Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2011 calendar year, or tax year beginning 10/01, 2011, and ending 09/30, 20 12 D Employer identification number C Name of organization B Check if applicable: BACKUS CORPORATION 22-2757608 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 326 WASHINGTON STREET (860) 889 - 8331Initial return City or town, state or country, and ZIP + 4 Amended NORWICH, CT 06360 G Gross receipts \$ 56.047. return Application pending H(a) Is this a group return for F Name and address of principal officer: DANIEL E. LOHR Χ Nο Yes 326 WASHINGTON STREET NORWICH, CT H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) Tax-exempt status: X | 501(c)(3) 501(c) (4947(a)(1) or (insert no.) Website: ► N/A H(c) Group exemption number L Year of formation: 1983 M State of legal domicile: Form of organization: X | Corporation CTSummary Part I 1 Briefly describe the organization's mission or most significant activities: BACKUS CORPORATION PROVIDES ACCOUNTING, FINANCIAL, AND MANAGERIAL Activities & Governance SUPPORT TO AFFILIATED CORPORATIONS OF THE WILLIAM W. BACKUS HOSPITAL. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 14 9. 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 U Total number of volunteers (estimate if necessary) 9. 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 18,984. -40,400. **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 55,920 55,920. 9 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 95 127. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 56,015. 56,047. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) Λ 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 245,002. 174,925. 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶_____ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3 3,090. 17 245,005. 178,015 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 -188,990. -121,968. o s **Beginning of Current Year End of Year** 104,361. Total assets (Part X, line 16) 183,481. 20 Total liabilities (Part X, line 26) 21 183,481 104,361. Net assets or fund balances. Subtract line 21 from line 20 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 Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Date Check Paid MICHAEL J. ENGLE self-employed P00482834 Preparer 44-0160260 Firm's name ► BKD, LLP Firm's EIN ▶ Use Only 816 221-6300 Firm's address > 1201 WALNUT, SUITE 1700 KANSAS CITY, MO 64106-2246 Phone no

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Νo

| For | n 990 (2011) Page |
|-----|--|
| Pa | rt III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III |
| 1 | Briefly describe the organization's mission: |
| | NONE |
| | |
| _ | |
| 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 N |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 55,920.) |
| | BACKUS CORPORATION PROVIDES ACCOUNTING, FINANCIAL, AND MANAGERIAL |
| | SUPPORT TO AFFILIATED CORPORATIONS OF THE WILLIAM W. BACKUS HOSPITAL. |
| | USPIIAL. |
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| | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| | |
| 4 c | (Code:) (Expenses \$including grants of \$) (Revenue \$) |
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| | |
| 4d | Other program services (Describe in Schedule O.) |
| 40 | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 0 |
| | |

Form 990 (2011)
Page 3
Part IV Checklist of Required Schedules

| Part | V 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)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | Х |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 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? If "Yes," complete Schedule C, | | | |
| | Part III | 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? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 3.7 |
| _ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | v |
| _ | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | | | |
| | X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | 9 | | Х |
| 4.0 | complete Schedule D, Part IV | 9 | | Λ |
| 10 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | |
| • • | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete | | | |
| а | Schedule D, Part VI | 11a | | Х |
| 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? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | 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? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| 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? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | | | |
| | complete Schedule D, Parts XI, XII, and XIII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | 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 | | | 37 |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 4.5 | | Х |
| 4.0 | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Λ |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 16 | | Х |
| 17 | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 10 | | 77 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services | 17 | | Х |
| 18 | on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | ' | | 22 |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| . 9 | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

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| Part | V Checklist of Required Schedules (continued) | | | |
|------|--|-------|-----|-----|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | | | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | X | |
| 24. | | 25 | 21 | |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | 37 |
| | through 24d and complete Schedule K. If "No," go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | 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? If "Yes," complete Schedule L, Part I | 25a | | 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? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> . | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 20 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | 21 |
| 28 | | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | 00- | | Х |
| | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Λ |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | 3.7 |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Х |
| 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? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| 0.7 | IV, and V, line 1 | 34 | Х | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | 334 | | |
| D | | 2 E h | X | |
| 0.0 | meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | ^ | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | 7.7 |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

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| Par | | | | |
|---------|--|-----|-----|----|
| | Check if Schedule O contains a response to any question in this Part V | | | - |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| | Enter the number reported in Box of Ferri 1000. Enter of inflot applicable | | | |
| | Effici the number of Forms W-26 included in line 1a. Effici -0- ii not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1 c | | |
| 22 | reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 10 | | |
| Za | Statements, filed for the calendar year ending with or within the year covered by this return 2 2a 0 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> | 3b | X | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| _ | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | 7a | | Х |
| h | and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 7.5 | | |
| C | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| _ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | |
| | organization, have excess business holdings at any time during the year? | 8 | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| р 11 | , | | | |
| | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| | Gross income from members or shareholders | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| h | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

Form 990 (2011) BACKUS CORPORATION 22-2757608

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

| | Check if Schedule O contains a response to any question in this Part VI | | | X | | | | | | |
|-------|--|---------|-----------|--------|--|--|--|--|--|--|
| Sect | ion A. Governing Body and Management | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 14 | | | | | | | | | |
| | material differences in voting rights among members of the governing body, or if the governing body | | | | | | | | | |
| | delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | | | | | |
| _ | any other officer, director, trustee, or key employee? | | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | | | | | |
| • | supervision of officers, directors, or trustees, or key employees to a management company or other person? | | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | | | | | |
| 'a | one or more members of the governing body? | 7a | | X | | | | | | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | | | | | |
| b | stockholders, or persons other than the governing body? | 7b | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | | | | |
| 0 | the year by the following: | | | | | | | | | |
| _ | | 8a | Х | | | | | | | |
| a | The governing body? | 8b | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 0.0 | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> | 9 | | X | | | | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | |) | | | | | | | |
| 0001 | on bit dialect (This decision b requests information about pointed not required by the internal Neventae | Oodo | ·/ Yes | No | | | | | | |
| 10- | Did the expenientian have level chanters branches as efficience? | 10a | | Х | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 104 | | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10b | | | | | | | | |
| 11- | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a | X | | | | | | | |
| _ | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | IIa | | | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 12a | Х | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | 12b | Х | | | | | | | |
| _ | rise to conflicts? | 120 | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 40- | Х | | | | | | | |
| 4.0 | describe in Schedule O how this was done | 12c | X | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45. | | v | | | | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | X | | | | | | |
| b | Other officers or key employees of the organization | 15b | | Λ | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.) | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | 37 | | | | | | |
| | with a taxable entity during the year? | 16a | | X | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | | | | | |
| Coot | organization's exempt status with respect to such arrangements? | 16b | | | | | | | | |
| | ion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5 | 601(c)(| 3)s o | nly) | | | | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website X Another's website X Upon request | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or | f inter | est p | olicy, | | | | | | |
| | 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 person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person the person who person the person who person the person that the person who person the person that the person t | ne | | | | | | | | |
| JSA | organization: ▶DANIEL E. LOHR 326 WASHINGTON STREET NORWICH, CT 06360 860-889-8331 | Form | 990 | (2011) | | | | | | |

Form 990 (2011) BACKUS CORPORATION 22-2757608 Page **7**

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

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 (describe hours for | erage Position rs per (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | an | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| ATTACHMENT 1 | related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | | organization and related organizations |
| DAVID_WHITEHEAD | 6.00 | X | | Х | | | | C | 762,221. | 43,852. |
| (2) ROBERT RAMSDELL DIRECTOR/TREASURER | 1.00 | Х | | Х | | | | О | 0 | 0 |
| (3) JOSEPH FATONE DIRECTOR/SECRETARY | 1.00 | Х | | Х | | | | О | 0 | 0 |
| (4) ANTHONY JOYCE DIRECTOR/VICE CHAIRMAN | 1.00 | Х | | Х | | | | C | 0 | 0 |
| (5) JOHN F BILDA DIRECTOR | 1.00 | Х | | | | | | С | 0 | 0 |
| (6) PETER MANERI DIRECTOR | 1.00 | Х | | | | | | C | 0 | 0 |
| (7) ELIZABETH CONWAY DIRECTOR | 1.00 | Х | | | | | | C | 0 | 0 |
| (8) BERT A COPPOTELLI, MD DIRECTOR | 1.00 | Х | | | | | | C | 0 | 0 |
| (9) DEBORAH MONAHAN DIRECTOR | 1.00 | Х | | | | | | C | 0 | 0 |
| (10) LYNN QUINTAL-HILL DIRECTOR | 1.00 | Х | | | | | | C | 0 | 0 |
| (11) MARK TRAMONTOZZI, MD DIRECTOR | 1.00 | Х | | | | | | C | 53,700. | 0 |
| (12) STEPHEN T BRIGGS, MD DIRECTOR | 1.00 | Х | | | | | | C | 0 | 0 |
| (13) PAUL MAXFIELD DIRECTOR | 1.00 | Х | | | | | | C | 0 | 0 |
| (14) DONNA ROMITO DIRECTOR | 1.00 | Х | | | | | | C | 0 | 0 |

Form **990** (2011)

JSA.

orm 990 (2011) Page **8**

| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y En | plo | ye | es, | and F | lig | hest Compensat | ed Employees (| continued) |
|--|--|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|------------------|---------------------------------------|--|--|
| (A) Name and title | (B) Average hours per week (describe | box, | unles | Pos heck ss pe | erson | e than o is both or/trust | an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
| | hours for related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| 15) DANIEL E LOHR CFO | 6.00 | | | Х | | | | | 514,728. | 37,462. |
| 16) THOMAS P PIPICELLI PRESIDENT | 10.00 | | | х | | | | C | 3,777,778. | |
| | - | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | | | | | |
| | | | | | | | | | | |
| | - | | | | | | | | | |
| | _ | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, S | ection A | | | | | | > > | 0 | 4,292,506. | |
| d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organizatio | limited to t | | liste | | | | o re | eceived more than | 5,108,427. \$100,000 of | 118,776. |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched | er, directo | or, or | tru | | | | | | | Yes No |
| 4 For any individual listed on line 1a, is the organization and related organizations graindividual | sum of repeater than | ortab \$15 | ole c 50,0 | om 00? | per | satior "Yes | n aı | nd other compens | sation from the | 4 X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y | accrue co | mpen | sati | on i | fron | n any | un | | | 5 X |
| Section B. Independent Contractors | noncotod : | ndona | nd a | nn+ | 005 | tracto | ro t | hat received mars | than \$100,000 | |
| Complete this table for your five highest com- compensation from the organization. Report of year. | | | | | | | | | | |
| | | | | | | | Т | (B) | | (C) |

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------|-----------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

