OR REPRESENTATIVES.

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

 THE WILLIAM W. BACKUS HOSPITAL WILL NEVER DELAY OR DENY EMERGENCY CARE OR

 NECESSARY SERVICES DUE TO AN INABILITY TO PAY.
- 6. DOES THE HOSPITAL HAVE A PROGRAM FOR PATIENTS WHO DON'T QUALIFY FOR
 TRADITIONAL FINANCIAL ASSISTANCE BUT INCUR CATASTROPHIC MEDICAL DEBTS?
 THE HOSPITAL HAS A WRITTEN POLICY THAT COVERS CATASTROPHIC FINANCIAL
 ASSISTANCE FOR THE MEDICALLY INDIGENT. THE POLICY IS INCLUDED IN THE
 FINANCIAL ASSISTANCE POLICY, IS AVAILABLE ON THE WEBSITE, AND UPON
 REQUEST.

PART VI, LINE 4:

EXPLANATION: THE WILLIAM W. BACKUS HOSPITAL IS LOCATED IN NORWICH, 45

MINUTES SOUTHEAST OF HARTFORD, IN THE PAST DECADE, THE REGION HAS

UNDERGONE MAJOR ECONOMIC CHANGES, DUE TO THE OPERATION OF TWO

NATIVE-AMERICAN OWNED ENTERTAINMENT VENUES BRINGING THOUSANDS OF VISITORS

INTO THE REGION EACH DAY. THE CASINOS ARE THE LARGEST EMPLOYERS, AND ARE

EXPERIENCING FINANCIAL DIFFICULTIES AS THE ECONOMY DECLINES.

THE HOSPITAL'S SERVICE AREA HAS AN ESTIMATED POPULATION OF ABOUT 243,000.

THE SERVICE AREA CONSISTS OF LARGER COMMUNITIES, SUCH AS NEW LONDON AND GROTON, AND SMALLER LOWER-DENSITY RURAL COMMUNITIES. THE SERVICE AREAS CONTAIN MUNICIPALITIES IN THE NEW LONDON AND WINDHAM COUNTIES.

PART VI, LINE 5:

EXPLANATION: A)THE HOSPITAL IS GOVERNED BY A VOLUNTEER COMMUNITY BOARD OF DIRECTORS/TRUSTEES. THESE INDIVIDUALS REPRESENT AN ARRAY OF PROFESSIONS AND BACKGROUNDS.

B)THE HOSPITAL HAS 125 CORPORATORS - VOLUNTEER MEMBERS CHOSEN FROM ALL
THE COMMUNITIES IN OUR PRIMARY AND SECONDARY SERVICE AREAS. IN ADDITION
TO THEIR OFFICIAL CAPACITY AS NOMINATORS OF BOARD MEMBERS, THE CORPORATORS
SERVE AS THE HOSPITAL'S EYES AND EARS THROUGHOUT ITS SERVICE AREA.

C)THE HOSPITAL OWNS AND OPERATES A MOBILE HEALTH RESOURCE CENTER- A

40-FOOT VAN AND A SMALLER "CAREVAN" THAT TRAVELS TO VARIOUS LOCATIONS IN

EASTERN CONNECTICUT OFFERING HEALTH EDUCATION, COUNSELING, AND SCREENINGS.

THE VANS MAKE REGULARLY SCHEDULED STOPS AT SENIOR CITIZEN CENTERS, SOUP

KITCHENS, ELDERLY HOUSING COMPLEXES, AND HOMELESS SHELTERS. NOT-FOR

PROFIT GROUPS ARE ENCOURAGED TO REQUEST THE VANS AND THEIR SERVICES AT

THEIR FUNCTIONS OR OFFICES.

D)THE HOSPITAL PROVIDES INDIVIDUALS WHO DO NOT IDENTIFY AS HAVING A

PRIMARY MEDICAL HOME WITH A FOLLOW UP VISIT POST DISCHARGE TO LINK THESE

INDIVIDUALS WITH A PRIMARY CARE PHYSICIAN IN THE COMMUNITY. THIS IS

FACILITATED THROUGH THE "MY HEALTH DIRECT" PROGRAM, A WEB-BASED TOOL THAT

ALLOWS HOSPITAL STAFF TO ACCESS BLOCKED APPOINTMENTS FOR PHYSICIANS IN THE

COMMUNITY. FROM 10/1/13 TO 9/30/14 THE HOSPITAL LINKED 1,171 INDIVIDUALS

WITH PRIMARY AND PREVENTIVE CARE.

EDUCATION, BACKPACK SAFETY, HIV EDUCATION/TESTING, BLOOD PRESSURE TESTS,

SKIN CANCER SCREENINGS, NUTRITION EDUCATION, AND MANY OTHER SERVICES.

F)THE HOSPITAL PROVIDES A COMPREHENSIVE MEDICAL LIBRARY, WHICH IS OPEN TO

ALL STAFF. THE LIBRARY HAS SUBSCRIPTIONS TO HUNDREDS OF MAJOR SCIENTIFIC

AND CLINICAL JOURNALS, AS WELL AS AN ON-STAFF LIBRARIAN TO HELP WITH

SPECIFIC REQUESTS.

E)THE HOSPITAL PROVIDES FREE COMMUNITY PROSTATE SCREENINGS, DIABETES

G)THE HOSPITAL PROVIDES FREE MEDICATION CARDS TO HELP PATIENTS KEEP TRACK

OF THEIR CURRENT MEDICATIONS, AND ITS PHARMACISTS OFFER FREE REGULAR

EDUCATION REVIEWS TO CHECK FOR POSSIBLE INTERACTIONS AND EXPIRED

MEDICATION.

H)THE HOSPITAL OFFERS FREE WIRELESS INTERNET (WI-FI) USE THROUGHOUT THE CAMPUS, AND PROVIDES FREE COMPUTER USE TO VISITORS.

I)THE HOSPITAL PUBLISHES A BI-MONTHLY HEALTH MAGAZINE. THE PUBLICATION

CONTAINS INFORMATION ABOUT HEALTH ISSUES AND TRENDS, A CALENDAR OF FREE

HEALTHCARE EDUCATION AND SCREENINGS, AND CONTACT INFORMATION FOR

HEALTHCARE PROVIDERS. 98,000 COPIES ARE DISTRIBUTED BI-MONTHLY.

PART VI, LINE 6:

EXPLANATION: HARTFORD HEALTHCARE CORPORATION (HHC) IS ORGANIZED AS A

SUPPORT ORGANIZATION TO GOVERN, MANAGE AND PROVIDE SUPPORT SERVICES TO ITS

AFFILIATES. HHC, THROUGH ITS AFFILIATES INCLUDING HARTFORD HOSPITAL,

STRIVES TO IMPROVE HEALTH USING THE "TRIPLE AIM" MODEL: IMPROVING QUALITY

AND EXPERIENCE OF CARE; IMPROVING HEALTH OF THE POPULATION (POPULATION

HEALTH) AND REDUCING COSTS. THE STRATEGIC PLANNING AND COMMUNITY BENEFIT

COMMITTEE OF THE HHC BOARD OF DIRECTORS ENSURES THE OVERSIGHT FOR THESE

SERVICES BY EACH HOSPITAL COMMUNITY. IN ADDITION, HHC CONTINUES TO TAKE

IMPORTANT STEPS TOWARD ACHIEVING ITS VISION OF BEING "NATIONALLY RESPECTED

FOR EXCELLENCE IN PATIENT CARE AND MOST TRUSTED FOR PERSONALIZED,

COORDINATED CARE".

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

THE AFFILIATION FURTHER ENHANCES THE HOSPITALS' ABILITIES TO SUPPORT

THEIR MISSIONS, IDENTITY, AND RESPECTIVE COMMUNITY ROLES. THIS IS

ACHIEVED THROUGH INTEGRATED PLANNING AND COMMUNICATION TO MEET THE

CHANGING NEEDS OF THE REGION. THIS INCLUDES RESPONSIBLE DECISION MAKING

AND APPROPRIATE SHARING OF SERVICES, RESOURCES AND TECHNOLOGIES, AS WELL

AS CONTAINMENT STRATEGIES. ADDITIONALLY, THE HOSPITAL IS AFFILIATED WITH

SEVERAL OTHER NON HOSPITAL CHARITABLE ORGANIZATIONS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2013)

06-0250773 THE WILLIAM W BACKUS HOSPITAL 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. if applicable cash grant non-cash assistance or assistance or aovernment non-cash FMV, appraisal, assistance other) CHAMBER OF COMMERCE OF SE CT 914 HARTFORD TPKE WATERFORD, CT 06385 06-0475490 501C6 11,000 0 SPONSORSHIP DR MARTIN LUTHER KING SCHOLARSHIP TRUST FUND - PO BOX 1308 - NEW 06-6107846 0 LONDON, CT 06320 501C3 10,000 SPONSORSHIP CENTER FOR HOSPICE CARE 227 DURHAM STREET 22-2667260 501C3 8.500 0 NORWICH, CT 06360 SPONSORSHIP UNITED WAY OF SE CT PO BOX 375 GALES FERRY, CT 06335 06-0771393 501C3 8,000 0 SPONSORSHIP BROADWAY KIDS 12 PENNSYLVANIA AVE NIANTIC, CT 06357 15,000. 0 SPONSORSHIP LEE MEMORIAL CHURCH 294 WASHINGTON STREET NORWICH CT 06360 22-2512537 10,000. 0. SPONSORSHIP Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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
THREE RIVERS COLLEGE FOUNDATION 574 NEW LONDON TRNPKE NORWICH, CT 06360	23-7303151	501C3	72,000.	0.			NURSING SCHOOL/SPONSORSHIP

(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	4	10,000.	0.		
		·			
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:					
EXPLANATION: DONATIONS MADE FOR LO	OCAL EVEN	TS, SUCH A	S SPONSORS	HIPS ARE	
TYPICALLY ATTENDED BY HOSPITAL EMI	PLOYEES.	FOUR SCHOL	ARSHIPS IN	THE AMOUNT	
OF \$2500 EACH ARE AWARDED TO STUDI	ENTS WHO	WILL ATTEN	ID SCHOOL E	ITHER FOR	
NURSING OR IN THE MEDICAL FIELD.	THE APPL	ICANTS ARE	REVIEWED	BY THE	
SCHOLARSHIP COMMITTEE OF THE AUXII	LIARY AND	WINNERS A	RE BASED O	N 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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

THE WILLIAM W BACKUS HOSPITAL

Employer identification number 06-0250773

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes 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	1b		
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?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
b	Any related organization?	5b		^
^	If "Yes" to line 5a or 5b, describe in Part III.			
6				
_	contingent on the net earnings of:	60		Х
	The organization?	6a		X
a	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.			
'	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	7	Х	
8	not described in lines 5 and 6? If "Yes," describe in Part III	-	-23	
O	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	۳		-2
9	ii i es ito iine o, did the organization also follow the reputtable presumption procedure described in			
9	ii res to line o, did the organization also follow the rebuttable presumption procedure described in			

