

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014

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	C Name of organization THE WILLIAM W BACKUS HOSPITAL		D Employer identification number 06-0250773
	Doing Business As		E Telephone number 860-889-8331
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 345,215,684.
	326 WASHINGTON STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code NORWICH, CT 06360		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number ▶
F Name and address of principal officer: DANIEL E LOHR SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.BACKUSHOSPITAL.ORG		L Year of formation: 1891	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: CT	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BACKUS HOSPITAL DELIVERS AND COORDINATES A CONTINUUM OF HIGH-QUALITY HEALTH CARE THAT IS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	2061
	6 Total number of volunteers (estimate if necessary)	6	453
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,712,206.
b Net unrelated business taxable income from Form 990-T, line 34	7b	424,011.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,225,848.	2,374,100.
	9 Program service revenue (Part VIII, line 2g)	279,344,487.	302,711,330.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,336,590.	9,511,371.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,501,468.	2,179,591.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	289,408,393.	316,776,392.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	130,303.	145,509.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	144,190,562.	134,279,532.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 479,261.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	113,205,414.	124,191,524.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	257,526,279.	258,616,565.	
19 Revenue less expenses. Subtract line 18 from line 12	31,882,114.	58,159,827.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 477,063,817.	End of Year 513,864,285.
	21 Total liabilities (Part X, line 26)	151,234,531.	158,969,385.
	22 Net assets or fund balances. Subtract line 21 from line 20	325,829,286.	354,894,900.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 206,360,909. including grants of \$ 145,509.) (Revenue \$ 303,812,409.) IN FISCAL YEAR 2014, BACKUS HOSPITAL HAD 9,801 ADMISSIONS, 78,481 EMERGENCY DEPARTMENT VISITS, AND 486,854 OUTPATIENT VISITS. THE HOSPITAL DELIVERED 896 BABIES AND 6,363 SAME DAY SURGICAL PROCEDURES. BACKUS PERFORMED 137,707 OUTPATIENT IMAGING EXAMS, 7,293 MRI EXAMINATIONS, 7,985 PSYCHIATRIC CLINICAL VISITS AND 8,093 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 206,360,909.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with Yes/No columns and input fields for values like 2020, 2061, etc.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID WHITEHEAD TRUSTEE/PRESIDENT/CEO	40.00 7.00	X		X				731,171.	0.	45,918.
(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) JAMES CARDON, MD 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) ELLIOT JOSEPH TRUSTEE	2.00 40.00	X						0.	1,847,535.	347,786.
(17) DANIEL LOHR SENIOR VP/CFO	40.00 9.00			X				481,725.	0.	38,685.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CAROLYN TRANTALIS VP OPERATIONS EAST REGION	1.00 40.00			X				0.	195,013.	21,586.
(19) MARY BYLONE VP PATIENT CARE EAST REGION	40.00			X				246,598.	0.	20,900.
(20) THERESA BUSS VP HUMAN RESOURCES E. REGION	40.00			X				234,419.	0.	20,380.
(21) PETER SHEA SENIOR VP/MEDICAL DIRECTOR	40.00				X			452,908.	0.	38,268.
(22) SERGIO CASILLAS PHYSICIAN	40.00					X		552,668.	0.	36,254.
(23) ROBERT SIDMAN PHYSICIAN	40.00					X		436,250.	0.	37,598.
(24) MARK TOUSIGNANT PHYSICIAN	40.00					X		440,368.	0.	37,598.
(25) WILLIAM HORGAN PHYSICIAN	40.00					X		358,568.	0.	37,598.
(26) RICHARD GOULDING PHYSICIAN	40.00					X		361,040.	0.	37,598.
1b Sub-total								4,295,715.	2,042,548.	720,169.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,295,715.	2,042,548.	720,169.

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 **191**

	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	3,187,496.
YALE NEW HAVEN HOSPITAL 20 YORK STREET, NEW HAVEN, CT 06504	MEDICAL SERVICES	2,311,515.
ROPES & GRAY LLP PO BOX 414265, BOSTON, MA 02241	LEGAL	1,416,980.
BARTON & ASSOCIATES PO BOX 417844, BOSTON, MA 02241	MEDICAL SERVICES	1,326,206.
EXECUTIVE HEALTH RESOURCES PO BOX 822688, PHILADELPHIA, PA 19182	CONSULTING	975,105.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **37**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	82,858.				
	d Related organizations	1d	1,710.				
	e Government grants (contributions)	1e	556,154.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,733,378.				
	g Noncash contributions included in lines 1a-1f: \$		3,765.				
	h Total. Add lines 1a-1f		2,374,100.				
	Program Service Revenue		Business Code				
2 a INPATIENT		900099	123,906,609.	123,906,609.			
b OUTPATIENT		900099	116,551,873.	116,551,873.			
c EMERGENCY DEPT		900099	58,535,862.	58,535,862.			
d LAB COURIER SERVICE		621500	2,658,878.		2,658,878.		
e EHR REVENUE		900099	1,058,108.	1,058,108.			
f All other program service revenue							
g Total. Add lines 2a-2f		302,711,330.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,751,637.			3,751,637.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	1,177,783.				
		(ii) Personal					
		b Less: rental expenses	1,655,972.				
		c Rental income or (loss)	-478,189.				
	d Net rental income or (loss)		-478,189.			-478,189.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	32,039,843.				
		(ii) Other	93,500.				
		b Less: cost or other basis and sales expenses	26,093,258.	280,351.			
		c Gain or (loss)	5,946,585.	-186,851.			
	d Net gain or (loss)		5,759,734.			5,759,734.	
	8 a Gross income from fundraising events (not including \$ 82,858. of contributions reported on line 1c). See Part IV, line 18	a	24,800.				
		b Less: direct expenses	56,725.				
c Net income or (loss) from fundraising events			-31,925.			-31,925.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	499,903.					
	b Less: cost of goods sold	352,986.					
	c Net income or (loss) from sales of inventory		146,917.			146,917.	
Miscellaneous Revenue		Business Code					
11 a CAFETERIA	722320	1,250,359.			1,250,359.		
	b PURCHASE DISCOUNTS	900099	285,378.	285,378.			
	c CHILD CARE	624410	191,350.		191,350.		
	d All other revenue	900099	815,701.	762,373.	53,328.		
	e Total. Add lines 11a-11d		2,542,788.				
12 Total revenue. See instructions.		316,776,392.	301,100,203.	2,712,206.	10,589,883.		