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| Par | t VII | Statement of Revenue | | | | | _ |
|--|-----------------------------|---|---------------|-----------------------------|--|---|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d e f | Federated campaigns | | | | | |
| a S E | g h | Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f | • | 0 | | | |
| _e_ | | Total: Add miles to the First Telephone | Business Code | 0 | | | |
| ven | 20 | ACCOUNTING SERVICES | 541610 | 17,388. | 10,140. | 7,248. | |
| Re | 2a | FINANCIAL SERVICES | 541610 | 13,608. | 7,944. | 5,664. | |
| ë | b | MANAGEMENT SERVICES | 541610 | 24,924. | 18,852. | 6,072. | |
| Program Service Revenue | c d | PHARAGEPENT SERVICES | 241010 | 21,721. | 10,032. | 0,072. | |
| Jrai | e | | | | | | |
| ĵo | f | All other program service revenue | | FF 000 | | | |
| | <u>g</u> 3 | Total. Add lines 2a-2f Investment income (including dividends, interesting a line) | est, and | 55,920. 127. | | | 127. |
| | | other similar amounts) | | 0 | | | 127. |
| | 4 5 | Royalties | | 0 | | | |
| | 3 | (i) Real | (ii) Personal | 0 | | | |
| | | | | | | | |
| | 6a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | C | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) (i) Securities | (ii) Other | 0 | | | |
| | 7a | Gross amount from sales of | (ii) Guioi | | | | |
| | | assets other than inventory | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses | | | | | |
| | C | Gain or (loss) | | _ | | | |
| | d | Net gain or (loss) | | 0 | | | |
| ne | 8a | Gross income from fundraising | | | | | |
| Æ | | events (not including \$ | | | | | |
| Şe, | | of contributions reported on line 1c). | | | | | |
| Other Revenue | | See Part IV, line 18 | | | | | |
| ţ | b | Less: direct expenses b | | | | | |
| 0 | C | Net income or (loss) from fundraising events | | 0 | | | |
| | 9a | Gross income from gaming activities. | | | | | |
| | ١. | See Part IV, line 19 | | | | | |
| | b | Less: direct expenses b Net income or (loss) from gaming activities | | 0 | | | |
| | C | | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| | b | Less: cost of goods sold | | | | | |
| | <u>c</u> | Net income or (loss) from sales of inventory. Miscellaneous Revenue | Business Code | 0 | | | |
| | | | | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | | 0 | | | |
| | 12 | Total revenue. See instructions | <u> </u> | 56,047. | 36,936. | 18,984. | 127. |

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Part IX Statement of Functional Expenses

 $Section \ 501(c)(3) \ and \ 501(c)(4) \ organizations \ must \ complete \ all \ columns. \ All \ other \ organizations \ must \ complete \ column \ (A) \ but \ are \ not$ required to complete columns (B), (C), and (D).

| | Check if Schedule O contains a response to any question in this Part IX | | | | | | | | |
|---------|--|-----------------------|------------------------------|-------------------------------------|--------------------------------|--|--|--|--|
| | not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to governments and | | , , , , , , , | J | | | | | |
| • | organizations in the United States. See Part IV, line 21 | 0 | | | | | | | |
| 2 | Grants and other assistance to individuals in | | | | | | | | |
| _ | the United States. See Part IV, line 22 | 0 | | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | | | |
| | organizations, and individuals outside the | | | | | | | | |
| | United States. See Part IV, lines 15 and 16 | 0 | | | | | | | |
| 4 | Benefits paid to or for members | 0 | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | |
| | trustees, and key employees | 0 | | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 0 | | | | | | | |
| 7 | Other salaries and wages | 145,937. | | 145,937. | | | | | |
| 8 | Pension plan accruals and contributions (include section | | | | | | | | |
| | 401(k) and 403(b) employer contributions) | 0 | | | | | | | |
| 9 | Other employee benefits | 17,532. | | 17,532. | | | | | |
| 10 | Payroll taxes | 11,456. | | 11,456. | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | |
| | Management | 0 | | | | | | | |
| | Legal | 0 | | 2 000 | | | | | |
| | Accounting | 3,090. | | 3,090. | | | | | |
| | Lobbying | 0 | | | | | | | |
| | Professional fundraising services. See Part IV, line 17 | 0 | | | | | | | |
| | Investment management fees | 0 | | | | | | | |
| 9 12 | Other | 0 | | | | | | | |
| 13 | Office expenses | 0 | | | | | | | |
| 14 | Information technology. | 0 | | | | | | | |
| 15 | Royalties | 0 | | | | | | | |
| 16 | Occupancy | 0 | | | | | | | |
| 17 | Travel | 0 | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | |
| | for any federal, state, or local public officials | 0 | | | | | | | |
| 19 | Conferences, conventions, and meetings | 0 | | | | | | | |
| 20 | Interest | 0 | | | | | | | |
| 21 | Payments to affiliates | 0 | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 0 | | | | | | | |
| 23 | Insurance | 0 | | | | | | | |
| 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.) | | | | | | | | |
| | | | | | | | | | |
| b | | | | | | | | | |
| C | | | | | | | | | |
| d | | | | | | | | | |
| | All other expenses Total functional expenses. Add lines 1 through 24e | 178,015. | | 178,015. | | | | | |
| | Joint costs. Complete this line only if the | 1,0,013. | | 1,0,013. | | | | | |
| | 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) | n | | | | | | | |

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| Pa | rt X | Balance Sheet | | | |
|------------------|----------|--|--------------------------|----------|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 0 | 1 | 0 |
| | 2 | Savings and temporary cash investments | 83,985. | 2 | 98,701. |
| | 3 | Pledges and grants receivable, net | 0 | 3 | 0 |
| | 4 | Accounts receivable, net | 98,496. | 4 | 4,660. |
| | 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | | employees, and highest compensated employees. Complete Part II of | | | |
| | 6 | Schedule L 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 instructions) | 0 | | 0 |
| ets | 7 | Notes and loans receivable, net | 0 | - | 0 |
| Assets | 8 | Inventories for sale or use | 0 | - | 0 |
| ∢ | 9 | Prepaid expenses and deferred charges | 0 | | 0 |
| | 10a | Land, buildings, and equipment: cost or | | | |
| | | other basis. Complete Part VI of Schedule D 10a | | | |
| | b | Less: accumulated depreciation 10b | 0 | 10c | 0 |
| | 11 | Investments - publicly traded securities | 0 | 11 | 0 |
| | 12 | Investments - other securities. See Part IV, line 11 | 1,000. | 12 | 1,000. |
| | 13 | Investments - program-related. See Part IV, line 11 | 0 | 13 | 0 |
| | 14 | Intangible assets | | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | | 15 | 0 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 183,481. | - | 104,361. |
| | 17 | Accounts payable and accrued expenses | | 17 | 0 |
| | 18 | Grants payable | | 18 | 0 |
| | 19 | Deferred revenue | | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 20 | 0 |
| es | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 0 | 21 | 0 |
| ≣ | 22 | Payables to current and former officers, directors, trustees, key | | | |
| Liabilities | | employees, highest compensated employees, and disqualified persons. | | | |
| _ | | Complete Part II of Schedule L | | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0 | | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | 0 | ا م | 0 |
| | 26 | of Schedule D | | 25 26 | 0 |
| | 20 | Organizations that follow SFAS 117, check here ▶ X and complete | 0 | 26 | 0 |
| Ş | 27 | lines 27 through 29, and lines 33 and 34. | 102 401 | 0.7 | 104 261 |
| alar | 27 28 | Unrestricted net assets | 183,481. | 27 | 104,361. |
| Ä | 29 | Temporarily restricted net assets Permanently restricted net assets | 0 | 28 29 | 0 |
| Ĭ | 23 | Organizations that do not follow SFAS 117, check here ▶ and | 0 | 29 | 0 |
| or Fund Balances | | complete lines 30 through 34. | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ĭ. A | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ž | 33 | Total net assets or fund balances | 183,481. | 33 | 104,361. |
| _ | 34 | Total liabilities and net assets/fund balances | 183,481. | 34 | 104,361. |

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| Pa | Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI | | X | | | | | |
|----|--|------|------|------|--|--|--|--|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 56, | 047. | | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 178, | 015. | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 183, | 481. | | | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | | 42, | 848. | | | | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | | | | | |
| | column (B)) | | 104, | 261 | | | | |
| D۵ | art XII Financial Statements and Reporting | | 104, | 301. | | | | |
| Г | Check if Schedule O contains a response to any question in this Part XII | | | | | | | |
| | | | Yes | No | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain | in | | | | | | |
| | Schedule O. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | |
| b | | 21 | b X | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs | ight | | | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | C X | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain | n in | | | | | | |
| | Schedule O. | | | | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year w | ere | | | | | | |
| | issued on a separate basis, consolidated basis, or both: | | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth | n in | | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | а | X | | | | |
| b | 3. | | | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 31 | b | | | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

| Name o | f the organization | | | | | | | Emplo | yer iden | tificati | on num | oer | |
|--------------------|-----------------------------|---------------------|---|----------|--------------------|------------|----------------------|----------------|-------------------|----------------|-----------------|----------|-------|
| BACKU | S CORPORATION | | | | | | | | | | 7608 | | |
| Part I | Reason for Pub | lic Charity Statu | s (All organizations mu | ıst cor | nplete | this pa | art.) Se | e instr | uctions | | | | |
| The org | ganization is not a priv | ate foundation be | cause it is: (For lines 1 th | rough | 11, che | eck only | one bo | x.) | | | | | |
| 1 | A church, convention | on of churches, or | of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | |
| 2 | | | (1)(A)(ii). (Attach Schedu | | | | | | | | | | |
| 3 | - · | | ervice organization descr | | | - | | | | | | | |
| 4 | _ | = : | erated in conjunction w | ith a h | nospita | ıl descr | ibed in | sectio | n 170(k |)(1)(<i>i</i> | A)(iii). | Enter | the |
| | hospital's name, cit | | | | | | | | | | | | |
| 5 | | | nefit of a college or univ | ersity | owned | d or ope | erated l | oy a go | vernme | ntal u | ınit de | scribe | ∌d in |
| | _ section 170(b)(1)(| | | | | | | | | | | | |
| 6 | | _ | or governmental unit des | | | | | | | | | | |
| 7 | _ | - | es a substantial part of it | s supp | ort fro | m a go | vernme | ental un | it or fro | om th | e gene | ral p | ublic |
| | described in section | | | | | | | | | | | | |
| 8 | - | | on 170(b)(1)(A)(vi). (Com | • | | | | | | | _ | | |
| 9 | _ | = | es: (1) more than 331/3% | | | | | | | | | _ | |
| | • | | exempt functions - sub | - | | | - | | | | | | |
| | | | ome and unrelated busi | | | | • | | n 511 | tax) t | rom b | usine | sses |
| | ¬ ' ' ' | | ne 30, 1975. See section | • | | • | | • | | | | | |
| 10 | - · | • | ted exclusively to test for | • | • | | | | • | | | | |
| 11 X | _ | - | rated exclusively for the | | | - | | | | | | | |
| | | | ipported organizations de | | | | | - | | | | e sec | tion |
| | | | es the type of supporting | - | | | - | lines 1 | | ¬~ | | · | |
| | a Type I | b X Type | | | | nally inte | _ | | d | | e III - C | | P.C J |
| e X | | | the organization is not | | | - | | - | - | | | - | |
| | - | | gers and other than one | or mo | re put | olicly su | ipported | a organ | izations | aeso | cribea | n se | ction |
| | 509(a)(1) or section | . , . , | n datarmination from th | . IDC | 4ha4 :4 | :0 o T | | Tuma II | or T. | . III a | | | |
| f | _ | | n determination from th | ie iks | ınaı ıı | is a i | уре і, і | уре п, | от тур | e III s | suppor | ing I | |
| | organization, check | | ni-ation appeared any aif | | n tuilnti | | | : 4 b.o | | | | | Ш |
| g | - | .006, nas trie orga | nization accepted any gif | l OI CO | HIHDUI | ion non | i any oi | trie | | | | | |
| | following persons? | directly or indire | atly controls sither also | oo or t | ogoth | or with | noroon | a dooo | ribad in | · /::\ | | Yes | No |
| | | | ectly controls, either alor dy of the supported orgar | | | ei with | persor | is desc | nbea in | (11) | 11g(i) | 163 | X |
| | | | scribed in (i) above? | iization | | | | | | | 11g(ii) | | X |
| | | | son described in (i) or (ii) a | hovo2 | | | | | | | 11g(iii) | | X |
| h | | | out the supported organiz | | ٠ | | | | | | 119() | | |
| | Name of supported | (ii) EIN | (iii) Type of organization | T |) · Is the | (v) Did v | ou notify | (vi) | s the | 6 | /ii) Amo | unt of | |
| (1) | organization | (11) = 114 | (described on lines 1-9 | organi | zation in | the org | anization | | zation in | , , | supp | | |
| | | | above or IRC section (see instructions) | your g | listed in overning | | l. (i) of upport? | | rganized U.S.? | | | | |
| | | | (See mondono)) | Yes | No | Yes | No | Yes | No | | | | |
| | | | | | | | 111 | | | | | | |
| (A) _{ATT} | ACHMENT 1 | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | | | |
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| Total | | | | | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page 2