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

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
(1) DAVID WHITEHEAD	(i)	708,316.	0.	22,855.	21,420.	24,498.	777,089.	0.	
TRUSTEE/PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ELLIOT JOSEPH	(i)	0.	0.	0.	0.	0.	0.	0.	
TRUSTEE	(ii)	1,133,866.	365,065.	348,604.	307,338.	40,448.		0.	
(3) DANIEL LOHR	(i)	454,802.	0.	26,923.	21,420.	17,265.	520,410.	0.	
SENIOR VP/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) CAROLYN TRANTALIS	(i)	0.	0.	0.	0.	0.	0.	0.	
VP OPERATIONS EAST REGION	(ii)	194,197.	0.	816.	11,709.	9,877.	216,599.	0.	
(5) MARY BYLONE	(i)	244,552.	0.	2,046.	12,321.	8,579.	267,498.	0.	
VP PATIENT CARE EAST REGION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) THERESA BUSS	(i)	232,220.	0.	2,199.	11,754.	8,626.	254,799.	0.	
VP HUMAN RESOURCES E. REGION	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) PETER SHEA	(i)	450,316.	0.	2,592.	13,770.	24,498.	491,176.	0.	
SENIOR VP/MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) SERGIO CASILLAS	(i)	499,498.	52,771.	399.	13,770.	22,484.	588,922.	0.	
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ROBERT SIDMAN	(i)	330,562.	105,418.	270.	13,770.	23,828.	473,848.	0.	
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) MARK TOUSIGNANT	(i)	440,100.	0.	268.	13,770.	23,828.	477,966.	0.	
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) WILLIAM HORGAN	(i)	273,322.	85,066.	180.	13,770.	23,828.	396,166.	0.	
PHYSICIAN	(ii)	0.	0.	0.	0.	0.		0.	
(12) RICHARD GOULDING	(i)	279,085.	81,775.	180.	13,770.	23,828.	398,638.	0.	
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III | Supplemental Information

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

PART I, LINE 4B:

EXPLANATION: DAVID WHITEHEAD, DANIEL LOHR AND PETER SHEA PARTICIPATE IN A

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THERE WERE NO ACCRUALS OR

CONTRIBUTIONS THAT WERE MADE TO THE PLAN DURING THE REPORTING PERIOD. THEY

DID RECEIVE DISBURSEMENTS OF \$3800, \$500 AND \$0, RESPECTIVELY.

PART I, LINE 7:

EXPLANATION: 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, TO

DETERMINE BEST PRACTICES IN GOVERNING EXECUTIVE COMPENSATION.

THE FOLLOWING STEPS WERE TAKEN:

- INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF

DIRECTORS OF HARTFORD HEALTHCARE, ON BEHALF OF BACKUS HOSPITAL, ESTABLISHED

AND REGULARLY REVIEWS EXECUTIVE COMPENSATION PHILOSOPHY

- COMMITTEE REGULARLY REVIEWS SCOPE AND DEPTH OF POSITIONS TAKING INTO

ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY OF ALL

"DISQUALIFIED PERSONS"

Part III	Supplemental	Information
raitiii	Supplemental	IIIIOIIIIauoii

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.

- 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 PERFORMED BY
- INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM, REVIEWED BY THE

COMMITTEE

- RECOMMENDATIONS MADE BASED ON DATA ANALYSIS TO ENSURE APPROPRIATE
- COMPETITIVE POSITIONING WITHIN PARAMETERS OF COMPENSATION PHILOSOPHY
- CEO COMPENSATION REVIEWED BY COMMITTEE BASED ON COMPARATIVE MARKET
- INFORMATION AND ORGANIZATIONAL PERFORMANCE
- ALL CHANGES REVIEWED AND APPROVED BY EXECUTIVE COMPENSATION COMMITTEE

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

ALL OTHER EXECUTIVE COMPENSATION IS REGULARLY REVIEWED FOR SCOPE AND DEPTH

OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND

ACCOUNTABILITY

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, (Form 990 or 990-EZ)

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

	LLIAM W					06	-02	507	73		
Part I Excess Benefit Tran	sactions (se	ction 501(c)(3) and :	section 501(c)(4) orga	anizations only).						
Complete if the organization	n answered "Y	es" on Fo	rm 990, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, F	Part V,	line 40)b.			
1	(b) Relations			lified	NDinti				(d)	Corre	cted?
(a) Name of disqualified person	persor	n and orga	nization	(0	c) Description of tran	nsactio	on		Y	es	No
2 Enter the amount of tax incurred b	the organizat	ion manag	ers or disc	qualified persons dur	ring the year under						
section 4958							▶ \$				
3 Enter the amount of tax, if any, on	ine 2, above, r	eimbursed	by the or	ganization			▶ \$				
Part II Loans to and/or Fro	m Intereste	d Perso	ns.								
Complete if the organization	n answered "Y	es" on Fo	rm 990-EZ	', Part V, line 38a or F	Form 990, Part IV, li	ne 26;	or if th	ne orga	anizati	on	
reported an amount on Fo	m 990, Part X,										
(a) Name of (b) Relati		iposc I.	Loan to or from the	(e) Original	(f) Balance due (g) In			(h) Ap by bo	Approved (i) Written agreement?		ritten
interested person with organ	ization of lo	oan or	ganization?	principal amount		deta	default?				ment?
		7	Γο From			Yes	No	Yes	No	Yes	No
Total	- Donofilin		atad Da	> \$							
Part III Grants or Assistance		-									
Complete if the organization	n answered "Y	es" on For	rm 990, Pa								
(a) Name of interested person		ionship be		(c) Amount of assistance	(d) Type assistar) Purp assista		f
		ted person organizatio		assistance	assistai	100		•	233131	arice	
	-	J	•								

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

Schedule L (Form 990 or 990-EZ) 2013

Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person organization's person and the organization transaction transaction revenues? No Yes WW12,031,362. DAVID WHITEHEAD DANIEL LOOFFICERS REIMBURSE OF BOTH X 137,208. DAVID WHITEHEAD AND DANIELOFFICERS MANAGEMENT X OF BOTH WW DAVID WHITEHEAD AND DANIELOFFICERS BOTH 7,623,267. REIMBURSEM X Part V **Supplemental Information** Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: DAVID WHITEHEAD, DANIEL LOHR AND PETER SHEA (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OFFICERS OF BOTH WWBH AND CONNCARE INC (D) DESCRIPTION OF TRANSACTION: REIMBURSEMENTS PAID BY CONNCARE TO WWBH, \$773,607 LEASED PROPERTY (A) NAME OF PERSON: DAVID WHITEHEAD AND DANIEL LOHR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OFFICERS OF BOTH WWBH AND OMNI HOME HEALTH DESCRIPTION OF TRANSACTION: MANAGEMENT FEES PAID BY OMNI TO WWBH (A) NAME OF PERSON: DAVID WHITEHEAD AND DANIEL LOHR (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: OFFICERS OF BOTH WWBH AND WWB INC (D) DESCRIPTION OF TRANSACTION: REIMBURSEMENTS PAID BY WWB TO WWBH

SCHEDULE 0 (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 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:

SENSITIVE TO THE NEEDS OF INDIVIDUALS IN EASTERN CONNECTICUT.

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

THE HEALTH OF ITS COMMUNITIES.

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

EXPLANATION: DAVID WHITEHEAD AND DANIEL LOHR HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER. THEY SERVE AS AN OFFICER OR DIRECTOR FOR CONNCARE INC, WWB CORPORATION, AND BACKUS HOME HEALTH WHICH ARE RELATED FOR PROFIT COMPANIES.

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

EXPLANATION: BACKUS 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:

EXPLANATION: BACKUS CORPORATION, BEING THE SOLE MEMBER OF THE WILLIAM W BACKUS HOSPITAL, HAS THE RIGHT TO ELECT ALL THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7B:

EXPLANATION: IN ADDITION TO ANY OTHER RIGHTS AND POWERS WHICH THE MEMBER MAY HAVE UNDER LAW, THE MEMBER SHALL HAVE THE RIGHT AND POWER TO (A)APPROVE THE STRATEGIC PLAN AND THE CONSOLIDATION OR CLOSURE OF SIGNIFICANT LINES OF BUSINESS, PROGRAMS OR SERVICES (B) TO EFFECTUATE THE TRANSFER OF FUNDS TO ANOTHER AFFILIATED CORPORATION (C)TO EFFECTUATE THE HOSPITALS PAYMENT TO OR RECEIPT OF PAYMENT FROM THE CORPORATION (D)TO APPROVE THE ACQUISITION OR

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

Schedule O (Form 990 or 990-EZ) (2013)

Employer identification number 06-0250773

LEASE OF ANY EQUIPMENT AND ANY PROJECT OR CONSTRUCTION CONTRACT THAT

ENTAILS AN EXPENDITURE BY THE HOSPITAL IN EXCESS OF, OR WITH A VALUE OVER,
\$400,000 IN ANY FISCAL YEAR AND THAT IS NOT ALREADY INCORPORATED IN AN

APPROVED BUDGET (E) TO APPROVE ANY PROJECTS THAT WOULD REQUIRE A

CERTIFICATE OF NEED (CON) OR FOR WHICH A CON DETERMINATION WILL BE

SUBMITTED TO THE OFFICE OF HEALTH CARE ACCESS (F)TO APPROVE THE

REORGANIZATION, MERGER, CONSOLIDATION OR DISSOLUTION OF THE HOSPITAL OR THE

AFFILIATION OF THE HOSPITAL WITH ANOTHER HOSPITAL OR HEALTH DELIVERY

SYSTEM, OR THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE OF

THE HOSPITAL (G)TO APPROVE THE HOSPITALS ANNUAL OPERATING BUDGET (H)TO

APPROVE PLANS FOR THE BORROWING OF ANY SUM IN EXCESS OF \$400,000 WHICH HAS

A STATED TERM GREATER THAN ONE YEAR OR WHICH IS SECURED BY A MORTGAGE OF

ALL OR ANY PORTION OF THE HOSPITALS REAL PROPERTY OR BY A SECURITY INTEREST

IN THE HOSPITALS ASSETS OR REVENUES (I)TO APPROVE AMENDMENTS TO THE

CERTIFICATE OF INCORPORATION OR BYLAWS

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

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

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

EXPLANATION: THE HOSPITAL'S BOARD HAS ADOPTED THE POLICY OF THE MEMBER,
HARTFORD HEALTHCARE CORPORATION (HHC). HHC'S CONFLICT OF INTEREST POLICY

(POLICY) REQUIRES ALL COVERED INDIVIDUALS, INCLUDING BOARD MEMBERS AND

OFFICERS, TO PROVIDE A DISCLOSURE OF RELATIONSHIPS THAT CREATE OR HAVE THE
APPEARANCE OF CREATING A CONFLICT OF INTEREST OR COMMITMENT. THE POLICY

Schedule O (Form 990 or 990-EZ) (2013)

REQUIRES UPDATES IF CHANGES IN CIRCUMSTANCES ARISE DURING THE YEAR THAT

EITHER (A) CREATE A NEW POTENTIAL CONFLICT OF INTEREST OR COMMITMENT OR (B)
CHANGE OR ELIMINATE A CONFLICT OF INTEREST OR COMMITMENT PREVIOUSLY
DISCLOSED. CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE MAINTAINED BY THE
HHC OFFICE OF COMPLIANCE, AUDIT & PRIVACY (OCAP). ALL EMPLOYEE DISCLOSURES
ARE REVIEWED BY OCAP TO DETERMINE IF THERE IS A POTENTIAL CONFLICT. LEGAL
COUNSEL REVIEWS ALL CASES WHERE THE INDIVIDUAL HAS A SIGNIFICANT FINANCIAL
INTEREST AND THESE CASES ARE FORWARDED TO THE SYSTEM EXECUTIVE COMPLIANCE
STEERING COMMITTEE. THE SYSTEM EXECUTIVE COMPLIANCE STEERING COMMITTEE
ASSESS AND MAY RECOMMEND WHETHER 1) THE CONFLICT BE ELIMINATED, 2) THE
PROPOSED ACTIVITY BE PROHIBITED, OR 3) A CONFLICT OF INTEREST MANAGEMENT
PLAN BE IMPLEMENTED. RESULTS OF THE SURVEY OF BOARD MEMBERS ARE REPORTED TO
THE HHC NOMINATING AND GOVERNANCE COMMITTEE FOR DETERMINATIONS OF CONFLICTS
AND THE MANAGEMENT OF THEM, WHERE APPLICABLE.

