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CLIENT'S COPY

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2012**

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2012 calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE WILLIAM W BACKUS HOSPITAL</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>326 WASHINGTON STREET</b> City, town, or post office, state, and ZIP code <b>NORWICH, CT 06360</b> <b>F</b> Name and address of principal officer: <b>DANIEL E LOHR</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>06-0250773</b> <b>E</b> Telephone number <b>860-889-8331</b> <b>G</b> Gross receipts \$ <b>332,093,794.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.BACKUSHOSPITAL.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1891</b> <b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BACKUS HOSPITAL DELIVERS AND COORDINATES A CONTINUUM OF HIGH-QUALITY HEALTH CARE THAT IS</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	10
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>	2133
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	465
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	2,234,756.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	219,181.
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year
<b>9</b> Program service revenue (Part VIII, line 2g) .....		1,179,014.	1,225,848.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		285,997,171.	279,344,487.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		4,525,194.	6,336,590.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		1,628,784.	2,501,468.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		293,330,163.	289,408,393.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		752,684.	130,303.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		0.	0.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		146,148,497.	144,190,562.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>437,085.</b>		0.	0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		115,188,670.	113,205,414.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....		262,089,851.	257,526,279.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	31,240,312.	31,882,114.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) .....	393,284,501.	477,063,817.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	195,088,980.	151,234,531.
		198,195,521.	325,829,286.

**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.

<b>Sign Here</b>	Signature of officer <b>DANIEL E LOHR, SENIOR VP/CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MICHAEL J. ENGLE</b>	Preparer's signature
	Firm's name ▶ <b>BKD, LLP</b>	Date
	Firm's address ▶ <b>1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00482834</b> Firm's EIN ▶ <b>44-0160260</b> Phone no. <b>816-221-6300</b>

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE WILLIAM W BACKUS HOSPITAL DELIVERS AND COORDINATES A CONTINUUM OF HIGH QUALITY HEALTH CARE THAT IS SENSITIVE TO THE NEEDS OF INDIVIDUALS IN EASTERN CONNECTICUT. THE HOSPITAL IS COMMITTED TO BEING RESPONSIVE AND ACCOUNTABLE TO THOSE FOR WHOSE BENEFIT IT EXISTS, AND TO IMPROVING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

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

4a (Code: ) (Expenses \$ 209,142,811. including grants of \$ 130,303. ) (Revenue \$ 278,231,478. ) IN FISCAL YEAR 2013, BACKUS HOSPITAL HAD 10,573 ADMISSIONS, 78,884 EMERGENCY DEPARTMENT VISITS, AND 460,916 OUTPATIENT VISITS. THE HOSPITAL DELIVERED 860 BABIES AND 6,323 SAME DAY SURGICAL PROCEDURES. BACKUS PERFORMED 128,607 OUTPATIENT IMAGING EXAMS, 7,132 MRI EXAMINATIONS, 7,973 PSYCHIATRIC CLINICAL VISITS AND 7,992 PSYCHIATRIC PARTIAL HOSPITAL VISITS.

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

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

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

4e Total program service expenses 209,142,811.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		X
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No responses. Includes rows for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

Check if Schedule O contains a response to any question in this Part VI  **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 15 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>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 10		
<b>2</b>	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? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>3</b>	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? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		<input checked="" type="checkbox"/> <b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Other officers or key employees of the organization .....	<input checked="" type="checkbox"/> <b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		<input checked="" type="checkbox"/> <b>X</b>

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► DANIEL LOHR - 860-889-8331  
326 WASHINGTON STREET, NORWICH, CT 06360

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID WHITEHEAD TRUSTEE/PRESIDENT/CEO	40.00 7.00	X		X				1,054,517.	0.	39,768.
(2) JOHN BILDA TRUSTEE	2.00 1.00	X					0.	0.	0.	
(3) STEPHEN BRIGGS TRUSTEE	2.00 1.00	X					0.	0.	0.	
(4) ELIZABETH CONWAY TRUSTEE/VICE CHAIRMAN	6.00 1.00	X		X			0.	0.	0.	
(5) KARIN EDWARDS TRUSTEE	2.00 1.00	X					0.	0.	0.	
(6) NANCY GENTES TRUSTEE	2.00 1.00	X					0.	0.	0.	
(7) ANTHONY JOYCE TRUSTEE/CHAIRMAN	6.00 1.00	X		X			0.	0.	0.	
(8) PETER MANERI TRUSTEE	2.00 1.00	X					0.	0.	0.	
(9) PAUL MAXFIELD TRUSTEE	2.00 1.00	X					0.	0.	0.	
(10) DEBORAH MONAHAN TRUSTEE/SECRETARY	6.00 1.00	X		X			0.	0.	0.	
(11) LYNNE QUINTAL-HILL TRUSTEE	2.00 1.00	X					0.	0.	0.	
(12) ROBERT RAMSDELL TRUSTEE/TREASURER	6.00 1.00	X		X			0.	0.	0.	
(13) DONNA ROMITO TRUSTEE	2.00 1.00	X					0.	0.	0.	
(14) DENNIS SLATER TRUSTEE	2.00 1.00	X					0.	0.	0.	
(15) MARK TRAMONTOZZI TRUSTEE	2.00 1.00	X					0.	0.	0.	
(16) DANIEL LOHR SENIOR VP/CFO	40.00 9.00			X			713,794.	0.	39,768.	
(17) PETER SHEA SENIOR VP/MEDICAL DIRECTOR	40.00			X			636,111.	0.	39,184.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SERGIO CASILLAS PHYSICIAN	40.00					X		495,341.	0.	39,184.
(19) ROBERT SIDMAN PHYSICIAN	40.00					X		422,418.	0.	39,415.
(20) MARK TOUSIGNANT PHYSICIAN	40.00					X		514,535.	0.	39,184.
(21) FRED FENTON PHYSICIAN	40.00					X		341,303.	0.	46,915.
(22) RICHARD GOULDING PHYSICIAN	40.00					X		358,979.	0.	39,184.
<b>1b Sub-total</b> .....								4,536,998.	0.	322,602.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								4,536,998.	0.	322,602.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **167**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLIANCE HEALTHCARE SERVICES PO BOX 96485, CHICAGO, IL 60693	MEDICAL SERVICES	3,137,705.
NAVIN, HAFTY & ASSOC, 1900 WEST PARK DRIVE STE 180, WESTBOROUGH, MA 01581	CONSULTING	2,548,871.
YALE NEW HAVEN HOSPITAL 20 YORK STREET, NEW HAVEN, CT 06504	MEDICAL SERVICES	1,945,762.
EXECUTIVE HEALTH RESOURCES PO BOX 822688, PHILADELPHIA, PA 19182	CONSULTING	1,106,719.
DAVITA INC PO BOX 8500-1607, PHILADELPHIA, PA 19178	MEDICAL SERVICES	498,533.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **36**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	101,867.				
	<b>d</b> Related organizations	<b>1d</b>	3,500.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	586,588.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	533,893.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,894.				
	<b>h Total.</b> Add lines 1a-1f		1,225,848.				
	<b>Program Service Revenue</b>	<b>2 a</b> INPATIENT		Business Code 900099	118,361,330.	118,361,330.	
<b>b</b> OUTPATIENT		900099	103,455,748.	103,455,748.			
<b>c</b> EMERGENCY DEPT		900099	52,725,675.	52,725,675.			
<b>d</b> EHR REVENUE		900099	2,611,725.	2,611,725.			
<b>e</b> LAB COURIER SERVICE		621500	2,190,009.	2,190,009.			
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			279,344,487.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			3,582,788.		3,582,788.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents		(i) Real	(ii) Personal			
			879,099.				
		<b>b</b> Less: rental expenses	1,241,059.				
		<b>c</b> Rental income or (loss)	-361,960.				
	<b>d</b> Net rental income or (loss)				-361,960.	-361,960.	
	<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			43,451,957.	337,151.			
		<b>b</b> Less: cost or other basis and sales expenses	40,559,506.	475,800.			
		<b>c</b> Gain or (loss)	2,892,451.	-138,649.			
	<b>d</b> Net gain or (loss)				2,753,802.	2,753,802.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 101,867. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	30,320.				
		<b>b</b> Less: direct expenses	43,976.				
<b>c</b> Net income or (loss) from fundraising events				-13,656.	-13,656.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	515,308.					
	<b>b</b> Less: cost of goods sold	365,060.					
	<b>c</b> Net income or (loss) from sales of inventory				150,248.	150,248.	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> CAFETERIA		722320	1,225,242.		1,225,242.		
	<b>b</b> CHILD CARE	624410	379,847.		379,847.		
	<b>c</b> PURCHASE DISCOUNTS	900099	218,906.	218,906.			
	<b>d</b> All other revenue	900099	902,841.	858,094.	44,747.		
	<b>e Total.</b> Add lines 11a-11d			2,726,836.			
<b>12 Total revenue.</b> See instructions.			289,408,393.	278,231,478.	2,234,756.	7,716,311.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	117,803.	117,803.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	12,500.	12,500.		
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, trustees, and key employees	2,034,773.	577,237.	1,457,536.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	115,218,074.	100,571,289.	14,537,332.	109,453.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,678,569.	6,680,355.	992,071.	6,143.
9 Other employee benefits	10,827,673.	9,420,076.	1,398,935.	8,662.
10 Payroll taxes	8,431,473.	7,335,382.	1,089,349.	6,742.
11 Fees for services (non-employees):				
a Management				
b Legal	1,475,968.		1,475,968.	
c Accounting	346,185.		346,185.	
d Lobbying	51,325.		51,325.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	109,002.		109,002.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	16,509,418.	13,411,828.	3,097,590.	
12 Advertising and promotion	132,453.	110,611.		21,842.
13 Office expenses	5,140,225.	3,913,243.	1,218,057.	8,925.
14 Information technology	3,596,627.	492,509.	3,104,118.	
15 Royalties				
16 Occupancy	5,261,549.	452,531.	4,809,018.	
17 Travel	210,558.	77,355.	133,203.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,710.	2,085.	12,625.	
20 Interest	3,170,525.		3,170,525.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,971,813.	7,108,267.	7,863,546.	
23 Insurance	5,126,318.	4,531,196.	595,122.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL EXPENSES</b>	34,713,650.	34,713,650.		
b <b>BAD DEBT</b>	8,725,735.	8,723,935.	1,800.	
c <b>MAINT/SERVICE CONTRACTS</b>	4,894,477.	3,710,464.	1,184,013.	
d <b>LAB EXPENSES</b>	4,113,229.	4,113,229.		
e All other expenses	4,641,647.	3,067,266.	1,299,063.	275,318.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	257,526,279.	209,142,811.	47,946,383.	437,085.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,816,199.	<b>1</b>	1,643,564.	
	<b>2</b> Savings and temporary cash investments .....	103,907,072.	<b>2</b>	130,996,812.	
	<b>3</b> Pledges and grants receivable, net .....	31,723.	<b>3</b>	29,416.	
	<b>4</b> Accounts receivable, net .....	32,015,340.	<b>4</b>	31,013,657.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....				<b>6</b>
	<b>7</b> Notes and loans receivable, net .....	74,517.	<b>7</b>	53,821.	
	<b>8</b> Inventories for sale or use .....	3,602,936.	<b>8</b>	3,778,841.	
	<b>9</b> Prepaid expenses and deferred charges .....	5,066,915.	<b>9</b>	2,941,851.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 299,682,104.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 160,938,198.			
	<b>11</b> Investments - publicly traded securities .....	91,354,486.	<b>10c</b>	138,743,906.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	147,043,829.	<b>11</b>	158,491,234.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	12,632.	<b>12</b>	12,632.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	6,358,852.	<b>14</b>	9,358,083.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	393,284,501.	<b>15</b>	477,063,817.		
<b>17</b> Accounts payable and accrued expenses .....	23,583,670.	<b>16</b>	21,300,221.		
<b>18</b> Grants payable .....		<b>17</b>			
<b>19</b> Deferred revenue .....		<b>18</b>			
<b>20</b> Tax-exempt bond liabilities .....	59,265,000.	<b>19</b>	62,005,476.		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>			
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>			
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,126,557.	<b>22</b>	1,527,930.		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>			
<b>25</b> 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 .....	111,113,753.	<b>24</b>	66,400,904.		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	195,088,980.	<b>25</b>	151,234,531.		
<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>			
<b>27</b> Unrestricted net assets .....	187,548,862.	<b>27</b>	314,456,228.		
<b>28</b> Temporarily restricted net assets .....	2,890,743.	<b>28</b>	3,305,592.		
<b>29</b> Permanently restricted net assets .....	7,755,916.	<b>29</b>	8,067,466.		
<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	198,195,521.	<b>33</b>	325,829,286.		
<b>34</b> Total liabilities and net assets/fund balances .....	393,284,501.	<b>34</b>	477,063,817.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	289,408,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	257,526,279.
3	Revenue less expenses. Subtract line 2 from line 1	3	31,882,114.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	198,195,521.
5	Net unrealized gains (losses) on investments	5	5,113,161.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-393,191.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	91,031,681.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	325,829,286.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **See separate instructions.**