| Part III. If the organization fails to qualify under the tests listed below, please complete Section A. Public Support Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (e) 2011 (f) Total |
|--|-----------------------|
| Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 1 Gifts, grants, contributions, and membership fees received. (Do not | (e) 2011 (f) Total |
| 1 Gifts, grants, contributions, and membership fees received. (Do not | (1) 10 (1) |
| membership fees received. (Do not | |
| | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | |
| The value of services or facilities furnished by a governmental unit to the organization without charge | |
| 4 Total. Add lines 1 through 3 | |
| 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) | |
| Section B. Total Support | |
| Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 | (e) 2011 (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) | 2 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year | |
| organization, check this box and stop here | |
| Section C. Computation of Public Support Percentage | • |
| Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 4 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | |
| 16a 331/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 | |
| this box and stop here. The organization qualifies as a publicly supported organization | |
| b 331/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 1 | |
| check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or | |
| 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as | stop here. Explain in |
| organization. b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this | 16b, or 17a, and line |
| Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization of | |
| supported organization | |
| Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check thi instructions | |

Schedule A (Form 990 or 990-EZ) 2011 Page **3**

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.)

| Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9 Amounts from line 6 | | | | | | | | |
|---|------|--|-----------------------|-----------------------|-------------------|------------------|------------------|-------------|
| 1 Gifts, grants, contributions, and membership fees no covered. (Op not include any functual grants). 2 Giness treespit from antissions, membershape sold or services performed, or facilities furnished in any activity that is relieded to the organization's tax-exempt purpose. 3 Giness treespit from activities that are not an unrelead trate or business under section 513. 4 Tax revenues levied of 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. 7 Ta A monutis included on lines 1, 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 2, and 3 received from disqualified persons. b Annouras included on lines 1, 2, and 3 received from disqualified persons in the second the greater of 15,000 or 1% of the amount on line 13 for the year c Add lines 7 and 37 to 1. 8 Public support (Subtract line 7 of from line 6.) 9 Annouras from line 6. 10 Special from line 6. 10 Special from line 6. 11 Total Support (Subtract line 7 of from line 6.) 12 Other income. Do not include gain or loss from the saie of capital sesses section 511 taxes) from businesses accurred affect June 30, 1975. 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 50 togranization, check his box and stop here. 5 Public support percentage from 2010 Schedule A, Part III, line 15. 15 Public support percentage from 2010 Schedule A, Part III, line 17. 18 Public support percentage from 2010 Schedule A, Part III, line 15. 19 Soction D. Computation of Public Support Percentage 10 Tour computation of Investment Income Percentage 11 Investment income percentage from 2010 Schedule A, Part III, line 15. 15 Public support percentage from 2010 Schedule A, Part III, line 15. 16 So | | | | 42000 | () 0000 | (1) 0040 | () 0044 | (O.T.) |
| received. (Const include any vinusual grants.) 2 Cross receipts from admissions, merchandise sold or sentioss performed or facilities furnished in any activity that is relieved to the organization's tearement purpose. 3 Gross receipts from admissions, merchandise sold or sentions performed on facilities furnished in any activity that is relieved to the organization's tearement purpose. 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 | | | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 2 Goss receipts from admissions, merchandies sold or services performed, or facilities furnished in any activity that is reliated to the organization's tax-eventy purpose 3 Goss receipts from activities that are not an unrelead trade or business under section 513. 4 Tax revenues leviced for the organization's benefit and either paid to or expended on its behalf to or expended on its organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disputabled persons b Anounts included on lines 2 and 3 received from other than disputabled persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the persons that exceed the greater of \$6,000 control of the \$6,000 control of \$6,000 co | | , | | | | | | |
| sold or services performed, or facilities furnished in any activity that is related to the organizations trace-empt purpose. 3. Gines receipts from activities that are not an unrelated trace because the control of the organizations benefit and either paid to or expended on its behalf and either paid to or expended on its behalf until to the organization without charge. 5. The value of services or facilities furnished by a governmental unit to the organization without charge. 6. Total Add lines 1 through 5. 7. A Amounts included on lines 1, 2, and 3. received from disqualified persons | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| turnished in any activity that is related to the organization's tax-everyt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 at Tax revenues levide for the organization's benefit and either paid to or expended on its behalf | | · | | | | | | |
| 3 Gress receipts from activities that are not an unrelated throid 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 . 9 Amouns included on lines 2 and 3 received from disqualified persons . 9 Amouns included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Amounts included on lines 2 and 3 received from disqualified persons . 9 Public support (Subtract line 7 or from line 6.) 9 Amounts from line 6. 10a Gress income from inerest, dividends, orens, rens, revalues and the securities loans, rens, results and the securities loans, results and res | | sold or services performed, or facilities | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 613 unrelated to or expended on its behalf unrelated to or expended on its behalf unrelated trade of services or facilities furnished by a governmental unit to the organization without charge . 5 Total Add lines 1 through 5 . 6 Total Add lines 1, 2, and 3 received from disqualified persons . 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons . 8 Public support (Subtract line 7c from line 6.) 8 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9 Amounts from line 6, . 9 Amounts from line 6, . 9 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1915 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1915 c Add lines 10a and 10b . 10 Net income from included lin line 10b, whether or not the business is regularly carried on . 11 Net income. Do not include gain or loss from the sale of capital assets (Epplain in Part IV) . 12 Other income. Do not include gain or loss from the sale of capital assets (Epplain in Part IV) . 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here. 8 Section D. Computation of Public Support Percentage 17 Investment income percentage from 2010 Schedule A, Part III, line 17 . 18 Investment income percentage from 2010 Schedule A, Part III, line 17 . 19 Satisfy Schedule A, Part III, line 17 . 19 Satisfy Schedule A, Part III, line 17 . 10 Investment income percentage from 2010 Schedule A, Part III, line 17 . 11 Investment income percentage from 2010 Schedule A, Part III, line 17 . 12 Investment i | | | | | | | | |
| 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 to the organization without charge to the form of the than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on its 13 for the year c Add lines 7 and 70. 8 Public support (Subtract line 7 c from line 6). 9 Amounts from line 6, | | organization's tax-exempt purpose | | | | | | |
| 4 Tax revenues levied for the organizations 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. 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) P (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 9 Amounts from line 6. 9 Amounts from line 6. 5 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b. 1 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 1 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 1 Net income from unrelated business acquired after June 30, 1975. c Add lines 10a and 10b. 1 Total support. (Add lines 9, 10c, 11, and 12.) 1 Total support (Add lines 9, 10c, 11, and 12.) 1 Total support (Part lines 8). 5 Public support (Part lines 90 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here. Section C. Computation of Public Support Percentage 1 Investment income percentage for 2011 (line 8, column (f) divided by line 13, column (f)). 1 Total support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). 1 Total support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). 1 Total support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). 1 Total support percentage for 2011 (line 10c, column (f) divided by line 13, column (f)). 1 Total suppor | 3 | Gross receipts from activities that are not an | | | | | | |
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| 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5, | | organization's benefit and either paid | | | | | | |
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| 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 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 organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2010 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2010 Schedule A, Part III, line 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 Investment income percentage from 2010 Schedule A, Part III, line 17 19a 331/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 331/3%, 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331 line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organ base of the programment of the | | | | | | | | |
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| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see inst | | • | | • | • | | | |

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22-2757608

Page 4

BACKUS CORPORATION

Schedule A (Form 990 or 990-EZ) 2011 Part IV Supplemental Information. Complete this part to 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

| | | | | ATTACHMENT 1 | | | | |
|--|---|---------------|--------|--------------|--------|-----------------|--|--|
| SCHEDULE A, PART I - INFORMATION ABOUT | EDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS | | NS | | | | | |
| | | (III) TYPE OF | (IV) | (V) | (VI) | (VII) AMOUNT OF | | |
| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | ORGANIZATION | YES NO | YES NO | YES NO | SUPPORT | | |
| | | | | | | | | |
| THE WILLIAM W. BACKUS HOSPITAL | 06-025077 | 73 03 | X | | | 0 | | |