Part IX Statement of Functional Expenses

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

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

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	135,509.	135,509.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,025,125.	430,003.	1,595,122.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	110,766,120.	101,785,251.	8,848,523.	132,346.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,092,638.	2,802,653.	286,356.	3,629.
9 Other employee benefits	10,453,351.	9,473,181.	967,904.	12,266.
10 Payroll taxes	7,942,298.	7,197,580.	735,399.	9,319.
11 Fees for services (non-employees):				
a Management				
b Legal	604,127.		604,127.	
c Accounting	596,470.		596,470.	
d Lobbying	64,774.		64,774.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	213,746.		213,746.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	28,797,163.	15,378,807.	13,418,356.	
12 Advertising and promotion	142,823.	119,444.		23,379.
13 Office expenses	4,705,389.	3,679,610.	1,023,712.	2,067.
14 Information technology	3,584,111.	462,903.	3,121,208.	
15 Royalties				
16 Occupancy	5,558,850.	517,301.	5,041,549.	
17 Travel	268,727.	133,647.	135,080.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,319.	4,633.	22,686.	
20 Interest	2,777,042.		2,777,042.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,002,794.	6,543,596.	8,459,198.	
23 Insurance	1,924,718.	1,363,097.	561,621.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL EXPENSES	37,083,444.	37,083,444.		
b BAD DEBT	8,078,005.	8,035,283.	42,722.	
c MAINT/SERVICE CONTRACTS	5,112,846.	3,981,740.	1,131,106.	
d LAB EXPENSES	4,227,272.	4,227,272.		
e All other expenses	5,421,904.	2,995,955.	2,129,694.	296,255.
25 Total functional expenses. Add lines 1 through 24e	258,616,565.	206,360,909.	51,776,395.	479,261.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,643,564.	1	2,710,787.	
	2 Savings and temporary cash investments	130,996,812.	2	184,674,883.	
	3 Pledges and grants receivable, net	29,416.	3	460.	
	4 Accounts receivable, net	31,013,657.	4	36,980,052.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L				6
	7 Notes and loans receivable, net	53,821.	7	11,760.	
	8 Inventories for sale or use	3,778,841.	8	3,836,103.	
	9 Prepaid expenses and deferred charges	2,941,851.	9	2,589,705.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 303,097,892.			
	b Less: accumulated depreciation	10b 175,263,190.			
	11 Investments - publicly traded securities	138,743,906.	10c	127,834,702.	
	12 Investments - other securities. See Part IV, line 11	158,491,234.	11	145,614,943.	
	13 Investments - program-related. See Part IV, line 11	12,632.	12	12,632.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	9,358,083.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	477,063,817.	15	9,598,258.		
17 Accounts payable and accrued expenses	21,300,221.	16	513,864,285.		
18 Grants payable		17	22,981,573.		
19 Deferred revenue		18			
20 Tax-exempt bond liabilities	62,005,476.	19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21			
23 Secured mortgages and notes payable to unrelated third parties	1,527,930.	22			
24 Unsecured notes and loans payable to unrelated third parties		23	1,463,627.		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	66,400,904.	24			
26 Total liabilities. Add lines 17 through 25	151,234,531.	25	134,524,185.		
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	158,969,385.		
28 Unrestricted net assets	314,456,228.	27	343,007,454.		
29 Temporarily restricted net assets	3,305,592.	28	3,534,497.		
30 Permanently restricted net assets	8,067,466.	29	8,352,949.		
31 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
32 Capital stock or trust principal, or current funds		30			
33 Paid-in or capital surplus, or land, building, or equipment fund		31			
34 Retained earnings, endowment, accumulated income, or other funds		32			
35 Total net assets or fund balances	325,829,286.	33	354,894,900.		
36 Total liabilities and net assets/fund balances	477,063,817.	34	513,864,285.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	316,776,392.
2	Total expenses (must equal Part IX, column (A), line 25)	2	258,616,565.
3	Revenue less expenses. Subtract line 2 from line 1	3	58,159,827.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	325,829,286.
5	Net unrealized gains (losses) on investments	5	604,064.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-407,865.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,290,412.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	354,894,900.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 (2013)

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013
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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		64,774.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			64,774.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

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	5,551,985.	5,396,859.	5,396,859.	5,320,786.	4,841,631.
b Contributions				5,000.	358,064.
c Net investment earnings, gains, and losses	169,678.	159,637.	5,226.	76,505.	505,259.
d Grants or scholarships					
e Other expenditures for facilities and programs					378,271.
f Administrative expenses	2,217.	4,511.	5,226.	5,432.	5,897.
g End of year balance	5,719,446.	5,551,985.	5,396,859.	5,396,859.	5,320,786.

- 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? | | |
- 3b
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,011,878.		5,011,878.
b Buildings	10,381,267.	118,751,476.	38,393,196.	90,739,547.
c Leasehold improvements		64,622,232.	57,266,471.	7,355,761.
d Equipment		104,145,346.	79,603,523.	24,541,823.
e Other		185,693.		185,693.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 127,834,702.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO 3RD PARTIES	8,036,715.
(3) EMPLOYEE RELATED OBLIGATIONS	42,795,856.
(4) SELF-INSURED PROF LIABILITY	9,181,837.
(5) CAPITAL LEASE OBLIGATIONS	6,848,070.
(6) OTHER LIABILITIES	4,532,110.
(7) DUE FROM AFFILIATES	2,841,766.
(8) TAX EXEMPT SERIES E BOND PREMIUM	1,503,488.
(9) LT INTERCOMPANY DEBT SERIES E	58,784,343.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	134,524,185.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	318,530,621.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	604,064.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	604,064.
3	Subtract line 2e from line 1	3	317,926,557.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	596,611.
b	Other (Describe in Part XIII.)	4b	-1,746,776.
c	Add lines 4a and 4b	4c	-1,150,165.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	316,776,392.

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

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

1	Total expenses and losses per audited financial statements	1	260,250,295.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,899,548.
e	Add lines 2a through 2d	2e	1,899,548.
3	Subtract line 2e from line 1	3	258,350,747.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	188,746.
b	Other (Describe in Part XIII.)	4b	77,072.
c	Add lines 4a and 4b	4c	265,818.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	258,616,565.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: 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-152,130

K-1 PASSTHROUGH-642

LOSS ON FIXED ASSETS-(186,851)

RENTAL EXPENSES-(1,655,972)

GOLF TOURNAMENT EXPENSES-(56,725)

Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES-1,655,972

GOLF TOURNAMENT EXPENSES-56,725

LOSS ON FIXED ASSETS-186,851

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AUXILIARY EXPENSES-77,072

SCHEDULE D PART X LINE 2

EXPLANATION: 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	1 Gross receipts	58,110.	49,548.		107,658.
	2 Less: Contributions	40,510.	42,348.		82,858.
	3 Gross income (line 1 minus line 2)	17,600.	7,200.		24,800.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,100.	1,500.		6,600.
	6 Rent/facility costs	16,910.	8,580.		25,490.
	7 Food and beverages	3,485.	8,664.		12,149.
	8 Entertainment		750.		750.
	9 Other direct expenses	7,768.	3,968.		11,736.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				56,725.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-31,925.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization 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