**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) organizations: Complete Part III.

Name of organization <b>THE WILLIAM W BACKUS HOSPITAL</b>	Employer identification number <b>06-0250773</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

LHA

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		51,325.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			51,325.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	5	

**Part IV Supplemental Information**

Complete this part to 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.

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**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,396,859.	5,396,859.	5,320,786.	4,841,631.	3,871,631.
b Contributions			5,000.	358,064.	970,000.
c Net investment earnings, gains, and losses	159,637.	5,226.	76,505.	505,259.	142,089.
d Grants or scholarships					
e Other expenditures for facilities and programs				378,271.	135,254.
f Administrative expenses	4,511.	5,226.	5,432.	5,897.	6,835.
g End of year balance	5,551,985.	5,396,859.	5,396,859.	5,320,786.	4,841,631.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |    |

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,011,878.		5,011,878.
b Buildings	10,381,267.	117,921,709.	35,489,934.	92,813,042.
c Leasehold improvements		63,741,714.	51,595,691.	12,146,023.
d Equipment		102,548,384.	73,852,573.	28,695,811.
e Other		77,152.		77,152.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				138,743,906.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO 3RD PARTIES	17,467,823.
(3) EMPLOYEE RELATED OBLIGATIONS	21,820,825.
(4) SELF-INSURED PROF LIABILITY	14,348,700.
(5) CAPITAL LEASE OBLIGATIONS	6,103,598.
(6) OTHER LIABILITIES	6,659,958.
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	66,400,904.

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	295,396,450.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	5,113,161.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,113,161.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	290,283,289.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	393,191.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-1,268,087.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-874,896.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	289,408,393.

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	258,797,835.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,423,684.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,423,684.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	257,374,151.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	152,128.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	152,128.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	257,526,279.

**Part XIII Supplemental Information**

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

**PART V, LINE 4: THE PERMANENTLY RESTRICTED ENDOWMENT FUNDS ARE MEANT**

**TO PROVIDE LONG TERM SUPPORT FOR CAPITAL AND OPERATING PROGRAMS FOR THE HOSPITAL IN ACCORDANCE WITH THE DONOR'S WISHES.**

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**AUXILIARY INCOME-156,999**

**K-1 PASSTHROUGH-(1,402)**

**LOSS ON FIXED ASSETS-(138,649)**

**Part XIII** Supplemental Information (continued)

RENTAL EXPENSES-(1,241,059)

GOLF TOURNAMENT EXPENSES-(43,976)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES-1,241,059

GOLF TOURNAMENT EXPENSES-43,976

LOSS ON FIXED ASSETS-138,649

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AUXILIARY EXPENSES-152,128

SCHEDULE D PART X LINE 2: ASC 740-10, UNCERTAIN TAX POSITIONS, PRECRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.THIS INTERPRETATION ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITION.MANAGEMENT HAS EVALUATED THE IMPLICATIONS OF ASC 740-10 AND DETERMINED THAT ITS IMPACT ON THE FINANCIAL STATEMENTS IS NOT SIGNIFICANT.



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT	SEDER GOLF TOURNAMENT	NONE	
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	91,435.	40,752.		132,187.
	<b>2</b> Less: Contributions .....	69,035.	32,832.		101,867.
	<b>3</b> Gross income (line 1 minus line 2) .....	22,400.	7,920.		30,320.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	12,420.			12,420.
	<b>6</b> Rent/facility costs .....	11,200.	13,254.		24,454.
	<b>7</b> Food and beverages .....	3,082.	765.		3,847.
	<b>8</b> Entertainment .....		750.		750.
	<b>9</b> Other direct expenses .....	1,791.	714.		2,505.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 43,976 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-13,656.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			3145248.	525,427.	2619821.	1.05%
<b>b</b> Medicaid (from Worksheet 3, column a)			58661230.	40262278.	18398952.	7.40%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			61806478.	40787705.	21018773.	8.45%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	78	37,619	850,994.	14,110.	836,884.	.34%
<b>f</b> Health professions education (from Worksheet 5)	15	848	174,283.	5,000.	169,283.	.07%
<b>g</b> Subsidized health services (from Worksheet 6)		19,841	3935738.		3935738.	1.58%
<b>h</b> Research (from Worksheet 7)			27,352.		27,352.	.01%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	15	120	87,248.		87,248.	.04%
<b>j Total.</b> Other Benefits	108	58,428	5075615.	19,110.	5056505.	2.04%
<b>k Total.</b> Add lines 7d and 7j	108	58,428	66882093.	40806815.	26075278.	10.49%



Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
<b>1</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	<b>X</b>	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>3</b> In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	<b>X</b>	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		<b>X</b>
<b>5</b> Did the hospital facility make its CHNA report widely available to the public?	<b>X</b>	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website		
<b>b</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>c</b> <input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		<b>X</b>
<b>8a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		<b>X</b>
<b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued) THE WILLIAM W BACKUS HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients? .....	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input checked="" type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

**Part V Facility Information** (continued) THE WILLIAM W BACKUS HOSPITAL

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a  Notified individuals of the financial assistance policy on admission
  - b  Notified individuals of the financial assistance policy prior to discharge
  - c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
  - d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
  - e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

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

	Yes	No
<b>19</b>	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  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 Part VI)
- d  Other (describe in Part VI)

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

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

If "Yes," explain in Part VI.

<b>21</b>		<input checked="" type="checkbox"/>
<b>22</b>		<input checked="" type="checkbox"/>

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

If "Yes," explain in Part VI.