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

EXPLANATION: 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, TO

DETERMINE BEST PRACTICES IN GOVERNING EXECUTIVE COMPENSATION.

THE FOLLOWING STEPS WERE TAKEN:

- INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF

 DIRECTORS OF HARTFORD HEALTHCARE, ON BEHALF OF BACKUS HOSPITAL, ESTABLISHED

 AND REGULARLY REVIEWS EXECUTIVE COMPENSATION PHILOSOPHY
- COMMITTEE REGULARLY REVIEWS SCOPE AND DEPTH OF POSITIONS TAKING INTO

 ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY OF ALL

 "DISQUALIFIED PERSONS"
- NATIONAL PEER GROUPS ARE SELECTED FOR COMPARATIVE PURPOSES BASED ON

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
ORGANIZATIONAL SIZE, OPERATING REVENUE, GEOGRAPHY AND OTH	IER RELEVANT
FACTORS	_
- ANALYSIS OF CURRENT TOTAL COMPENSATION VERSUS MARKET PE	RFORMED BY
INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM, REV	ZIEWED BY THE
COMMITTEE	
- RECOMMENDATIONS MADE BASED ON DATA ANALYSIS TO ENSURE A	APPROPRIATE
COMPETITIVE POSITIONING WITHIN PARAMETERS OF COMPENSATION	PHILOSOPHY
- CEO COMPENSATION REVIEWED BY COMMITTEE BASED ON COMPARA	TIVE MARKET
INFORMATION AND ORGANIZATIONAL PERFORMANCE	
- ALL CHANGES REVIEWED AND APPROVED BY EXECUTIVE COMPENSA	TION COMMITTEE
THE CEO COMPENSATION DETERMINATION PROCESS IS REVIEWED ON	AN ANNUAL BASIS.
ALL OTHER EXECUTIVE COMPENSATION IS REGULARLY REVIEWED FO	OR SCOPE AND DEPTH
OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINAN	ICIAL IMPACT AND
ACCOUNTABILITY.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATIONS FINANCIAL STATEMENTS, GOVE	ERNING DOCUMENTS
AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INS	SPECTION UPON
REQUEST AT THE ORGANIZATIONS ADDRESS.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	15,378,807.
MANAGEMENT AND GENERAL EXPENSES	13,418,356.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,797,163.
332212 09-04-13 Sched	dule O (Form 990 or 990-EZ) (2013)

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	28,797,163.
PART IX LINE 11 G	
EXPLANATION: PURCHASED SERVICE 11,614,306	
PURCHASED SERVICE-LABOR 9,515,242	
SYSTEM FEES 4,686,168	
CONSULTING 2,473,558	
COURIER SERVICE 386,019	
GROUNDS 83,371	
WASTE REMOVAL 34,202	
OTHER 4,297	
TOTAL 28,797,163	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
K-1 PASSTHROUGH	-642
TRANSFER TO AFFILIATES	-2,553,495.
INCREASE IN ASSETS HELD IN TRUST	118,022.
CHANGE IN PENSION FUNDING	-26,854,297
TOTAL TO FORM 990, PART XI, LINE 9	-29,290,412
FORM 990 PART XII LINE 2C	
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR	

SCHEDULE R (Form 990)

Department of the Treasury

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.

➤ See separate instructions.

►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 Internal Revenue Service Name of the organization

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

06-0250773 THE WILLIAM W BACKUS HOSPITAL Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or **Exempt Code** Public charity Name, address, and EIN Primary activity Direct controlling controlled of related organization status (if section section entity entity? foreign country) 501(c)(3)) Yes No BACKUS HEALTH CARE INC - 22-2481794 326 WASHINGTON STREET NORWICH CT 06360 501C3 Х SUPPORT CONNECTICUT 11A BACKUS CORP BACKUS CORPORATION - 22-2757608 HARTFORD 326 WASHINGTON STREET HEALTHCARE Х NORWICH, CT 06360 501C3 CORPORATION SUPPORT CONNECTICUT 11B HARTFORD HOSPITAL - 06-0646668 HARTFORD 80 SEYMOUR STREET HEALTHCARE Х HARTFORD, CT 06102 HEALTHCARE SERVICES CONNECTICUT 501C3 CORPORATION

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

WINDHAM COMMUNITY MEMORIAL HOSPITAL -

06-0646966, 112 MANSFIELD AVE, WILLIMANTIC,

Schedule R (Form 990) 2013

HARTFORD

HEALTHCARE

CORPORATION

06226

CT

CONNECTICUT

501C3

HEALTHCARE SERVICES

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling		g) 512(b)(13) trolled
of related organization		foreign country)	section	status (if section	entity	organi	ization?
				501(c)(3))		Yes	No
MIDSTATE MEDICAL CENTER - 06-0646715	_				HARTFORD		
435 LEWIS AVENUE					HEALTHCARE		
MERIDAN, CT 06451	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	CORPORATION	X	↓
WINDHAM HOSPITAL FOUNDATION INC - 56-2546632	2						
112 MANSFIELD AVE					WINDHAM COMMUNITY		
WILLIMANTIC, CT 06226	SUPPORTING ORGANIZATION	CONNECTICUT	501C3	11A	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	<u> </u>
CONNECTICUT HEALTH SYSTEM INC - 22-2779421					HARTFORD		
80 SEYMOUR STREET	COORDINATION OF HEALTH				HEALTHCARE		
HARTFORD, CT 06102	DELIVERY	CONNECTICUT	501C3	11C	CORPORATION	Х	
HARTFORD HEALTHCARE CORPORATION - 22-2672834							
80 SEYMOUR STREET	SUPPORT & MANAGEMENT SVCS						
HARTFORD, CT 06102	TO HHC & AFFILIATES	CONNECTICUT	501C3	11C		Х	
INSTITUTE OF LIVING - 06-0646683							
200 RETREAT AVENUE	SUPPORTING ORGANIZATION TO						
HARTFORD, CT 06106	HARTFORD HOSPITAL	CONNECTICUT	501C3	11C	HARTFORD HOSPITAL	х	
NATCHAUG HOSPITAL INC - 06-0966963					HARTFORD		
189 STORRS ROAD					HEALTHCARE		
MANSFIELD CENTER, CT 06226	BEHAVIORAL HEALTH	CONNECTICUT	501C3	3	CORPORATION	Х	
CARING FOR COLLEAGUES EMPLOYEE CRISIS FUND -	-				HARTFORD		
26-4469178, 100 GRAND STREET, NEW BRITAIN,					HEALTHCARE		
CT 06052	EMPLOYEE FUND	CONNECTICUT	501C3	7	CORPORATION	Х	
VNA HEALTH RESOURCES INC - 06-1161422					HARTFORD		
103 WOODLAND STREET					HEALTHCARE AT		
HARTFORD, CT 06105	HOME HEALTHCARE	CONNECTICUT	501C3	9	HOME	х	
RUSHFORD CENTER INC - 06-0932875					HARTFORD		
883 PADDOCK AVENUE	SUBSTANCE ABUSE HEALTHCARE				HEALTHCARE		
MERIDAN, CT 06450	SERVICES	CONNECTICUT	501C3	7	CORPORATION	Х	
THE HATCH HOSPITAL CORP - 06-6076412							
112 MANSFIELD AVE	7				WINDHAM COMMUNITY		
WILLIMANTIC, CT 06226	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	MEMORIAL HOSPITAL	Х	
WCMH WOMEN'S AUXILIARY INC - 06-0677728							
112 MANSFIELD AVE	7				WINDHAM COMMUNITY		
WILLIMANTIC, CT 06226		CONNECTICUT	501C3	11A	MEMORIAL HOSPITAL	х	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	rolled
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
				501(c)(3))		Yes	No
THE HOSPITAL OF CENTRAL CT & BRADLEY	<u> </u>				HARTFORD		
MEMORIAL - 06-0646768, 110 GRAND STREET, NEW	-				HEALTHCARE	,,	
BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	CORPORATION	X	
CENTRAL CT SENIOR HEALTH DBA SOUTHING CARE	<u> </u>				HARTFORD		
CENTER - 22-2635676, 45 MERIDEN AVENUE,	1				HEALTHCARE		
SOUTHINGTON, CT 06489	SUB-ACUTE & LONG TERM CARE	CONNECTICUT	501C3	9	CORPORATION	X	<u> </u>
BRADLEY HEALTH SERVICES - 06-1367014					HARTFORD		
100 GRAND STREET					HEALTHCARE		
NEW BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	501C3	9	CORPORATION	X	
CENTRAL CT HEALTH ALLIANCE - 22-2785033	SUPPORT & MANAGEMENT SVCS				HARTFORD		
100 GRAND STREET	TO THOCC & AFFILIATES				HEALTHCARE		
NEW BRITAIN, CT 06050	SHELL	CONNECTICUT	501C3	11B	CORPORATION	X	
EVA STEARNS FAULKNER FOUNDATION - 06-6065398							
435 LEWIS AVENUE					MIDSTATE MEDICAL		
MERIDAN, CT 06451	SUPPORT SERVICES	CONNECTICUT	501C3	3	CENTER	X	
THE ORCHARDS OF SOUTHINGTON - 06-1490803					CENTRAL CT SENIOR		
34 HOBART STREET	RESIDENTIAL SERVICES FOR				HEALTH SERVICES		
SOUTHINGTON, CT 06489	SENIOR CITIZENS	CONNECTICUT	501C3	9	INC	Х	
MULBERRY GARDENS OF SOUTHINGTON LLC -					CENTRAL CT SENIOR		
82-0586577, 58 MULBERRY STREET, PLANTSVILLE,	ASSISTED LIVING & ADULT				HEALTH SERVICES		
CT 06479	DAY CARE	CONNECTICUT	501C3	9	INC	Х	
MIDSTATE MEDICAL CENTER AUXILIARY -							
06-6063082, 435 LEWIS AVENUE, MERIDAN, CT	7				MIDSTATE MEDICAL		
06451	FUNDRAISING	CONNECTICUT	501C3	11A	CENTER	X	
HHC PHYSICIANS CARE INC - 45-4456939	PRACTICE MEDICINE &				HARTFORD		
80 SEYMOUR STREET	PROVIDE HEALTH CARE TO THE				HEALTHCARE		
HARTFORD, CT 06102	PUBLIC	CONNECTICUT	501C3	9	CORPORATION	х	
HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC					HARTFORD		
- 46-0886367, 200 RETREAT AVENUE, HARTFORD,	MANAGE & COORDINATE CARE				HEALTHCARE		
CT 06102	FOR MEDICARE BENEFICIARIES	CONNECTICUT	501C3	7	CORPORATION	х	
HARTFORD HEALTHCARE CORP GROUP EMPLOYEE					HARTFORD		
BENEFIT PLAN TRUST - 26-6671355, C/O BOA 777	PROVIDE BENEFITS TO				HEALTHCARE		
MAIN STREET, HARTFORD, CT 06102	- EMPLOYEES	CONNECTICUT	501C9		CORPORATION	x	
HARTFORD HEALTHCARE AT HOME - 06-0646938					HARTFORD		†
1290 SILAS DEAN HWY STE 4B	1				HEALTHCARE		
WETHERSFIELD, CT 06109	- HOME HEALTHCARE	CONNECTICUT	501C3	7	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)	micile (state or Exempt Code		(e) (f) Public charity status (if section 501(c)(3)) (f) (f) Direct controlling entity		g) 512(b)(13) rolled zation?
RUSHFORD FOUNDATION INC - 06-1432692						Yes	INO
883 PADDOCK AVENUE					RUSHFORD CENTER		
MERIDAN, CT 06450	SUPPORTING ORGANIZATION	CONNECTICUT	501C3	11A	INC	Х	
·							
-							
-							
-							
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							l