2013

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

**Open to Public
Inspection**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1788699.		1788699.	.71%
b Medicaid (from Worksheet 3, column a)			59487196.	39651920.	19835276.	7.92%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			61275895.	39651920.	21623975.	8.63%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			532,644.	5,455.	527,189.	.21%
f Health professions education (from Worksheet 5)			221,658.		221,658.	.09%
g Subsidized health services (from Worksheet 6)			2194502.		2194502.	.88%
h Research (from Worksheet 7)			11,812.		11,812.	.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			63,564.		63,564.	.03%
j Total. Other Benefits			3024180.	5,455.	3018725.	1.21%
k Total. Add lines 7d and 7j			64300075.	39657375.	24642700.	9.84%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number

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

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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
5 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.BACKUSHOSPITAL.ORG/HEALTHSURVEY</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs		X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c 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 free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %			
If "No," explain in Section C the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing discounted care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %			
If "No," explain in Section C 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"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
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 Section C)		

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 the individual'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 Section C)		
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 individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
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 Section C)		

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 individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

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
19	<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 Section C)
- d Other (describe in Section C)

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 Section C)

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

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

If "Yes," explain in Section C.

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

22		<input checked="" type="checkbox"/>
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If "Yes," explain in Section C.

Part V Facility Information *(continued)*

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

THE WILLIAM W BACKUS HOSPITAL:

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

Part V Facility Information (continued)

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

AREA COMPARES ON A STATE AND NATIONAL LEVEL.

THE SUMMARY REPORT IS AVAILABLE AT:

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

THE WILLIAM W BACKUS HOSPITAL:

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

THE WILLIAM W BACKUS HOSPITAL:

PART V, SECTION B, LINE 7: BY FOCUSING EFFORTS THE CROSS-CUTTING ISSUES OF ACCESS TO CARE, PREVENTATIVE HEALTH (INCLUDING CHRONIC AND INFECTIOUS DISEASE, RESPIRATORY HEALTH, AND OBESITY), AND MENTAL HEALTH (INCLUDING

Part V Facility Information (continued)

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

SUBSTANCE ABUSE), THE BACKUS HEALTH SYSTEM WILL TAKE A COMPREHENSIVE APPROACH TO ADDRESSING EIGHT OF THE NINE MOST URGENT NEEDS IN THE COMMUNITIES IT SERVES.

AS WITH ALL BACKUS HEALTH SYSTEM PROGRAMS, IT WILL CONTINUE TO MONITOR COMMUNITY NEEDS AND ADJUST PROGRAMMING AND SERVICES ACCORDINGLY.

BACKUS RECOGNIZES THAT THERE ARE NUMEROUS PARTNERS IN THE COMMUNITY THAT CAN HELP TO IMPROVE THE IDENTIFIED HEALTH NEEDS. IN SOME CASES, PARTNERS ARE BETTER SUITED TO LEAD THE INITIATIVE TO IMPACT CERTAIN HEALTH NEEDS. SUCH IS THE CASE WITH THE BUILT ENVIRONMENT. BACKUS HEALTH SYSTEM WILL SUPPORT ONGOING AND NEW EFFORTS TO IMPROVE THE COMMUNITY'S PHYSICAL ENVIRONMENT AND INFRASTRUCTURE TO IMPROVE SAFETY, THE TRANSPORTATION SYSTEM, AND CREATE MORE OPPORTUNITIES FOR PHYSICAL ACTIVITY, BUT SEES ITS PRIMARY ROLE AS ALLOCATING RESOURCES TO ADDRESS DIRECT HEALTH NEEDS FOR THE COMMUNITY.

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

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

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

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

Schedule H (Form 990) 2013

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN
THIS COLUMN IS \$ 8,078,005.

PART III, LINE 4:

EXPLANATION: SEE PAGES 10&19 OF THE AUDITED FINANCIAL STATEMENTS. LINE
3-COST METHODOLOGY EQUALS RCC FROM 2014 OHCA FILING. PORTION OF BAD DEBT
CONSIDERED COMMUNITY BENEFIT IS BASED ON THE COST OF THE ACCOUNTS RETURNED
FROM THE COLLECTION AGENCY AS UNCOLLECTIBLE.

PART III, LINE 8:

EXPLANATION: THE MEDICARE SHORTFALL WAS NOT INCLUDED IN THE COMMUNITY
BENEFIT COST. THE COSTING METHODOLOGY CONSISTED OF INFORMATION FROM THE
HOSPITAL'S COST ACCOUNTING SYSTEM AS WELL AS COSTS FROM THE MEDICARE COST
REPORT

Part VI Supplemental Information (Continuation)

PART III, LINE 9B:

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

PART VI, LINE 2:

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

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

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)

PART VI, LINE 3:

EXPLANATION: NOTIFICATION ABOUT CHARITABLE CARE AND ASSISTANCE PROGRAMS IS

Part VI Supplemental Information (Continuation)

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

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

FINANCIAL ASSISTANCE

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

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

INCOME VERIFICATION

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

APPROPRIATE VERIFICATION SOURCES INCLUDE:

"MOST RECENT FEDERAL TAX RETURN AND W-2

"MOST RECENT 3 PAYROLL CHECKS

"COPIES OF UNEMPLOYMENT CHECKS

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

Part VI Supplemental Information (Continuation)

"COPIES OF SOCIAL SECURITY EARNINGS, IF ANY

"ANY OTHER PERTINENT INFORMATION

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

FINANCIAL ASSISTANCE OPTIONS

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

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

FINANCIALLY INDIGENT

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

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

MEDICALLY INDIGENT

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

Part VI Supplemental Information (Continuation)

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

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

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

FINANCIAL ASSISTANCE LETTER

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

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

FREQUENTLY ASKED QUESTIONS

Part VI Supplemental Information (Continuation)

1. DOES THE HOSPITAL HAVE A FINANCIAL ASSISTANCE POLICY?

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

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

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

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

2. WHAT SERVICES DOES THE FINANCIAL ASSISTANCE POLICY COVER?

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

FINANCIAL ASSISTANCE MAY NOT BE GRANTED FOR SOME PROCEDURES, SUCH AS ELECTIVE PROCEDURES OR SOME SPECIAL SITUATIONS, SUCH AS THAT OF AN INDIVIDUAL WHO IS ELIGIBLE FOR INSURANCE BUT HAS REFUSED TO APPLY OR FUNDS ARE AVAILABLE THROUGH ANOTHER SOURCE FOR PAYMENT (I.E. SETTLEMENTS, STATE FUNDED PROGRAMS).

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

Part VI Supplemental Information (Continuation)

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

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

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

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

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

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

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

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

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

6. DOES THE HOSPITAL HAVE A PROGRAM FOR PATIENTS WHO DON'T QUALIFY FOR TRADITIONAL FINANCIAL ASSISTANCE BUT INCUR CATASTROPHIC MEDICAL DEBTS?

