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CLIENT'S COPY

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2013

Name BACKUS CORPORATION	Employer Identification 22-275760	Number 8
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL NET OPERATING LOSS		35,006.
FEDERAL AMT NET OPERATING LOSS		35,006.
CT CURRENT YEAR NET OPERATING LOSS		34,006.
	_	
		_

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public Inspection

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

A F	or the	2012 calendar year, or tax year beginning OCT 1,	2012 and	ending S	SEP 30, 201	3
B C	heck if oplicable	C Name of organization			D Employer identi	fication number
	Addres change	BACKUS CORPORATION				
	Name change				22-	2757608
	Initial return	Number and street (or P.O. box if mail is not delivered to str	eet address)	Room/suite		
	Termin ated	320 WIDHINGTON BIREET			860	-889-8331
	Amenc return Applica	City, town, or post office, state, and ZIP code			G Gross receipts \$	56,048.
	Ition pendin	MORWICH, CI 00300	OUD		H(a) Is this a group	
		F Name and address of principal officer:DANIEL L SAME AS C ABOVE	Ofik		for affiliates? H(b) Are all affiliates i	Yes X No
	av ove	mpt status:	no.) 4947(a)(1)	or 527	∃ `` ′	ncluded? Yes No a list. (see instructions)
		e: N/A	πο.) τοτι (α)(ι)	01 021	H(c) Group exempt	
		organization: X Corporation Trust Association	Other >	L Year		M State of legal domicile: CT
		Summary		, =		
		Briefly describe the organization's mission or most significan	t activities: BACK	US COF	RPORATION P	ROVIDES
Governance		ACĆOUNTING, FINANCIAL, AND MAN	AGERIAL SU	PPORT	TO AFFILIA	TED
rne	2	Check this box 🕨 🔲 if the organization discontinued its	operations or dispo	sed of more	e than 25% of its net	assets.
ove	3	Number of voting members of the governing body (Part VI, lii	ne 1a)		3	
8 G	4	Number of independent voting members of the governing bo	dy (Part VI, line 1b)		4	10
es	5	Total number of individuals employed in calendar year 2012	(Part V, line 2a)		5	
iviti	6	Total number of volunteers (estimate if necessary)			6	
Activities &	7 a `	Total unrelated business revenue from Part VIII, column (C),	ine 12		7	
	b	Net unrelated business taxable income from Form 990-T, line	34	<u></u>		
	_			<u> </u>	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)			<u> </u>	• 1
Revenue					55,920 127	
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,			56,047	
		Total revenue - add lines 8 through 11 (must equal Part VIII, o			0 , 0 4 7	
		Grants and similar amounts paid (Part IX, column (A), lines 1- Benefits paid to or for members (Part IX, column (A), line 4)			0	
"		Salaries, other compensation, employee benefits (Part IX, co			174,925	-
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) $_{\dots}$			0	
per		Fotal fundraising expenses (Part IX, column (D), line 25)		0.		
Ě		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,090	3,090.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column			178,015	
		Revenue less expenses. Subtract line 18 from line 12			-121,968	
or ces		·		В	eginning of Current Yea	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			104,361	
t AS Id B	21	Total liabilities (Part X, line 26)			0	
		Net assets or fund balances. Subtract line 21 from line 20			104,361	1,715.
	rt II	Signature Block				
		ties of perjury, I declare that I have examined this return, including a				my knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based	on all information of wi	nich prepare	r nas any knowledge.	
~ :	_	Signature of officer			I Date	
Sigr		DANIEL LOHR, SENIOR VP CFO			Duto	
Her	e	Type or print name and title				
		Print/Type preparer's name Preparer's	signature	1	Date Check	PTIN
Paid		MICHAEL ENGLE	organical o		if self-empl	puu403034
	arer	Firm's name BKD LLP			Firm's EIN	44-0160260
	Only	Firm's address 1201 WALNUT SUITE 170	0		· ······ o Ent	·
	-	KANSAS CITY, MO 64106			Phone no.	816-221-6300
May	the IF	S discuss this return with the preparer shown above? (see in	nstructions)		<u> </u>	X Yes No

Page 2

ı a	Ola 1 1/0 1 1 1 1 Ografii Gervice 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	BACKUS CORPORATION PROVIDES ACCOUNTING, FINANCIAL AND MANAGERIAL
	SUPPORT TO AFFILIATED CORPORATIONS OF THE WILLIAM W BACKUS HOSPITAL
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
7.0	(Code) (Expenses #
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

232002 12-10-12

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
_	If "Yes," complete Schedule A	2		Х
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			77
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	Х
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 d		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Page 4

Part IV Checklist of Required Schedules (continued)

