

**WILLIAM W. BACKUS HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2011**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A. AFFILIATE NAME</b>		
		<b>BACKUS CORPORATION</b>
1	Affiliate Description	PARENT CORPORATION - FOR THE WILLIAM W. BACKUS HOSPITAL. ITS PURPOSE IS TO PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF THE HOSPITAL, OR OTHER AFFILIATES WHERE APPLICABLE.
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	326 Washington Street ,
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	David A. Whitehead
11	CT Agent Company	Backus Hospital
12	CT Agent Company Street Address	326 Washington Street ,
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
<b>B. AFFILIATE NAME</b>		
		<b>BACKUS HEALTH CARE, INC</b>
1	Affiliate Description	HEALTH & EDUCATION SERVICES - ITS PURPOSE IS TO ASSIST THE HOSPITAL IN PROVIDING VARIOUS TYPES OF MEDICAL CARE AND HEALTH RELATED EDUCATION PROGRAMS TO THE COMMUNITY ON AN OUTPATIENT BASIS.
2	Affiliate type of service	Health Education Services
3	Tax Status	Not for Profit
4	Street Address	326 Washington Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	David A. Whitehead
11	CT Agent Company	Backus Hospital
12	CT Agent Company Street Address	326 Washington Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
<b>C. AFFILIATE NAME</b>		
		<b>BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC</b>
1	Affiliate Description	AN AIR RIGHTS CONDOMINIUM ASSOCIATION ORGANIZED TO MANAGE THE PHYSICIAN OCCUPIED PORTION OF THE HOSPITAL OWNED MEDICAL OFFICE BUILDING
2	Affiliate type of service	Real Estate
3	Tax Status	For Profit
4	Street Address	330 Washington Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	Daniel E. Lohr
9	CEO Title	President
10	CT Agent Name	Daniel E. Lohr
11	CT Agent Company	Backus Hospital
12	CT Agent Company Street Address	330 Washington Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>D.</b>	<b>AFFILIATE NAME</b>	<b>BACKUS PHYSICIAN SERVICES, LLC</b>
1	Affiliate Description	PROVIDE MEDICAL & SURGICAL PHYSICIAN SERVICES. IS A SUBSIDIARY OF CONNCARE, INC.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	112 Lafayette Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
9	CEO Title	President
10	CT Agent Name	David A. Whitehead
11	CT Agent Company	CONNCare, Inc.
12	CT Agent Company Street Address	112 Lafayette Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
<b>E.</b>	<b>AFFILIATE NAME</b>	<b>COMMUNITY MEDICAL PARTNERS, INC</b>
1	Affiliate Description	PHYSICIAN SERVICES - TO PROVIDE PROFESSIONAL MEDICAL SERVICES TO THE PATIENTS OF AFFILIATES OF THE BACKUS CORPORATION ANT TO OTHER INDIVIDUALS IN AREANS AND COMMUNITIES SERVED BY THE CORPORATION
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	326 WASHINGTON STREET
5	Town	NORWICH
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	JAMES G. WATKINS, JR
9	CEO Title	PRESIDENT & CEO
10	CT Agent Name	JAMES G. WATKINS, JR
11	CT Agent Company	BACKUS HOSPITAL
12	CT Agent Company Street Address	326 WASHINGTON STREET
13	CT Agent Town	NORWICH
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
<b>F.</b>	<b>AFFILIATE NAME</b>	<b>CONNCARE, INC</b>
1	Affiliate Description	OCCUPATIONAL HEALTH & OUTPATIENT CARE - IS A SUBSIDIARY OF BACKUS HEALTH CARE, INC. ITS PURPOSE IS TO PROVIDE OCCUPATIONAL HEALTH SERVICES TO EMPLOYERS AND THEIR EMPLOYEES AND TO ASSIST CLIENT COMPANIES WITH THE CONSERVATION OF HUMAN RESOURCES AT THE
2	Affiliate type of service	Occupational Health
3	Tax Status	Not for Profit
4	Street Address	326 Washington Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Melinda A. Agsten, Esq
11	CT Agent Company	Wiggin & Dana
12	CT Agent Company Street Address	One Century Tower
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
<b>G.</b>	<b>AFFILIATE NAME</b>	<b>OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE</b>