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

Part VI Supplemental Information (Continuation)

PART VI, LINE 4:

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

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

PART VI, LINE 5:

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

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

C)THE HOSPITAL OWNS AND OPERATES A MOBILE HEALTH RESOURCE CENTER- A 40-FOOT VAN AND A SMALLER "CAREVAN" THAT TRAVELS TO VARIOUS LOCATIONS IN EASTERN CONNECTICUT OFFERING HEALTH EDUCATION, COUNSELING, AND SCREENINGS. THE VANS MAKE REGULARLY SCHEDULED STOPS AT SENIOR CITIZEN CENTERS, SOUP KITCHENS, ELDERLY HOUSING COMPLEXES, AND HOMELESS SHELTERS. NOT-FOR PROFIT GROUPS ARE ENCOURAGED TO REQUEST THE VANS AND THEIR SERVICES AT

Part VI Supplemental Information (Continuation)

THEIR FUNCTIONS OR OFFICES.

D)THE HOSPITAL PROVIDES INDIVIDUALS WHO DO NOT IDENTIFY AS HAVING A PRIMARY MEDICAL HOME WITH A FOLLOW UP VISIT POST DISCHARGE TO LINK THESE INDIVIDUALS WITH A PRIMARY CARE PHYSICIAN IN THE COMMUNITY. THIS IS FACILITATED THROUGH THE "MY HEALTH DIRECT" PROGRAM, A WEB-BASED TOOL THAT ALLOWS HOSPITAL STAFF TO ACCESS BLOCKED APPOINTMENTS FOR PHYSICIANS IN THE COMMUNITY. FROM 10/1/13 TO 9/30/14 THE HOSPITAL LINKED 1,171 INDIVIDUALS WITH PRIMARY AND PREVENTIVE CARE.

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 MEDICATION CARDS TO HELP PATIENTS KEEP TRACK OF THEIR CURRENT MEDICATIONS, AND ITS PHARMACISTS OFFER FREE REGULAR EDUCATION REVIEWS TO CHECK FOR POSSIBLE INTERACTIONS AND EXPIRED MEDICATION.

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

I)THE HOSPITAL PUBLISHES A BI-MONTHLY HEALTH MAGAZINE. THE PUBLICATION CONTAINS INFORMATION ABOUT HEALTH ISSUES AND TRENDS, A CALENDAR OF FREE HEALTHCARE EDUCATION AND SCREENINGS, AND CONTACT INFORMATION FOR HEALTHCARE PROVIDERS. 98,000 COPIES ARE DISTRIBUTED BI-MONTHLY.

PART VI, LINE 6:

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

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

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

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

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF COMMERCE OF SE CT 914 HARTFORD TPKE WATERFORD, CT 06385	06-0475490	501C6	11,000.	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
UNITED WAY OF SE CT PO BOX 375 GALES FERRY, CT 06335	06-0771393	501C3	8,000.	0.			SPONSORSHIP
BROADWAY KIDS 12 PENNSYLVANIA AVE NIANTIC, CT 06357			15,000.	0.			SPONSORSHIP
LEE MEMORIAL CHURCH 294 WASHINGTON STREET NORWICH, CT 06360	22-2512537		10,000.	0.			SPONSORSHIP

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

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

Schedule I (Form 990) (2013)

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	4	10,000.	0.		

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

PART I, LINE 2:

EXPLANATION: DONATIONS MADE FOR LOCAL EVENTS, SUCH AS SPONSORSHIPS ARE TYPICALLY ATTENDED BY HOSPITAL EMPLOYEES. FOUR 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)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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)	708,316.	0.	22,855.	21,420.	24,498.	777,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLIOT JOSEPH TRUSTEE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,133,866.	365,065.	348,604.	307,338.	40,448.	2,195,321.	0.
(3) DANIEL LOHR SENIOR VP/CFO	(i)	454,802.	0.	26,923.	21,420.	17,265.	520,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROLYN TRANTALIS VP OPERATIONS EAST REGION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	194,197.	0.	816.	11,709.	9,877.	216,599.	0.
(5) MARY BYLONE VP PATIENT CARE EAST REGION	(i)	244,552.	0.	2,046.	12,321.	8,579.	267,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THERESA BUSS VP HUMAN RESOURCES E. REGION	(i)	232,220.	0.	2,199.	11,754.	8,626.	254,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PETER SHEA SENIOR VP/MEDICAL DIRECTOR	(i)	450,316.	0.	2,592.	13,770.	24,498.	491,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SERGIO CASILLAS PHYSICIAN	(i)	499,498.	52,771.	399.	13,770.	22,484.	588,922.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBERT SIDMAN PHYSICIAN	(i)	330,562.	105,418.	270.	13,770.	23,828.	473,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARK TOUSIGNANT PHYSICIAN	(i)	440,100.	0.	268.	13,770.	23,828.	477,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) WILLIAM HORGAN PHYSICIAN	(i)	273,322.	85,066.	180.	13,770.	23,828.	396,166.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RICHARD GOULDING PHYSICIAN	(i)	279,085.	81,775.	180.	13,770.	23,828.	398,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4B:

EXPLANATION: DAVID WHITEHEAD, DANIEL LOHR AND PETER SHEA PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. THERE WERE NO ACCRUALS OR CONTRIBUTIONS THAT WERE MADE TO THE PLAN DURING THE REPORTING PERIOD. THEY DID RECEIVE DISBURSEMENTS OF \$3800, \$500 AND \$0, RESPECTIVELY.

PART I, LINE 7:

EXPLANATION: THE INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS OF HARTFORD HEALTHCARE ON BEHALF OF BACKUS HOSPITAL HIRES AN OUTSIDE CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES, TO DETERMINE BEST PRACTICES IN GOVERNING EXECUTIVE COMPENSATION.

THE FOLLOWING STEPS WERE TAKEN:

- INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS OF HARTFORD HEALTHCARE, ON BEHALF OF BACKUS HOSPITAL, ESTABLISHED AND REGULARLY REVIEWS EXECUTIVE COMPENSATION PHILOSOPHY
- COMMITTEE REGULARLY REVIEWS SCOPE AND DEPTH OF POSITIONS TAKING INTO ACCOUNT COMPLEXITY AND THE FINANCIAL IMPACT AND ACCOUNTABILITY OF ALL "DISQUALIFIED PERSONS"

Part III Supplemental Information

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

- NATIONAL PEER GROUPS ARE SELECTED FOR COMPARATIVE PURPOSES BASED ON ORGANIZATIONAL SIZE, OPERATING REVENUE, GEOGRAPHY AND OTHER RELEVANT FACTORS

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

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

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

- ALL CHANGES REVIEWED AND APPROVED BY EXECUTIVE COMPENSATION COMMITTEE

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

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

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	12,031,362.	REIMBURSE		X
DAVID WHITEHEAD AND DANIEL LOHR	OFFICERS OF BOTH WW	137,208.	MANAGEMENT		X
DAVID WHITEHEAD AND DANIEL LOHR	OFFICERS OF BOTH WW	7,623,267.	REIMBURSEM		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICERS OF BOTH WWBH AND CONNCARE INC

(D) DESCRIPTION OF TRANSACTION: REIMBURSEMENTS PAID BY CONNCARE TO

WWBH, \$773,607 LEASED PROPERTY

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICERS OF BOTH WWBH AND OMNI HOME HEALTH

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

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICERS OF BOTH WWBH AND WWB INC

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

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

SENSITIVE TO THE NEEDS OF INDIVIDUALS IN EASTERN CONNECTICUT.