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, committed Septedule, Parts I and II 22				Yes	No
column (A), line 22 II "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, thustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I but 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 246 through 24d and complete Schedule I, I" 10%, 2 of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a	21		21		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25d 36d 36d 36d 36d 36d 36d 36d 36d 36d 36	22	(2) (1) 22 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	22		Х
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "As organization aware that it engaged in an excess benefit transaction with a disqualified person out any of the organization is prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II person of any of these persons? If "Yes," organize Schedule L, Part IV instructions for applicable the end of the organization's tax year? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholists, conditions, and exceptions; a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25 A nontiny of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 26 A nontiny of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27 A nontiny of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A public trustee, or direct or i	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," arrower lines 24b through 24d and complete Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 27b 27b 27b 27b 27b 27b 27b 27b 27b 27		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
schedule K. If "No", go to line 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person or the transaction with a disqualified person during the year? b Is the organization as the temperated on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II 25a Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grants selection committee ember, or to a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions; a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions? a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27 Did the organization receive more than \$25,000 in non-cash contributions of If "Yes," complete Schedule L, Part IV 28 Was the organizat		Schedule J	23	X	
Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did bid the organization water 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-E27 if "Yes," complete Schedule L, Part I is a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's part or a brising schedule L, Part I is a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's part or a brising schedule L, Part I is a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's part or a brising schedule L, Part I is a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization schedule again to an officer, director, trustee, or well and schedule L, Part I is a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I is a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I is a Complete Schedule I is a part or the organization r	24a				
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b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 specificary. If "Yes," complete Schedule L, Part I Is the organization as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Is 25b X 25 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I Is 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's text year? If "Yes," complete Schedule L, Part I II Is 27b X Is 38b X X Set organization provide a grant selection committee member, or to a 35% controlled entity or family member of any of these persons 27b "Yes," complete Schedule L, Part IV Is 18b X Is 38b X X A A current or former officer, director, trustee, or key employee (in a family member of a current or former officer, director, trustee, or key employee (in a family member thereof) was an officer, director, trustee, or key employee (in a family member of a current or former officer, director, trustee, or key employee (in "Yes," complete Schedule L, Part IV Is 27b X Is 30b X X X Is 30b X X X X X X X X X X		Schedule K. If "No", go to line 25	24a		Х
any tax-exempt bonds?	b		24b		
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d bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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-E27 If "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28b X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 29b X 31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 20b X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II 20b X		any tax-exempt bonds?	24c		
disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E2? If "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, 32 X 33 Usid the organization own 100% of an entity disregarded as separate from the organization under Regulation	d		24d		
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-E27 if "Yes," complete Schedule L, Part I 25b	25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37				
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2012) BACKUS CORPORATION Part V Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable in control of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize wirmers? 2e Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b If we cannot file so that and 2s is greater than 250, you may be required to e-file gene instructions) 3 b Id the organization have unrelated business gross income of \$1,000 or more during the year? 3 b If If wes, in the did not gain of the organization in Stateburg 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?) 4 c 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. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 d Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 5 d Was the organization appray to a prohibited tax shelter transaction at any time during the tax year? 5 d Was the organization than a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles or activatable contributions? 5 d Was the organization shall we have a calentable contributions and partly for goods and services provided to the payor? 7 d United to organization shall we have a calentable contribution and partly for goods and services provided to the payor? 7 d United Company organization received a contribution of qualified intellectual property of which it was required to the form 8282						Yes	No
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collaboration comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize wheners? 2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this restur. 3b If the organization is reported on line 2a, did the organization file all required federal employment tax returns? 3b If the organization have unreaded business gross income of \$1,000 or more during the year? 3c If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c If the organization have unreaded business gross income of \$1,000 or more during the year? 3c If Yes, 1 has it filed a Form 950 T for the year? If Y/6, "provide an explanation in Schedule O. 3c If Yes, 1 has it filed a Form 950 T for the year? If Y/6, "provide an explanation in Schedule O. 3c If Yes, 1 has the sense of the foreign country. P. 3c If Yes, 1 has the sense of the foreign country. P. 3c If Yes, 1 has the sense of the organization that it was or is a party to a prohibited tax shelter transaction? 3c If Yes, 1 has the sense of the organization file Form 8866:1? 3c If Yes, 1 has the organization have that are normally greater than \$100,000, and did the organization solicit any orchibitutions that were not tax deductible as charitately continuous? 4c If Yes, 1 has the sense of the organization file Form 8866:1? 4d If Yes, 2 if the contribution that were not tax deductible as charitately continuous? 4d If Yes, 2 if the organization notify the donor of the value of the goods or services provided? 5d If Yes, 3 indicate the number of Forms 8282 filed during the year 4d If Yes, 3 indicate the number of Forms 8282 filed during the year 5d If Yes, 3 indicate the number of Forms 8282 filed during the year 5d If Yes, 5 indicate the number of Forms 8282 filed during the year 5d If Yes, 6 indicate the number of Forms 8282 filed during the year 5d If Yes, 6 indicat	b		1b	0			
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,					
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	•	12b				
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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b							
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 c Enter the amount of reserves on hand 13c 14a	а	•			13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1 1				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b		organization is licensed to issue qualified health plans					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				77
							X
	b	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U			000	(0040)