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 10

Name and address	Type of Facility (describe)
1 BACKUS OUTPATIENT CARE CENTER 111 SALEM TURNPIKE NORWICH, CT 06360	OUTPATIENT SERVICES
2 MEDICAL OFFICE BUILDING 330 WASHINGTON STREET NORWICH, CT 06360	RADIATION THERAPY/LAB
3 COLCHESTER BACKUS HEALTH CENTER 163 BROADWAY COLCHESTER, CT 06415	RADIOLOGY/LAB/PRIMARY CARE
4 MONTVILLE BACKUS HEALTH CARE 80 NORWICH/NEW LONDON TURNPIKE UNCASVILLE, CT 06382	RADIOLOGY/LAB/PRIMARY CARE
5 LEDYARD BACKUS HEALTH CENTER 743 COLONEL LEDYARD HIGHWAY LEDYARD, CT 06339	LAB/PRIMARY CARE
6 JEWETT CITY PATIENT SERVICE CENTER 70 MAIN STREET JEWETT CITY, CT 06351	LAB
7 INFECTIOUS DISEASE CLINIC 107 LAFAYETTE STREET NORWICH, CT 06360	CLINIC
8 NORTH STONINGTON BACKUS HEALTH CENTER 82 NORWICH-WESTERLY ROAD NORTH STONINGTON, CT 06359	PRIMARY CARE
9 NORWICHTOWN BACKUS PATIENT SERVICE CT 55 TOWN STREET NORWICH, CT 06360	LAB
10 PLAINFIELD EMERGENCY CENTER 582 NORWICH ROAD PLAINFIELD, CT 06374	LAB/RADIOLOGY/EMERGENCY SERVICES

Schedule H (Form 990) 2012

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 7, COLUMN (F): THE BAD DEBT EXPENSE INCLUDED ON FORM 990,  
PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING  
THE PERCENTAGE IN THIS COLUMN IS \$ 8725735.

PART III, LINE 4: SEE PAGES 13&14 OF THE AUDITED FINANCIAL STATEMENTS.  
LINE 3-COST METHODOLOGY EQUALS RCC FROM 2013 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: 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

PART III, LINE 9B: IN THE SELF-PAY POLICY, SECTION IIB, STATES THAT THE  
MEDICAL BUREAU OF ECONOMICS (MBE) RECEIVES A WEEKLY LIST OF PATIENTS WHO  
WERE SENT FINANCIAL ASSISTANCE APPLICATIONS FROM BACKUS STAFF. THIS

**Part VI Supplemental Information**

INFORMATION IS FROM THE PATIENT ACCOUNTS OR FINANCIAL COUNCELING 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.

**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

**Part VI** Supplemental Information

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 PAPILOMA 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 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](http://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/CHNA-FINAL-REPORT.PDF)

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 5C: 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 IS 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](http://WWW.BACKUSHOSPITAL.ORG/HEALTHSURVEY).

THE WILLIAM W BACKUS HOSPITAL:

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

**Part VI Supplemental Information**

OF ACCESS TO CARE, PREVENTATIVE HEALTH (INCLUDING CHRONIC AND INFECTIOUS DISEASE, RESPIRATORY HEALTH, AND OBESITY), AND MENTAL HEALTH (INCLUDING 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 SECTION B****NEEDS ASSESSMENT**

IN 2012, BACKUS COMMISSIONED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT CONDUCTED BY HOLLERAN, A PROFESSIONAL RESEARCH FIRM. THE ASSESMENT CONSISTED OF 461 TELEPHONE INTERVIEWS WHICH WERE CONDUCTED THROUGHOUT THE HOSPITAL'S SERVICE REGION (BOTH NEW LONDON AND WINDOM COUNTIES). THE ASSESSMENT ALSO INCLUDED A DETAIED ANALYSIS OF SECONDARY DATA SOURCES, AS WELL AS KEY INFORMANT INTERVIEWS AND THREE

**Part VI** Supplemental Information

FOCUS GROUPS.

THE NEEDS ASSESSMENT WAS PRESENTED AND DISTRIBUTED, AND CAN BE ACCESSED AT [WWW.BACKUSHOSPITAL.ORG/HEALTHSURVEY](http://WWW.BACKUSHOSPITAL.ORG/HEALTHSURVEY).

THE SUMMARY REPORT IS AVAILABLE AT:

[HTTP://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/CHNA-FINAL-REPORT](http://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/CHNA-FINAL-REPORT).

PART VI LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

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, ON PROMINENTLY PLACED SIGNS (IN ENGLISH AND IN SPANISH). ADDITIONALLY, CARE MANAGEMENT SOCIAL WORKERS 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

**Part VI** Supplemental Information

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

**Part VI** Supplemental Information

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

**Part VI** Supplemental Information

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.

**Part VI** Supplemental Information

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

**Part VI Supplemental Information**

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 DONT 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 4

COMMUNITY INFORMATION

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 LAYOFFS AND CUTBACKS AS THE ECONOMY CONTINUES TO DECLINE.

THE HOSPITAL'S PRIMARY SERVICE AREA HAS AN ESTIMATED POPULATION OF ABOUT 134,111. THE SECONDARY SERVICE AREA CONSISTS OF LARGER

**Part VI Supplemental Information**

COMMUNITIES, SUCH AS NEW LONDON AND GROTON, AND SMALLER LOWER-DENSITY RURAL COMMUNITIES. THE TOTAL POPULATION OF THE SECONDARY SERVICE AREA IS ABOUT 136,881. THE SERVICE AREAS CONTAIN MUNICIPALITIES IN THE NEW LONDON AND WINDHAM COUNTIES.

A DETAILED ANALYSIS OF THE COMMUNITIES WHICH BACKUS SERVES CAN BE FOUND WITHIN THE COMMUNITY HEALTH NEEDS ASSESSMENT, IN BOTH THE SECONDARY DATA PROFILE AND THE FINAL REPORT, LINKED BELOW:

SECONDARY DATA PROFILE, BEGINNING ON PAGE 4:

[HTTP://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/SECONDARY-DATA-PRO](http://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/SECONDARY-DATA-PRO)  
FINAL REPORT, BEGINNING ON PAGE 3:

[HTTP://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/CHNA-FINAL-REPORT](http://BACKUSHOSPITAL.ORG/WP-CONTENT/UPLOADS/2013/05/CHNA-FINAL-REPORT).

## PART VI 5

## PROMOTION OF COMMUNITY HEALTH

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 110 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

**Part VI Supplemental Information**

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 10/1/12 TO 9/30/13 THE HOSPITAL LINKED 1042 INDIVIDUALS WITH PRIMARY AND PREVENTIVE CARE.

E)THE HOSPITAL PROVIDES FREE COMMUNITY PROSTATE SCREENINGS, DIABETES 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.

G)THE HOSPITAL PROVIDES FREE WEBSITE ACCESS TO COMPLETE AND CURRENT MEDICAL INFORMATION TO ANSWER CLINICAL QUESTIONS, THROUGH UPTODATE.COM, A PEER-REVIEWED ONLINE MEDICAL REFERENCE. UPTODATE COVERS MORE THAN 7,400 TOPICS IN 13 MEDICAL SPECIALTIES AND INCLUDES MORE THAN 76,000 PAGES OF TEXT, GRAPHICS, LINKS TO MEDICAL ABSTRACTS, MORE THAN 254,000 REFERENCES, AND A DRUG DATABASE.

H)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.

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

Part VI Supplemental Information

J)THE HOSPITAL PUBLISHES A 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. 44,000 COPIES ARE DISTRIBUTED MONTHLY.

PART VI 6

AFFILIATED HEALTH CARE SYSTEM

ON AUGUST 1, 2013 (THE ACQUISITION DATE), HARTFORD HEALTH CARE (HHC) BECAME THE SOLE CORPORATE MEMBER OF BACKUS CORPORATION AND A FULL CORPORATE AFFILIATION WAS COMPLETED. ALL ASSETS AND LIABILITIES WERE REVALUED TO FAIR VALUES AS OF AUGUST 1, 2013. THE HOSPITAL IS CONSOLIDATED IN HHC FINANCIALS FOR THE PERIOD AUGUST 1, 2013 TO SEPTEMBER 30, 2013.

PART VI 7

STATE FILING OF COMMUNITY BENEFIT REPORT

THE HOSPITAL FILES A COMMUNITY BENEFIT REPORT WITH THE CONNECTICUT OFFICE OF THE HEALTH ADVOCATE, OHCA.

PART VI 8

FACILITY REPORTING GROUPS

PLEASE SEE THE ANSWERS TO PART VI QUESTION 1.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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

**Part I** General Information on Grants and Assistance

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

**Part II** Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHAMBER OF COMMERCE OF SE CT 914 HARTFORD TPKE WATERFORD, CT 06385	06-0475490	501C6	12,459.	0.			SPONSORSHIP
DR MARTIN LUTHER KING SCHOLARSHIP TRUST FUND - PO BOX 1308 - NEW LONDON, CT 06320	06-6107846	501C3	10,000.	0.			SPONSORSHIP
CENTER FOR HOSPICE CARE 227 DURHAM STREET NORWICH, CT 06360	22-2667260	501C3	8,500.	0.			SPONSORSHIP
NORWICH HUMAN SERVICES UNION STREET NORWICH, CT 06360			10,000.	0.			SPONSORSHIP
BROADWAY KIDS 12 PENNSYLVANIA AVE NORWICH, CT 06357			5,500.	0.			SPONSORSHIP

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

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

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	5	12,500.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: DONATIONS MADE FOR LOCAL EVENTS, SUCH AS SPONSORSHIPS ARE TYPICALLY ATTENDED BY HOSPITAL EMPLOYEES. FIVE SCHOLARSHIPS IN THE AMOUNT OF \$2500 EACH ARE AWARDED TO STUDENTS WHO WILL ATTEND SCHOOL EITHER FOR NURSING OR IN THE MEDICAL FIELD. THE APPLICANTS ARE REVIEWED BY THE SCHOLARSHIP COMMITTEE OF THE AUXILIARY AND WINNERS ARE BASED ON ACADEMICS AS WELL AS COMMUNITY SERVICE.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>4b</b>	<b>4c</b>							
		X								
	X									
			X							
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>5b</b>								
			X							
			X							
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>6b</b>								
			X							
			X							
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>		X							
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID WHITEHEAD TRUSTEE/PRESIDENT/CEO	(i)	664,686.	0.	389,831.	22,000.	17,768.	1,094,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL LOHR SENIOR VP/CFO	(i)	454,036.	0.	259,758.	22,000.	17,768.	753,562.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER SHEA SENIOR VP/MEDICAL DIRECTOR	(i)	454,686.	0.	181,425.	14,500.	24,684.	675,295.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SERGIO CASILLAS PHYSICIAN	(i)	495,341.	0.	0.	14,500.	24,684.	534,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT SIDMAN PHYSICIAN	(i)	304,139.	101,279.	17,000.	14,500.	24,915.	461,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARK TOUSIGNANT PHYSICIAN	(i)	393,232.	121,303.	0.	14,500.	24,684.	553,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) FRED FENTON PHYSICIAN	(i)	243,823.	78,680.	18,800.	22,000.	24,915.	388,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RICHARD GOULDING PHYSICIAN	(i)	274,634.	82,845.	1,500.	14,500.	24,684.	398,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to 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: 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 \$377,527, \$233,170 AND \$180,651, RESPECTIVELY.