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

THE HEALTH OF ITS COMMUNITIES.

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

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

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

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

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

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

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

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

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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LEASE OF ANY EQUIPMENT AND ANY PROJECT OR CONSTRUCTION CONTRACT THAT ENTAILS AN EXPENDITURE BY THE HOSPITAL IN EXCESS OF, OR WITH A VALUE OVER, \$400,000 IN ANY FISCAL YEAR AND THAT IS NOT ALREADY INCORPORATED IN AN APPROVED BUDGET (E) TO APPROVE ANY PROJECTS THAT WOULD REQUIRE A CERTIFICATE OF NEED (CON) OR FOR WHICH A CON DETERMINATION WILL BE SUBMITTED TO THE OFFICE OF HEALTH CARE ACCESS (F) TO APPROVE THE REORGANIZATION, MERGER, CONSOLIDATION OR DISSOLUTION OF THE HOSPITAL OR THE AFFILIATION OF THE HOSPITAL WITH ANOTHER HOSPITAL OR HEALTH DELIVERY SYSTEM, OR THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE OF THE HOSPITAL (G) TO APPROVE THE HOSPITALS ANNUAL OPERATING BUDGET (H) TO APPROVE PLANS FOR THE BORROWING OF ANY SUM IN EXCESS OF \$400,000 WHICH HAS A STATED TERM GREATER THAN ONE YEAR OR WHICH IS SECURED BY A MORTGAGE OF ALL OR ANY PORTION OF THE HOSPITALS REAL PROPERTY OR BY A SECURITY INTEREST IN THE HOSPITALS ASSETS OR REVENUES (I) TO APPROVE AMENDMENTS TO THE CERTIFICATE OF INCORPORATION OR BYLAWS

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

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

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

EXPLANATION: THE HOSPITAL'S BOARD HAS ADOPTED THE POLICY OF THE MEMBER, HARTFORD HEALTHCARE CORPORATION (HHC). HHC'S CONFLICT OF INTEREST POLICY (POLICY) REQUIRES ALL COVERED INDIVIDUALS, INCLUDING BOARD MEMBERS AND OFFICERS, TO PROVIDE A DISCLOSURE OF RELATIONSHIPS THAT CREATE OR HAVE THE APPEARANCE OF CREATING A CONFLICT OF INTEREST OR COMMITMENT. THE POLICY REQUIRES UPDATES IF CHANGES IN CIRCUMSTANCES ARISE DURING THE YEAR THAT

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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EITHER (A) CREATE A NEW POTENTIAL CONFLICT OF INTEREST OR COMMITMENT OR (B) CHANGE OR ELIMINATE A CONFLICT OF INTEREST OR COMMITMENT PREVIOUSLY DISCLOSED. CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE MAINTAINED BY THE HHC OFFICE OF COMPLIANCE, AUDIT & PRIVACY (OCAP). ALL EMPLOYEE DISCLOSURES ARE REVIEWED BY OCAP TO DETERMINE IF THERE IS A POTENTIAL CONFLICT. LEGAL COUNSEL REVIEWS ALL CASES WHERE THE INDIVIDUAL HAS A SIGNIFICANT FINANCIAL INTEREST AND THESE CASES ARE FORWARDED TO THE SYSTEM EXECUTIVE COMPLIANCE STEERING COMMITTEE. THE SYSTEM EXECUTIVE COMPLIANCE STEERING COMMITTEE ASSESS AND MAY RECOMMEND WHETHER 1) THE CONFLICT BE ELIMINATED, 2) THE PROPOSED ACTIVITY BE PROHIBITED, OR 3) A CONFLICT OF INTEREST MANAGEMENT PLAN BE IMPLEMENTED. RESULTS OF THE SURVEY OF BOARD MEMBERS ARE REPORTED TO THE HHC NOMINATING AND GOVERNANCE COMMITTEE FOR DETERMINATIONS OF CONFLICTS AND THE MANAGEMENT OF THEM, WHERE APPLICABLE.

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

EXPLANATION: THE INDEPENDENT EXECUTIVE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS OF HARTFORD HEALTHCARE ON BEHALF OF BACKUS HOSPITAL HIRES AN OUTSIDE CONSULTANT, INTEGRATED HEALTHCARE STRATEGIES, TO DETERMINE BEST PRACTICES IN GOVERNING EXECUTIVE COMPENSATION.

THE FOLLOWING STEPS WERE TAKEN:

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

Name of the organization THE WILLIAM W BACKUS HOSPITAL	Employer identification number 06-0250773
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ORGANIZATIONAL SIZE, OPERATING REVENUE, GEOGRAPHY AND OTHER RELEVANT FACTORS

- ANALYSIS OF CURRENT TOTAL COMPENSATION VERSUS MARKET PERFORMED BY INDEPENDENT THIRD PARTY COMPENSATION CONSULTING FIRM, REVIEWED BY THE COMMITTEE
- RECOMMENDATIONS MADE BASED ON DATA ANALYSIS TO ENSURE APPROPRIATE COMPETITIVE POSITIONING WITHIN PARAMETERS OF COMPENSATION PHILOSOPHY
- CEO COMPENSATION REVIEWED BY COMMITTEE BASED ON COMPARATIVE MARKET INFORMATION AND ORGANIZATIONAL PERFORMANCE
- ALL CHANGES REVIEWED AND APPROVED BY EXECUTIVE COMPENSATION COMMITTEE

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

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

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

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	15,378,807.
MANAGEMENT AND GENERAL EXPENSES	13,418,356.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,797,163.