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					Λ					
Sec	tion A. Governing Body and Management										
		1 1	4 -		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other									
	officer, director, trustee, or key employee?			2	X						
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision	1								
	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?										
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 a										
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,										
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:									
а	The governing body?		ſ	8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F										
		,			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		Γ	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such or										
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,									
12a	Diddle to the state of the stat			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "\"										
_	in Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?			13	Х						
14	Did the organization have a written document retention and destruction policy?			14	Х						
 15	Did the process for determining compensation of the following persons include a review and approv										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a		Х					
	Other officers or key employees of the organization			15b		X					
~	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 arrange	ment with a									
- 4	taxable entity during the year?			16a		Х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE										
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s	onlv) a	vailah	le						
	for public inspection. Indicate how you made these available. Check all that apply.	(=======	,, u		-						
		n in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c		licy, and	l finar	ncial						
	statements available to the public during the tax year.	po	,,								
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of the o	rganizat	ion· 🕨	•						
	DANIEL E LOHR - 860-889-8331		J-1 11-241								
	326 WASHINGTON STREET, NORWICH, CT 06360										

232006 12-10-12

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	Reportable Reportable					
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID WHITEHEAD DIRECTOR/PRESIDENT/CEO	6.00	x		х				0.	1,054,517.	39,768.
(2) JOHN BILDA	1.00	1					\vdash	-	1,034,317	33,7000
DIRECTOR		x						0.	0.	0.
(3) STEPHEN BRIGGS	1.00									
DIRECTOR	2.00	X						0.	0.	0.
(4) ELIZABETH CONWAY	1.00									
DIRECTOR/VICE CHAIRMAN	6.00	Х		Х				0.	0.	0.
(5) KARIN EDWARDS	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(6) ANTHONY JOYCE	1.00								_	_
DIRECTOR/CHAIRMAN	6.00	Х		X				0.	0.	0.
(7) PETER MANERI	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) PAUL MAXFIELD	1.00	١								0
DIRECTOR	2.00	Х						0.	0.	0.
(9) DEBORAH MONAHAN	1.00	↓		х				0.	0.	0
DIRECTOR/SECRETARY	2.00	Х						0.	0.	0.
(10) LYNNE QUINTAL-HILL DIRECTOR	2.00	x						0.	0.	0.
(11) ROBERT RAMSDELL	1.00	1					-		•	
DIRECTOR/TREASURER	6.00	x		Х				0.	0.	0.
(12) DONNA ROMITO	1.00	 		-						
DIRECTOR	2.00	x						0.	0.	0.
(13) DENNIS SLATER	1.00									
DIRECTOR	2.00	x						0.	0.	0.
(14) MARK TRAMONTOZZI	1.00						T			
DIRECTOR	2.00	x						0.	0.	0.
(15) NANCY GENTES	1.00									
DIRECTOR	2.00	Х	L	L	L	L		0.	0.	0.
(16) DANIEL LOHR	6.00									
SENIOR VP/CFO	43.00			Х				0.	713,794.	39,768.
		1								

Part VII Section A. Officers, Directors, True (A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Pos heck ss pe	ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relate anization	e ion ed
1b Sub-total c Total from continuation sheets to Part V								0.	1,768,31	1.	7	9,5	36.
d Total (add lines 1b and 1c) Total number of individuals (including but						>	no re	0.	1,768,31 ,000 of reportable	1.	7	9,5	36.
compensation from the organization												Yes	0 N o
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	such individual										3		Х
 For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or 	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor Section B. Independent Contractors					•			ed organization or indiv			5		Х
Complete this table for your five highest countries the organization. Report compensation for	-	-								pens	ation f	rom	
(A)								С	(C ompe) nsatio	n		
2 Total number of independent contractors		ot li	mite	d to		se li:	stec	d above) who received m	nore than				
\$100,000 of compensation from the organ	ization >										Form	200	

ra	IL VII	Check if Schedule O cont		to any question i	n this Part VIII			
		555 500ddio 5 00110			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
Gra Dougla		Membership dues						
An'	С	Fundraising events						
[팔랑	d	Related organizations	1d					
ns,		Government grants (contribut						
e jë	f	All other contributions, gifts, gran						
_ế 위		similar amounts not included abo						
Contributions, Gifts, Grants and Other Similar Amounts	g							
OB	h	Total. Add lines 1a-1f						
_	0 -	MANAGEMENT SERV	TCFS	Business Code 541610	24,924.	18,852.	6,072.	
š	2 a b	2 CCOINTETAG CERT		541610	17,388.	10,140.	7,248.	
Program Service Revenue	C	DININGTAL CODIT		541610	13,608.	7,944.	5,664.	
E S	d	-		311010	137000	, , , , , , ,	3,001	
P. P.	e							
۳ <u> </u>		All other program service reve	enue					
		Total. Add lines 2a-2f			55,920.			
	3	Investment income (including						
		other similar amounts)		▶	128.			128.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		>				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	<i>i</i> a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory Less: cost or other basis						
	Ь	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)		<u> </u>				
		Gross income from fundraisin						
ž		including \$	of					
ě		contributions reported on line						
Other Revenu		Part IV, line 18	а					
₹	b	Less: direct expenses						
Ŭ	С	Net income or (loss) from fund	draising events	>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		>				
	10 a	Gross sales of inventory, less						
	h	and allowancesLess: cost of goods sold		1				
		Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a			24311C33 C04E				
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d		-				
	12	Total revenue. See instructions.			56,048.	36,936.	18,984.	128.
23200 12-10-	9 ·12	<u></u>						Form 990 (2012)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (D) (B) Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 126,244. 126,244. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 22,568. 22,568. 9 10,222. 10,222. Payroll taxes 10 Fees for services (non-employees): Management Legal 3,090. 3,090. Accounting Lobbying Professional fundraising services. See Part IV. line 17 Investment management fees _____ Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Other expenses, Itemize expenses not covered 24 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.) а b d All other expenses 162,124. 0. 162,124. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X		<u> </u>	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	98,701.	2	6,267
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	4,660.	4	(
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
.	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 8	Notes and loans receivable, net		7	
é 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	1,000.	12	1,000
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	104,361.	16	7,26
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
21 22	key employees, highest compensated employees, and disqualified persons.			
'	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	0.	25	8,982
26	Total liabilities. Add lines 17 through 25	0.	26	8,982
	Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
}	complete lines 27 through 29, and lines 33 and 34.	104 261		4 841
27	Unrestricted net assets	104,361.	27	-1,71
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
.	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	104 264	32	4 84
33	Total net assets or fund balances	104,361.	33	-1,71
34	Total liabilities and net assets/fund balances	104,361.	34	7 , 26 7 Form 990 (20