PART I, LINE 7: BASE COMPENSATION FOR EXECUTIVES IS APPROVED BASED ON CRITERIA LISTED IN PART 1 LINE 3, HOWEVER A PORTION OF THAT IS HELD BACK AND SUBSEQUENTLY DISTRIBUTED BASED ON EVALUATION OF THE INDIVIDUALS PERFORMANCE AND ACCOMPLISHMENT OF THE GOALS SET AT THE BEGINNING OF THE YEAR BY AN INDEPENDENT COMPENSATION COMMITTEE. PHYSICIANS BONUSES ARE BASED ON MEETING PREESTABLISHED GOALS.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

**THE WILLIAM W BACKUS HOSPITAL**

**Employer identification number  
06-0250773**

<b>Part I Bond Issues</b>												
<b>SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS</b>												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	STATE OF CT HEALTH & EDUCATIONAL FACILITIES	06-0806186	20774LSV3	08/10/05	28992719.	ADVANCED REFUND OF SERIES D, FINA		X		X		X
<b>B</b>	STATE OF CT HEALTH & EDUCATIONAL FACILITIES	06-0806186	20774UC86	07/02/08	30168922.	CONSTRUCTION, RENOVATION AND IM		X		X		X
<b>C</b>												
<b>D</b>												

<b>Part II Proceeds</b>									
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		
<b>1</b> Amount of bonds retired	3,535,000.		2,850,000.						
<b>2</b> Amount of bonds legally defeased									
<b>3</b> Total proceeds of issue	28,992,719.		30,168,922.						
<b>4</b> Gross proceeds in reserve funds	755,086.								
<b>5</b> Capitalized interest from proceeds									
<b>6</b> Proceeds in refunding escrows	16,750,062.		30,100,000.						
<b>7</b> Issuance costs from proceeds	369,723.		68,922.						
<b>8</b> Credit enhancement from proceeds	583,673.								
<b>9</b> Working capital expenditures from proceeds									
<b>10</b> Capital expenditures from proceeds	10,514,252.								
<b>11</b> Other spent proceeds	19,923.								
<b>12</b> Other unspent proceeds									
<b>13</b> Year of substantial completion	2008		2008						
	Yes	No	Yes	No	Yes	No	Yes	No	
<b>14</b> Were the bonds issued as part of a current refunding issue?		X	X						
<b>15</b> Were the bonds issued as part of an advance refunding issue?	X			X					
<b>16</b> Has the final allocation of proceeds been made?	X		X						
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

<b>Part III Private Business Use</b>								
	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X				

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T? .....		X	X					
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X						
<b>b</b> Exception to rebate? .....		X						
<b>c</b> No rebate due? .....		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....		X	X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X	X					
<b>b</b> Name of provider .....			UBS AG					
<b>c</b> Term of hedge .....			29.9000000					
<b>d</b> Was the hedge superintegrated? .....				X				
<b>e</b> Was the hedge terminated? .....				X				

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations? .....	X		X					

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: STATE OF CT HEALTH & EDUCATIONAL FACILITIES

(F) DESCRIPTION OF PURPOSE:

ADVANCED REFUND OF SERIES D, FINANCE FACILITY MASTER PLAN

(A) ISSUER NAME: STATE OF CT HEALTH & EDUCATIONAL FACILITIES

(F) DESCRIPTION OF PURPOSE:

CONSTRUCTION, RENOVATION AND IMPROVEMENTS TO THE FACILITY



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DAVID WHITEHEAD, DANIEL LOHR	OFFICERS OF BOTH WW	3,394,691.	REIMBURSEMENT		X
DAVID WHITEHEAD AND DANIEL LOHR	OFFICERS OF BOTH WW	132,000.	MANAGEMENT		X
DAVID WHITEHEAD AND DANIEL LOHR	OFFICERS OF BOTH WW	9,308,319.	REIMBURSEMENT		X

**Part V Supplemental Information**

Complete this part to 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

(C) AMOUNT OF TRANSACTION \$ 3,394,691.

(D) DESCRIPTION OF TRANSACTION: REIMBURSEMENTS PAID BY CONNCARE TO WWBH, PERFORMANCE OF SERVICES BY WWBH FOR CONNCARE, LEASED PROPERTY

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID WHITEHEAD AND DANIEL LOHR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICERS OF BOTH WWBH AND OMNI HOME HEALTH

(C) AMOUNT OF TRANSACTION \$ 132,000.

(D) DESCRIPTION OF TRANSACTION: MANAGEMENT FEES PAID BY OMNI TO WWBH

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID WHITEHEAD AND DANIEL LOHR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICERS OF BOTH WWBH AND WWB INC

(C) AMOUNT OF TRANSACTION \$ 9,308,319.

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(D) DESCRIPTION OF TRANSACTION: REIMBURSEMENTS PAID BY WWB TO WWBH

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

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: 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 4: EFFECTIVE AUGUST 1, 2013, HARTFORD  
HEALTHCARE CORPORATION BECAME THE SOLE CORPORATE MEMBER OF BACKUS  
CORPORATION.

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

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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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 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: 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: ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES OF THE HOSPITAL SHALL COMPLETE AND SIGN A DISCLOSURE STATEMENT. THE STATEMENT WILL INCLUDE AN ITEMIZATION AND DESCRIPTION OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS RELATED THERETO FOR

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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SUCH INDIVIDUAL BY VIRTUE OF HIS OR HER ACTIVITIES OR THE ACTIVITIES OF RELATED PERSONS. DISCLOSURE STATEMENTS SHALL BE RETURNED TO THE CORPORATE COMPLIANCE OFFICER WHO, UNDER THE DIRECTION OF THE CHAIR AND THE PRESIDENT, SHALL EXERCISE GOOD FAITH AND JUDGEMENT AS TO WHETHER A CONFLICT EXISTS. THE CHAIR AND THE PRESIDENT SHALL BE RESPONSIBLE FOR MONITORING TRANSACTIONS OR ARRANGEMENTS IN WHICH A TRUSTEE, OFFICER OR KEY EMPLOYEE MAY HAVE A CONFLICT OF INTEREST AND FOR ASSURING THAT INDIVIDUAL SERVES THE HOSPITAL'S BEST INTEREST. THE COMPLIANCE OFFICER, THE CHAIR AND/OR PRESIDENT MAY CONSULT WITH ANY TRUSTEE, OFFICER, OR KEY EMPLOYEE TO OBTAIN INFORMATION NECESSARY FOR AN ORDINARILY PRUDENT PERSON TO MAKE A JUDGEMENT AS TO WHETHER A CONFLICT EXISTS AND REQUESTS SHALL BE COMPLIED WITH. IF AN ACTUAL OR POTENTIAL CONFLICT ARISES, THE COMPLIANCE OFFICER SHALL BE PROMPTLY NOTIFIED IN WRITING. TRUSTEES, OFFICERS, AND KEY EMPLOYEES WHO HAVE DECLARED OR HAVE BEEN DEEMED TO HAVE A CONFLICT OF INTEREST MUST REFRAIN FROM CONSIDERATION OF PROPOSED TRANSACTIONS OR ARRANGEMENTS, UNLESS FOR SPECIAL REASON THE BOARD OF TRUSTEES REQUESTS INFORMATION OR INTERPRETATIONS.

FORM 990, PART VI, SECTION B, LINE 15: A PERFORMANCE REVIEW COMMITTEE CONSISTING OF INDEPENDENT BOARD MEMBERS REVIEWS THE PERFORMANCE OF THE SENIOR MANAGEMENT TEAM. COMPENSATION IS BASED ON THE RESULTS OF THESE REVIEWS. THE COMMITTEE ALSO TAKES INTO CONSIDERATION INFORMATION FROM COMPENSATION SURVEYS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. PLEASE CONTACT DANIEL LOHR AT 326 WASHINGTON STREET, NORWICH, CT 06360 ABOUT INSPECTING THE ORGANIZATION'S DOCUMENTS.

Name of the organization <b>THE WILLIAM W BACKUS HOSPITAL</b>	Employer identification number <b>06-0250773</b>
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

K-1 PASSTHROUGH	1,402.
TRANSFER TO AFFILIATES	-2,794,559.
INCREASE IN ASSETS HELD IN TRUST	156,434.
CHANGE IN PENSION FUNDING	41,885,288.
FAIR VALUE ADJUSTMENT	51,783,116.
TOTAL TO FORM 990, PART XI, LINE 9	91,031,681.