TOTAL AMOUNT OF SUPPORT

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011
Open to Public

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Nam | e of the organization | | | Emp | ployer identification number |
|-----|--|-----------------------------|----------------------------------|-------------------|---|
| BAG | CKUS CORPORATION | | | | 22-2757608 |
| Pa | organizations Maintaining Donor Advised Funds organization answered "Yes" to Form 990, Part IV | | milar Funds o | r Acco | ounts. Complete if the |
| | (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 | e assets held ir | n donoi | r advised |
| 6 | funds are the organization's property, subject to the organization bid the organization inform all grantees, donors, and donor ad | on's exclusive I | egal control? | | Yes L No |
| • | only for charitable purposes and not for the benefit of the dor | | | | |
| | conferring impermissible private benefit? | | | • | |
| Pa | rt II Conservation Easements. Complete if the organ | ization answe | red "Yes" to F | orm 9 | 90 Part IV line 7 |
| 1 | Purpose(s) of conservation easements held by the organization | | | 01111 0 | 00,1 01117, 1110 7. |
| | Preservation of land for public use (e.g., recreation or ed | | 7 | of an h | istorically important land area |
| | Protection of natural habitat | | | | ertified historic structure |
| | Preservation of open space | | ı Fieservation | oi a ce | itilied historic structure |
| 2 | Complete lines 2a through 2d if the organization held a qualifi easement on the last day of the tax year. | ed conservatio | n contribution i | n the fo | orm of a conservation |
| | casement on the last day of the tax year. | | | | Held at the End of the Tax Year |
| _ | Total number of concernation accoments | | | 22 | |
| a | Total number of conservation easements | | | | |
| b | Total acreage restricted by conservation easements | | | | |
| C | Number of conservation easements on a certified historic stru | | | 2 c | |
| d | Number of conservation easements included in (c) acquired a | | | 24 | |
| • | historic structure listed in the National Register | | | | with a proprientian during the |
| 3 | Number of conservation easements modified, transferred, rel | eased, eximgu | isnea, or termin | nated b | y the organization during the |
| 4 | tax year ▶ Number of states where property subject to conservation ease | mant ia lagata | -d -k - | | |
| 4 | | | | | |
| 5 | Does the organization have a written policy regarding the peri | | | _ | |
| 6 | violations, and enforcement of the conservation easements it h | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, a | na enforcing c | onservation ea | semen | is during the year |
| - | Amount of expenses incurred in monitoring, inspecting, and e | oforoing conco | mication occord | برام مدم | ring the week |
| 7 | | norcing conse | rvation easeme | enis au | ring the year |
| 8 | ►\$ Does each conservation easement reported on line 2(d) abov | a actiofy the re | auiromanta of a | ootion 1 | 170/b)/4)/P) |
| 0 | | | | | |
| 9 | (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation | n cacamants | in its revenue or | d ovno | |
| Э | balance sheet, and include, if applicable, the text of the footnot | | | | • |
| | organization's accounting for conservation easements. | ne to the orga | mzadon 5 man | ciai sta | terrents that describes the |
| Pa | rt III Organizations Maintaining Collections of Art, Hi | storical Treas | sures, or Othe | er Sim | ilar Assets. |
| | Complete if the organization answered "Yes" to F | orm 990, Par | t IV, line 8. | | |
| 1a | If the organization elected, as permitted under SFAS 116 (A works of art, historical treasures, or other similar assets h public service, provide, in Part XIV, the text of the footnote to it | SC 958), not eld for public | to report in its exhibition, edu | revenu ucation | ue statement and balance sheet , or research in furtherance of |
| b | If the organization elected, as permitted under SFAS 116 | | | | |
| | works of art, historical treasures, or other similar assets h public service, provide the following amounts relating to these | eld for public items: | exhibition, edu | ucation | , or research in furtherance of |
| | (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, historica | I treasures, or | other similar | assets | for financial gain, provide the |
| | following amounts required to be reported under SFAS 116 (A | SC 958) relati | ng to these item | าร: | |
| а | Revenues included in Form 990, Part VIII, line 1 | | | | · · · · ▶ \$ |
| b | Assets included in Form 990, Part X | | | | ▶ \$ |

Schedule D (Form 990) 2011 Page **2**

| Par | rt III Organizations Maintainir | ng Collections of | Art, Histo | rical Trea | asures, d | or Other | Similar Assets (| continued |) |
|--------|---|------------------------|-----------------------|--------------|---------------------|------------|----------------------|---------------|---|
| 3 | Using the organization's acquisition collection items (check all that apply | | other recor | ds, check | any of t | he follow | ving that are a sig | nificant us | e of its |
| а | Public exhibition | | d | Loar | n or excha | ange prog | grams | | |
| b | Scholarly research | | e | Othe | | | | | |
| С | Preservation for future ger | nerations | | _ | | | | | |
| 4 | Provide a description of the organi | | and expla | ain how th | nev furthe | er the or | ganization's exemp | t purpose | in Part |
| | XIV. | | | | | | J | | |
| 5 | During the year, did the organization | n solicit or receive o | donations o | fart histo | rical trea | sures or | other similar | | |
| - | assets to be sold to raise funds rather | | | | | | _ | Yes | No |
| Par | rt IV Escrow and Custodial Ar | | | | | | | | |
| | line 9, or reported an am | ount on Form 99 | 0, Part X, I | ine 21. | | | | | <u>, </u> |
| 1a | Is the organization an agent, trustee | custodian or othe | r intermedi: | ary for cor | ntribution | s or othe | r assets not | | |
| | included on Form 990, Part X? | | | - | | | _ | Yes | No |
| b | If "Yes," explain the arrangement in | | | | | | | | |
| | ii 100, Oxpidiii tile dirangementiii | r are zero and comp | ioto trio ron | ownig tab | | | Amount | | |
| • | Beginning balance | | | | 1 | _ | Amount | | |
| ۲ C | Additions during the year | | | | | | | | |
| u | Distributions during the year | | | | | _ | | | |
| • | Ending balance | | | | | _ | | | |
| 20 | Did the organization include an amo | | | | | | | Yes | No |
| | If "Yes," explain the arrangement in | | rant A, iiile | 211 | | | | res | NO |
| | · | | ization on | outorod " | Vaa" ta I | - orm 00 | O Dort IV line 10 | | |
| Par | rt V Endowment Funds. Com | | | | | | (d) Three years back | | ana haali |
| 1.0 | Paginning of year balance | (a) Current year | (b) Prio | r year | (c) Two ye | ears back | (a) Three years back | (e) Four ye | ars dack |
| 1a | Beginning of year balance Contributions | | | | | | | | |
| b | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | |
| | and losses | | | | | | | | |
| a | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities . | | | | | | | | |
| | and programs | | | | | | | | |
| | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of | of the current year e | nd balance | (line 1g, d | column (a |)) held as | : | | |
| a | Board designated or quasi-endowm | ent ► | _% | | | | | | |
| b | Permanent endowment ▶ | · % | | | | | | | |
| С | Temporarily restricted endowment I | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and | - | | | | | | | |
| 3a | Are there endowment funds not in t | he possession of the | ne organiza | ition that a | are held a | ınd admir | nistered for the | | |
| | organization by: | | | | | | | Ye | s No |
| | (i) unrelated organizations | | | | | | | 3a(i) | |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(ii), are the related orga | | - | | | | | 3b | |
| 4 | Describe in Part XIV the intended us | | | | | | | | |
| Par | rt VI Land, Buildings, and Equi | ipment. See Forr | n 990, Pa | rt X, line | 10. | | | | |
| | Description of property | (inves | other basis tment) | | other basis her) | | cumulated (eciation | d) Book value | |
| 1 a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| С | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | | | | | |
| е | Other | | | | | | | | |
| Tota | Add lines 1a through 1e (Column | (d) must equal Form | n 000 Part | Y column | (R) line | 10(c)) | | | |

Schedule D (Form 990) 2011 Page 3

| Concadio B (1 offin 550) 2011 | 222 5 11/11 | | 1 age c |
|--|----------------------|---|---------------------|
| Part VII Investments - Other Securities. See F | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valua Cost or end-of-year mark | |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (l) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. See F | orm 990. Part X. lin | ne 13. | |
| (a) Description of investment type | (b) Book value | (c) Method of valua Cost or end-of-year mark | |
| (1) | | Cook of one of your man | tot value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. See Form 990, Part X, li | ne 15. | | |
| | Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | | | |
| Part X Other Liabilities. See Form 990, Part X | | | |
| 1. (a) Description of liability | (b) Book valu | ie | |
| (1) Federal income taxes | | | |
| (2) DUE TO AFFILIATES | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | • | | |
| 2 FIN 49 (ASC 740) Ecotopte In Bart VIV provide the | | the organization's financial statemen | to that raparta the |

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

JSA 1E1270 1.000

| Schedu | le D (Form 990) 2011 | | Page 4 |
|--------|---|-----------|---------------------|
| Part | XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial States | nents | 3 |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 56,047 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 178,015 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | -121,968. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -121,968. |
| Part | XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re | turn | |
| 1 | Total revenue, gains, and other support per audited financial statements | L | 1 56,047 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | Net unrealized gains on investments 2a | | |
| b | Donated services and use of facilities 2b | | |
| С | Recoveries of prior year grants 2c | | |
| d | Other (Describe in Part XIV.) | | |
| е | Add lines 2a through 2d | 🗀 | 2e |
| 3 | Subtract line 2e from line 1 | | 56,047 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIV.) | | |
| С | Add lines 4a and 4b | 🗠 | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 56,047 |
| Part | XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F | Returi | |
| 1 | Total expenses and losses per audited financial statements | 🗀 | 1 178,015. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities 2a | | |
| b | Prior year adjustments 2b | | |
| С | Other losses 2c | | |
| d | Other (Describe in Part XIV.) | | |
| е | Add lines 2a through 2d | 🖆 | 2e |
| 3 | Subtract line 2e from line 1 | | 3 178,015. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIV.) | | |
| С | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | <u> l</u> | <u>5</u> 178,015. |
| | XIV Supplemental Information | | |
| | lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P., line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp | | |
| | dditional information. | note t | ins part to provide |
| | | | |
| TINTOT | DESTIN HAV DOCTETONG DIGGLOGIDE | | |
| UNCE | RTAIN TAX POSITIONS DISCLOSURE | | |
| COLLE | OTHE D. DADE V. LIME O | | |
| SCHE | DULE D, PART X, LINE 2 | | |
| MANTA | GEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE | | |
| | GEMENT HAS EVALUATED THEIR INCOME TAX POSTITIONS UNDER THE GUIDANCE | | |
| TNICT | UDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT | | |
| | 222 11 100 /10. Diolo of Hill Keview, Paraderent Had Not | | |
| IDEN | TIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR | | |
| | | | |
| DISC | LOSED IN THE FINANCIAL STATEMENTS. | | |
| | | | |
| | | | |

 Schedule D (Form 990) 2011
 BACKUS CORPORATION
 22-2757608
 Page 5

Part XIV Supplemental Information (continued)

SCHEDULE J (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

BACKUS CORPORATION

Department of the Treasury

Employer identification number

22-2757608

| Part | 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. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| L | If any of the bayes on line to are checked did the organization follow a written nation regarding normant | | | |
| 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 | explain | | | |
| | directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | To Post on Pale 16 and a fall of the CP on a constant of the control Politics and a second to a control Politics. | | | |
| 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. Explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| • | | 4a | | Х |
| a b | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4a 4b | X | Λ. |
| C | Participate in, or receive payment from, a supplemental hondulamed retirement plan: Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | 21 | Х |
| C | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 70 | | 21 |
| | The residential and the persons and provide the applicable amounts for each item in rait in. | | | |
| | 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: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | Х |
| | 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: | | | |
| а | The organization? | 6a | | Х |
| b | Any related organization? | 6b | | Х |
| | 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 | | Х |
| 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 | | Х |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | 1 |

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

Schedule J (Form 990) 2011

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 | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|----------------------|------|--|-------------------------------------|---|-----------------------------|----------------|----------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | reported as deferred in prior Form 990 |
| | (i) | 0 | C | 0 | 0 | 0 | C | 0 |
| 1 DAVID WHITEHEAD | (ii) | 740,686. | (| 21,535. | 20,580. | 23,272. | 806,073. | 0 |
| | (i) | 0 | C | 0 | 0 | 0 | C | 0 |
| 2 DANIEL E LOHR | (ii) | 491,649. | (| 23,079. | 20,580. | 16,882. | 552,190. | 0 |
| | (i) | 0 | C | 0 | 0 | 0 | C | 0 |
| 3 THOMAS P PIPICELLI | (ii) | 608,153. | (| 3,169,625. | 20,580. | 16,882. | 3,815,240. | 2,782,763. |
| | (i) | | | | | | | |
| 4 | (ii) | | | T | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | T | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2011

Part | Supplemental Information

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

COMPENSATION FROM A RELATED ORGANIZATION

FORM 990, PART VII; SCHEDULE J, PART I, LINE 3 & PART II

COMPENSATION FOR DAVID WHITEHEAD, PRESIDENT, IS PROVIDED BY THE WILLIAM

W. BACKUS HOSPITAL (HOSPITAL), A RELATED ORGANIZATION. THE HOSPITAL USES

A COMPENSATION COMMITTEE, A WRITTEN EMPLOYMENT CONTRACT, COMPENSATION

SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO

ESTABLISH MR. WHITEHEAD'S COMPENSATION.