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	2,1	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10	<u>6,0</u>	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	4,3	61.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-	1,7	15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Cash Accrual Other			Yes	No
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		Za		21
b			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
С	consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

	BACKUS CORPORATION								22-2757608			
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	oox.)					
1 🔲	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌	A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nan	ne,
	city, and state	e:										
5	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or or	perated by	/ a governi	mental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7			eives a substantial part					or from the	general	public desc	ribed	in
		b)(1)(A)(vi). (Comple				Ü			Ü	•		
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33 1			rom contr	ibutions. m	nembershi	p fees. a	nd aross re	ceipts	from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete	·		.,			,e e.ge			,	
10			perated exclusively to te	st for publ	lic safety 9	See secti o	n 509(a)(4	1).				
11 X			perated exclusively for the						v out the	nurnoses	of one	or
—			ations described in section									
			organization and comple				-). 000 00 0)	u)(0). 011		· criac	
	a Type I				nctionally			gyT 🔲 t	e III - No	n-functiona	lv inte	arated
еX	* -	•	at the organization is not		•	•					-	-
C	-	· · · · · · · · · · · · · · · · · · ·	han one or more publicly		-		•		•	· -		
f			ten determination from t						3(a)(1) 01	36011011 30)(a)(∠).	
•			de le									
-		rganization, check th										. 📖
g			organization accepted ar								V	N.
			irectly controls, either al								Yes	No X
	-		upported organization?									X
			n described in (i) above?									X
			person described in (i) o							11g(iii)		Λ.
h	Provide the fo	ollowing information	about the supported or	ganization	(S).							
			Ι	(2-3-1-4		(-) D:-		(vi) lo	tho			
` '	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		tion in col.	Torganizatio	on in col.	(vii) Amoun		netary
orga	anization		above or IRC section		document?		r support?	(i) organiz U.S	ed in the	sup	port	
			(see instructions))	Yes		Yes		Yes				
mii 177	TTTTAM			res	NO	res	NO	res	No			
	ILLIAM	06 0250772	2									^
W BAC	KUS HUS	06-0250773	3	X								0.

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

Schedule A (Form 990 or 990-EZ) 2012

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2012. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2011. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	l stop here. Explai	n in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ıs ▶□
					Sch	edule A (Form 990	or 990-E7) 2012

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

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

Section A. Public Support	iow, piedoc com	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and		, ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
· · · · ·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
		#10000	() 0040	(1) 0044	() 0040	(O.T.)
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here						<u></u>
Section C. Computation of Public					1 1	
15 Public support percentage for 2012 (lin					15	<u>%</u>
16 Public support percentage from 2011					16	%
Section D. Computation of Inves					l l	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the o	•		•		*	
more than 33 1/3%, check this box an						
b 33 1/3 % support tests - 2011. If the o	•			•	•	
line 18 is not more than 33 1/3%, chec			•		ŭ	
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	> L

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

Employer identification number

Dai	DACKUS CORPORATION	Funda az Othaz Similaz Funda	22-2/3/000
Pai			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		#25 J.
	_	(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 writ		
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	conferring
Paı	t II Conservation Easements. Complete if the organ	ization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struct		
d	Number of conservation easements included in (c) acquired after		
	listed in the National Register	•	I I
3	Number of conservation easements modified, transferred, release		
	year >	,g,	
4	Number of states where property subject to conservation easen	ment is located	
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it has		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enf		
8	Does each conservation easement reported on line 2(d) above s		
•	. , ,		
9	In Part XIII, describe how the organization reports conservation		
Ū	include, if applicable, the text of the footnote to the organization	·	· · · · · · · · · · · · · · · · · · ·
	conservation easements.	To interioral otatomento triat decombes	the organization o accounting for
Pai	t III Organizations Maintaining Collections of A	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
12	If the organization elected, as permitted under SFAS 116 (ASC 9		ment and halance sheet works of art
	historical treasures, or other similar assets held for public exhibit	•	
	the text of the footnote to its financial statements that describes		ince of public service, provide, in rait XIII,
h	If the organization elected, as permitted under SFAS 116 (ASC 9		t and balance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, educ		
		Zation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		C
	(i) Revenues included in Form 990, Part VIII, line 1		L A
2		uron or other similar appets for financia	
2	If the organization received or held works of art, historical treasu		ıı gairi, provide
_	the following amounts required to be reported under SFAS 116		▶ •
	, , , , , , , , , , , , , , , , , , , ,		
b	Assets included in Form 990, Part X		• \$