Schedule R (Form 990) 2013

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)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	(j))	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule		amount in box 20 of Schedule		ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No			
OMNI HOME HEALTH - 06-1458837	}													
12 CASE STREET	HOME HEALTH													
NORWICH, CT 06360	CARE	CT	WWB INC.	RELATED				X	N/A		X	99.00%		
HHC SOUTHINGTON SURGERY												_		
CENTER - 46-5500829, 81														
MERIDEN AVENUE, SOUTHINGTON,	SURGERY													
CT 06489	SERVICES	CT	носс	RELATED				X	N/A		X	26.00%		
NEW BRITAIN MRI LIMITED														
PARTNERSHIP - 06-1271349, 100	MAGNETIC													
GRAND STREET, NEW BRITAIN, CT	RESONANCE		CENCONN											
06050	IMAGING	CT	SERVICES INC	RELATED				X	N/A		X	56.60%		
HARTFORD HEALTHCARE ENDOWMENT]													
LLC - 45-4181103, 80 SEYMOUR	ENDOWMENT													
STREET, HARTFORD, CT 06102	MANAGEMENT	CT		RELATED				X	N/A		X	100%		

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	(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	512(b	tion b)(13) rolled tity?
		country)		or trust)		assets		Yes	No
WWB CORPORATION - 06-1094836									
326 WASHINGTON STREET			BACKUS						
NORWICH, CT 06360	HOLDING COMPANY	CT	CORPORATION	C CORP			100%	Х	
CONNCARE INC - 06-1387598									
326 WASHINGTON STREET			BACKUS HEALTH						
NORWICH, CT 06360	HEALTHCARE SERVICES	CT	CARE INC	C CORP			100%	Х	
BACKUS MEDICAL CENTER CONDO ASSOC INC -			THE WILLIAM W						
06-1542647, 330 WASHINGTON STREET, NORWICH,			BACKUS						
CT 06360	CONDO ASSOCIATION	CT	HOSPITAL	C CORP		12,489.	69.00%	Х	
HHMOB CORPORATION& SUBSIDIARY - 06-1140244			HARTFORD						
80 SEYMOUR STREET	7		HEALTHCARE						
HARTFORD, CT 06102	REAL ESTATE PARKING	CT	CORP	C CORP			100%	Х	
HARTFORD HEALTHCARE INDEMNITY SERVICES LTD			HARTFORD						
FB PERRY BLVD 40 CHURCH ST	7		HEALTHCARE						
HAMILTON, BERMUDA	CAPTIVE INSURANCE	BERMUDA	CORP	C CORP			100%	Х	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related,			Dispro	oortion-	Code V-UBI amount in box	Gener mana	al or F	Percentage
of related organization		(state or foreign	entity	lexcluded from tax under	iderl assets		⊢—	cations?	20 of Schedule	partr	er?	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
AMBULANCE SERVICE OF												
MANCHESTER - 06-1557358, PO												
	AMBULATORY											
	SERVICE	CT		RELATED				X	N/A	\Box	X	50.00%
CT IMAGING PARTNERS LLC -												
13-4298940, 111 FOUNDERS												
PLACE, EAST HARTFORD, CT	IMAGING											
06108	SERVICES	CT		UNRELATED				X	N/A		X	50.00%
GLASTONBURY ENDOSCOPY CENTER												
LLC - 26-1721234, 300 WESTERN												
BLVD STE B, GLASTONBURY, CT	ENDOSCOPY											
06033	SERVICES	CT		RELATED				X	N/A		X	50.00%
GLASTONBURY SURGERY CENTER]											
LLC - 26-2600828, 195 EASTERN	SURGERY											
BLVD, GLASTONBURY, CT 06033	SERVICES	CT		RELATED				X	N/A		X	51.00%
HARTFORD-MIDDLESEX CLINICAL												
SYSTEM LLC - 06-1543605, 80]											
SEYMOUR STREET, HARTFORD, CT	AFFILIATE											
06110	SUPPORT SERVICE	CT		UNRELATED				X	N/A		X	50.00%
MED EAST ASSOC LLC -										П	T	
06-1469575, 1703 WEST MAIN												
STREET, WILLIMANTIC, CT	OUTPATIENT CARE											
06226	CLINIC	CT		RELATED				X	N/A		X	50.00%
HHC SOUTHINGTON SURGERY												
CENTER - 46-5500829, 81]											
MERIDEN AVENUE, SOUTHINGTON,	SURGERY											
CT 06489	SERVICES	CT	MMC	RELATED				X	N/A		X	25.00%
										П	T	
	1											
	1											
	1											
										\sqcap	寸	
	1											
	1											
	1											

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	512(l conti	(i) ction (b)(13) rolled tity?
WINDHAM HEALTH SERVICES INC - 06-1461101		country)		,				Yes	No
112 MANSFIELD AVENUE	-								
	HOME HEALTHCARE	CT	WINDHAM	C CORP			100%	Х	
WILLIMANTIC, CT 06226 WINDHAM PHYSICIAN HOSPITAL ORGANIZATION -	HOME HEALTHCARE	C1	WINDHAM	C CORP			100%	Λ	├──
06-1441614, 112 MANSFIELD AVENUE.	-								
WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT		C CORP			50.00%	х	
WINDHAM FAMILY MEDICAL SERVICES - 06-1491649		C1		C CORF			30.000		├─
112 MANSFIELD AVENUE	-								
WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT		C CORP				х	
CENCONN SERVICES INC - 22-2836001	MEDICAL SERVICES	C1		C CORF			+		├──
100 GRAND STREET	-								
NEW BRITAIN, CT 06050	HOLDING COMPANY	CT	CCHA	C CORP			100%	v	
AETNA AMBULANCE SERVICE - 06-0795431	HODDING COMPANI		CCIIA	C CORT			1000		
PO BOX 1150	-								
MANCHESTER, CT 06045	AMBULANCE SERVICE INC	CT		C CORP			50.00%	х	
HARTFORD PHYSICIAN SERVICES - 06-1254082	INDEPENDED DERVICE INC	<u> </u>		0 00111			30,000		\vdash
80 SEYMOUR STREET	╡								
HARTFORD CT 06102	MEDICAL SERVICES	CT		C CORP				х	
MERIDEN IMAGING CENTER - 06-1541468		 		0 00111					\vdash
101 NORTH PLAINS INDUSTRIAL RD	╡								
MERIDEN, CT 06429	IMAGING	CT	MIDSTATE	S CORP			80.00%	x	
MIDSTATE MEDICAL GROUP PC - 20-4327968		"-					1 220		\vdash
435 LEWIS AVENUE	7								
MERIDEN, CT 06450	MEDICAL SERVICES	CT		C CORP			.00%	х	
HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC									<u> </u>
- 22-2785918, 80 SEYMOUR STREET, HARTFORD,	PHYSICIAN & HOSPITAL								
CT 06102	SUPPORT	CT		C CORP			50.00%	х	
METRO WHEELCHAIR SERVICES INC - 06-0878432									
PO BOX 300	7								
MANCHESTER, CT 06045	WHEELCHAIR SERVICES	CT		C CORP			50.00%	Х	
SELECT PHYSICIANS NETWORK - 06-1426901	MANAGING OFFICES OF								
112 MANSFIELD AVENUE	PHYSICIANS AND								
WILLIMANTIC, CT 06226	SURGEONS	CT		C CORP			50.00%	Х	
WINDHAM PROFESSIONAL OFFICE CONDOMINIUMS -									
06-1090041, 1120 MANSFIELD AVE, WILLIMANTIC,	7								
CT 06226	CONDO ASSOCIATION	CT	WINDHAM	C CORP			60.00%	Х	

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	1a		X			
b Gift, grant, or capital contribution to related organization(s)		X				
c Gift, grant, or capital contribution from related organization(s)	1c		Х			
d Loans or loan guarantees to or for related organization(s)			Х			
e Loans or loan guarantees by related organization(s)			X			
f Dividends from related organization(s)	1f		X			
g Sale of assets to related organization(s)			Х			
h Purchase of assets from related organization(s)	1h		X			
i Exchange of assets with related organization(s)	1i	X				
j Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	X				
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
I 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)		Х				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Х			
o Sharing of paid employees with related organization(s)		X				
p Reimbursement paid to related organization(s) for expenses	1p		X			
q Reimbursement paid by related organization(s) for expenses		X				
r Other transfer of cash or property to related organization(s)	1r		X			
s Other transfer of cash or property from related organization(s)	1s		X			
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	773,607.	COST
(2) OMNI HOME HEALTH	L	137,208.	COST
(3) CONNCARE INC	L	97,253.	COST
(4) CONNCARE INC	Q	12,031,362.	COST
(5) WWB INC	Q	7,623,267.	COST
(6) HARTFORD HEALTHCARE INC	M	3,629,383.	COST

Schedule R (Form 990)

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)HARTFORD HEALTHCARE INC	0	5,147,864.	COST
(8)			
(9)			
(10)			
<u>(11)</u>			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a)	(b)	(c)	(d)	(e Are	-	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are partner	all 's sec.	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated, excluded from tax	501(c orgs	c)(3) s.?	total	end-of-year	alloca	nate tions?	amount in box 20 Lof Schedule K-1	partne	ownership
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	_
				\vdash				┢			\vdash	
								<u> </u>			\sqcup	
											\vdash	
								<u> </u>			\sqcup	
				\vdash				\vdash	\vdash		\vdash	+