THE COMPENSATION FOR ALL OTHER OFFICERS IS PROVIDED BY THE HOSPITAL.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS

SCHEDULE J, PART I, LINE 4B

DAVID WHITEHEAD AND DANIEL E LOHR PARTICIPATE IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN, HOWEVER THERE WERE NO ACCRUALS OR

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

Schedule J (Form 990) 2011

Part | Supplemental Information

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

RETIREMENT AND OTHER DEFERRED COMPENSATION EXPLANATION

SCHEDULE J, PART II, COLUMN C

COMPENSATION IS REPORTED ON THE FORM 990 IN THE YEAR THE COMPENSATION IS EARNED BY OR AWARDED TO AN INDIVIDUAL, EVEN IF THE COMPENSATION IS NOT PAID TO THE INDIVIDUAL, IS NOT FULLY VESTED, OR IS SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE. IF COMPENSATION IS EARNED OR AWARDED IN ONE YEAR BUT PAID IN A LATER YEAR, THEN THE COMPENSATION IS GENERALLY REPORTED A SECOND TIME ON THE FORM 990 IN THE YEAR THE COMPENSATION IS PAID TO THE INDIVIDUAL. AS A RESULT OF THE REPORTING REQUIREMENT, AN ORGANIZATION COULD BE REQUIRED TO REPORT THE SAME COMPENSATION ON FORM 990 IN TWO

ADDITIONAL INFORMATION

SCHEDULE J, PART II, LINE 3

THOMAS PIPICELLI'S COMPENSATION INCLUDES AMOUNTS ESTABLISHED AND PAID

PURSUANT TO EMPLOYMENT AGREEMENT DATED DECEMBER 15, 2008, UNDER WHICH

EMPLOYEE'S EMPLOYMENT WOULD TERMINATE ON DECEMBER 31, 2011. THE AMOUNT OF

COMPENSATION RECOGNIZED THE EMPLOYEE'S DECADES-LONG SERVICE TO THE

ORGANIZATION AS PRESIDENT AND CEO, AND HIS SERVICES IN TRANSITIONING TO

Schedule J (Form 990) 2011

Part | Supplemental Information

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

THE ORGANIZATION'S CURRENT MANAGEMENT TEAM.

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Employer identification number 22-2757608

BACKUS CORPORATION

INDEPENDENT VOTING MEMBERS

FORM 990, PART VI, SECTION A, LINE 1B

THE TAXPAYER IS REPORTING SEVERAL MEMBERS OF THE BOARD OF DIRECTORS AS

NOT BEING INDEPENDENT, EVEN THOUGH THEY DO NOT MEET ANY OF THE

DEFINITIONS FROM THE 990 INSTRUCTIONS FOR DETERMINING INDEPENDENT

DIRECTORS. HOWEVER, THEY DO HAVE PRIVLEGES AT THE HOSPITAL WHICH IS WHY

BUSINESS RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

THE HOSPITAL CONSIDERS THEM NOT INDEPENDENT.

DAVID WHITEHEAD, TOM PIPICELLI AND DANIEL E LOHR HAVE A BUSINESS

RELATIONSHIP WITH EACH OTHER. THEY SERVE AS AN OFFICER OR DIRECTOR FOR

CONNCARE, INC. OR WWB CORPORATION, WHICH ARE RELATED FOR PROFIT

COMPANIES.

990 REVIEW PROCESS

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

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 OR CONCERNS THE CFO MAY HAVE ARE ADDRESSED. THE FINANCE COMMITTEE OF THE BOARD WILL THEN REVIEW THE 990 AND ANY QUESTION OR CONCERNS THE FINANCE COMMITTEE HAVE ARE ADDRESSED. THE FINAL FORM 990 WITH ALL REQUIRED SCHEDULES IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C ALL DIRECTORS, OFFICERS, AND KEY EMPLOYEES OF BACKUS CORPORATION SHALL COMPLETE AND SIGN A DISCLOSURE STATEMENT. THE STATEMENT WILL INCLUDE AN ITEMIZATION AND DESCRIPTION OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS RELATED THERETO FOR SUCH DIRECTOR, OFFICER, OR KEY EMPLOYEE BY VIRTUE OF HIS OR HER ACTIVITIES OR THE ACTIVITIES OF RELATED PERSONS. DIRECTORS, OFFICERS, AND KEY EMPLOYEES ARE URGED TO BE INCLUSIVE IN THIS DISCLOSURE OF POTENTIAL AND ACTUAL CONFLICTS OF INTEREST IS ESSENTIAL TO ENSURING DISCUSSION OF CONFLICT. DISCLOSURE STATEMENTS SHALL BE RETURNED TO THE CORPORATE COMPLIANCE OFFICER. ALL DISCLOSURES MADE WILL BE REVIEWED BY THE COMPLIANCE OFFICER, UNDER THE DIRECTION OF THE CHAIR AND THE PRESIDENT, WHO SHALL EXERCISE GOOD FAITH JUDGEMENT AS TO WHETHER A CONFLICT EXISTS. THE CHAIR AND THE PRESIDENT SHALL BE RESPONSIBLE FOR MONITORING TRANSACTIONS OR ARRANGMENTS IN WHICH A DIRECTOR, OFFICER, OR KEY EMPLOYEE MAY HAVE A CONFLICT OF INTEREST AND FOR ASSURING THAT THE DIRECTOR, OFFICER, OR KEY EMPLOYEE SERVES BACKUS CORPORATION'S BEST INTERESTS. THE COMPLIANCE OFFICER, THE CHAIR AND/OR PRESIDENT MAY CONSULT WITH ANY DIRECTOR, OFFICER, OR KEY EMPLOYEE AND OBTAIN INFORMATION NECESSARY FOR AN ORDINARILY PRUDENT PERSON TO MAKE A JUDGMENT AS TO WHETHER A CONFLICT EXISTS AND EACH DIRECTOR, OFFICER, AND KEY EMPLOYEE SHALL COOPERATE WITH SUCH REQUESTS. THE COMPLIANCE OFFICER, THE CHAIR, AND/OR THE PRESIDENT SHALL PROVIDE GUIDANCE TO THE DIRECTOR, OFFICER, OR KEY EMPLOYEE AND TO THE BOARD OF DIRECTORS AS TO THE APPRORIATE COURSE OF ACTION. WHEN DEEMED PRUDENT BY THE CHAIR OR THE PRESIDENT, THE CHAIR AND THE PRESIDENT SHALL SEEK THE

ADVICE AND APPROVAL OF THE FULL BOARD OF DIRECTORS OR GOVERNANCE

COMMITTEE IN DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AND THAT

THE DIRECTOR, OFFICER, OR KEY EMPLOYEE SERVES BACKUS CORPORATION'S BEST

INTERESTS. IF, AFTER COMPLETING AND SIGNING THE ANNUAL DISCLOSURE

STATEMENT, AN ACTUAL OR POTENTIAL CONFLICT ARISES, THE DIRECTOR, OFFICER,

OR KEY EMPLOYEE WITH THE CONFLICT SHALL PROMPTLY NOTIFY THE COMPLIANCE

OFFICER IN WRITING. DIRECTORS, OFFICERS, AND KEY EMPLOYEES WHO HAVE

DECLARED OR HAVE BEEN DEEMED TO HAVE A CONFLICT OF INTEREST MUST REFRAIN

FROM CONSIDERATION OF PROPOSED TRANSACTIONS OR ARRANGMENTS, UNLESS FOR

SPECIAL REASON THE BOARD OF DIRECTORS REQUESTS INFORMATION OR

COMPENSATION REVIEW

FORM 990, PART VI, SECTION B, LINES 15A & B

THIS ORGANIZATION DOES NOT DIRECTLY EMPLOY TOP MANAGEMENT OFFICIALS OR

ANY OFFICERS OR KEY EMPLOYEES. THE OFFICERS LISTED IN PART VII ARE

EMPLOYED BY RELATED ENTITIES AND ARE THEREFORE SUBJECT TO THE

COMPENSATION PROCESS IN PLACE BY THE RESPECTIVE ENTITY.

AVAILABILITY OF DOCUMENTS

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. PLEASE CONTACT DANIEL E LOHR AT 326 WASHINGTON STREET, NORWICH, CT, 06360, ABOUT INSPECTING THE ORGANIZATION'S DOCUMENTS.