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
1	Affiliate Description	OMNI Home Health Services of Eastern Connecticut, LLC d/b/a Backus Home Health Care providing home health care services in eastern CT.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	For Profit
4	Street Address	12 Case Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
9	CEO Title	President
10	CT Agent Name	David A. Whitehead
11	CT Agent Company	WWB
12	CT Agent Company Street Address	12 Case Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
<b>H.</b>	<b>AFFILIATE NAME</b>	<b>WWB CORPORATION</b>
1	Affiliate Description	OTHER HEALTH CARE SERVICES - ITS PURPOSE IS TO RENDER HEALTH CARE RELATED SERVICES THAT WOULD OTHERWISE BE TAXABLE AS UNRELATED TRADE OR BUSINESS ACTIVITIES IF CONDUCTED BY THE HOSPITAL, OTHER AFFILIATES OR THE PARENT ORGANIZATION.
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	326 Washington Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	Daniel E. Lohr
9	CEO Title	President
10	CT Agent Name	Daniel E. Lohr
11	CT Agent Company	Backus Hospital
12	CT Agent Company Street Address	326 Washington Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -

\* P.O. BOX IS UNACCEPTABLE WITHOUT A STREET ADDRESS FOR EACH AGENT COMPANY

**WILLIAM W. BACKUS HOSPITAL  
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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
<b>A. WILLIAM W. BACKUS HOSPITAL</b>			
1		Unrestricted	\$153,345,431
2		Temporarily Restricted by Donor	\$1,399,547
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$7,449,124
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$162,194,102</b>
<b>B. BACKUS CORPORATION</b>			
1		Unrestricted	\$183,482
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$15,845)
		<b>Total:</b>	<b>\$167,637</b>
<b>C. BACKUS HEALTH CARE, INC</b>			
1		Unrestricted	\$1,040
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$1,040</b>
<b>D. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>E. BACKUS PHYSICIAN SERVICES, LLC</b>			
1		Unrestricted	(\$4,613,254)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$4,613,254)</b>
<b>F. COMMUNITY MEDICAL PARTNERS, INC</b>			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$0</b>
<b>G. CONNCARE, INC</b>			
1		Unrestricted	\$4,194,349
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$4,194,349</b>

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REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2011
	<b>H. OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE</b>		
1		Unrestricted	(\$375,981)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>(\$375,981)</b>
	<b>I. WWB CORPORATION</b>		
1		Unrestricted	\$1,195,721
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,000)
		<b>Total:</b>	<b>\$1,194,721</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$162,779,459</b>
	<b>Intercompany Eliminations</b>		<b>(\$16,845)</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$162,762,614</b>

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**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
<b>A.</b>	<b>BACKUS CORPORATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
1		Accounts Payable	09/30/2011	\$0
2		SALARIES AND WAGES	09/30/2011	\$245,005
3		Forgiveness of Amounts Due From Affiliates	09/30/2011	(\$245,005)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>B.</b>	<b>BACKUS HEALTH CARE, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$5,960</b>
1		Accounts Payable	09/30/2011	\$4,468
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$10,428</b>
<b>C.</b>	<b>BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>D.</b>	<b>BACKUS PHYSICIAN SERVICES, LLC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>E.</b>	<b>COMMUNITY MEDICAL PARTNERS, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>F.</b>	<b>CONN CARE, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$135,513</b>
1		Accounts Payable	09/30/2011	\$1,296,789
2		Salary	09/30/2011	\$2,728,683
3		Payments	09/30/2011	(\$4,043,889)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$117,096</b>
<b>G.</b>	<b>OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$0</b>
		Nothing to Report		\$0

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**REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>H.</b>	<b>WWB CORPORATION</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2010</b>	<b>\$519,615</b>
1		Accounts Payable	09/30/2011	\$908,035
2		Salary	09/30/2011	\$5,995,980
3		Payments	09/30/2011	(\$7,387,008)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2011</b>	<b>\$36,622</b>
			<b>Grand Total:</b>	<b>\$164,146</b>