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

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

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

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

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

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MIDSTATE MEDICAL CENTER - 06-0646715 435 LEWIS AVENUE MERIDAN, CT 06451	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	
WINDHAM HOSPITAL FOUNDATION INC - 56-2546632 112 MANSFIELD AVE WILLIMANTIC, CT 06226	SUPPORTING ORGANIZATION	CONNECTICUT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	
HARTFORD HOSPITAL AUXILIARY C/O HARTFORD HOSPITAL - 06-6040747, 80 SEYMOUR STREET, HARTFORD, CT 06115	FUNDRAISING	CONNECTICUT	501C3	11C	HARTFORD HOSPITAL	X	
CONNECTICUT HEALTH SYSTEM INC - 22-2779421 80 SEYMOUR STREET HARTFORD, CT 06102	COORDINATION OF HEALTH DELIVERY	CONNECTICUT	501C3	11C		X	
HARTFORD HEALTHCARE CORPORATION - 22-2672834 80 SEYMOUR STREET HARTFORD, CT 06102	SUPPORT & MANAGEMENT SVCS TO HHC & AFFILIATES	CONNECTICUT	501C3	11C		X	
INSTITUTE OF LIVING - 06-0646683 200 RETREAT AVENUE HARTFORD, CT 06106	PSYCHIATRIC SERVICES	CONNECTICUT	501C3	11C	HARTFORD HEALTHCARE CORPORATION	X	
NATCHAUG HOSPITAL INC - 06-0966963 189 STORRS ROAD MANSFIELD CENTER, CT 06226	BEHAVIORAL HEALTH	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	
VNA HEALTHCARE INC - 06-0646938 103 WOODLAND STREET HARTFORD, CT 06105	HOME HEALTHCARE	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
VNA HEALTH RESOURCES INC - 06-1161422 103 WOODLAND STREET HARTFORD, CT 06105	HOME HEALTHCARE	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
RUSHFORD CENTER INC - 06-0932875 883 PADDOCK AVENUE MERIDAN, CT 06450	SUBSTANCE ABUSE HEALTHCARE SERVICES	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
THE HATCH HOSPITAL CORP - 06-6076412 112 MANSFIELD AVE WILLIMANTIC, CT 06226	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	
WCMH WOMEN'S AUXILIARY INC - 06-0677728 112 MANSFIELD AVE WILLIMANTIC, CT 06226	FUNDRAISING	CONNECTICUT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
THE HOSPITAL OF CENTRAL CT & BRADLEY MEMORIAL - 06-0646768, 110 GRAND STREET, NEW BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	
CENTRAL CT SENIOR HEALTH DBA SOUTHING CARE CENTER - 22-2635676, 45 MERIDEN AVENUE, SOUTHINGTON, CT 06489	SUB-ACUTE & LONG TERM CARE	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
BRADLEY HEALTH SERVICES - 06-1367014 100 GRAND STREET NEW BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
CENTRAL CT HEALTH ALLIANCE - 22-2785033 100 GRAND STREET NEW BRITAIN, CT 06050	SUPPORT & MANAGEMENT SVCS TO THOCC & AFFILIATES SHELL	CONNECTICUT	501C3	11B	HARTFORD HEALTHCARE CORPORATION	X	
VNA OF CENTRAL CT INC - 06-0646940 205 WEST MAIN STREET NEW BRITAIN, CT 06050	PUBLIC HEALTH NURSING & HOME CARE	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
THE ORCHARDS OF SOUTHINGTON - 06-1490803 34 HOBART STREET SOUTHINGTON, CT 06489	RESIDENTIAL SERVICES FOR SENIOR CITIZENS	CONNECTICUT	501C3	9	CENTRAL CT SENIOR HEALTH SERVICES INC	X	
COMMUNITY MENTAL HEALTH AFFILIATES - 06-0934544, 270 JOHN DOWNEY DRIVE, NEW BRITAIN, CT 06051	MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT PROVIDER	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
MULBERRY GARDENS OF SOUTHINGTON LLC - 82-0586577, 58 MULBERRY STREET, PLANTSVILLE, CT 06479	ASSISTED LIVING & ADULT DAY CARE	CONNECTICUT	501C3	9	CENTRAL CT SENIOR HEALTH SERVICES INC	X	
MIDSTATE MEDICAL CENTER AUXILIARY - 06-6063082, 435 LEWIS AVENUE, MERIDAN, CT 06451	FUNDRAISING	CONNECTICUT	501C3	3	MIDSTATE MEDICAL CENTER	X	
HHC PHYSICIANS CARE INC - 45-4456939 80 SEYMOUR STREET HARTFORD, CT 06102	PRACTICE MEDICINE & PROVIDE HEALTH CARE TO THE PUBLIC	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC - 46-0886367, 200 RETREAT AVENUE, HARTFORD, CT 06102	MANAGE & COORDINATE CARE FOR MEDICARE BENEFICIARIES	CONNECTICUT	501C3	11C	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE CORP GROUP EMPLOYEE BENEFIT PLAN TRUST - 26-6671355, C/O BOA 777 MAIN STREET, HARTFORD, CT 06102	PROVIDE BENEFITS TO EMPLOYEES	CONNECTICUT	501C9		HARTFORD HEALTHCARE CORPORATION	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OMNI HOME HEALTH - 06-1458837 12 CASE STREET NORWICH, CT 06360	HOME HEALTH CARE	CT	WWB INC.	RELATED				X		N/A	X	
CENTRAL CT SPORT MEDICINE CTR LLC - 22-3196509, 15 MASAIRIO DRIVE STE 104, BERLIN, CT 06037	PHYSICAL THERAPY	CT	CCHA	RELATED				X		N/A	X	50.00%
NEW BRITAIN MRI LIMITED PARTNERSHIP - 06-1271349, 100 GRAND STREET, NEW BRITAIN, CT 06050	MAGNETIC RESONANCE IMAGING	CT	CENCONN SERVICES INC	RELATED				X		N/A	X	56.60%
NEW BRITAIN OCCUPATIONAL HEALTH CENTER LLC - 06-1484904, 440 NEW BRITAIN AVENUE, PLAINVILLE, CT	OCCUPATIONAL HEALTHCARE	CT	HCC	RELATED				X		N/A	X	85.70%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WWB CORPORATION - 06-1094836 326 WASHINGTON STREET NORWICH, CT 06360	HOLDING COMPANY	CT	BACKUS CORPORATION	C CORP					X
CONN CARE INC - 06-1387598 326 WASHINGTON STREET NORWICH, CT 06360	HEALTHCARE SERVICES	CT	BACKUS HEALTH CARE INC	C CORP					X
BACKUS MEDICAL CENTER CONDO ASSOC INC - 06-1542647, 330 WASHINGTON STREET, NORWICH, CT 06360	CONDO ASSOCIATION	CT	THE WILLIAM W BACKUS HOSPITAL	C CORP			65.00%		X
HHMOB CORPORATION & SUBSIDIARY - 06-1140244 80 SEYMOUR STREET HARTFORD, CT 06102	REAL ESTATE PARKING	CT		C CORP			100%		X
CHS INSURANCE LTD FB PERRY BLVD 40 CHURCH ST HAMILTON, BERMUDA	CAPTIVE INSURANCE	BERMUDA		C CORP			72.50%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HARTFORD HEALTHCARE ENDOWMENT LLC - 45-4181103, 80 SEYMOUR STREET, HARTFORD, CT 06102	ENDOWMENT MANAGEMENT	CT		RELATED					X	N/A	X	100%
AMBULANCE SERVICE OF MANCHESTER - 06-1557358, PO BOX 300, MANCHESTER, CT 06450	AMBULATORY SERVICE	CT		RELATED	1,515,570.	3,805,580.			X	N/A	X	50.00%
CT IMAGING PARTNERS LLC - 13-4298940, 111 FOUNDERS PLACE, EAST HARTFORD, CT 06108	IMAGING SERVICES	CT		UNRELATED	294,336.	1,096,009.			X	N/A	X	50.00%
GLASTONBURY ENDOSCOPY CENTER LLC - 26-1721234, 300 WESTERN BLVD STE B, GLASTONBURY, CT 06033	ENDOSCOPY SERVICES	CT		RELATED	446,859.	123,624.			X	N/A	X	50.00%
GLASTONBURY SURGERY CENTER LLC - 26-2600828, 195 EASTERN BLVD, GLASTONBURY, CT 06033	SURGERY SERVICES	CT		RELATED	1,463,349.	-100,242.			X	N/A	X	50.00%
HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110	AFFILIATE SUPPORT SERVICE	CT		UNRELATED	-135.				X	N/A	X	50.00%
MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT 06226	OUTPATIENT CARE CLINIC	CT		RELATED	33,012.	234,623.			X	N/A	X	50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
WINDHAM HEALTH SERVICES INC - 06-1461101 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226	HOME HEALTHCARE	CT	WINDHAM	C CORP			100%	X	
WINDHAM PHYSICIAN HOSPITAL ORGANIZATION - 06-1441614, 112 MANSFIELD AVENUE, WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT		C CORP			50.00%	X	
WINDHAM FAMILY MEDICAL SERVICES - 06-1491649 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT	WINDHAM	C CORP			.00%	X	
CENCONN SERVICES INC - 22-2836001 100 GRAND STREET NEW BRITAIN, CT 06050	INVESTMENT MANAGAMENT	CT	CCHA	C CORP			.00%	X	
GRAND INDEMNITY CO LTD - 98-0609499 40 CHURCH STREET HAMILTON, BERMUDA	PROFESSIONAL LIABILITY	BERMUDA	THOCC	C CORP			100%	X	
HARTFORD PHYSICIAN SERVICES - 06-1254082 80 SEYMOUR STREET HARTFORD, CT 06102	MEDICAL SERVICES	CT	HARTFORD HOSPITAL	C CORP			.00%	X	
MERIDEN IMAGING CENTER - 06-1541468 101 NORTH PLAINS INDUSTRIAL RD MERIDEN, CT 06429	IMAGING	CT	MIDSTATE	S CORP			80.00%	X	
HARTFORD HEATHCARE CORP DEFINED BENEFIT MASTER TRUST - 45-4530568, 80 SEYMOUR STREET, HARTFORD, CT 06102		CT	HARTFORD HEALTHCARE CORP	TRUST			.00%	X	
HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC - 22-2785918, 80 SEYMOUR STREET, HARTFORD, CT 06102	PHYSICIAN & HOSPITAL SUPPORT	CT	HARTFORD HEALTHCARE CORP	C CORP			50.00%	X	