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

Schedule D (Form 990) 2012

	t III Organizations Maintaining C	ollections of A	rt, Historical T	reasures, or Oth	ner S	imila	r Asse	ts (contir		age =
3	Using the organization's acquisition, accession	on, and other record	ds, check any of the	e following that are a	signifi	cant u	se of its	collectio	n item	 1S
	(check all that apply):									
а	Public exhibition	d	I	change programs						
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's ex	cempt	purpos	se in Par	t XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma						\square	Yes		□No
Pai	t IV Escrow and Custodial Arran									
	reported an amount on Form 990, Par		J			,	ŕ	,		
	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ons or other assets no	ot inclu	uded				
	on Form 990, Part X?							Yes		□No
b	If "Yes," explain the arrangement in Part XIII									
	, 1	· ·	3					Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	212					Yes		No
	If "Yes," explain the arrangement in Part XIII.									Ī.,
Pai										
	5 - 11-11-11	(a) Current year	(b) Prior year	(c) Two years back		hree ve	ars back	(e) Four	vears	back
1 a	Beginning of year balance	(a) carrone your	(b) i noi your	(0)	1(4)			(0)	,	
	Contributions				+					
	Net investment earnings, gains, and losses				+					
	Grants or scholarships				+					
					+					
e	Other expenditures for facilities									
	and programs									
	Administrative expenses				+					
_	End of year balance		/lin	(-)\						
2	Provide the estimated percentage of the curr	•	· -	(a)) neid as:						
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a sh									
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administered for	the or	rganıza	ition	ı		-
	by:							- "	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations							3b		Ц
4	Describe in Part XIII the intended uses of the									
Pai	t VI Land, Buildings, and Equipm			1						
	Description of property	(a) Cost or o basis (investr	' '		Accum epreci	nulated ation	ı	(d) Boo	k valu	e
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)			>			0.

Schedule D (Form 990) 2012

Part VII	I Investments - Other Securities. See	e Form 990, Part X, lin	e 12.			
(a) Descri	iption of security or category (including name of security)	(b) Book value		(c) Method of va	aluation: Cost or end	d-of-year market value
(1) Financ	cial derivatives					
	y-held equity interests					
(3) Other						
(A) I	NVESTMENT IN WWB CORP	1,00	0.	COST		
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
	(b) must equal Form 990, Part X, col. (B) line 12.)	1,00	0.			
	II Investments - Program Related. Se					
1 311 5 11	(a) Description of investment type	(b) Book value	T	(c) Method of va	aluation: Cost or en	d-of-year market value
(1)	(-,	(-,		(-,		,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)	(h) must squal Form 000 Port V sol (P) line 10)					
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Part X, line	15				
raitix		Description				(b) Book value
(4)	(a)	Description				(b) DOOK Value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)	(1)					
	lumn (b) must equal Form 990, Part X, col. (B) line				>	
Part X	Other Liabilities. See Form 990, Part X, I	line 25.	/1-1	NDII		
<u>1. </u>	(a) Description of liability		(D)) Book value		
	ederal income taxes			0 000		
	UE TO AFFILIATES			8,982.		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
Total. (Col	lumn (b) must equal Form 990, Part X, col. (B) line	e 25.) ►		8,982.		

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

Schedule D (Form 990) 2012

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BACKUS CORPORATION

Employer identification number 22-2757608

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

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Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable			
RECTOR/PRESIDENT/CEO DANIEL LOHR		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellents	(13)(1)-(12)	in prior Form 990
(1) DAVID WHITEHEAD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/PRESIDENT/CEO	(ii)	664,686.	0.	389,831.	22,000.	17,768.	1,094,285.	0.
(2) DANIEL LOHR	(i)	0.	0.	0.	0.	0.	0.	0.
SENIOR VP/CFO	(ii)	454,036.	0.	259,758.	22,000.	17,768.	753,562.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				Other deferred compensation benefits (B)(i)-(D) reported as a compensation o. 0. 0. 22,000. 17,768. 1,094,285. 0. 0.			
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							_
	(i)							
	(ii)							

Page 2

Schedule J (Form 990) 2012

Part III	Supplemental	Information
raitiii	Supplemental	IIIIOIIIIauoii

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

PART I, LINE 3: PART I LINE 3 AND PART II

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

BACKUS HOSPITAL, A RELATED ORGANIZATION. THE HOSPITAL USES A COMPENSATION

COMMITTEE, AN INDEPENDENT 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.