Form	990-T	E	Exempt Organization Bus	sine	ss Incor	ne T	ax Returr	ı L	OMB No. 1545-0687
			and proxy tax und	er se	ction 6033(e))			
		For cal	lendar year 2013 or other tax year beginning $\overline{ t OCT ext{ } ext{ $. <u>4</u> .	2013
	tment of the Treasury		▶ Information about Form 990-T and its instru						Open to Public Inspection for
_	al Revenue Service	•	Do not enter SSN numbers on this form as it may				ation is a 501(c)(3)		501(c)(3) Organizations Only over identification number
A L	Check box if address changed		Name of organization (Lagrand Check box if name c	hanged	and see instruct	ions.)		(Emp	loyees' trust, see uctions.)
	xempt under section	Print	THE WILLIAM W BACKUS H						6-0250773
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. box	x, see ir	structions.				ated business activity codes nstructions.)
	408(e) 220(e)	''	326 WASHINGTON STREET	, .				-	
	」408A		City or town, state or province, country, and ZIP o NORWICH, CT 06360	r foreig	n postal code			621	500 531120
C Boo	ok value of all assets		p exemption number (See instructions.)	>					
			k organization type X 501(c) corporatio		501(c) trust		401(a) trust		Other trust
			ary unrelated business activity. ► LAB COU					1,7	V
			poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled	group'?	▶ L	Ye	es X No
			tifying number of the parent corporation. DANIEL LOHR			Tolonh	one number > 8	60-	889-8331
			de or Business Income		(A) Incom		(B) Expenses		(C) Net
	Gross receipts or sal		9,218,092.		()		() .		()
			6,505,886. c Balance	1c	2,712,	206.			
2			A, line 7)	2					
3	Gross profit. Subtrac			3	2,712,	206.			2,712,206.
4 a	Capital gain net incor	ne (attac	ch Form 8949 and Schedule D)	4a					
			Part II, line 17) (attach Form 4797)	4b					
C			sts	4c					
5			ips and S corporations (attach statement)	5					
6				6					
7			me (Schedule E)	7					
8 9		-	and rents from controlled organizations (Sch. F) on 501(c)(7), (9), or (17) organization (Schedule G)	8					
10			ome (Schedule I)	10					
11			e J)	11					
12	Other income (See in	struction	ns; attach schedule.)	12					
13			igh 12	-	2,712,	206.			2,712,206.
Pa			ot Taken Elsewhere (See instructions for		ations on dedu	ctions.)			
	(Except for	contribu	utions, deductions must be directly connecte	d with	the unrelated b	ousines	s income.)		
14			rectors, and trustees (Schedule K)					14	
15								15	449,165.
16								16	10,515.
17								17	105,859.
18 19								18	34,379.
20	Charitable contribut	ions (Se	e instructions for limitation rules.) STATEME	 !NT	3 SEE !	STAT	ЕМЕМТ 1	20	47,112.
21			562)				76,691.		
22			n Schedule A and elsewhere on return				,	22b	76,691.
23								23	,
24	Contributions to def	erred co	mpensation plans					24	
25								25	80,603.
26			chedule I)					26	
27	Excess readership of	osts (Sc	hedule J)					27	1 400 051
28			nedule)					28	1,482,871.
29			nes 14 through 28					29	2,287,195.
30			ncome before net operating loss deduction. Subtract					30	425,011.
31 32			n (limited to the amount on line 30)nome before specific deduction. Subtract line 31 fr					31	425,011.
32 33			y \$1,000, but see instructions for exceptions.) \dots					33	1,000.
34			e income. Subtract line 33 from line 32. If line 33 is					- 55	1,000.
				•	•			34	424,011.

Form 990-7	(2013) THE WILLIA	M W BAC	KUS HOSPI	TAL			06-0	250773	3	Page
Part I	II Tax Computation									
35	Organizations Taxable as Corpo	rations. See ins	structions for tax com	putation.						
	Controlled group members (sect				nstructions and	1:				
а	Enter your share of the \$50,000,		,							
			10,860.		413	,	l			
h	Enter organization's share of: (1)	Additional 5%	tax (not more than \$	11 750) [9			•			
-	(2) Additional 3% tax (not more									
•	Income tax on the amount on line	αιαιι φ 100,000 <i>)</i> Δ 2 <i>1</i>		Г	P SEE S			▶ 35c	143	3,186
	Trusts Taxable at Trust Rates. S							330		, 100
30		_	•					▶ 36		
07	Tax rate schedule or							· -		
37	Proxy tax. See instructions									
38	Alternative minimum tax							38	1/12	3,186
	Total. Add lines 37 and 38 to line		cnever applies					39	143	,100
	V Tax and Payments		0-ttt	4440\		40-				
	Foreign tax credit (corporations a					40a				
b	Other credits (see instructions)					40b				
C	General business credit. Attach F	orm 3800				40c				
	Credit for prior year minimum tax					40d				
е	Total credits. Add lines 40a thro	ugh 40d						40e	4 4 6	100
41	Subtract line 40e from line 39	<u></u>						41	143	3,186
42	Other taxes. Check if from:	Form 4255	Form 8611	Form 8697	Form 886	66 📖	Other (attach schedu	ıle) 42		
43								43	143	3,186
	Payments: A 2012 overpayment					44a				
	2013 estimated tax payments					44b	74,52	4.		
C	Tax deposited with Form 8868 $_{\rm}$					44c	73,47	6.		
d	Foreign organizations: Tax paid of	or withheld at so	urce (see instructions	3)		44d				
е	Backup withholding (see instruct	ions)				44e				
f	Credit for small employer health	insurance prem	iums (Attach Form 89	941)		44f				
g	Other credits and payments:		Form 2439 Other							
	Form 4136		Other		Total 	44g				
45	Total payments. Add lines 44a th	nrough 44g						45	148	3,000.
46	Estimated tax penalty (see instru	ctions). Check i	Form 2220 is attache	ed 🕨 🗓				46		360
47	Tax due. If line 45 is less than the	e total of lines 4	3 and 46, enter amou	nt owed				▶ 47		
48	Overpayment. If line 45 is larger	than the total o	f lines 43 and 46, ente	er amount ov	erpaid			▶ 48	4	1,454
	Enter the amount of line 48 you v	want: Credited t	o 2014 estimated tax	< ▶	4,	454.	Refunded	▶ 49		0 .
Part \	Statements Regard	ding Certai	n Activities an	d Other	Information	on (see	instructions)			
1 At a	ny time during the 2013 calendar	year, did the or	ganization have an int	erest in or a	signature or ot	her autho	ority over a financia	al account (ba	ınk,	Yes No
seci	ırities, or other) in a foreign coun	try? If YES, the	organization may hav	e to file Form	TD F 90-22.1,	Report o	of Foreign Bank and	d Financial		
Acc	ounts. If YES, enter the name of th	ne foreign coun	try here							X
2 Durii If YE	ounts. If YES, enter the name of the grant of the grant of the tax year, did the organization records, see instructions for other forms the o	eive a distribution rganization may ha	from, or was it the granton ave to file.	r of, or transfer	or to, a foreign tru	st?				X
	er the amount of tax-exempt intere									
Sched	ule A - Cost of Goods	Sold. Enter	method of inventor	y valuation	► N/A					
1 Inve	ntory at beginning of year	. 1		6 Inventor	ry at end of yea	r		6		
2 Pur	chases	. 2			goods sold. St					
3 Cos	t of labor			from lin	e 5. Enter here	and in Pa	art I, line 2	7		
	tional section 263A costs (att. schedule			8 Do the r	ules of section	263A (w	ith respect to			Yes No
b Oth	er costs (attach schedule)	4b		property	produced or a	cquired	for resale) apply to			
	al. Add lines 1 through 4b	. 5		the orga	nization?					
	Under penalties of perjury, I declare	e that I have exami	ned this return, including	accompanying	schedules and s	tatements,	and to the best of my	knowledge an	d belief, it is t	rue,
Sign	correct, and complete. Declaration	of preparer (other	tnan taxpayer) is based o	n all intormatio	n of which prepar	er has any	knowledge.		discuss this	
Here			1		SENIOR	VP/C	!FO		shown below	
	Signature of officer		Date						? X Yes	
	Print/Type preparer's nam	ne	Preparer's signat	ure	Dat	<u>е</u>	Check	if PTIN		
D-:-I	Jr o proparor o mani		l septiment of original	-			self- emplo	_		
Paid	MICHAEL J. E	NGLE					23 2	, I	04828	334
Prepa	rer Elmala mana & DVD		1				Firm's EIN		-0160	
Use C		01 WALN	UT, SUITE	1700			5 Em			
	l l	MG 2 G G	-	100			l	016	111	0.00

Form **990-T** (2013)

Schedule C - Rent Inco	me (Fr	om Real	Prope	rty and	l Personal	Propert	ty Lease	d With Real P	rope	erty)(see instructions)
1. Description of property										
(1)										
(2)										
(3)										
(4)										
	2.							2/a\Daduations dive		anastad with the income in
(a) From personal property (if rent for personal property 10% but not more tha	is more than	age of	(b) F	of rent for po	nd personal proper ersonal property ex t is based on profit	ceeds 50% c	entage or if	columns 2(a	a) and 2	nnected with the income in (b) (attach schedule)
(1)										
(2)										
(3)										
(4)										
Total		0.	Total				0.			
(c) Total income. Add totals of colubre and on page 1, Part I, line 6, c	olumn (A)		▶				0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)	1.	0.
Schedule E - Unrelated	Debt-F	inanced	Incom	1e (see i	nstructions)					
					2. Gross inc	oomo from		3. Deductions directly to debt-fir	connec	ted with or allocable
1. Description of	debt-finance	ed property			or allocable financed	e to debt-	(a) s	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisition debt on or allocable to debt-finance property (attach schedule)	d	debt-fina	adjusted ba illocable to nced proper n schedule)		6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						%	,			
(2)						%	,			
(3)						%	0			
(4)						%	0			
							I	ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals]	▶		0.	0.
Total dividends-received deducti	ons includ	ed in columr	8						.▶	0.
Schedule F - Interest, A	nnuitie	s, Royal	ties, ar					nizations (see in	nstruc	ctions)
1. Name of controlled organization	on	2. Employer ide			3. urelated income	Ĭ	4. of specified	5. Part of column a included in the con	4 that is	6. Deductions directly connected with income
		numb		(loss) (s	see instructions)		ents made	organization's gross	income	in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations									
7. Taxable Income		nrelated incom see instructions		9. To	tal of specified pay made	rments	in the cont	olumn 9 that is included rolling organization's oss income		Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
(4)										
				1			Enter here	olumns 5 and 10. and on page 1, Part I, 8, column (A).	Ent	Add columns 6 and 11. ter here and on page 1, Part I, line 8, column (B).
Takala							70			
Totals		<u></u>				<u></u> ▶		0.		0.