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONNCARE INC	J	469,866.	COST
(2) OMNI HOME HEALTH	L	132,000.	COST
(3) CONNCARE INC	L	97,253.	COST
(4) CONNCARE INC	Q	2,827,572.	COST
(5) WWB INC	Q	9,308,319.	COST
(6)			



**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

NEW BRITAIN OCCUPATIONAL HEALTH CENTER LLC

EIN: 06-1484904

440 NEW BRITAIN AVENUE

PLAINVILLE , CT 06062

Form **990-W**

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

OMB No. 1545-0976

(Worksheet)  
Department of the Treasury  
Internal Revenue Service

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

**2013**

<b>1</b>	Unrelated business taxable income expected in the tax year .....	<b>1</b>	
<b>2</b>	<b>Tax on the amount on line 1.</b> See instructions for tax computation .....	<b>2</b>	
<b>3</b>	Alternative minimum tax (see instructions) .....	<b>3</b>	
<b>4</b>	Total. Add lines 2 and 3 .....	<b>4</b>	
<b>5</b>	Estimated tax credits (see instructions) .....	<b>5</b>	
<b>6</b>	Subtract line 5 from line 4 .....	<b>6</b>	
<b>7</b>	Other taxes (see instructions) .....	<b>7</b>	
<b>8</b>	Total. Add lines 6 and 7 .....	<b>8</b>	
<b>9</b>	Credit for federal tax paid on fuels (see instructions) .....	<b>9</b>	
<b>10a</b>	Subtract line 9 from line 8. <b>Note.</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	<b>10a</b>	
<b>b</b>	Enter the tax shown on the 2012 return (see instructions). <b>Caution.</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	<b>10b</b>	<b>74,522.</b>
<b>c</b>	<b>2013 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	<b>10c</b>	<b>74,524.</b>

		(a)	(b)	(c)	(d)
<b>11</b>	<b>Installment due dates</b> (see instructions) .....	<b>11</b>		<b>06/16/14</b>	<b>09/15/14</b>
<b>12</b>	<b>Required installments.</b> Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions) .....	<b>12</b>		<b>55,893.</b>	<b>18,631.</b>
<b>13</b>	<b>2012 Overpayment</b> (see instructions) .....	<b>13</b>			
<b>14</b>	<b>Payment due.</b> (Subtract line 13 from line 12.) .....	<b>14</b>		<b>55,893.</b>	<b>18,631.</b>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2013)

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

**2012**

Department of the Treasury  
Internal Revenue Service

For calendar year 2012 or other tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

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

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number (Employees' trust, see instructions.)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	<b>THE WILLIAM W BACKUS HOSPITAL</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>326 WASHINGTON STREET</b> City or town, state, and ZIP code <b>NORWICH, CT 06360</b>	<b>06-0250773</b>  E Unrelated business activity codes (See instructions) <b>621500 531120</b>
<b>C</b> Book value of all assets at end of year <b>477063817.</b>	F Group exemption number (see instructions) <b>▶</b>		
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

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

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <b>7,264,726.</b>			
b Less returns and allowances <b>5,029,970.</b> c Balance <b>▶</b>	1c <b>2,234,756.</b>		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 <b>2,234,756.</b>		<b>2,234,756.</b>
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (see instructions; attach statement)	12		
13 <b>Total.</b> Combine lines 3 through 12	13 <b>2,234,756.</b>		<b>2,234,756.</b>

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	<b>382,834.</b>
16 Repairs and maintenance	16	<b>8,589.</b>
17 Bad debts	17	<b>93,376.</b>
18 Interest (attach statement)	18	
19 Taxes and licenses	19	<b>17,771.</b>
20 Charitable contributions (see instructions for limitation rules) <b>STATEMENT 3 SEE STATEMENT 1</b>	20	<b>24,353.</b>
21 Depreciation (attach Form 4562)	21	<b>66,853.</b>
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	22b	<b>66,853.</b>
24 Contributions to deferred compensation plans	23	
25 Employee benefit programs	24	
26 Excess exempt expenses (Schedule I)	25	<b>88,314.</b>
27 Excess readership costs (Schedule J)	26	
28 Other deductions (attach statement) <b>SEE STATEMENT 2</b>	27	
29 <b>Total deductions.</b> Add lines 14 through 28	28	<b>1,332,485.</b>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	<b>2,014,575.</b>
31 Net operating loss deduction (limited to the amount on line 30)	30	<b>220,181.</b>
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31	
33 Specific deduction (generally \$1,000, but see instructions for exceptions)	32	<b>220,181.</b>
34 <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33	<b>1,000.</b>
	34	<b>219,181.</b>

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations taxable as corporations (35), Trusts taxable at trust rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Credited to 2013 estimated tax (49).

Part V Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

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.

Sign Here: Signature of officer, Date, Title (SENIOR VP/CFO), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (MICHAEL J. ENGLE), Preparer's signature, Date, Check self-employed, PTIN (P00482834), Firm's name (BKD, LLP), Firm's address (1201 WALNUT, SUITE 1700, KANSAS CITY, MO 64106), Firm's EIN (44-0160260), and Phone no. (816-221-6300).

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

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

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals .....			0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
			0.		

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	<b>0.</b>			<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II</b> (lines 1-5) .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

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

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

**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](http://www.irs.gov/form4626).

**2012**

Name <b>THE WILLIAM W BACKUS HOSPITAL</b>		Employer identification number <b>06-0250773</b>
<b>Note:</b> 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 .....	<b>219,181.</b>
<b>2 Adjustments and preferences:</b>		
a	Depreciation of post-1986 property .....	2a
b	Amortization of certified pollution control facilities .....	2b
c	Amortization of mining exploration and development costs .....	2c
d	Amortization of circulation expenditures (personal holding companies only) .....	2d
e	Adjusted gain or loss .....	2e
f	Long-term contracts .....	2f
g	Merchant marine capital construction funds .....	2g
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) .....	2h
i	Tax shelter farm activities (personal service corporations only) .....	2i
j	Passive activities (closely held corporations and personal service corporations only) .....	2j
k	Loss limitations .....	2k
l	Depletion .....	2l
m	Tax-exempt interest income from specified private activity bonds .....	2m
n	Intangible drilling costs .....	2n
o	Other adjustments and preferences .....	2o
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o .....	<b>219,181.</b>
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
a	ACE from line 10 of the ACE worksheet in the instructions .....	<b>219,181.</b>
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions) .....	<b>0.</b>
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount .....	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) .....	
e	ACE adjustment. <ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>0.</b>
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT .....	<b>219,181.</b>
6	Alternative tax net operating loss deduction (see instructions) .....	
7	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions .....	<b>219,181.</b>
<b>8 Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>69,181.</b>
b	Multiply line 8a by 25% (.25) .....	<b>17,295.</b>
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0- .....	<b>22,705.</b>
9	Subtract line 8c from line 7. If zero or less, enter -0- .....	<b>196,476.</b>
10	Multiply line 9 by 20% (.20) .....	<b>39,295.</b>
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) .....	
12	Tentative minimum tax. Subtract line 11 from line 10 .....	<b>39,295.</b>
13	Regular tax liability before applying all credits except the foreign tax credit .....	<b>74,522.</b>
14	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return .....	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2012)

\* SEE ALSO

STATEMENT 5

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1		Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626	1	219,181.
2		ACE depreciation adjustment:		
a		AMT depreciation	2a	
b		ACE depreciation:		
	(1)	Post-1993 property	2b(1)	
	(2)	Post-1989, pre-1994 property	2b(2)	
	(3)	Pre-1990 MACRS property	2b(3)	
	(4)	Pre-1990 original ACRS property	2b(4)	
	(5)	Property described in sections 168(f)(1) through (4)	2b(5)	
	(6)	Other property	2b(6)	
	(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)	
c		ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	
3		Inclusion in ACE of items included in earnings and profits (E&P):		
a		Tax-exempt interest income	3a	
b		Death benefits from life insurance contracts	3b	
c		All other distributions from life insurance contracts (including surrenders)	3c	
d		Inside buildup of undistributed income in life insurance contracts	3d	
e		Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e	
f		Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4		Disallowance of items not deductible from E&P:		
a		Certain dividends received	4a	
b		Dividends paid on certain preferred stock of public utilities that are deductible under section 247	4b	
c		Dividends paid to an ESOP that are deductible under section 404(k)	4c	
d		Nonpatronage dividends that are paid and deductible under section 1382(c)	4d	
e		Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e	
f		Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5		Other adjustments based on rules for figuring E&P:		
a		Intangible drilling costs	5a	
b		Circulation expenditures	5b	
c		Organizational expenditures	5c	
d		LIFO inventory adjustments	5d	
e		Installment sales	5e	
f		Total other E&P adjustments. Combine lines 5a through 5e	5f	
6		Disallowance of loss on exchange of debt pools	6	
7		Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8		Depletion	8	
9		Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10		Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626	10	219,181.

FORM 990-T CONTRIBUTIONS STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS	N/A	24,353.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		24,353.