PART I, LINE 4B: DAVID WHITEHEAD AND DANIEL 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. THEY DID RECEIVE DISBURSEMENTS OF \$377,527 AND \$233,170,

RESPECTIVELY.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

BACKUS CORPORATION

Employer identification number 22-2757608

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

CORPORATIONS OF THE WILLIAM W BACKUS HOSPITAL

FORM 990, PART VI, SECTION A, LINE 2: DAVID WHITEHEAD AND DANIEL LOHR

HAVE A BUSINESS RELATIONSHIP WITH EACH OTHER. THEY SERVE AS AN OFFICER OR

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

CORPORATIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PREPARED BY THE

ACCOUNTING STAFF AND THEN REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. THE

990 IS THEN REVIEWED BY THE CFO AND ANY QUESTIONS ARE ADDRESSED. THE FINAL

FORM 990 WITH ALL REQUIRED SCHEDULES IS PROVIDED TO ALL MEMBERS OF THE

BOARD PRIOR TO FILING.

SECTION B, LINE 12C: ALL TRUSTEES, OFFICERS AND KEY PART VI, EMPLOYEES OF THE HOSPITAL SHALL COMPLETE AND SIGN A DISCLOSURE STATEMENT.THE STATEMENT WILL INCLUDE AN ITEMIZATION AND DESCRIPTION OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST AND ALL MATERIAL FACTS RELATED THERETO FOR SUCH INDIVIDUAL BY VIRTUE OF HIS OR HER ACTIVITIES OR THE ACTIVITIES OF RELATED PERSONS. DISCLOSURE STATEMENTS SHALL BE RETURNED ጥር THE CORPORATE COMPLIANCE OFFICER WHO, UNDER THE DIRECTION OF THE CHAIR AND THE PRESIDENT, SHALL EXCERCISE GOOD FAITH AND JUDGEMENT AS TO WHETHER A CONFLICT EXISTS. THE CHAIR AND THE PRESIDENT SHALL BE RESPONSIBLE FOR MONITORING TRANSACTIONS OR ARRANGMENTS IN WHICH A TRUSTEE, OFFICER OR KEY EMPLOYEE MAY HAVE A CONFLICT OF INTEREST AND FOR ASSURING THAT INDIVIDUAL SERVES THE HOSPITAL'S BEST INTEREST. THE COMPLAINCE OFFICER, THE CHAIR

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

Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

Name of the organization BACKUS CORPORATION	Employer identification number 22-2757608				
AND/OR PRESIDENT MAY CONSULT WITH ANY TRUSTEE, OFFICER, C	R KEY EMPLOYEE TO				
OBTAIN INFORMATION NECESSARY FOR AN ORDINARILY PRUDENT PE	RSON TO MAKE A				
JUDGEMENT AS TO WHETHER A CONFLICT EXISTS AND REQUESTS SH	ALL BE COMPLIED				
WITH. IF AN ACTUAL OR POTENTIAL CONFLICT ARISES, THE COMP	LIANCE OFFICER				
SHALL BE PROMPLTY NOTIFIED IN WRITING. TRUSTEES, OFFICERS	, AND KEY				
EMPLOYEES HOW HAVE DECLARED OR HAVE BEEN DEEMED TO HAVE A	CONFLICT OF				
INTEREST MUST REFRAIN FROM CONSIDERATION OF PROPOSED TRAN	SACTIONS OR				
ARRANGEMENTS, UNLESS FOR SPECIAL REASON THE BOARD OF TRUS	TEES REQUESTS				
INFORMATION OR INTERPRETATIONS.					
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS	GOVERNING				
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	TEMENTS ARE				
AVAILABLE UPON REQUEST. PLEASE CONTACT DANIEL E LOHR AT 3	26 WASHINGRON				
STREET, NORWICH, CT 06360, ABOUT INSPECTING THE ORGANIZAT	'ION'S DOCUMENTS				
FORM 990 PART XII LINE 2C					
COMMITTEE FOR OVERSIGHT OF AUDIT					
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR					

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

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

2012
Open to Public Inspection

Name of the organization

BACKUS CORPORATION

Employer identification number 22-2757608

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	eme End-of-yea	r assets Direct o	(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	zations (Complete if the organization	n answered "Yes" to Form 990	I 0, Part IV, line 34 b	ecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
THE WILLIAM W BACKUS HOSPITAL - 06-0250773			1	501(c)(3))		Yes	No
326 WASHINGTON STREET	┪				BACKUS		
NORWICH, CT 06360		CONNECTICUT	501C3	3	CORPORATION	x	
BACKUS HEALTH CARE INC - 22-2481794							
326 WASHINGTON STREET	7				BACKUS		
NORWICH, CT 06360	SUPPORT	CONNECTICUT	501C3	11A	CORPORATION	X	
HARTFORD HOSPITAL - 06-0646668					HARTFORD		
80 SEYMOUR STREET	7				HEALTHCARE		
HARTFORD, CT 06102	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	CORPORATION	X	
WINDHAM COMMUNITY MEMORIAL HOSPITAL -					HARTFORD		
06-0646966, 112 MANSFIELD AVE, WILLIMANTIC,	7				HEALTHCARE		
CT 06226	HEALTHCARE SERVICES	CONNECTICUT	501C3	3	CORPORATION	Х	