Schedule O (Form 990 or 990-EZ) 2011 Page **2**

Name of the organization

BACKUS CORPORATION

Employer identification number

22-2757608

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

TRANSFER FROM AFFILIATE

\$42,848

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

| NAME AND TITLE | HOURS DEVOTED FOR RELATED ORGANIZATION |
|------------------------|--|
| | |
| DAVID WHITEHEAD | 41.00 |
| DIRECTOR/PRESIDENT/CEO | 41.00 |
| ROBERT RAMSDELL | |
| DIRECTOR/TREASURER | 6.00 |
| JOSEPH FATONE | |
| DIRECTOR/SECRETARY | 6.00 |
| ANTHONY JOYCE | |
| DIRECTOR/VICE CHAIRMAN | 6.00 |
| JOHN F BILDA | |
| DIRECTOR | 2.00 |
| PETER MANERI | |
| DIRECTOR | 2.00 |
| ELIZABETH CONWAY | |
| DIRECTOR | 2.00 |
| BERT A COPPOTELLI, MD | |
| DIRECTOR | 2.00 |
| DEBORAH MONAHAN | |
| DIRECTOR | 2.00 |
| LYNN QUINTAL-HILL | |
| DIRECTOR | 2.00 |
| MARK TRAMONTOZZI, MD | |
| DIRECTOR | 2.00 |
| STEPHEN T BRIGGS, MD | |
| DIRECTOR | 2.00 |
| PAUL MAXFIELD | |
| DIRECTOR | 2.00 |
| DONNA ROMITO | |
| DIRECTOR | 2.00 |
| DANIEL E LOHR | |
| CFO | 43.00 |
| THOMAS P PIPICELLI | |
| PRESIDENT | 0 |
| - | - |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

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

► See separate instructions.

| Open to Public | |
|----------------|--|
| Inspection | |

Name of the organizationEmployer identification numberBACKUS CORPORATION22-2757608

| (a) Name, address, and EIN of disregarded entity | | Р | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct cor enti | ntrolling |
|--|-----------------------------|-------|---|---|--|-------------------------------|---------------------------|---------------------|
| _(1) | | | | | | | | |
| _(2) | | | | | | | | |
| _(3) | | | | | | | | |
| _(4) | | | | | | | | |
| _(5) | | | | | | | | |
| _(6) | | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during | (Complete if the tax year.) | the o | rganization ansv | vered "Yes" to F | orm 990, Part IV | , line 34 because | it had | |
| (a) Name, address, and EIN of related organization | (b) Primary activ | ity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section 5 conti | 12(b)(13) rolled |
| | | | | | | | Yes | No |
| (1) THE WILLIAM W. BACKUS HOSPITAL 06-0250773 | | | | | | | | |
| 326 WASHINGTON STREET NORWICH, CT 06360 | HOSPITAL | | CT | 501(C)(3) | 3 | BACKUS CORP | X | |
| (2) BACKUS HEALTH CARE INC. 22-2481794 326 WASHINGTON STREET NORWICH, CT 06360 | SUPPORT | | CT | 501(C)(3) | 11A | BACKUS CORP | Х | |
| _(3) | - | | | | | | | |
| | | | | | | | | |
| _(5) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

Schedule R (Form 990) 2011

| Part III Identification of Relation because it had one or it | ed Organizations more related orga | Taxable inizations | as a Partnersh streated as a pa | lip (Complete if the artnership during the | organization a tax year.) | nswered "Yes" | to F | orm | 990, Part IV, I | ine 3 | 34 | |
|---|---------------------------------------|---|------------------------------------|---|---------------------------------|---------------------------------------|---------|-----------------------------|--|-------|--------------------------------|---------------------------------------|
| (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 | Disprop | h) portionate ations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene | j) eral or aging ner? | (k) Percentage ownership |
| | | country) | | 300110113 012 014) | | | Yes | No | (FOIII 1003) | Yes | No | |
| (1) OMNI HOME HEALTH SERVICES 06-1 12 CASE ST NORWICH, CT 06360 | HOME HEALTH CARE | СТ | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| <u>(3)</u> | | | | | | | | | | | | |
| <u>(4)</u> | | | | | | | | | | | | |
| <u>(5)</u> | | | | | | | | | | | | |
| <u>(6)</u> | - | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|--------------------------------|---|-------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|
| (1) WWB CORPORATION 06-1094838 326 WASHINGTON ST NORWICH, CT 06360 | HOLDING COMPANY | CT | N/A | C CORP | | | |
| (2) CONNCARE INC. 06-1387598 326 WASHINGTON ST NORWICH, CT 06360 | HEALTH CARE SRVC. | CT | BACKUS HEALTH | C CORP | 7,663,565. | 3,482,781. | 100.0000 |
| (3) BACKUS MEDICAL CENTER CONDO ASSOC. INC 06-1542647 330 WASHINGTON ST NORWICH, CT 06360 | CONDO ASSOC. | CT | BACKUS HOSPITAL | C CORP | | | |
| <u>(4)</u> | | | | | | | |
| <u>(5)</u> | | | | | | | |
| <u>(6)</u> | | | | | | | |
| (7) | | | | | | | |

Schedule R (Form 990) 2011

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

| Not | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | No |
|-----|---|-----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | 1a | | Х |
| b | Gift, grant, or capital contribution to related organization(s) | 1b | Х | |
| С | Gift, grant, or capital contribution from related organization(s) | 1 c | Х | |
| d | Loans or loan guarantees to or for related organization(s) | 1d | | Х |
| е | Loans or loan guarantees by related organization(s) | 1e | | X |
| | | | | |
| f | Sale of assets to related organization(s) | 1f | | Х |
| g | Purchase of assets from related organization(s) | 1g | | Х |
| h | Exchange of assets with related organization(s) | 1h | | X |
| i | Lease of facilities, equipment, or other assets to related organization(s) | 1i | | X |
| | | | | |
| j | Lease of facilities, equipment, or other assets from related organization(s) | 1j | | Х |
| k | Performance of services or membership or fundraising solicitations for related organization(s) | 1k | Х | |
| I | Performance of services or membership or fundraising solicitations by related organization(s) | 11 | | Х |
| m | | 1 m | | Х |
| n | Sharing of paid employees with related organization(s) | 1n | | Х |
| | | | | |
| 0 | Reimbursement paid to related organization(s) for expenses | 10 | X | |
| р | Reimbursement paid by related organization(s) for expenses | 1p | | Х |
| | | | | |
| q | Other transfer of cash or property to related organization(s) | 1q | | Х |
| r | Other transfer of cash or property from related organization(s) | 1r | | X |

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

| (a) Name of other organization | | (b) Transaction type (a–r) | (c) Amount involved | (d) Method of determining amount involved |
|-----------------------------------|---|----------------------------------|-------------------------------|---|
| (1) BACKUS HEALTH CARE INC. | В | | 1,201,806. | COST |
| (2) THE WILLIAM W BACKUS HOSPITAL | С | | 1,244,653. | COST |
| (3) THE WILLIAM W BACKUS HOSPITAL | 0 | | 135,168. | COST |
| (4) | | | | |
| (5) | | | | |
| <u>(6)</u> | | | | |

Schedule R (Form 990) 2011

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

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

| ame, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded | Are all sec 501 | tion c)(3) | (f) Share of total income | (g) Share of end-of-year assets | Disprop | h) portionate ations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | | (k) Percentage ownership |
|---------------------------------|-----------------------------|---|--|--|---|--|--|--|---|--|--|--|--|
| | | | section 512-514) | Yes | No | | | Yes | No | (1 01111 1005) | Yes | No | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | country) | country) unrelated, excluded from tax under section 512-514) | country) Incline (each dear do from tax under section 512-514) Soli or section 512-514) Soli or section 512-514 Soli | country) Included, excluded from tax under section 512-514) Solicion (Sample Country) Type No Solicion (Sample Country) Solicion (Sample Country) Solicion (Sample Country) Type No Solicion (Sample Count | Country Unrelated, excluded from tax window Country Countr | country) unvalued, excluded from tax under section 512-514) Test in core of the core of th | Country) arrivated excluded from its under section 512-514) | Country Coun | Country Coun | Country Coun | Country Oriented Reclused Properties Oriented Re |

Schedule R (Form 990) 2011 Page 5

Supplemental Information Part VII

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

| Form 990-T | Exemi | ot Organization Business Ir | ncom | e Tax Returr | 1 (an | d nroxv | tax under sec | tion 60: | 33(e)) | OMB N | o. 1545-0687 | |
|--|--------------|--|----------|---------------------|--------------|----------|------------------------|-----------------------------------|----------------|--------------|--|--|
| Form 330-1 | | For calendar year 2011 or other tax y | | | - | | $^{\prime}$ 01 , 2011, | | 2(0) 11 | | | |
| Department of the Treasury Internal Revenue Service | | ending 09/30, 20 1 | | | | | nstructions. | unu | | Open to Pu | ublic Inspection for Organizations Only | |
| A Check box if address changed | | | | me changed and | | | | D | | er identific | eation number e instructions.) | |
| B Exempt under section | 1 | BACKUS CORPORATION | | | | | | | | | | |
| X 501(C)(3) | Print | Number, street, and room or suite no. | If a P.O | . box, see instruct | ions. | | | | 22-27 | 57608 | | |
| 408(e) 220(e | or | | | | | | | E Unrelated business activity cod | | | | |
| 408A 530(a | Type | 326 WASHINGTON STRE | ET | | | | | | (See insti | ructions.) | | |
| 529(a) | 1 | City or town, state, and ZIP code | | | | | | | | | | |
| C Book value of all assets | | NORWICH, CT 06360 | | | | | | į | 54161 | 0 | | |
| at end of year | F Gro | up exemption number (See instruc | tions.) | > | | | | | | | | |
| 104,361. | | eck organization type X 50° | | | | 501(c |) trust | 4 | 101(a) tr | ust | Other trust | |
| | | rimary unrelated business activity. | | | FI | NANC | IAL AND | | | | VICES | |
| | | corporation a subsidiary in an affi | | | | | | | | | Yes X No | |
| • | | identifying number of the parent co | - | | | , | J | | | • | | |
| | | DANIEL E. LOHR | | · | Te | elephon | e number > | 860 | -889- | 8331 | | |
| | | or Business Income | | (A) Inc | | | | penses | | | (C) Net | |
| | | 18,984. | | | | | | | | | | |
| b Less returns and allow | | c Balance | 1 c | 1 | .8,9 | 984. | | | | | | |
| 2 Cost of goods so | old (Sched | ule A, line 7) | 2 | | | | | | | | | |
| | | 2 from line 1c | | 1 | .8,9 | 984. | | | | | 18,984. | |
| 4a Capital gain net | income (a | attach Schedule D) | 4a | | | | | | | | | |
| b Net gain (loss) (F | orm 4797, | Part II, line 17) (attach Form 4797) | 4b | | | | | | | | | |
| c Capital loss ded | uction for | trusts | 4 c | | | | | | | | | |
| 5 Income (loss) from | partnershi | ps and S corporations (attach statement) | 5 | | | | | | | | | |
| 6 Rent income (Sc | hedule C) | | 6 | | | | | | | | | |
| 7 Unrelated debt-f | inanced in | come (Schedule E) | 7 | | | | | | | | | |
| 8 Interest, annuitie | es, royalti | es, and rents from controlled | | | | | | | | | | |
| organizations (So | hedule F) | | 8 | | | | | | | | | |
| | | ection 501(c)(7), (9), or (17) | | | | | | | | | | |
| organization (Sch | nedule G) | | 9 | | | | | | | | | |
| 10 Exploited exemp | t activity i | ncome (Schedule I) | 10 | | | | | | | | | |
| 11 Advertising inco | ne (Sched | dule J) | 11 | | | | | | | | | |
| 12 Other income (S | ee instruc | ctions; attach schedule.) | 12 | | | | | | | | | |
| 13 Total. Combine I | ines 3 thr | ough 12 | 13 | 1 | .8,9 | 984. | | | | | 18,984. | |
| | | Taken Elsewhere (See inst | | ons for limita | tion | s on c | leductions. | .) (Ex | cept fo | r contrik | outions, | |
| deduction | ns must | be directly connected with | the ur | nrelated bus | ines | s inco | me.) | | | | | |
| 14 Compensation o | f officers, | directors, and trustees (Schedule K |) | | | | | | 14 | | | |
| 15 Salaries and wag | es | | | | | | | | 15 | | 49,543. | |
| 16 Repairs and mai | ntenance | | | | | | | | 16 | | | |
| 17 Bad debts | | | | | | | | | 17 | | | |
| 18 Interest (attach s | chedule) | | | | | | | | 18 | | | |
| 19 Taxes and license | es | | | | | | | | 19 | | 3,889. | |
| 20 Charitable contri | butions (| See instructions for limitation rules.) |) | , | | | | | 20 | | | |
| | | 4562) | | | | | | | | | | |
| | | l on Schedule A and elsewhere on r | | , | | | | | 22b | | | |
| | | | | | | | | | | | | |
| | | compensation plans | | | | | | | | | | |
| | | s | | | | | | | | | 5,952. | |
| | | Schedule I) | | | | | | | | | | |
| | | schedule J) | | | | | | | | | | |
| | | schedule) | | | | | | | | | | |
| | | es 14 through 28 | | | | | | | | | 59,384. | |
| | | e income before net operating los | | | | | | | | | -40,400. | |
| | | ion (limited to the amount on line 3 | | | | | | | | | | |
| | | e income before specific deductio | | | | _ | | | | | -40,400. | |
| | | ally \$1,000, but see line 33 instruc | | | | | | | 33 | | 1,000. | |
| | | le income. Subtract line 33 from li | ne 32. | If line 33 is gre | eater | than lin | e 32, | | | | -40 400 | |
| antar the smalle | r of zoro o | r ling 37 | | | | | | | 1 2 4 | | -40 400 | |