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
OFFICE	65,249.
SUBSCRIPTIONS & EDUCATION	4,462.
OUTSIDE SERVICE	164,793.
SUPPLIES	227,587.
INSURANCE	97,302.
ADMINISTRATIVE	443,457.
OCCUPANCY	55,970.
TRAVEL	407.
MISCELLANEOUS	1,761.
PROFESSIONAL FEES	195,219.
CATERING EXPENSES	6,799.
CAFE EXPENSES	69,479.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,332,485.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2007

FOR TAX YEAR 2008

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

## TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

24,353

TOTAL CONTRIBUTIONS AVAILABLE

24,353

TAXABLE INCOME LIMITATION AS ADJUSTED

24,353

EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

24,353

TOTAL CONTRIBUTION DEDUCTION

24,353

FORM 990-T	TAX COMPUTATION	STATEMENT	4
1.	TAXABLE INCOME . . . . .	219,181	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	50,000	
3.	LINE 1 LESS LINE 2 . . . . .	169,181	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	25,000	
5.	LINE 3 LESS LINE 4 . . . . .	144,181	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	144,181	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	7,500	
9.	25 PERCENT OF LINE 4 . . . . .	6,250	
10.	34 PERCENT OF LINE 6 . . . . .	49,022	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX. . . . .	11,750	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		74,522

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 5

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2007

FOR TAX YEAR 2008

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

24,353

TOTAL CONTRIBUTIONS

24,353

10% OF TAXABLE INCOME AS ADJUSTED

24,353

EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS

24,353

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

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

**2012**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name <b>THE WILLIAM W BACKUS HOSPITAL</b>	Employer identification number <b>06-0250773</b>
--	---

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

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	<b>74,522.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>74,522.</b>
4 Enter the tax shown on the corporation's 2011 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....		<b>4</b>	
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>74,522.</b>

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

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

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

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>01/15/13</b>	<b>03/15/13</b>	<b>06/15/13</b>	<b>09/15/13</b>
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	<b>10</b>	<b>18,631.</b>	<b>18,630.</b>	<b>18,631.</b>	<b>18,630.</b>
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	<b>11</b>				
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>				
13 Add lines 11 and 12 .....	<b>13</b>				
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>18,631.</b>	<b>37,261.</b>	<b>55,892.</b>
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>18,631.</b>	<b>37,261.</b>	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>	<b>18,631.</b>	<b>18,630.</b>	<b>18,631.</b>	<b>18,630.</b>
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>				

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2012 and before 7/1/2012	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 06/30/2012 and before 10/1/2012	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2012 and before 1/1/2013	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2012 and before 4/1/2013	27	<b>SEE ATTACHED WORKSHEET</b>		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2013 and before 7/1/2013	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2013 and before 10/01/2013	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2013 and before 1/1/2014	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2013 and before 2/16/2014	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 <b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns	38	\$		<b>1,732.</b>

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



**Form CT-990T**  
**Connecticut Unrelated Business Income Tax Return**

**2012**

Complete this return in blue or black ink only.

Enter Income Year Beginning **▶ OCTOBER 1**, 2012, and Ending **▶ SEPTEMBER 30**, 2013

Taxpayer  (Please type or print)	Organization name <i>(please type or print)</i> <b>THE WILLIAM W BACKUS HOSPITAL</b>	CT Tax Registration Number <b>6005474</b>
	Address number and street PO Box <b>326 WASHINGTON STREET</b>	DRS use only <b>- -20</b>
	City or town State ZIP code <b>NORWICH, CT 06360</b>	Federal Employer ID Number (FEIN) <b>06-0250773</b>

**Check and Complete All Applicable Boxes** If the organization is annualizing its income check here

**Change of:**  Mailing address  Closing month (Attach explanation.) **Return status:**  Amended return  Initial return  Final return

**If final return:**  Dissolved  Withdrawn  Merged/reorganized: Enter survivor's CT Tax Reg. Number. \_\_\_\_\_

**Type of organization:**  Corporation  Domestic trust  Foreign trust  Other: Explain \_\_\_\_\_

1. Date unrelated trade or business began in Connecticut: 04/01/1987

2. Nature of unrelated trade or business income activity: LAB COURIER SERVICES

3. **Corporation only:** Enter state of incorporation: CONNECTICUT Date of organization: 04/01/1987

Date qualified in Connecticut if not incorporated in Connecticut: \_\_\_\_\_

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income		
1. Federal unrelated business taxable income from 2012 federal Form 990-T, Part II, Line 34	▶ 1	219,181 00
2. Federal net operating loss deduction from 2012 federal Form 990-T, Part II, Line 31	▶ 2	00
3. Federal deduction for Connecticut tax on unrelated business taxable income	▶ 3	17,771 00
4. <b>Total:</b> Add Lines 1, 2, and 3	▶ 4	236,952 00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	▶ 5	00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	▶ 6	236,952 00

Computation of Tax		
1. Unrelated business taxable income from Line 6 above. <b>If 100% Connecticut, enter also on Line 3</b>	▶ 1	236,952 00
2. Apportionment fraction from <i>Schedule A</i> , Line 5, page 2. Carry to six places	▶ 2	00
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	▶ 3	236,952 00
4. Operating loss carryover from <i>Schedule B</i> , Line 13 on page 2	▶ 4	00
5. Income subject to tax: Subtract Line 4 from Line 3	▶ 5	236,952 00
6. <b>Tax:</b> Multiply Line 5 by 7.5% (.075)	▶ 6	17,771 00

Computation of Amount Payable		
1. Tax: Include surtax if applicable. See instructions	▶ 1	17,771 00
2. <i>Reserved for future use</i>	▶ 2	00
3. Total Tax: Enter the amount from Line 1	▶ 3	17,771 00
4. Tax credits from <b>Form CT-1120K</b> , Part III, Line 9. <b>Do not exceed amount on Line 1</b>	▶ 4	00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	▶ 5	17,771 00
6a. Paid with application for extension from <b>Form CT-990T EXT</b>	▶ 6a	00
6b. Paid with estimates from <b>Forms CT-990T ESA, ESB, ESC, &amp; ESD</b>	▶ 6b	00
6c. Overpayment from prior year	▶ 6c	34,797 00
6. <b>Tax Payments:</b> Enter the total of Lines 6a, 6b, and 6c	▶ 6	34,797 00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	▶ 7	-17,026 00
8. Add Penalty ▶ (8a) _____ Interest ▶ (8b) _____ <b>CT-1120I Interest</b> ▶ (8c) <u>1,504.</u>	▶ 8	1,504 00
9. Amount to be credited to 2013 estimated tax ▶ (9a) <u>15,522.</u> Refunded ▶ (9b)	▶ 9	15,522 00

**For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e.**

9c. Checking  Savings  9d. Routing number  \_\_\_\_\_

9e. Account number  9f. Will this refund go to a bank account outside the U.S.?  Yes

10. **Balance due with this return:** Add Line 7 and Line 8  10  0 00

Visit the DRS website at [www.ct.gov/DRS](http://www.ct.gov/DRS) or [www.ct.gov/TSC](http://www.ct.gov/TSC) to pay electronically. Taxpayer Service Center

Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014

Make check payable to: Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

<b>Sign Here</b>	Signature of officer or fiduciary	Date	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Title <b>SENIOR VP/CFO</b>	Telephone number <b>860-889-8331</b>	
Keep a copy of this return for your records.	Officer's email address	Paid preparer's signature	Date
	Firm's name and address <b>BKD, LLP</b>	Preparer's SSN or PTIN <b>P00482834</b>	Telephone number
	<b>KANSAS CITY, MO 64106</b>	FEIN <b>44-0160260</b>	<b>816-221-6300</b>

**Schedule A - Unrelated Business Income Apportionment:** See instructions.

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

Factor	Item	Column A Connecticut		Column B Everywhere		Column C Divide Column A by Column B. Carry to six places
Property  (Average value)	1. (a) Inventories		00		00	
	(b) Tangible property		00		00	
	(c) Real property		00		00	
	(d) Capitalized rent		00		00	
	<b>1. Total</b>		00		00	
Receipts	2. (a) Sales of tangibles		00		00	
	(b) Services		00		00	
	(c) Rentals		00		00	
	(d) Other		00		00	
	<b>2. Total</b>		00		00	
Wages, salaries, and other compensation	<b>3. Total</b>		00		00	
4. <b>Total:</b> Add Lines 1, 2, and 3 in Column C.						
5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C</i> , Line 4; and also on front page, <i>Computation of Tax</i> , Line 2.						