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
		, , ,		501(c)(3))		Yes	No
MIDSTATE MEDICAL CENTER - 06-0646715					HARTFORD		
435 LEWIS AVENUE					HEALTHCARE		
MERIDEN, CT 06451	HEALTHCARE SERVICES	CONNECTICUT	5013C	3	CORPORATION	Х	
WINDHAM HOSPITAL FOUNDATION INC - 56-254663	2						
112 MANSFIELD AVE					WINDHAM COMMUNITY		
WILLIMANTIC, CT 06226	SUPPORTING ORGANIZATION	CONNECTICUT	5013C	11A	MEMORIAL HOSPITAL	Х	
HARTFORD HOSPITAL AUXILIARY C/O HARTFORD							
HOSPITAL - 06-6040747, 80 SEYMOUR STREET,							
HARTFORD, CT 06115	FUNDRAISING	CONNECTICUT	501C3	11C	HARTFORD HOSPITAL	Х	
CONNECTICUT HEALTH SYSTEM INC - 22-2779421							
80 SEYMOUR STREET	COORDINATION OF HEALTH						
HARTFORD, CT 06102	DELIVERY	CONNECTICUT	5013C	11C		Х	
HARTFORD HEALTHCARE CORPORATION - 22-267283	1						
80 SEYMOUR STREET	SUPPORT & MANAGEMENT SVCS						
HARTFORD, CT 06102	TO HHC & AFFILIATES	CONNECTICUT	5013C	11C		Х	
INSTITUTE OF LIVING - 06-0646683					HARTFORD		
200 RETREAT AVENUE					HEALTHCARE		
HARTFORD, CT 06106	PSYCHIATRIC SERVICE	CONNECTICUT	5013C	11C	CORPORATION	Х	
NATCHAUG HOSPITAL - 06-0966963					HARTFORD		
189 STORRS ROAD					HEALTHCARE		
MANSFIELD CENTER, CT 06226	BEHAVIORAL HEALTH	CONNECTICUT	5013C	3	CORPORATION	Х	
VNA HEALTHCARE INC - 06-0646938					HARTFORD		
103 WOODLAND STREET					HEALTHCARE		
HARTFORD, CT 06105	HOME HEALTHCARE	CONNECTICUT	5013C	7	CORPORATION	Х	
VNA HEALTH RESOURCES INC - 06-1161422					HARTFORD		
103 WOODLAND STREET					HEALTHCARE		
HARTFORD, CT 06105	HOME HEALTHCARE	CONNECTICUT	5013C	9	CORPORATION	Х	
RUSHFORD CENTER INC - 06-0932875					HARTFORD		
883 PADDOCK AVENUE	SUBSTANCE ABUSE HEALTHCARE				HEALTHCARE		
MERIDEN, CT 06450	SERVICES	CONNECTICUT	5013C	7	CORPORATION	Х	
THE HATCH HOSPITAL CORP - 06-6076412							
112 MANSFIELD AVE					WINDHAM COMMUNITY		
WILLIMANTIC, CT 06226	HEALTHCARE SERVICES	CONNECTICUT	5013C	3	MEMORIAL HOSPITAL	Х	
WCMH WOMENS AUXILIARY INC - 06-0677728							
112 MANSFIELD AVE					WINDHAM COMMUNITY		
WILLIMANTIC, CT 06226	 FUNDRAISING	CONNECTICUT	5013C	11A	MEMORIAL HOSPITAL	Х	