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

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A **28,797,163.**

PART IX LINE 11 G

EXPLANATION: PURCHASED SERVICE **11,614,306**

PURCHASED SERVICE-LABOR **9,515,242**

SYSTEM FEES **4,686,168**

CONSULTING **2,473,558**

COURIER SERVICE **386,019**

GROUNDS **83,371**

WASTE REMOVAL **34,202**

OTHER **4,297**

TOTAL **28,797,163**

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

K-1 PASSTHROUGH **-642.**

TRANSFER TO AFFILIATES **-2,553,495.**

INCREASE IN ASSETS HELD IN TRUST **118,022.**

CHANGE IN PENSION FUNDING **-26,854,297.**

TOTAL TO FORM 990, PART XI, LINE 9 **-29,290,412.**

FORM 990 PART XII LINE 2C

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

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

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

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

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

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

Schedule R (Form 990) 2013

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MIDSTATE MEDICAL CENTER - 06-0646715 435 LEWIS AVENUE MERIDAN, CT 06451	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	
WINDHAM HOSPITAL FOUNDATION INC - 56-2546632 112 MANSFIELD AVE WILLIMANTIC, CT 06226	SUPPORTING ORGANIZATION	CONNECTICUT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	
HARTFORD HOSPITAL AUXILIARY C/O HARTFORD HOSPITAL - 06-6040747, 80 SEYMOUR STREET, HARTFORD, CT 06115	FUNDRAISING	CONNECTICUT	501C3	11C	HARTFORD HOSPITAL	X	
CONNECTICUT HEALTH SYSTEM INC - 22-2779421 80 SEYMOUR STREET HARTFORD, CT 06102	COORDINATION OF HEALTH DELIVERY	CONNECTICUT	501C3	11C	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE CORPORATION - 22-2672834 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	SUPPORTING ORGANIZATION TO HARTFORD HOSPITAL	CONNECTICUT	501C3	11C	HARTFORD HOSPITAL	X	
NATCHAUG HOSPITAL INC - 06-0966963 189 STORRS ROAD MANSFIELD CENTER, CT 06226	BEHAVIORAL HEALTH	CONNECTICUT	501C3	3	HARTFORD HEALTHCARE CORPORATION	X	
CARING FOR COLLEAGUES EMPLOYEE CRISIS FUND - 26-4469178, 100 GRAND STREET, NEW BRITAIN, CT 06052	EMPLOYEE FUND	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
VNA HEALTH RESOURCES INC - 06-1161422 103 WOODLAND STREET HARTFORD, CT 06105	HOME HEALTHCARE	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE AT HOME	X	
RUSHFORD CENTER INC - 06-0932875 883 PADDOCK AVENUE MERIDAN, CT 06450	SUBSTANCE ABUSE HEALTHCARE SERVICES	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
THE HATCH HOSPITAL CORP - 06-6076412 112 MANSFIELD AVE WILLIMANTIC, CT 06226	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	
WCMH WOMEN'S AUXILIARY INC - 06-0677728 112 MANSFIELD AVE WILLIMANTIC, CT 06226	FUNDRAISING	CONNECTICUT	501C3	11A	WINDHAM COMMUNITY MEMORIAL HOSPITAL	X	

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	
EVA STEARNS FAULKNER FOUNDATION - 06-6065398 435 LEWIS AVENUE MERIDAN, CT 06451	SUPPORT SERVICES	CONNECTICUT	501C3	3	MIDSTATE MEDICAL CENTER	X	
THE ORCHARDS OF SOUTHINGTON - 06-1490803 34 HOBART STREET SOUTHINGTON, CT 06489	RESIDENTIAL SERVICES FOR SENIOR CITIZENS	CONNECTICUT	501C3	9	CENTRAL CT SENIOR HEALTH SERVICES INC	X	
MULBERRY GARDENS OF SOUTHINGTON LLC - 82-0586577, 58 MULBERRY STREET, PLANTSVILLE, CT 06479	ASSISTED LIVING & ADULT DAY CARE	CONNECTICUT	501C3	9	CENTRAL CT SENIOR HEALTH SERVICES INC	X	
MIDSTATE MEDICAL CENTER AUXILIARY - 06-6063082, 435 LEWIS AVENUE, MERIDAN, CT 06451	FUNDRAISING	CONNECTICUT	501C3	11A	MIDSTATE MEDICAL CENTER	X	
HHC PHYSICIANS CARE INC - 45-4456939 80 SEYMOUR STREET HARTFORD, CT 06102	PRACTICE MEDICINE & PROVIDE HEALTH CARE TO THE PUBLIC	CONNECTICUT	501C3	9	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC - 46-0886367, 200 RETREAT AVENUE, HARTFORD, CT 06102	MANAGE & COORDINATE CARE FOR MEDICARE BENEFICIARIES	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE CORP GROUP EMPLOYEE BENEFIT PLAN TRUST - 26-6671355, C/O BOA 777 MAIN STREET, HARTFORD, CT 06102	PROVIDE BENEFITS TO EMPLOYEES	CONNECTICUT	501C9		HARTFORD HEALTHCARE CORPORATION	X	
HARTFORD HEALTHCARE AT HOME - 06-0646938 1290 SILAS DEAN HWY STE 4B WETHERSFIELD, CT 06109	HOME HEALTHCARE	CONNECTICUT	501C3	7	HARTFORD HEALTHCARE CORPORATION	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OMNI HOME HEALTH - 06-1458837 12 CASE STREET NORWICH, CT 06360	HOME HEALTH CARE	CT	WWB INC.	RELATED				X	N/A	X		99.00%
HHC SOUTHTON SURGERY CENTER - 46-5500829, 81 MERIDEN AVENUE, SOUTHTON, CT 06489	SURGERY SERVICES	CT	HOCC	RELATED				X	N/A	X		26.00%
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%
HARTFORD HEALTHCARE ENDOWMENT LLC - 45-4181103, 80 SEYMOUR STREET, HARTFORD, CT 06102	ENDOWMENT MANAGEMENT	CT		RELATED				X	N/A	X		100%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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			100%	X	
CONN CARE INC - 06-1387598 326 WASHINGTON STREET NORWICH, CT 06360	HEALTHCARE SERVICES	CT	BACKUS HEALTH CARE INC	C CORP			100%	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		12,489.	69.00%	X	
HHMOB CORPORATION & SUBSIDIARY - 06-1140244 80 SEYMOUR STREET HARTFORD, CT 06102	REAL ESTATE PARKING	CT	HARTFORD HEALTHCARE CORP	C CORP			100%	X	
HARTFORD HEALTHCARE INDEMNITY SERVICES LTD FB PERRY BLVD 40 CHURCH ST HAMILTON, BERMUDA	CAPTIVE INSURANCE	BERMUDA	HARTFORD HEALTHCARE CORP	C CORP			100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AMBULANCE SERVICE OF MANCHESTER - 06-1557358, PO BOX 300, MANCHESTER, CT 06450	AMBULATORY SERVICE	CT		RELATED				X		N/A	X	50.00%
CT IMAGING PARTNERS LLC - 13-4298940, 111 FOUNDERS PLACE, EAST HARTFORD, CT 06108	IMAGING SERVICES	CT		UNRELATED				X		N/A	X	50.00%
GLASTONBURY ENDOSCOPY CENTER LLC - 26-1721234, 300 WESTERN BLVD STE B, GLASTONBURY, CT 06033	ENDOSCOPY SERVICES	CT		RELATED				X		N/A	X	50.00%
GLASTONBURY SURGERY CENTER LLC - 26-2600828, 195 EASTERN BLVD, GLASTONBURY, CT 06033	SURGERY SERVICES	CT		RELATED				X		N/A	X	51.00%
HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110	AFFILIATE SUPPORT SERVICE	CT		UNRELATED				X		N/A	X	50.00%
MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT 06226	OUTPATIENT CARE CLINIC	CT		RELATED				X		N/A	X	50.00%
HHC SOUTHLINGTON SURGERY CENTER - 46-5500829, 81 MERIDEN AVENUE, SOUTHLINGTON, CT 06489	SURGERY SERVICES	CT	MMC	RELATED				X		N/A	X	25.00%