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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2010</b>	<b>\$3,028,485</b>
<b>A.</b>	<b>BACKUS CORPORATION</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>B.</b>	<b>BACKUS HEALTH CARE, INC</b>				
1		BACKUS CORPORATION	Accounting Fees	09/30/2011	\$36,936
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$36,936</b>
<b>C.</b>	<b>BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>D.</b>	<b>BACKUS PHYSICIAN SERVICES, LLC</b>				
1		CONNCARE, INC	Salary	09/30/2011	\$750,581
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$750,581</b>
<b>E.</b>	<b>COMMUNITY MEDICAL PARTNERS, INC</b>				
			Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$0</b>
<b>F.</b>	<b>CONNCARE, INC</b>				
1		BACKUS HEALTH CARE, INC	Accounting Fees	09/30/2011	\$36,936
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$36,936</b>
<b>G.</b>	<b>OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE</b>				
1		WWB CORPORATION	Salary	09/30/2011	\$4,385,384
2		WWB CORPORATION	Accounts Payable	09/30/2011	\$3,222,887
3		WWB CORPORATION	Payments	09/30/2011	(\$7,382,000)
			<b>Total:</b>	<b>9/30/2011</b>	<b>\$226,271</b>
<b>H.</b>	<b>WWB CORPORATION</b>				
1		BACKUS CORPORATION	Accounting Fees	09/30/2011	\$18,984
2		BACKUS CORPORATION	Payments	09/30/2011	(\$20,566)
			<b>Total:</b>	<b>9/30/2011</b>	<b>(\$1,582)</b>

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 REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Ending Unconsolidated Intercompany Balance	9/30/2011	\$4,077,627

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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
<b>A. BACKUS CORPORATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>B. BACKUS HEALTH CARE, INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>C. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>D. BACKUS PHYSICIAN SERVICES, LLC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>E. COMMUNITY MEDICAL PARTNERS, INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>F. CONNCARE, INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>G. OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
<b>H. WWB CORPORATION</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2011</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2011</b>

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**REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS**

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
<b>A. BACKUS CORPORATION</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B. BACKUS HEALTH CARE, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>D. BACKUS PHYSICIAN SERVICES, LLC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>E. COMMUNITY MEDICAL PARTNERS, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>F. CONNCARE, INC</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>G. OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>H. WWB CORPORATION</b>			
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

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REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR  
INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B. Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$528,776.00</b>	<b>\$551,595.00</b>	<b>\$22,819.00</b>	<b>4%</b>
1	Donations	\$25.00	\$0.00	(\$25.00)	-100%
2	Income	\$8,051.00	\$12,712.00	\$4,661.00	58%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$14,743.00	(\$37,247.00)	(\$51,990.00)	-353%
	<b>Ending Balance</b>	<b>\$551,595.00</b>	<b>\$527,060.00</b>	<b>(\$24,535.00)</b>	<b>-4%</b>
5	Projected Interest Income	\$7,200.00	\$25,000.00	\$17,800.00	247%
<b>C. Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

**WILLIAM W. BACKUS HOSPITAL**  
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**REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR**  
**INDIGENT CARE AND FREE BEDS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2010 ACTUAL	FY 2011 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE

<b>WILLIAM W. BACKUS HOSPITAL</b>		
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<b>REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>		
<b>A. Patient Activity</b>		
(1)	(2)	(3)
<u>Patient</u>	Name of Hospital Bed Fund ( <u>FULL NAME</u> )	Amount
<b>1. Number of Applications for Hospital Bed Funds</b>		<b>0</b>
<b>2. A. Number of Patients receiving Hospital Bed Fund Grants</b>		<b>0</b>
<b>2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F</b>		<b>\$0.00</b>
<b>Grand Total</b>		<b>\$0.00</b>

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REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	IRVING WOOD	\$300,000.00	(\$9,531.00)	\$0.00	\$0.00
	ANNIE ROGERS	\$66,833.00	(\$1,668.00)	\$0.00	\$0.00
	AVERILL CHILDRENS FUND	\$5,000.00	(\$205.00)	\$0.00	\$0.00
	BRIGGS/PEABODY FUND	\$7,500.00	(\$696.00)	\$0.00	\$0.00
	G. SHEDD	\$4,246.00	(\$675.00)	\$0.00	\$0.00
	HUNTINGTON MEMORIAL	\$23,393.00	(\$42.00)	\$0.00	\$0.00
	L. SMITH	\$15,000.00	(\$2,632.00)	\$0.00	\$0.00
	LAMB FUND	\$10,000.00	(\$774.00)	\$0.00	\$0.00
	UNRESTRICTED	\$80,088.00	(\$848.00)	\$0.00	\$0.00
	ECCLES FUND	\$15,000.00	(\$683.00)	\$0.00	\$0.00
	Total Bed Funds :	\$527,060.00	(\$17,754.00)	\$0.00	\$0.00