323721 12-12-13

Schedule G - Investm						ganizat	tion	00-	023077	Page 4
	structions		Section	30 I (C)(<i>I</i>), (9), 01 (17) O1	yanıza	LIOII			
1. Des	scription of in	ncome			2. Amount of income	directly of	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)						(attach s	scriedule)	1		(coi. 3 pius coi. 4)
(2)										
(3)				-						
(4)										
(4)				- I	Enter here and on page 1,					Enter here and on page 1.
					Part I, line 9, column (A).					Part I, line 9, column (B).
Totals				▶	0.					0.
Schedule I - Exploited	l Exem	pt Activity	y Income	, Other	Than Advertisi	ng Inco	ome			•
(266 1121	ructions)		2 -		4. Net income (loss)					7
1. Description of exploited activity	unrela inc	Gross ted business ome from or business	3. Expe directly cor with prod of unrela business i	nected uction ated	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income tivity that inrelated s income	att	Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
(1)	pag	here and on e 1, Part I, 10, col. (A).	Enter here page 1, F line 10, co	Part I,						Enter here and on page 1, Part II, line 26.
Totals	▶	0.		0.						0.
Schedule J - Advertis	ing Inc	ome (see	instructions)						
Part I Income From	Period	licals Rep	orted on	a Cons	solidated Basis					
					_			_		
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6. F	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)					-					
(3)					-					
(4)					-					
(4)										
Totals (carry to Part II, line (5))	▶		0.	0.						0.
Part II Income From	Period	licals Rep	orted on	a Sepa	rate Basis (For e	ach perio	odical liste	d in Pa	rt II, fill in	
columns 2 throug	h 7 on a l	ine-by-line ba	asis.)							
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6. ғ	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)						1				
(3)						1				
(4)										
Totals from Part I			0.	0.						0.
Totals Holli Fair F		Enter here and page 1, Part I line 11, col. (A	on Enter h	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		1110 11, 001. (1	0.	0 .						0.
Schedule K - Comper		of Office				instructio	ns)			
	Name				2. Title		3. Perce time devo	ted to		ensation attributable related business
				<u> </u>			busine			
(1)								%		
(2)								%		
(3)								%		
(4)								%		
Total. Enter here and on page 1,	Part II, lin	e 14	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>		0.

Form **990-T** (2013)

SCHEDULE O (Form 1120)

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

Consent Plan and Apportionment Schedule for a Controlled Group

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

OMB No. 1545-0123

Employer identification number Name 06-0250773 THE WILLIAM W BACKUS HOSPITAL Part I Apportionment Plan Information Type of controlled group: Parent-subsidiary group ____ Brother-sister group X Combined group Life insurance companies only 2 This corporation has been a member of this group: X For the entire year. From , until 3 This corporation consents and represents to: a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _______, and for all succeeding tax years. **b** Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending SEPTEMBER 30, 2013, and for all succeeding tax Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan. I Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on , and for all succeeding tax years. 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment Elected by the component members of the group. Required for the component members of the group. 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions). No apportionment plan is in effect and none is being adopted. An apportionment plan is already in effect. It was adopted for the tax year ending for all succeeding tax years. 6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. a Yes. ____ The statute of limitations for this year will expire on (i) , this corporation entered into an agreement with the (ii) L Internal Revenue Service to extend the statute of limitations for purposes of assessment until No. The members may not adopt or amend an apportionment plan. 7 Required information and elections for component members. Check the applicable box(es) (see instructions). a _____ The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.

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

The corporation has a short tax year that does not include December 31.

Schedule 0 (Form 1120) (Rev. 12-2012)

The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).

Part II Taxable Income Apportionment (See instructions)

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

		(6)	Taxable Income Amount Allocated to Each Bracket							
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))			
1 THE WILLIAM W BACKUS HOSPITAL	06-0250773	14-09	0.	10,860.	413,151.		424,011.			
BACKUS MEDICAL CENTER CONDOMINIUM ASSOC	06-1542647	14-09	0.	0.	0.		0.			
3 CONNCARE INC	06-1387598	14-09	0.	0.	0.		0.			
BACKUS CORPORATION	22-2757608	14-09	0.	0.	0.		0.			
5 WWB CORPORATION	06-1094838	14-09	0.	0.	0.		0.			
6 HHMOB CORPORATION & SUBS	06-1140244	14-09	0.	0.	81,421.		81,421.			
7 HARTFORD HEALTHCARE CORPORATION	22-2672834	14-09	0.	0.	3,298,491.		3,298,491.			
8 HARTFORD HOSPTIAL	06-0646668	14-09	0.	0.	0.		0.			
9 MIDSTATE MEDICAL CENTER	06-0646715	14-09	0.	0.	0.		0.			
WINDHAM COMMUNITY MEMORIAL HOSPITAL	06-0646966	14-09	0.	0.	0.		0.			
THE HOSPITAL OF CENTRAL CONNECTICUT	06-0646768	14-09	0.	0.	0.		0.			
12 CENTRAL CT SENIOR HEALTH CENTER	22-2635676	14-09	0.	0.	0.		0.			
Total			50,000.	25,000.	3,793,063.		3,868,063.			

Part II Taxable Income Apportionment (See instructions)

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

(-)		(6)	Taxable Income Amount Allocated to Each Bracket							
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))			
1 CENNCONN SERVICES	22-2836001	14-09	50,000.	14,140.	0.		64,140.			
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
Total							120) (Rev. 12-2012			

			Incom	e Tax Apportion	ment		
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 THE WILLIAM W BACKUS HOSPITAL	0.	2,715.	140,471.		0.		143,186
BACKUS MEDICAL CENTER CONDOMINIUM ASSOC	0.	0.	0.		0.		
3 CONNCARE INC	0.	0.	0.		0.		
4 BACKUS CORPORATION	0.	0.	0.		0.		
5 WWB CORPORATION	0.	0.	0.		0.		
6 HHMOB CORPORATION & SUBS	0.	0.	27,683.		0.		27,683
7 HARTFORD HEALTHCARE CORPORATION	0.	0.	1,121,487.		0.		1,121,487
8 HARTFORD HOSPTIAL	0.	0.	0.		0.		
9 MIDSTATE MEDICAL CENTER	0.	0.	0.		0.		
10 WINDHAM COMMUNITY MEMORIAL HOSPITAL	0.	0.	0.		0.		
THE HOSPITAL OF CENTRAL CONNECTICUT	0.	0.	0.		0.		
12 CENTRAL CT SENIOR HEALTH CENTER	0.	0.	0.		0.		
Total	7,500.	6,250.	1,289,641.				1,303,391

			Incom	ne Tax Apportion	ment		
(a) Group member's name	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 CENNCONN SERVICES	7,500.	3,535.	0.		0.		11,035
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total							

		Oth	er Apportionmer	nts	
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 THE WILLIAM W BACKUS HOSPITAL					
BACKUS MEDICAL CENTER CONDOMINIUM ASSOC					
CONNCARE INC					
4 BACKUS CORPORATION					
5 WWB CORPORATION					
6 HHMOB CORPORATION & SUBS		27,717.	150,000.		
7 HARTFORD HEALTHCARE CORPORATION					
8 HARTFORD HOSPTIAL					
9 MIDSTATE MEDICAL CENTER					
10 WINDHAM COMMUNITY MEMORIAL HOSPITAL					
11 THE HOSPITAL OF CENTRAL CONNECTICUT					
12 CENTRAL CT SENIOR HEALTH CENTER					
Total		40,000.	150,000.		

Part IV Other Apportionments (See instructions)		Oth	er Apportionmer	nts	
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for	(f) Other
1 CENNCONN SERVICES		12,283.			
2					
3					
4					
5					
6					
7					
8					
9					
10					
1					
12					
- Total					

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

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

OMB No. 1545-0175

	THE WILLIAM W BACKUS HOSPITAL				06-0250773
	Note: See the instructions to find out if the corporation is a small corporation exempt				
	from the alternative minimum tax (AMT) under section 55(e).				
1	Taxable income or (loss) before net operating loss deduction			1	424,011.
2	Adjustments and preferences:				
	Depreciation of post-1986 property			2a	
	Amortization of certified pollution control facilities				
C	Amortization of mining exploration and development costs				
d	7 7				
е	, , , , , , , , , , , , , , , , , , , ,			2e	
f	Long-term contracts			2f	
g	Merchant marine capital construction funds				
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) \dots				
i	Tax shelter farm activities (personal service corporations only)			2i	
j	Passive activities (closely held corporations and personal service corporations only) $\ \dots$			2j	
k	Loss limitations				
ı	Depletion				
	Tax-exempt interest income from specified private activity bonds				
	Intangible drilling costs				
	Other adjustments and preferences		*	20	101 011
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20			3	424,011.
4	Adjusted current earnings (ACE) adjustment:	1.1	404 011		
	ACE from line 10 of the ACE worksheet in the instructions	4a	424,011	<u>-</u>	
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a		•		
	negative amount (see instructions)		0	<u>-</u>	
	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c		_	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior				
	year ACE adjustments over its total reductions in AMTI from prior year ACE				
	adjustments (see instructions). Note: You must enter an amount on line 4d				
	(even if line 4b is positive)	4d		4	
е	ACE adjustment.	`			
	If line 4b is zero or more, enter the amount from line 4c				
_	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount			4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT			_	424,011.
6	Alternative tax net operating loss deduction (see instructions)			6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residual		1_	404 011
•	interest in a REMIC, see instructions			7	424,011.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on l	ine 8c):			
а	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	ا ءه ا			
	group, see instructions). If zero or less, enter -0-	8a 8b		-	
	Multiply line 8a by 25% (.25)			-	
C	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a contro			0.0	0
9	group, see instructions). If zero or less, enter -0-			8c 9	424,011.
9 10	Subtract line 8c from line 7. If zero or less, enter -0-			<u> </u>	84,802.
11	Multiply line 9 by 20% (.20) Alternative minimum tay foreign tay credit (AMTETC) (con instructions)				04,002.
12	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) Tentative minimum tax. Subtract line 11 from line 10				84,802.
13	Tentative minimum tax. Subtract line 11 from line 10 Regular tax liability before applying all credits except the foreign tax credit				143,186.
13 14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter her			13	143,100
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return			14	0.
Ι\Λ/Δ	For Paperwork Reduction Act Notice, see separate instructions.			1 17	Form 4626 (2013)
, ,	ap				1 3 1020 (2010)

* SEE ALSO

STATEMENT 5

317001 11-26-13

424,011.