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		C CORP				X	
CENCONN SERVICES INC - 22-2836001 100 GRAND STREET NEW BRITAIN, CT 06050	HOLDING COMPANY	CT	CCHA	C CORP			100%	X	
AETNA AMBULANCE SERVICE - 06-0795431 PO BOX 1150 MANCHESTER, CT 06045	AMBULANCE SERVICE INC	CT		C CORP			50.00%	X	
HARTFORD PHYSICIAN SERVICES - 06-1254082 80 SEYMOUR STREET HARTFORD, CT 06102	MEDICAL SERVICES	CT		C CORP				X	
MERIDEN IMAGING CENTER - 06-1541468 101 NORTH PLAINS INDUSTRIAL RD MERIDEN, CT 06429	IMAGING	CT	MIDSTATE	S CORP			80.00%	X	
MIDSTATE MEDICAL GROUP PC - 20-4327968 435 LEWIS AVENUE MERIDEN, CT 06450	MEDICAL SERVICES	CT		C CORP			.00%	X	
HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC - 22-2785918, 80 SEYMOUR STREET, HARTFORD, CT 06102	PHYSICIAN & HOSPITAL SUPPORT	CT		C CORP			50.00%	X	
METRO WHEELCHAIR SERVICES INC - 06-0878432 PO BOX 300 MANCHESTER, CT 06045	WHEELCHAIR SERVICES	CT		C CORP			50.00%	X	
SELECT PHYSICIANS NETWORK - 06-1426901 112 MANSFIELD AVENUE WILLIMANTIC, CT 06226	MANAGING OFFICES OF PHYSICIANS AND SURGEONS	CT		C CORP			50.00%	X	
WINDHAM PROFESSIONAL OFFICE CONDOMINIUMS - 06-1090041, 1120 MANSFIELD AVE, WILLIMANTIC, CT 06226	CONDO ASSOCIATION	CT	WINDHAM	C CORP			60.00%	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CONNCARE INC	J	773,607.	COST
(2) OMNI HOME HEALTH	L	137,208.	COST
(3) CONNCARE INC	L	97,253.	COST
(4) CONNCARE INC	Q	12,031,362.	COST
(5) WWB INC	Q	7,623,267.	COST
(6) HARTFORD HEALTHCARE INC	M	3,629,383.	COST

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) HARTFORD HEALTHCARE INC	O	5,147,864.	COST
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

For calendar year 2013 or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

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

Department of the Treasury Internal Revenue Service

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

Form 990-T header section containing organization name (THE WILLIAM W BACKUS HOSPITAL), address (326 WASHINGTON STREET, NORWICH, CT 06360), and identification numbers.

Form 990-T section C: Book value of all assets at end of year (513864285) and group exemption number.

Form 990-T section H: Describe the organization's primary unrelated business activity (LAB COURIER SERVICES).

Form 990-T section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Form 990-T section J: The books are in care of (DANIEL LOHR) and telephone number (860-889-8331).

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (9,218,092), Less returns and allowances (6,505,886), and Total (2,712,206).

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.)

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Compensation of officers, directors, and trustees (449,165), Charitable contributions (47,112), and Total deductions (2,287,195).

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>0.</u> (2) \$ <u>10,860.</u> (3) \$ <u>413,151.</u>		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <u>0.</u> (2) Additional 3% tax (not more than \$100,000) \$ <u>0.</u>		
c Income tax on the amount on line 34	SEE STATEMENT 4	35c 143,186.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax. See instructions		37
38 Alternative minimum tax		38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 143,186.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	143,186.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	143,186.
44a Payments: A 2012 overpayment credited to 2013	44a	
b 2013 estimated tax payments	44b	74,524.
c Tax deposited with Form 8868	44c	73,476.
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44g	
45 Total payments. Add lines 44a through 44g	45	148,000.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	46	360.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	4,454.
49 Enter the amount of line 48 you want: Credited to 2014 estimated tax <u>4,454.</u> Refunded	49	0.

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

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes	No
		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

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

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

Sign Here
 Signature of officer: _____ Date: _____ Title: **SENIOR VP/CFO**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

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

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

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

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	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)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals			0.	0.	

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

**SCHEDULE O
(Form 1120)**

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

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

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

OMB No. 1545-0123

Name

Employer identification number

THE WILLIAM W BACKUS HOSPITAL

06-0250773

Part I Apportionment Plan Information

1 Type of controlled group:

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

2 This corporation has been a member of this group:

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

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending SEPTEMBER 30, 2013, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

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

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

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

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

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

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

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

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

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

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

Part II Taxable Income Apportionment (See instructions)

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

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

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

Part II Taxable Income Apportionment (See instructions)

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

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

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

Part III Income Tax Apportionment (See instructions)

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

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

Part III Income Tax Apportionment (See instructions)

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

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

Part IV Other Apportionments (See instructions)

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

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

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 CENCONN SERVICES		12,283.			
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
Total					

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

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

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

2013

Name THE WILLIAM W BACKUS HOSPITAL		Employer identification number 06-0250773
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	424,011.
2 Adjustments and preferences:		
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	424,011.
4 Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	424,011.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	0.
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	424,011.
6	Alternative tax net operating loss deduction (see instructions)	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	424,011.
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	0.
b	Multiply line 8a by 25% (.25)	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	
9	Subtract line 8c from line 7. If zero or less, enter -0-	424,011.
10	Multiply line 9 by 20% (.20)	84,802.
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	
12	Tentative minimum tax. Subtract line 11 from line 10	84,802.
13	Regular tax liability before applying all credits except the foreign tax credit	143,186.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2013)

* 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	424,011.
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	424,011.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2008

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

47,112

TOTAL CONTRIBUTIONS AVAILABLE

47,112

TAXABLE INCOME LIMITATION AS ADJUSTED

47,112

EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

47,112

TOTAL CONTRIBUTION DEDUCTION

47,112

FORM 990-T	TAX COMPUTATION	STATEMENT	4
1.	TAXABLE INCOME	424,011	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0	
3.	LINE 1 LESS LINE 2	424,011	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	10,860	
5.	LINE 3 LESS LINE 4	413,151	
6.	INCOME SUBJECT TO 34% TAX RATE	413,151	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	0	
9.	25 PERCENT OF LINE 4	2,715	
10.	34 PERCENT OF LINE 6	140,471	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX.	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C	143,186	

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 5

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2008

FOR TAX YEAR 2009

FOR TAX YEAR 2010

FOR TAX YEAR 2011

FOR TAX YEAR 2012

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

47,112

TOTAL CONTRIBUTIONS

47,112

10% OF TAXABLE INCOME AS ADJUSTED

47,112

EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS

47,112

AMT CHARITABLE DEDUCTION

47,112

REGULAR CONTRIBUTION DEDUCTION

47,112

AMT CONTRIBUTION ADJUSTMENT

0

Form CT-990T
Connecticut Unrelated Business Income Tax Return

2013

Complete this return in blue or black ink only.