**Schedule B - Connecticut Apportioned Operating Loss Carryover**

1. 2000 Connecticut net operating loss available for use in 2012	1.		00
2. 2001 Connecticut net operating loss available for use in 2012	2.		00
3. 2002 Connecticut net operating loss available for use in 2012	3.		00
4. 2003 Connecticut net operating loss available for use in 2012	4.		00
5. 2004 Connecticut net operating loss available for use in 2012	5.		00
6. 2005 Connecticut net operating loss available for use in 2012	6.		00
7. 2006 Connecticut net operating loss available for use in 2012	7.		00
8. 2007 Connecticut net operating loss available for use in 2012	8.		00
9. 2008 Connecticut net operating loss available for use in 2012	9.		00
10. 2009 Connecticut net operating loss available for use in 2012	10.		00
11. 2010 Connecticut net operating loss available for use in 2012	11.		00
12. 2011 Connecticut net operating loss available for use in 2012	12.		00
13. <b>Total:</b> Add Lines 1 through 12. Enter here and on <i>Computation of Tax</i> , Line 4.	13.		00

**Schedule C - Computation of Net Operating Loss Carryforward**

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero	1.		00
2. Add back specific deduction from 2012 federal Form 990-T, Part II, Line 33	2.		00
3. Subtotal: Add Line 1 and Line 2	3.		00
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.		
5. 2012 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.		00

**Form CT-1120I**  
**Computation of Interest Due on Underpayment of Estimated Tax**

**2012**

Enter Income Year Beginning     OCT 1    , 2012, and Ending     SEP 30    , 2013

Corporation name  <p align="center"><b>THE WILLIAM W BACKUS HOSPITAL</b></p>	Connecticut Tax Registration Number  <p align="center"><b>6005474</b></p>
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<b>Part I - Computation of Required Annual Payment</b>		
1. Tax due from 2012 Form CT-1120 or Form CT-1120U, Schedule C, Line 6, minus Schedule C, Line 1c; Form CT-1120CR, Part IV, Line 13, minus Part IV, Line 4; or Form CT-990T, Computation of Amount Payable, Line 5. See instructions. ....	1.	<b>17,771.</b>
2. Multiply Line 1 by 90% (.90). ....	2.	<b>15,994.</b>
3. Tax from 2011 Form CT-1120 or Form CT-1120U, Schedule C, Line 1, minus Schedule C, Line 1c; or Form CT-1120CR, Part IV, Line 7, minus Part IV, Line 4; or Form CT-990T, Computation of Amount Payable, Line 3. See instructions. ....	3.	
4. Multiply Line 3 by 100% (1.00). ....	4.	
5. Required annual payment: Enter the lesser of Line 2 or Line 4. ....	5.	<b>15,994.</b>

<b>Part II - Computation of Required Installments</b>		
6. First required installment: Multiply Line 5 by 30% (.30). Enter here and on Part III, Line 13, Column A, or Part IV, Line 10a. ....	6.	<b>4,798.</b>
7. Second required installment: Multiply Line 5 by 40% (.40). Enter here and on Part III, Line 13, Column B, or Part IV, Line 13c. ....	7.	<b>6,398.</b>
8. Third required installment: Multiply Line 5 by 10% (.10). Enter here and on Part III, Line 13, Column C, or Part IV, Line 16c. ....	8.	<b>1,599.</b>
9. Fourth required installment: Multiply Line 5 by 20% (.20). Enter here and on Part III, Line 13, Column D, or Part IV, Line 19c. ....	9.	<b>3,199.</b>

<b>Part III - Annualized Income Installment Schedule</b>								
You must complete one column entirely before continuing to the next column.								
<b>Estimated Payment Calculation</b>	<b>A</b>	<b>First 2 Months</b>	<b>B</b>	<b>First 5 Months</b>	<b>C</b>	<b>First 8 Months</b>	<b>D</b>	<b>First 11 Months</b>
1. Enter your Connecticut corporation business income for each period. See instructions.								
2. Annualization factor		6		2.4		1.5		1.09091
3. Annualized Connecticut corporation business income: Multiply Line 1 by Line 2.								
4. Multiply Line 3 by 7.5% (.075).								
5. Enter amounts for surtax and preference tax, if applicable. See instructions.								
6. Add Line 4 and Line 5.								
7. Corporation business tax credits: See instructions.								
8. Total annualized corporation business tax: Subtract Line 7 from Line 6.								
9. Applicable percentages		.27		.63		.72		.90
10. Multiply Line 8 by Line 9.								
11. Add the amounts in all preceding columns of Line 10. See instructions.								
12. Annualized income installment using net income: Subtract Line 11 from Line 10. If zero or less, enter "0."								
13. Enter your required installment for the period. See instructions.								
14. Enter the amount from Line 16 of the preceding column of this worksheet.								
15. Add Line 13 and Line 14 and enter here.								
16. If Line 15 is more than Line 12, subtract Line 12 from Line 15 (otherwise enter "0").								
17. Enter the lesser of Line 12 or Line 15.								
18. Total required installment for the period: Add Line 11 and Line 17.								
19. Estimated tax payments made through the due date for the period.								
20. <b>Estimated tax payment required by the next due date:</b> Subtract Line 19 from Line 18 and enter the result, but not less than "0."								

Part IV - Computation of Interest		
10a. <b>First installment:</b> Enter the required installment amount due on the fifteenth day of the third month. ....	10a	4,798.
10b. Enter payments made or credits received on or before the fifteenth day of the third month. ....	10b	
10c. First installment underpayment balance: Subtract Line 10b from Line 10a. ....	10c	4,798.
<b>10. Interest due - Sixteenth day of the third month through the fifteenth day of the fourth month.</b> Multiply Line 10c by .01 if greater than zero. ....	10	48.
11a. Enter payments made or credits received on or before the fifteenth day of the fourth month. ....	11a	
11b. First installment underpayment balance: Subtract Line 11a from Line 10c. ....	11b	4,798.
<b>11. Interest due - Sixteenth day of the fourth month through the fifteenth day of the fifth month.</b> Multiply Line 11b by .01 if greater than zero. ....	11	48.
12a. Enter payments made or credits received on or before the fifteenth day of the fifth month. ....	12a	
12b. First installment underpayment balance: Subtract Line 12a from Line 11b. ....	12b	4,798.
<b>12. Interest due - Sixteenth day of the fifth month through the fifteenth day of the sixth month.</b> Multiply Line 12b by .01 if greater than zero. ....	12	48.
13a. <b>Second installment:</b> Enter payments made or credits recd on or before the fifteenth day of the sixth month. ....	13a	
13b. First installment underpayment balance: Subtract Line 13a from Line 12b. ....	13b	4,798.
13c. Enter the second required installment amount due on the fifteenth day of the sixth month. ....	13c	6,398.
13d. Second installment underpayment balance: Add Line 13b and Line 13c. ....	13d	11,196.
<b>13. Interest due - Sixteenth day of the sixth month through the fifteenth day of the seventh month.</b> Multiply Line 13d by .01 if greater than zero. ....	13	112.
14a. Enter payments made or credits received on or before the fifteenth day of the seventh month. ....	14a	
14b. Second installment underpayment balance: Subtract Line 14a from Line 13d. ....	14b	11,196.
<b>14. Interest due - Sixteenth day of the seventh month through the fifteenth day of the eighth month.</b> Multiply Line 14b by .01 if greater than zero. ....	14	112.
15a. Enter payments made or credits received on or before the fifteenth day of the eighth month. ....	15a	
15b. Second installment underpayment balance: Subtract Line 15a from Line 14b. ....	15b	11,196.
<b>15. Interest due - Sixteenth day of the eighth month through the fifteenth day of the ninth month.</b> Multiply Line 15b by .01 if greater than zero. ....	15	112.
16a. <b>Third installment:</b> Enter payments made or credits received on or before the fifteenth day of the ninth month. ....	16a	
16b. Second installment underpayment balance: Subtract Line 16a from Line 15b. ....	16b	11,196.
16c. Enter the third required installment amount due on the fifteenth day of the ninth month. ....	16c	1,599.
16d. Third installment underpayment balance: Add Line 16b and Line 16c. ....	16d	12,795.
<b>16. Interest due - Sixteenth day of the ninth month through the fifteenth day of the tenth month.</b> Multiply Line 16d by .01 if greater than zero. ....	16	128.
17a. Enter payments made or credits received on or before the fifteenth day of the tenth month. ....	17a	
17b. Third installment underpayment balance: Subtract Line 17a from Line 16d. ....	17b	12,795.
<b>17. Interest due - Sixteenth day of the tenth month through the fifteenth day of the eleventh month.</b> Multiply Line 17b by .01 if greater than zero. ....	17	128.
18a. Enter payments made or credits received on or before the fifteenth day of the eleventh month. ....	18a	
18b. Third installment underpayment balance: Subtract Line 18a from Line 17b. ....	18b	12,795.
<b>18. Interest due - Sixteenth day of the eleventh month through the fifteenth day of the twelfth month.</b> Multiply Line 18b by .01 if greater than zero. ....	18	128.
19a. <b>Fourth installment:</b> Enter payments made or credits received on or before the fifteenth day of the twelfth month. ....	19a	
19b. Third installment underpayment balance: Subtract Line 19a from Line 18b. ....	19b	12,795.
19c. Enter the fourth required installment amount due on the fifteenth day of the twelfth month. ....	19c	3,199.
19d. Fourth installment underpayment balance: Add Line 19b and Line 19c. ....	19d	15,994.
<b>19. Interest due - Sixteenth day of the twelfth month through the fifteenth day of the thirteenth month.</b> Multiply Line 19d by .01 if greater than zero. ....	19	160.
20a. Enter payments made or credits received on or before the fifteenth day of the thirteenth month. ....	20a	
20b. Fourth installment underpayment balance: Subtract Line 20a from Line 19d. ....	20b	15,994.
<b>20. Interest due - Sixteenth day of the thirteenth month through the fifteenth day of the fourteenth month.</b> Multiply Line 20b by .01 if greater than zero. ....	20	160.
21a. Enter payments made or credits received on or before the fifteenth day of the fourteenth month. ....	21a	
21b. Fourth installment underpayment balance: Subtract Line 21a from Line 20b. ....	21b	15,994.
<b>21. Interest due - Sixteenth day of the fourteenth month through the fifteenth day of the fifteenth month.</b> Multiply Line 21b by .01 if greater than zero. ....	21	160.
22a. Enter payments made or credits received on or before the fifteenth day of the fifteenth month. ....	22a	
22b. Fourth installment underpayment balance: Subtract Line 22a from Line 21b. ....	22b	15,994.
<b>22. Interest due - Sixteenth day of the fifteenth month to the first day of the sixteenth month.</b> Multiply Line 22b by .01 if greater than zero. ....	22	160.
<b>23. Total interest due: Add Lns 10 through 22. Enter here and on the appropriate Connecticut tax form.</b>	23	1,504.