	► See ACE Worksheet In	` '		
1 Pre-adjustment AMTI. Enter the amount from	n line 3 of Form 4626		1	424,011.
2 ACE depreciation adjustment:				
a AMT depreciation		2a		
b ACE depreciation:				
-	2b(1)			
(2) Post-1989, pre-1994 property	- i			
(3) Pre-1990 MACRS property	- i			
(4) Pre-1990 original ACRS property				
(5) Property described in sections				
168(f)(1) through (4)	2h(5)			
(6) Other property				
(7) Total ACE depreciation. Add lines 2b(2b(7)		
c ACE depreciation adjustment. Subtract line 2		[25(1)]	2c	
3 Inclusion in ACE of items included in earning				
	s and promo (Ear).	3a		
b Death benefits from life insurance contracts				
c All other distributions from life insurance con				
d Inside buildup of undistributed income in life				
e Other items (see Regulations sections 1.56()				
,		3e		
f Total increase to ACE from inclusion in ACE	24			
		irougii se	3f	
4 Disallowance of items not deductible from Ed		1451		
a Certain dividends received		4a		
b Dividends paid on certain preferred stock of		4.		
c Dividends paid to an ESOP that are deductib		4c		
d Nonpatronage dividends that are paid and de		1		
1382(c)		4d		
e Other items (see Regulations sections 1.56(, , , , , , , , , , , , , , , , , , , ,			
partial list)				
f Total increase to ACE because of disallowand		d lines 4a through 4e	4f	
5 Other adjustments based on rules for figurin	g E&P:	1 1		
		5a		
b Circulation expenditures		5b		
c Organizational expenditures		5c		
d LIFO inventory adjustments		5d		
f Total other E&P adjustments. Combine lines	5f			
6 Disallowance of loss on exchange of debt po				
7 Acquisition expenses of life insurance compa	anies for qualified foreign contracts		7	
9 Basis adjustments in determining gain or los	s from sale or exchange of pre-1994 pro	perty	9	
10 Adjusted current earnings. Combine lines 1	2c 3f 4f and 5f through 9 Enter the re	esult here and on line 4a of		

	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS	N/A	47,112
TOTAL TO FORM 990-T, PAGE 1, LII	NE 20	47,112
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
OFFICE SUBSCRIPTIONS & EDUCATION OUTSIDE SERVICE SUPPLIES INSURANCE ADMINISTRATIVE OCCUPANCY TRAVEL MISCELLANEOUS PROFESSIONAL FEES CATERING EXPENSES CAFE EXPENSES		72,306 5,978 199,510 239,603 27,661 553,145 71,395 839 2,852 229,828 7,613 72,141

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED CON'	TRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF I FOR TAX YEAI FOR TAX YEAI FOR TAX YEAI FOR TAX YEAI	R 2009 R 2010 R 2011			
TOTAL CARRYOVI	ER YEAR 10% CONTRIBUTIONS	47,112		
	UTIONS AVAILABLE E LIMITATION AS ADJUSTED	47,112 47,112		
EXCESS 10% CO EXCESS 100% CO TOTAL EXCESS (ONTRIBUTIONS	0 0 0		
ALLOWABLE CON	TRIBUTIONS DEDUCTION		47,2	112
TOTAL CONTRIBU	UTION DEDUCTION		47,3	112

FORM	990-т	PAX COMPUTATION	STATEMENT 4
1.	TAXABLE INCOME		
2.	LESSER OF LINE 1 OR FIRST H	BRACKET AMOUNT . 0	
3.	LINE 1 LESS LINE 2	424,011	
4.	LESSER OF LINE 3 OR SECOND	BRACKET AMOUNT . 10,860	
5.	LINE 3 LESS LINE 4	413,151	
6.	INCOME SUBJECT TO 34% TAX H	RATE 413,151	
7.	INCOME SUBJECT TO 35% TAX I	RATE 0	
8.	15 PERCENT OF LINE 2	0	
9.	25 PERCENT OF LINE 4	2,715	
10.	34 PERCENT OF LINE 6		
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13	3 TO FORM 990-T, PAGE 2, LINE 35C	143,186

FORM 4626	AMT CONTRIBUTIONS	STATEMENT 5
CARRYOVER OF PRIOR YEARS FOR TAX YEAR 2008 FOR TAX YEAR 2009 FOR TAX YEAR 2010 FOR TAX YEAR 2011 FOR TAX YEAR 2012	UNUSED CONTRIBUTIONS	
TOTAL CARRYOVER CURRENT YEAR CONTRIBUTION	ns	47,112
TOTAL CONTRIBUTIONS 10% OF TAXABLE INCOME AS	ADJUSTED	47,112 47,112
EXCESS CONTRIBUTIONS		0
ALLOWABLE CONTRIBUTIONS		47,112
AMT CHARITABLE DEDUCTION REGULAR CONTRIBUTION DEL		47,112 47,112
AMT CONTRIBUTION ADJUSTM	ENT	0

Form CT-990T
Connecticut Unrelated Business Income Tax Return

(Rev. 12/13) En	iter Income Year Beginning OCTOBER 1	return in blue or bl , 2013, and End	ack ink only. ling ► SEPT	EMBER	30, 201	4	
	Organization name (please type or print)	,			T Tax Registra		
Taxpayer	THE WILLIAM W BACKUS HOSE	PITAL			6005474		
	Address Number and street	PO Box			RS use only		
(Please type or print)	326 WASHINGTON STREET				-	- 20	
or print)	City or town	State	ZIP code	Fe	ederal Employer	D Number (FEIN))
	NORWICH, CT 06360				06-0	250773	
Check an	nd Complete All Applicable Boxes	the organization is a	nnualizing its inco	me check h	nere		
Change of:						n Final ret	urn
•		ed/reorganized: Ente			ber.		
	anization: ► X Corporation ► Domestic			_ ~			_
	unrelated trade or business began in Connecticut:			_			_
2 Nature	e of unrelated trade or business income activity: $\mathbf{L} \overline{\mathbf{A}}$	B COURIER	SERVICES				
	pration only: Enter state of incorporation: CONNE		Date of orga	nization.	04/01/1	987	_
	ed in Connecticut if not incorporated in Connecticut:			_			_
Date quame	- Attach a Complete Copy of Form 990-T Includ		Filed With the Inte	rnal Payani	uo Contino		
Computa	tion of Income	ing all schedules as	riied with the intel	<u>nai neveni</u>	ie Service -		
	inrelated business taxable income from 2013 federa	l Form 990-T. Part II.	Line 34		1	424,011	
	et operating loss deduction from 2013 federal Form				2		00
	leduction for Connecticut tax on unrelated business				3	34,379	100
	ld Lines 1, 2, and 3				4	458,390	
	credit for overpayment of Connecticut tax included in feder	al unrelated business ta	axable income		5	, , , , , , , , , , , , , , , , , , , ,	00
	d business taxable income: Subtract Line 5 from Lin				6	458,390	
	tion of Tax	<u> </u>			<u> </u>		100
	d business taxable income from Line 6 above. If 100	% Connecticut, ent	er also on Line 3		1	458,390	Ool
	nment fraction from <i>Schedule A</i> , Line 5, page 2. Car				2		1
	cut unrelated business taxable income: Line 1 or Lin				3	458,390	00
	g loss carryover from Schedule B, Line 14 on page 2				4		00
	ubject to tax: Subtract Line 4 from Line 3				5	458,390	00
	tiply Line 5 by 7.5% (.075)			_	6	34,379	
	tion of Amount Payable						1
1. Tax: Inclu	ude surtax if applicable. See instructions			•	1	34,379	100
	for future use				2		
3. Total Tax					3	34,379	100
	ts from Form CT-1120K , Part III, Line 9. Do not ex				4		00
	of tax payable: Subtract Line 4 from Line 3. If zero o				5	34,379	
	application for extension from Form CT-990T EXT				6a	19,478	
	estimates from Forms CT-990T ESA, ESB, ESC, &				6b	<u> </u>	00
	ment from prior year				6c	15,522	2 00
. ,	nents: Enter the total of Lines 6a, 6b, and 6c				6	35,000	_
7. Balance	of tax due (overpaid): Subtract Line 6 from Line 5				7	-621	
8 Add Penalty	► (8a) Interest ► (8b)	CT-1120I Intere	st ► (8c) 1	,669.	8	1,669	
	e credited to 2014 estimated tax (9a)	Refunded >	· (9b)	<u>. </u>	9	<u> </u>	00
	For a faster refund, use Dire		• •	d. and 9e.			1
9c. Checking			,	,			
9e. Account			— I this refund go to	a bank acc	ount outside th	e U.S.? ▶	Yes
10. Balance	due with this return: Add Line 7 and Line 8				10	1,048	3 00
Visit the DRS	website at www.cr.gov/dhs Mail	to: Dept. of Revenue Se	rvices, State of Conn	ecticut, M	ake check paya	ible to:	
www.ct.gov/ Declaration: i decla	website at www.ct.gov/DRS Mall PO B TSC to pay electronically. Taxpayer service Center I're under penalty of law that I have examined this return (including any I stand the penalty for willfully delivering a false return or document to	accompanying schedules	and statements) and, to	the best of my	ommissioner of knowledge and belle	f, it is true, complete	ces ,
and correct. I under than five years, or t	rstand the penalty for willfully delivering a false return or document to both. The declaration of a paid preparer other than the taxpayer is bas	the Department of Revenue sed on all information of whi	e Services (DRS) is a fine ch the preparer has any l	of not more the knowledge.	an \$5,000, imprisonr	nent for not more	
Sign Here	Name of officer or fiduciary <i>(print)</i> DANIEL E LOHR	Signature of officer	or fiduciary		Date		
	Officer's email address (print)	•			May DRS co	ontact the prepare	arer
Keep a	Title		Telephone numb	er	shówn belo See instruct	w about this ret	urn?
copy of this	SENIOR VP/CFO		860-889-		X Ye	es No	
return for	Paid preparer's signature		Date			SSN or PTIN	
your records.	· -				P0048	2834	
	Firm's name and address BKD, LLP		FEIN		Telephone		
1019	1201 WALNUT, SUITE 1700						
	KANSAS CITY, MO 64106		44-016	0260	816-2	21-6300	

Schedule A - Unrelated Business Income Apportionment: See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