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Form 990-T (2011) BACKUS CORPORATION 22-2757608 Page **2**

| Par | t III | Tax Computation | n | | | | | | | | | |
|------------------------|--|--|--------------------------------|---------------------|----------|-------------------|---------------|---------------------------|-------------|-----------------------|------------|----------|
| 35 | Organiz | zations Taxable as | Corporations. See | instructions | for | tax comp | utation. | Controlled gro | oup | | | |
| | membe | rs (sections 1561 and 1 | 1563) check here | See inst | tructio | ns and: | | · · | | | | |
| а | | our share of the \$50,0 | · | | | | ackets (in | that order): | | | | |
| | (1) \$ | | (2) \$ | | |)\$ | , | | | | | |
| b | Enter o | rganization's share of: (1) |) Additional 5% tax (no | t more than § | \$11,75 | 0) | \$ | | | | | |
| | (2) Addi | tional 3% tax (not more | than \$100,000) | | | | \$ | | | | | |
| С | Income | tax on the amount on lir | ne 34 | | | | | | ▶ 350 | ; | | |
| 36 | Trusts | Taxable at Trust | | | | | | | | | | |
| | the amo | ount on line 34 from: | Tax rate schedule o | or 🔲 So | chedul | e D (Form 10 | 041) | | ▶ 36 | | | |
| 37 | Proxy to | ax. See instructions | | | | | | | . ▶ 37 | | | |
| 38 | Alternat | tive minimum tax | | | | | | | 38 | | | |
| 39 | | dd lines 37 and 38 to lin | | er applies | | | | | 39 | | | |
| | | Tax and Paymen | | | | | | | | | | |
| 40 a | • | tax credit (corporations | • | | | / | 40a | | _ | | | |
| b | | redits (see instructions). | | | | | 40b | | | | | |
| С | | I business credit. Attach | | | | | 40c | | | | | |
| d | | or prior year minimum ta | | | | | | | _ | | | |
| | | redits. Add lines 40a thro | | | | | | | | | | |
| 41 | | t line 40e from line 39. | | | | | | | | | | |
| 42 | | | rm 4255 Form 861 | | _ | | | | | | | |
| 43 | | x. Add lines 41 and 42 | | | | | 1 | | 43 | | | |
| 44a | | nts: A 2010 overpaymen | | | | | 44a | | | | | |
| | | stimated tax payments | | | | | 44b 44c | | | | | |
| C C | | osited with Form 8868 | | | | | | | | | | |
| | d Foreign organizations: Tax paid or withheld at source (see instructions) 44d 44e 44e | | | | | | | | | | | |
| f | | | | | | | | | | | | |
| g | | redits and payments: | | 2439 | | | | | | | | |
| Ū | | orm 4136 | | | | | 44g | | | | | |
| 45 | | ayments. Add lines 44a | | | | | | | 45 | | | |
| 46 | • | ed tax penalty (see instr | 0 0 | | | | | | 46 | | | |
| 47 | | . If line 45 is less than t | | | | | | | .▶ 47 | | | |
| 48 | Overpa | yment. If line 45 is large | er than the total of line | s 43 and 46, | enter a | amount overpa | aid | | . ▶ 48 | | | |
| 49 | Enter the | e amount of line 48 you want | | | | | | Refunde | 7.5 | | | |
| Par | t V | Statements Rega | arding Certain A | ctivities a | and (| Other Info | ormatio | n (see instru | ctions) | | | |
| 1 | At any t | time during the 2011 ca | alendar year, did the or | rganization ha | ave an | interest in o | r a signatı | ure or other aut | hority ove | er a financial | Yes | No |
| | | (bank, securities, or other | | | - | - | ave to file | Form TD F 90-2 | 2.1, Repo | rt of Foreign | | |
| | | d Financial Accounts. If | | • | • | | | | | | | X |
| 2 | | the tax year, did the org | | | | as it the grai | ntor of, or | transferor to, a | foreign tr | ust? | | X |
| _ | | see instructions for other | ū | • | | ⊾ σ | | | | | | |
| $\frac{3}{\text{Soh}}$ | | ne amount of tax-exempt A - Cost of Goods | | | | | | | | | | |
| | | ry at beginning of year | | iod of invent | | | and of year | or. | 6 | | | |
| 1 2 | Purchas | | | | | | | ar ld. Subtract | • • - | | | |
| 3 | | labor | | | 1 | _ | | ter here and | | | | |
| 4 a | | nal section 263A costs | | | 1 | | | | | | | |
| | | schedule) | 4a | | | | | section 263A | | respect to | Yes | No |
| b | | osts (attach schedule) | | | 1 | | | or acquired | | • | | |
| 5 | | dd lines 1 through 4b | | | - | | | <u> </u> | | | | Х |
| | Under | penalties of perjury, I declare | e that I have examined this | return, including | accom | panying schedul | es and state | ements, and to the | best of my | knowledge and | belief, it | is true, |
| Sigi | n correc | t, and complete. Declaration of p | preparer (other than taxpayer) | is based on all inf | ormation | i or which prepar | er nas any kn | iowieage. | May th | e IRS discuss | thie r | return |
| Her | | | | | | | | | | ne prep <u>arer</u> s | | |
| | Sign | ature of officer | | Date | | Title | | | (see instr | | es | No |
| Paid | | Print/Type preparer's nam | ne | Preparer's sig | gnature | | Date | | Check | if PTIN | | |
| | ı Darer | MICHAEL J. ENG | | | | | | | self-employ | | | |
| | Only | Firm's name ▶ BKD, | | | | | | | Firm's EIN | - | | |
| | | Firm's address ▶ 1201 | | | 1.5 | | | | Phone no. | 816 22 | | |
| | | KANS | SAS CITY, MO | 64106-22 | 46 | | | | | Form S | 990-T | (2011) |

BACKUS CORPORATION

Form 990-T (2011) Page **3**

| Schedule C - Rent Income (see instructions) | (From Real Pr | operty a | nd Personal Prope | erty | Leased Wi | th Real Prope | erty) | |
|--|--|------------------|---|-----------|-----------------------------------|--|---|---|
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2. Rent receiv | ed or accru | ed | | | | | |
| (a) From personal property (if the part of the personal property is more than 50%) | | percenta | rom real and personal propage of rent for personal proper if the rent is based on pro | perty | exceeds | | | nected with the income) (attach schedule) |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | | Total | | | | | | |
| (c) Total income. Add totals of concept the conference and on page 1, Part I, line 6. | column (A) | <u>_</u> | | | | (b) Total deducti Enter here and o Part I, line 6, colu | n page 1, | |
| Schedule E - Unrelated De | ebt-Financed In | come (se | ee instructions) | | 0 D-d | | 1 1 | |
| 1. Description of del | ot-financed property | | 2. Gross income from allocable to debt-finance property | | (a) Straight | debt-finance line depreciation schedule) | d property (b | Other deductions attach schedule) |
| (1) | | | | | (| | <u> </u> | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjust of or allocab debt-financed p (attach scheo | le to roperty | 6. Column 4 divided by column 5 | | | ome reportable x column 6) | llocable deductions n 6 x total of columns 3(a) and 3(b)) | |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| Totals | ons included in co | lumn 8 | | ▶ | Part I, line | and on page 1, 7, column (A). | | ere and on page 1, line 7, column (B). |
| Schedule F - Interest, Ann | | | | | | | uctions) | |
| , | · • | | xempt Controlled Org | | | , | | |
| Name of controlled organization | 2. Employer identification num | nber | 3. Net unrelated income (loss) (see instructions) | l | otal of specified ayments made | 5. Part of column included in the corganization's gro | controlling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Nonexempt Controlled Organ | izations | | | | | | | |
| 7. Taxable Income | 8. Net unrelated (loss) (see instr | | 9. Total of specifie payments made | d | include | t of column 9 that is ed in the controlling ation's gross income | cor | Deductions directly nected with income in column 10 |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Tatala | | | | | Enter | columns 5 and 10. here and on page 1, , line 8, column (A). | En | dd columns 6 and 11. ter here and on page 1, irt I, line 8, column (B). |
| Totals | | | | <u> !</u> | | | | |

| Schedule G - Investment in | | | | anization | (see instruc | tions) | F. Tatal deductions |
|---|---|--|--|--|-----------------------------|--------------------------------------|---|
| 1. Description of income | 2. Amount of | income | 3. Deductions directly connected (attach schedule) | | 4. Set-asion (attach school | | 5. Total deductions and set-asides (col. 3 plus col. 4) |
| <u>(1)</u> | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1 Part I, line 9, column (B). |
| Totals ▶ | | | | | | | |
| Schedule I - Exploited Exe | empt Activity In | come. Other | Than Advertising I | ncome (se | ee instructio | ns) | |
| | | , | 4. Net income | | | | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected wit production o unrelated business incon | unrelated trade or business (column of 2 minus column 3). If a gain, | 5. Gross from acti is not ur business | vity that related | 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) | | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and page 1, Part I line 10, col. (E | I, | | 1 | | Enter here and on page 1, Part II, line 26. |
| Totals | | | | | | | |
| Schedule J - Advertising In | | | | | | | |
| Part I Income From Per | iodicals Report | ed on a Con | solidated Basis | | | | |
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising cos | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circi inco | | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (4) | | | | | | | |
| Totale (sound to Don't I line (5)) | | | | | | | |
| Part II Income From Pe 2 through 7 on a I | | | eparate Basis (For | each per | riodical list | ed in Par | t II, fill in columns |
| | | | | | | | |
| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising cos | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circo inco | | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| | | | | | l l | | |
| (5) Totals from Part I | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and page 1, Part line 11, col. (E | I | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) | ////////////////////////////////////// | 11, coi. (L | -,· | | | | i ait ii, iiiie 27. |
| Schedule K - Compensation | n of Officers D | irectors and | d Trustees (see instr | ructions) | | | |
| Concado IX - Compensado | 0. 01110613, D | cotors, and | 4 11 401669 (SEC 111511 | | Percent of | 1.5 | |
| 1. Name | | | 2. Title | time | e devoted to business | | ensation attributable to related business |
| (1) ATCH 1 | | | | | 9 | 6 | |
| (2) | | | | | 9 | 6 | |
| (3) | | | | | 9 | 6 | |
| (4) | | | | | 9 | 6 | |
| Total Enter horse and an arrest 4 P | and II line 4.4 | | | | | 1 | |