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**REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	A series of 4 statements and a final notice letter are sent to patients owing balances to the Hospital. After appropriate series of requests for payment are made with no response, the account is then considered for Bad Debt and referred to a collection agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The hospital pays the collection agency various fees calculated as a percentage of the amount collected. The percentages vary based on type of account - self pay, workers compensation, or if the collection agency required legal assistance to generate the collection
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	21.60%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>Collection Agent</b>		
1	Collection Agent Name	MEDCONN COLLECTION AGENCY
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	A series of 4 statements and a final notice letter are sent to patients owing balances to the Hospital. After appropriate series of requests for payment are made with no response, the account is then considered for Bad Debt and referred to a collection agency.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The hospital pays the collection agency various fees calculated as a percentage of the amount collected. The percentages vary based on type of account - self pay, workers compensation, or if the collection agency required legal assistance to generate the collection

WILLIAM W. BACKUS HOSPITAL  
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	21.60%

**WILLIAM W. BACKUS HOSPITAL  
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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS**

<b>LINE</b>	<b>POSITION TITLE</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	Former President & CEO	\$651,370	\$87,266	\$738,636
2.	President & CEO	\$602,337	\$62,444	\$664,781
3.	BPS Physician	\$500,120	\$23,776	\$523,896
4.	Sr. Vice President & CFO	\$426,312	\$61,985	\$488,297
5.	Medical Director	\$435,793	\$43,404	\$479,197
6.	E.R. Physician	\$420,535	\$49,449	\$469,984
7.	BPS Physician	\$353,613	\$47,026	\$400,639
8.	BPS Physician	\$340,116	\$44,520	\$384,636
9.	E.R. Physician	\$328,759	\$52,057	\$380,816
10.	E.R. Physician	\$332,803	\$39,523	\$372,326
	<b>Grand Total:</b>	<b>\$4,391,758</b>	<b>\$511,450</b>	<b>\$4,903,208</b>

**WILLIAM W. BACKUS HOSPITAL  
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REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS  
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directly or Indirectly) <sup>C</sup>	TOTAL
<b>A . BACKUS CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$186,263	\$58,738	\$245,001
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>B . BACKUS HEALTH CARE, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>C . BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>D . BACKUS PHYSICIAN SERVICES, LLC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$1,003,759	\$140,526	\$1,144,285
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>E . COMMUNITY MEDICAL PARTNERS, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>F . CONNCARE, INC</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$35,586	\$9,252	\$44,838
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>G . OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
<b>H . WWB CORPORATION</b>				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

For each entity listed on Report 20, complete Report 21.

A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.

B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.

C - Indirect payments include but are not limited to payments made to related entities.

**WILLIAM W. BACKUS HOSPITAL  
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR  
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2011
<b>A</b>	<b>Transfer of Assets or Operations</b>	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

WILLIAM W. BACKUS HOSPITAL					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
		FY 2010	FY 2011	AMOUNT	%
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	2,135	1,641	(494)	-23%
2.	Number of Approved Applicants	2,081	1,395	(686)	-33%
3.	Total Charges (A)	\$6,496,622	\$5,004,135	(\$1,492,487)	-23%
	<b>Average Charges</b>	<b>\$3,122</b>	<b>\$3,587</b>	<b>\$465</b>	<b>15%</b>
4.	Ratio of Cost to Charges (RCC)	0.444083	0.444418	0.000335	0%
	<b>Total Cost</b>	<b>\$2,885,039</b>	<b>\$2,223,928</b>	<b>(\$661,112)</b>	<b>-23%</b>
	<b>Average Cost</b>	<b>\$1,386</b>	<b>\$1,594</b>	<b>\$208</b>	<b>15%</b>
5.	Charity Care - Inpatient Charges	\$2,384,599	\$1,546,456	(\$838,143)	-35%
6.	Charity Care - Outpatient Emergency Department Charges	1,664,217	1,353,196	(311,021)	-19%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	2,447,806	2,104,483	(343,323)	-14%
	<b>Total Charges (A)</b>	<b>\$6,496,622</b>	<b>\$5,004,135</b>	<b>(\$1,492,487)</b>	<b>-23%</b>
8.	Charity Care - Number of Patient Days	2,461	2,002	(459)	-19%
9.	Charity Care - Number of Discharges	564	438	(126)	-22%
10.	Charity Care - Number of Outpatient ED Visits	2,161	1,696	(465)	-22%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	6,294	4,316	(1,978)	-31%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	<b>Average Charges</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
4.	Ratio of Cost to Charges (RCC)	0.444083	0.444418	0.000335	0%
	<b>Total Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Average Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	<b>Total Charges (B)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits (Excludes ED Visits)	0	0	0	0%
<b>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					