1. (a) Inventories	Factor	Column A Column B Item Connecticut Everywhere		Column B Everywhere		Column C Divide Column A by Column B. Carry to six places
(c) Real property (d) Capitalized rent 00 00 00 00 00 00 00 00 00 00 00 00 00		1. (a) Inventories	00		00	
(Average value) (Average value) 1. Total 00 00 00 1. Total 00 00 00 00 00 00 00 00 00	Property	(b) Tangible property	00		00	
1. Total	rioporty	(c) Real property	00		00	
1. Total	(Average value)	(d) Capitalized rent	00		00	
2. (a) Sales of tangibles	(
(b) Services 000 000 000 000 000 000 000 000 000 0		1. Total	00		00	
Columbric Colu		2. (a) Sales of tangibles	00		00	
Comparison		(b) Services			00	
Vages, salaries, and other compensation 3. Total 00 00 00 00 00 00 00	Receipts				00	
Wages, salaries, and other compensation 3. Total 4. Total: Add Lines 1, 2, and 3 in Column C. 5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and also on front page, Computation of Tax, Line 2. Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2013 1. 2000 Connecticut net operating loss available for use in 2013 2. 2001 Connecticut net operating loss available for use in 2013 3. 2002 Connecticut net operating loss available for use in 2013 4. 2003 Connecticut net operating loss available for use in 2013 5. 2004 Connecticut net operating loss available for use in 2013 6. 2005 Connecticut net operating loss available for use in 2013 7. 2006 Connecticut net operating loss available for use in 2013 8. 2007 Connecticut net operating loss available for use in 2013 8. 2007 Connecticut net operating loss available for use in 2013 9. 2008 Connecticut net operating loss available for use in 2013 9. 2008 Connecticut net operating loss available for use in 2013 10. 2009 Connecticut net operating loss available for use in 2013 11. 2010 Connecticut net operating loss available for use in 2013 12. 2011 Connecticut net operating loss available for use in 2013 13. 2012 Connecticut net operating loss available for use in 2013 14. 2011 Connecticut net operating loss available for use in 2013 15. 2012 Connecticut net operating loss available for use in 2013 16. 2011 Connecticut net operating loss available for use in 2013 17. 2016 Connecticut net operating loss available for use in 2013 18. 2017 Connecticut net operating loss available for use in 2013 19. 2018 Connecticut net operating loss available for use in 2013 2019 Connecticut net operating loss available for use in 2013 2010 Connecticut net operating loss available for use in 2013 2010 Connecticut net operating loss available for use in 2013 2010 Connecticut net operating loss available for use in 2013 2010 Connecticut net operating loss available for use in 2013 201	·	(d) Other	00		00	
and other compensation 3. Total 4. Total: Add Lines 1, 2, and 3 in Column C. 5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and also on front page, Computation of Tax, Line 2. Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2013 1. 2000 Connecticut net operating loss available for use in 2013 2. 2001 Connecticut net operating loss available for use in 2013 3. 2002 Connecticut net operating loss available for use in 2013 4. 2003 Connecticut net operating loss available for use in 2013 5. 2004 Connecticut net operating loss available for use in 2013 6. 2005 Connecticut net operating loss available for use in 2013 7. 2006 Connecticut net operating loss available for use in 2013 8. 2007 Connecticut net operating loss available for use in 2013 8. 2008 Connecticut net operating loss available for use in 2013 8. 2007 Connecticut net operating loss available for use in 2013 8. 2008 Connecticut net operating loss available for use in 2013 10. 000 10. 2009 Connecticut net operating loss available for use in 2013 11. 2010 Connecticut net operating loss available for use in 2013 12. 2011 Connecticut net operating loss available for use in 2013 13. 2012 Connecticut net operating loss available for use in 2013 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 15. Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 16. 000 17. 2006 Connecticut net operating loss available for use in 2013 18. 2012 Connecticut net operating loss available for use in 2013 19. 2012 Connecticut net operating loss available for use in 2013 2014 Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 3. 2014 Connecticut net operating loss available for use in 2013 4. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 4. 2. 3. 000 4. Apportionment fraction from Schedule A, Line 5		2. Total	00		00	
A. Total: Add Lines 1, 2, and 3 in Column C. 5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and also on front page, Computation of Tax, Line 2. Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2013 1. 2000 Connecticut net operating loss available for use in 2013 2. 2010 Connecticut net operating loss available for use in 2013 3. 2002 Connecticut net operating loss available for use in 2013 4. 2003 Connecticut net operating loss available for use in 2013 5. 2004 Connecticut net operating loss available for use in 2013 6. 2005 Connecticut net operating loss available for use in 2013 6. 2005 Connecticut net operating loss available for use in 2013 6. 2006 Connecticut net operating loss available for use in 2013 7. 2006 Connecticut net operating loss available for use in 2013 8. 2007 Connecticut net operating loss available for use in 2013 9. 2008 Connecticut net operating loss available for use in 2013 10. 2009 Connecticut net operating loss available for use in 2013 11. 2010 Connecticut net operating loss available for use in 2013 12. 2011 Connecticut net operating loss available for use in 2013 13. 2012 Connecticut net operating loss available for use in 2013 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 Schedule C - Computation of Income, Line 6, if less than zero 1. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 2004 4. Apportionment fraction from Schedule A, Line 5						
4. Total: Add Lines 1, 2, and 3 in Column C. 5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on Schedule C, Line 4; and also on front page, Computation of Tax, Line 2. Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2013 1. 2000 Connecticut net operating loss available for use in 2013 2. 2001 Connecticut net operating loss available for use in 2013 3. 2002 Connecticut net operating loss available for use in 2013 4. 2003 Connecticut net operating loss available for use in 2013 5. 2004 Connecticut net operating loss available for use in 2013 6. 2005 Connecticut net operating loss available for use in 2013 7. 2006 Connecticut net operating loss available for use in 2013 8. 2007 Connecticut net operating loss available for use in 2013 9. 2008 Connecticut net operating loss available for use in 2013 9. 2008 Connecticut net operating loss available for use in 2013 10. 2009 Connecticut net operating loss available for use in 2013 11. 2010 Connecticut net operating loss available for use in 2013 12. 2011 Connecticut net operating loss available for use in 2013 13. 2012 Connecticut net operating loss available for use in 2013 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 5. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 8. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.						
Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2013 1. 2000 Connecticut apportioned Operating Loss Carryover Applied to 2013 1. 2001 Connecticut net operating loss available for use in 2013 2. 2001 Connecticut net operating loss available for use in 2013 3. 2002 Connecticut net operating loss available for use in 2013 4. 2003 Connecticut net operating loss available for use in 2013 5. 2004 Connecticut net operating loss available for use in 2013 6. 2005 Connecticut net operating loss available for use in 2013 7. 2006 Connecticut net operating loss available for use in 2013 8. 2007 Connecticut net operating loss available for use in 2013 8. 2007 Connecticut net operating loss available for use in 2013 8. 2008 Connecticut net operating loss available for use in 2013 9. 2008 Connecticut net operating loss available for use in 2013 10. 2009 Connecticut net operating loss available for use in 2013 11. 2010 Connecticut net operating loss available for use in 2013 12. 2011 Connecticut net operating loss available for use in 2013 13. 2012 Connecticut net operating loss available for use in 2013 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4. Schedule C - Computation of Income, Line 6, if less than zero 1. Enter amount from Computation of Income, Line 6, if less than zero 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 3. 000 4. Apportionment fraction from Schedule A, Line 5	Compensation	3. Total	00		00	
1. 2000 Connecticut net operating loss available for use in 2013 1. 00 2. 2001 Connecticut net operating loss available for use in 2013 2. 00 3. 2002 Connecticut net operating loss available for use in 2013 3. 00 4. 2003 Connecticut net operating loss available for use in 2013 4. 00 5. 2004 Connecticut net operating loss available for use in 2013 5. 00 6. 2005 Connecticut net operating loss available for use in 2013 6. 00 7. 2006 Connecticut net operating loss available for use in 2013 7. 00 8. 2007 Connecticut net operating loss available for use in 2013 8. 00 9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 12. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 2 Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2.	Sahadula B. Ca	5. Apportionment fraction: Divid Schedule C, Line 4; and also	e Line 4 by number of factors uon front page, Computation of 7	_ax, Line 2		
2. 2001 Connecticut net operating loss available for use in 2013 2. 00 3. 2002 Connecticut net operating loss available for use in 2013 3. 00 4. 2003 Connecticut net operating loss available for use in 2013 4. 00 5. 2004 Connecticut net operating loss available for use in 2013 5. 00 6. 2005 Connecticut net operating loss available for use in 2013 6. 00 7. 2006 Connecticut net operating loss available for use in 2013 7. 00 8. 2007 Connecticut net operating loss available for use in 2013 8. 00 9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00					T	laal
3. 2002 Connecticut net operating loss available for use in 2013 3. 00 4. 2003 Connecticut net operating loss available for use in 2013 4. 00 5. 2004 Connecticut net operating loss available for use in 2013 5. 00 6. 2005 Connecticut net operating loss available for use in 2013 6. 00 7. 2006 Connecticut net operating loss available for use in 2013 7. 00 8. 2007 Connecticut net operating loss available for use in 2013 8. 00 9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 12. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 </td <td></td> <td></td> <td></td> <td></td> <td>+</td> <td></td>					+	
4. 2003 Connecticut net operating loss available for use in 2013 4. 00 5. 2004 Connecticut net operating loss available for use in 2013 5. 00 6. 2005 Connecticut net operating loss available for use in 2013 6. 00 7. 2006 Connecticut net operating loss available for use in 2013 7. 00 8. 2007 Connecticut net operating loss available for use in 2013 8. 00 9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Appo						
5. 2004 Connecticut net operating loss available for use in 2013 5. 00 6. 2005 Connecticut net operating loss available for use in 2013 6. 00 7. 2006 Connecticut net operating loss available for use in 2013 7. 00 8. 2007 Connecticut net operating loss available for use in 2013 8. 00 9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5 4. 4.					+	
6. 2005 Connecticut net operating loss available for use in 2013 6. 00 7. 2006 Connecticut net operating loss available for use in 2013 7. 00 8. 2007 Connecticut net operating loss available for use in 2013 8. 00 9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5 4.					+	
7. 2006 Connecticut net operating loss available for use in 2013 7. 00 8. 2007 Connecticut net operating loss available for use in 2013 8. 00 9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4. 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5 4.					+	
8. 2007 Connecticut net operating loss available for use in 2013 8. 00 9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4. 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5 4.			0010	_	+	
9. 2008 Connecticut net operating loss available for use in 2013 9. 00 10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5 4.		. •				
10. 2009 Connecticut net operating loss available for use in 2013 10. 00 11. 2010 Connecticut net operating loss available for use in 2013 11. 00 12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5 4.					+	
11. 2010 Connecticut net operating loss available for use in 2013 12. 2011 Connecticut net operating loss available for use in 2013 13. 2012 Connecticut net operating loss available for use in 2013 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4. 14. 000 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 3. Subtotal: Add Line 1 and Line 2 4. Apportionment fraction from Schedule A, Line 5			2212	10		
12. 2011 Connecticut net operating loss available for use in 2013 12. 00 13. 2012 Connecticut net operating loss available for use in 2013 13. 00 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 00 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 1. 00 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5		. •				
13. 2012 Connecticut net operating loss available for use in 2013 14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 4 14. 000 Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 3. Subtotal: Add Line 1 and Line 2 4. Apportionment fraction from Schedule A, Line 5						
14. Total: Add Lines 1 through 13. Enter here and on Computation of Tax, Line 414.00Schedule C - Computation of Net Operating Loss Carryforward1. Enter amount from Computation of Income, Line 6, if less than zero1.002. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 332.003. Subtotal: Add Line 1 and Line 23.004. Apportionment fraction from Schedule A, Line 54.					_	
Schedule C - Computation of Net Operating Loss Carryforward 1. Enter amount from Computation of Income, Line 6, if less than zero 2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 3. Subtotal: Add Line 1 and Line 2 4. Apportionment fraction from Schedule A, Line 5						
2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5 4.					-	1221
2. Add back specific deduction from 2013 federal Form 990-T, Part II, Line 33 2. 00 3. Subtotal: Add Line 1 and Line 2 3. 00 4. Apportionment fraction from Schedule A, Line 5 4.	1. Enter amount from 0					
3. Subtotal: Add Line 1 and Line 2 4. Apportionment fraction from Schedule A, Line 5 4.						
4. Apportionment fraction from Schedule A, Line 5						00
	4. Apportionment fract					1
						00

Line 3 or Line 3 multiplied by Line 4

Form CT-990T Page 2 (Rev. 12/13)

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

		For calendar year 2010, or t	ax year beginning OC	T 1 ,2013,	and enging SEP	30 .20	14	2012
Oppariment of I			with Forms 990	, 990-EZ, 990-PF, 1	120-POL, and 88			2013
Name of exc	empt organization	n BACKUS COR	PORATION			Emp	loyer ident 22–275	ification number
Part/Is	Type of Re	turn and Return i	information (v	Vhole Dollars Only)				
whichever is	applicable, blan in Part I.	f return being filed with we and the emount on k (do not enter -0-). If y	ou entered -0- on	the return, then ent	this form was blau er -0- on the applic	nk, then lea cable line b	ve line 16, : slow. Do ni	
2a Form 99 3a Form 11 4a Form 99	10 check here > 10-EZ check here 20-POL check here 10-PF check here 168 check here	b Total bero b Total bero b Total b Tax b	revenue, If any (F al tax (Form 1120 ased on investm	990, Part VIII, colui form 990-EZ, line 9) -POL, fine 22) ent income (Form 9 Part I, line 9c or Part	90-PF. Part VI. Inc.	**************************************	26 36	55,931.
Partur	Declaration				*********	B+26A2H64+A44644		
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BKD, LLP

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