ATTACHMENT 1

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| NAME AND ADDRESS | TITLE | BUSINESS PERCENT | COMPENSATION |
|---|------------------------|---------------------|--------------|
| DAVID WHITEHEAD 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR/PRESIDENT/CEO | 0 | 0 |
| DANIEL E LOHR 326 WASHINGTON STREET NORWICH, CT 06360 | CFO | 0 | 0 |
| THOMAS P PIPICELLI 326 WASHINGTON STREET NORWICH, CT 06360 | PRESIDENT | 0 | 0 |
| ROBERT RAMSDELL 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR/TREASURER | 0 | 0 |
| JOSEPH FATONE 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR/SECRETARY | 0 | 0 |
| ANTHONY JOYCE 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR/VICE CHAIRMAN | 0 | 0 |
| JOHN F BILDA 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| PETER MANERI 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| ELIZABETH CONWAY 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| BERT A COPPOTELLI, MD 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |

ATTACHMENT 1 (CONT'D)

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| NAME AND ADDRESS | TITLE | BUSINESS <u>PERCENT</u> | COMPENSATION |
|--|----------|----------------------------|--------------|
| DEBORAH MONAHAN 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| LYNN QUINTAL-HILL 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| MARK TRAMONTOZZI, MD 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| STEPHEN T BRIGGS, MD 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| PAUL MAXFIELD 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| DONNA ROMITO 326 WASHINGTON STREET NORWICH, CT 06360 | DIRECTOR | 0 | 0 |
| TOTAL COMPENSATION | | | 0 |

Department of Revenue Services State of Connecticut PO Box 5014 Hartford CT 06102-5014

Form CT-990T Connecticut Unrelated Business Income Tax Return

2011

(Rev. 12/11)

Complete this return in blue or black ink only.

| Enter Inco | ne Year Beginning $lacktriangle$ | d Ending $\triangleright 09/30/2012$ | |
|--------------------|--|---|--|
| DRS | Organization name (please type or print) | | CT Tax Registration Number |
| Use Only | BACKUS CORPORATION | | _ ▶ |
| Audited by | Address number and street | PO Box | DRS use only |
| | 326 WASHINGTON STREET | | 20 |
| 0 | City or town | State ZIP code | Federal Employer ID Number (FEIN) |
| Init | NORWICH, CT 06360 | | ▶ 22-2757608 |
| Check and | Complete All Applicable Boxes If the organization is | annualizing its income check here | · > |
| Change of: | Mailing address Closing month (Attach explanation.) Re | turn status: Amended return | Initial return Final return |
| If final retu | n: Dissolved Withdrawn Merged/reorganized: E | nter survivor's CT Tax Reg. Number | |
| Type of org | anization: ► X Corporation ► Domestic trust ► | Foreign trust ► Other: Exp | plain |
| 1. Date | inrelated trade or business began in Connecticut: 10/01/1996 | | |
| 2. Natur | e of unrelated trade or business income activity: ACCOUNTING, | FINANCIAL, & MANAGEMENT | SERVICES |
| | CT | Date of organization | 00/05/1002 |
| | ed in Connecticut if not incorporated in Connecticut: | Date of organization | |
| Zato qua | - Attach a Complete Copy of Form 990-T Including all Sch | edules as Filed With the Internal Re | evenue Service - |
| Computation | on of Income | | |
| | al unrelated business taxable income from 2011 federal Form 990-T, Pa | art II, Line 34 | -40,400.00 |
| | al net operating loss deduction from 2011 federal Form 990-T, Part II, L | | |
| | al deduction for Connecticut tax on unrelated business taxable income | | |
| | | | |
| | Add Lines 1, 2, and 3. d or credit for overpayment of Connecticut tax included in federal unre | · · · · · · · · · · · · · · · · · · · | |
| | 1 / | • • — | |
| | ted business taxable income: Subtract Line 5 from Line 4 | | -40,400. 00 |
| Computation | | | 10 100 00 |
| | ted business taxable income from Line 6 above. If 100% Connecticut, | | |
| | ionment fraction from Schedule A, Line 5 on back page. Carry to six pl | | |
| | cticut unrelated business taxable income: Line 1 or Line 1 multiplied b | | |
| | ting loss carryover from Schedule B, Line 12 on back page | | |
| | e subject to tax: Subtract Line 4 from Line 3. | | |
| | ultiply Line 5 by 7.5% (.075). | <u> </u> | 00 |
| | on of Amount Payable | | |
| 1. Tax: Ir | clude surtax if applicable (See instructions) | | 00 |
| 2. Resen | ed for future use | | |
| 3. Total | ax: Enter the amount from Line 1. | . <u>3</u> | 00 |
| | edits from Form CT-1120K, Part III, Line 9. Do not exceed amount on | | 00 |
| 5. Baland | e of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0." | 5 | 00 |
| | THE PERSON OF STREET | | a 00 |
| 6b. Paid w | ith estimates from Forms CT-990T ESA, ESB, ESC, & ESD | | b 00 |
| 6c. Overp | ayment from prior year | ▶ 60 | 00 |
| 6. Tax P | nyments: Enter the total of Lines 6a, 6b, and 6c. | ▶ 6 | 00 |
| | e of tax due (overpaid): Subtract Line 6 from Line 5. | | 00 |
| | | Interest ► (8c) .00 8 | |
| | nt to be credited to 2012 estimated tax ► (9a) .00 Refunde | · · · / — — — — | |
| | For faster refund, use Direct Deposit by completing Line | ` ' | |
| 9c. Check | | | |
| | nt number | 9f. Will this refund go to a bank | account outside the U.S.? Yes |
| | e due with this return: Add Line 7 and Line 8. | | |
| TO. Dalain | | ervices, State of Connecticut, Make che | |
| Visit the DRS | website at TSC TSC to pay electronically. _{Taxpayer} Service Center PO Box 5014, Hartford CT (| | sioner of Revenue Services |
| Declaration: | Taxpayer Service Center | | to the best of my knowledge and belief it is |
| true, complete | I declare under penalty of law that I have examined this return (including any ac, and correct. I understand the penalty for willfully delivering a false return or do for not more than five years, or both. The declaration of a paid preparer other tha | cument to the Department of Revenue Service | ces (DRS) is a fine of not more than \$5,000, which the preparer has any knowledge |
| р.1.00111110111 | Signature of officer or fiduciary | Date | |
| | - G | | May DRS contact the preparer shown below about this return? |
| Sign Here | Title | Telephone number | See instructions. |
| Кеер а сору | THE STATE OF THE S | · · | X Yes No |
| of this | Paid preparer's signature | 860-889-8331 Date | X Yes No Preparer's SSN or PTIN |
| return for your | i alu preparei o olgitature | Date | · · |
| records. | Firm's name and address | FEIN | P00482834 |
| | Firm's name and address BKD, LLP | FEIN | Telephone number |

1201 WALNUT, SUITE 1 KANSAS CITY, MO 64106

44-0160260

816 221-6300

| pioto tino soneut | ule if the taxpayer's unrelated trade o | | Column B | .51110 | Column C | |
|---|---|-------------------------------|------------|--------|---|-------|
| Factor | Item | Column A Connecticut | Everywhere | | Divide Column A by Colum Carry to six places | nn B. |
| | 1. (a) Inventories | 00 | | 00 | | |
| Property | (b) Tangible property | 00 | | 00 | | |
| (Average value) | (c) Real property | 00 | | 00 | | |
| | (d) Capitalized rent | 00 | | 00 | | |
| | 1. Total | 00 | | 00 | | |
| | 2. (a) Sales of tangibles | 00 | | 00 | | |
| | (b) Services | 00 | | 00 | | |
| Receipts | (c) Rentals | 00 | | 00 | | |
| | (d) Other | 00 | | 00 | | |
| Wages, salaries, | 2. Total | 00 | | 00 | | |
| and other compensation | 3. Total | 00 | | 00 | | |
| | 4. Total: Add Lines 1, 2, and 3 in Co | | | | | |
| | 5. Apportionment fraction: Divide Li on Schedule C, Line 4; and also of | on front page, Computation of | | | | |
| Schedule B - Conn | ecticut Apportioned Operating Lo | ss Carryover | | | | |
| 1. 2000 Connecticut net operating loss available for use in 2011 | | | | | 1,391. | 00 |
| 2. 2001 Connecticut net operating loss available for use in 2011 | | | | | 5,241. | 00 |
| 3. 2002 Connecticut net operating loss available for use in 2011 | | | | | 11,136. | 00 |
| 4. 2003 Connecticut net operating loss available for use in 2011 | | | | | 5,175. | 00 |
| 5. 2004 Connecticut net operating loss available for use in 2011 | | | | | 10,620. | 00 |
| 6. 2005 Connecticut net operating loss available for use in 2011 | | | | | 7,983. | 00 |
| 7. 2006 Connecticut net operating loss available for use in 2011 | | | | | 7,597. | 00 |
| 8. 2007 Connecticut net operating loss available for use in 2011 | | | | | 10,045. | 00 |
| 9. 2008 Connecticut net operating loss available for use in 2011 | | | | | 24,365. | 00 |
| 10. 2009 Connecticut net operating loss available for use in 2011 | | | | | 51,908. | 00 |
| 11. 2010 Connecticut net operating loss available for use in 2011 | | | | | 64,190. | 0 |
| | 1 through 11. Enter here and on <i>Comp</i> | | | 12. | 199,651. | 00 |
| | | | T | 1. | -40,400. | 0 |
| Enter amount from Computation of Income, Line 6, if less than zero. Add back specific deduction from 2011 federal Form 990-T, Part II, Line 33 | | | | | 1,000. | 00 |
| 3. Subtotal: Add Lin | 2. 3. | -39,400. | 00 | | | |
| 4. Apportionment from | action from Schedule A, Line 5 | | | 4. | | |
| 5. 2011 Connecticut | net operating loss available for carry | forward: Multiply Line 3 by L | _ine 4 | 5. | | 0 |