Enter Income Year Beginning **OCTOBER 1**, 2013, and Ending **SEPTEMBER 30**, 2014

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

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

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

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

Type of organization: Corporation Domestic trust Foreign trust Other: Explain _____

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

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

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

Date qualified in Connecticut if not incorporated in Connecticut: _____

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

Computation of Income		
1. Federal unrelated business taxable income from 2013 federal Form 990-T, Part II, Line 34	1	424,011 00
2. Federal net operating loss deduction from 2013 federal Form 990-T, Part II, Line 31	2	00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3	34,379 00
4. Total: Add Lines 1, 2, and 3	4	458,390 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	458,390 00

Computation of Tax		
1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3	1	458,390 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	458,390 00
4. Operating loss carryover from <i>Schedule B</i> , Line 14 on page 2	4	00
5. Income subject to tax: Subtract Line 4 from Line 3	5	458,390 00
6. Tax: Multiply Line 5 by 7.5% (.075)	6	34,379 00

Computation of Amount Payable		
1. Tax: Include surtax if applicable. See instructions	1	34,379 00
2. <i>Reserved for future use</i>	2	00
3. Total Tax: Enter the amount from Line 1	3	34,379 00
4. Tax credits from Form CT-1120K , Part III, Line 9. Do not exceed amount on Line 1	4	00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5	34,379 00
6a. Paid with application for extension from Form CT-990T EXT	6a	19,478 00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b	00
6c. Overpayment from prior year	6c	15,522 00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c	6	35,000 00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	7	-621 00
8. Add Penalty (8a) Interest (8b) CT-1120I Interest (8c) 1,669.	8	1,669 00
9. Amount to be credited to 2014 estimated tax (9a) Refunded (9b)	9	00

For a 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	1,048 00
--	----	----------

Visit the DRS website at www.ct.gov/DRS Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014 Make check payable to: Commissioner of Revenue Services

www.ct.gov/TSC to pay electronically. Taxpayer Service Center

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

Sign Here	Name of officer or fiduciary <i>(print)</i> DANIEL E LOHR	Signature of officer or fiduciary	Date
	Officer's email address <i>(print)</i>		
Keep a copy of this return for your records.	Title SENIOR VP/CFO	Telephone number 860-889-8331	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid preparer's signature	Date	Preparer's SSN or PTIN P00482834
	Firm's name and address BKD, LLP 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106	FEIN 44-0160260	Telephone number 816-221-6300

Schedule A - Unrelated Business Income Apportionment: See instructions.

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

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

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2013

1. 2000 Connecticut net operating loss available for use in 2013	1.		00
2. 2001 Connecticut net operating loss available for use in 2013	2.		00
3. 2002 Connecticut net operating loss available for use in 2013	3.		00
4. 2003 Connecticut net operating loss available for use in 2013	4.		00
5. 2004 Connecticut net operating loss available for use in 2013	5.		00
6. 2005 Connecticut net operating loss available for use in 2013	6.		00
7. 2006 Connecticut net operating loss available for use in 2013	7.		00
8. 2007 Connecticut net operating loss available for use in 2013	8.		00
9. 2008 Connecticut net operating loss available for use in 2013	9.		00
10. 2009 Connecticut net operating loss available for use in 2013	10.		00
11. 2010 Connecticut net operating loss available for use in 2013	11.		00
12. 2011 Connecticut net operating loss available for use in 2013	12.		00
13. 2012 Connecticut net operating loss available for use in 2013	13.		00
14. Total: Add Lines 1 through 13. Enter here and on <i>Computation of Tax</i> , Line 4.	14.		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 2013 federal Form 990-T, Part II, Line 33	2.		00
3. Subtotal: Add Line 1 and Line 2	3.		00
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.		
5. 2013 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.		00

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning OCT 1, 2010, and ending SEP 30, 2014

2013

Department of the Treasury Internal Revenue Service

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

Name of exempt organization

BACKUS CORPORATION

Employer identification number 22-2757608

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 55,931
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 990-B check here [] b Balance due (Form 990-B, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration of Officer

6 [] I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[] If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Signature of officer: Daniel E. Loh Date: 8/4/15

SENIOR VP CFO Title

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

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

ERO's Use Only: ERO's signature [Signature], Date 8/5/15, Check if also paid preparer [], Check if self-employed [], ERO's SSN or PTIN [], Firm's name (for you if self-employed), address, and ZIP code: HARTFORD HOSPITAL, 80 SEYMOUR STREET, HARTFORD, CT 06102, EIN 06-0646668, Phone no. []

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

Paid Preparer Use Only: Print/type preparer's name Mike Ergl, Preparer's signature [Signature], Date 8/4/15, Check [] if self-employed, PTIN P00482834, Firm's name BKD LLP, Firm's EIN 44-0160260, Firm's address 1201 WALNUT SUITE 1700, KANSAS CITY, MO 64106, Phone no. 816-221-6300

LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form 8453-EO (2013)

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2013, or tax year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

THE WILLIAM W BACKUS HOSPITAL

Employer identification number

06-0250773

Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>316,776,392.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration of Officer

- I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-866-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Daniel E. Loh
Signature of officer

8/4/2015
Date

SENIOR VP/CFO
Title

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

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

ERO's Use Only	ERO's signature	<i>Mike Engle</i>	Date	<u>8/5/15</u>	Check if also paid preparer	<input type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102			EIN	06-0646668			
									Phone no.

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

Paid Preparer Use Only	Print/type preparer's name	<u>Mike Engle</u>	Preparer's signature	<i>Mike Engle</i>	Date	<u>8/14/15</u>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	BKD, LLP			Firm's EIN	44-0160260		
	Firm's address	1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106			Phone no.	816-221-6300		

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Form 8453-EO (2013)

323961 11-21-13

14240803 139621 BACKUSHOSPIT 2013.06000 THE WILLIAM W BACKUS HOSPIT BACKUSH1