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a)	(b)	(c)	(d)	(e)	(f)	Section ((g) 512(b)(13
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	cont	trolled
of related organization		foreign country)	section	status (if section	entity	organi	ization?
				501(c)(3))		Yes	No
THE HOSPTIAL OF CENTRAL CT & BRADLEY					HARTFORD		
MEMORIAL - 06-0646768, 110 GRAND STREET, NEW					HEALTHCARE		
BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	5013C	3	CORPORATION	X	
CENTRAL CT SENIOR HEALTH DBA SOUTHING CARE					HARTFORD		
CENTER - 22-2635676, 45 MERIDAN AVENUE,					HEALTHCARE		
SOUTHINGTON, CT 06489	SUB-ACUTE & LONG TERM CARE	CONNECTICUT	5013C	9	CORPORATION	X	
BRADLEY HEALTH SERVICES - 06-1367014					HARTFORD		
100 GRAND STREET					HEALTHCARE		
NEW BRITAIN, CT 06050	HEALTHCARE SERVICES	CONNECTICUT	5013C	9	CORPORATION	X	
CENTRAL CT HEALTH ALLIANCE - 22-2785033					HARTFORD		1
100 GRAND STREET	SUPPORT & MANAGEMENT SVCS				HEALTHCARE		
NEW BRITAIN, CT 06050	TO THOCC & AFFILIATES	CONNECTICUT	5013C	11B	CORPORATION	Х	
VNA OF CENTRAL CT INC - 06-0646940					HARTFORD		1
205 WEST MAIN STREET	PUBLIC HEALTH NURSING &				HEALTHCARE		
NEW BRITAIN, CT 06050	HOME CARE	CONNECTICUT	5013C	9	CORPORATION	Х	
THE ORCHARDS OF SOUTHINGTON - 06-1490803					CENTRAL CT SENIOR		
34 HOBART STREET	RESIDENTIAL SERVICES FOR				HEALTH SERVICES		
SOUTHINGTON, CT 06489	SENIOR CITIZENS	CONNECTICUT	5013C	9	INC	Х	
COMMUNITY MENTAL HEALTH AFFILIATES -					HARTFORD		\top
06-0934544, 270 JOHN DOWNEY DRIVE, NEW	MENTAL HEALTH & SUBSTANCE				HEALTHCARE		
BRITAIN, CT 06051	ABUSE TREATMENT PROVIDER	CONNECTICUT	5013C	7	CORPORATION	l x	
MULBERRY GARDENS OF SOUTHINGTON LLC -					CENTRAL CT SENIOR		\top
82-0586577, 58 MULBERRY STREET, PLANTSVILLE,	- ASSISTED LIVING & ADULT				HEALTH SERVICES		
CT 06479	DAY CARE	CONNECTICUT	5013C	9	INC	Х	
MIDSTATE MEDICAL CENTER AUXILIARY -							1
06-6063082, 435 LEWIS AVENUE, MERIDEN, CT	1				MIDSTATE MEDICAL		
06451	- FUNDRAISING	CONNECTICUT	5013C	3	CENTER	Х	
HHC PHYSICIANS CRAE INC - 45-4456939	PRACTICE MEDICINE &				HARTFORD		†
80 SEYMOUR STREET					HEALTHCARE		
HARTFORD CT 06102	- PUBLIC	CONNECTICUT	5013C	9	CORPORATION	Х	
HARTFORD HEALTHCARE ACCOUNTABLE CARE ORG INC					HARTFORD		+-
- 45-0886367, 200 RETREAT AVENUE, HARTFORD,	MANAGE & COORDINATE CARE				HEALTHCARE		
CT 06102	FOR MEDICARE BENEFICIARIES	CONNECTICUT	5013C	11C	CORPORATION	Х	
HARTFORD HEALTHCARE CORP GROUP EMPLOYEE			- 7200		HARTFORD	- ^	+-
BENEFIT PLAN TRUST - 26-6671355, C/O BOA 777	PROVIDE BENEFITS TO				HEALTHCARE		
MAIN STREET, HARTFORD, CT 06102	EMPLOYEES	CONNECTICUT	501C9		CORPORATION	X	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropate alloc	portion- cations?	amount in box 20 of Schedule	managir partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
OMNI HOME HEALTH - 06-1458837	-										
12 CASE STREET	HOME HEALTH										
NORWICH, CT 06360	CARE	CT						X	N/A	x	
CENTRAL CT SPORT MEDICINE CTR											
LLC - 22-3196509, 15 MASAIRO]										
DRIVE STE 104, BERLIN, CT	PHYSICAL										
06037	THERAPY	CT	ссна	RELATED				X	N/A	X	50.00%
NEW BRITAIN MRI LIMITED											
PARTNERSHIP - 06-1271349, 100	MAGNETIC										
GRAND STREET, NEW BRITIAN, CT	RESONANCE		CENCONN								
06050	IMAGING	CT	SERVICES INC	RELATED				X	N/A	X	56.60%
NEW BRITAIN OCCUPATIONAL											
HEALTH CENTER LLC -	1										
06-1484904, 440 NEW BRITAIN	OCCUPATIONAL										
AVENUE, PLAINVILLE, CT 06062	HEALTHCARE	CT	нсс	RELATED				X	N/A	X	85.70%

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 Part IV organizations treated as a corporation or trust during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i Sec	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr enti	
		country)		or tracty		455515		Yes	No
WWB CORPORATION - 06-1094836									
326 WASHINGTON STREET			BACKUS						
NORWICH, CT 06360	HOLDING COMPANY	CT	CORPORATION	C CORP				Х	
CONNCARE INC - 06-1387598									
326 WASHINGTON STREET			BACKUS HEALTH						
NORWICH, CT 06360	HEALTHCARE SERVICES	CT	CARE INC	C CORP				Х	
BACKUS MEDICAL CENTER CONDO ASSOC INC -			THE WILLIAM W						
06-1542647, 330 WASHINGTON STREET, NORWICH,			BACKUS						
CT 06360	CONDO ASSOCIATION	CT	HOSPITAL	C CORP			65.00%	Х	
HHMOB CORPORATION & SUBSIDIARY - 06-1140244									
80 SEYMOUR STREET									
HARTFORD, CT 06102	REAL ESTATE PARKING	CT		C CORP			100%	Х	
CHS INSURANCE LTD									
FB PERRY BLVD 40 CHURCH ST									
, HAMILTON, BERMUDA	CAPTIVE INSURANCE	BERMUDA		C CORP			72.50%	X	

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

Schedule R (Form 990)

Decided controlling Primary activity Controlling Primary activity Controlling Controllin	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Sections 512-514 Yes No K1 (Form 1065) Yes No		Primary activity	Legal domicile		Predominant income			Disprop	ortion-	Code V-UBI	General or	Percentage
Sections 512-514 Yes No K1 (Form 1065) Yes No	of related organization		(state or	entity		income		ate alloc	cations?	amount in box 20 of Schedule	partner?	ownership
ELC - 45-4181103, 80 SEYMOUR STREET, HARTFORD, CT 06102 MANAGEMENT CT RELATED X N/A X 100%					sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No	
ELC - 45-4181103, 80 SEYMOUR STREET, HARTFORD, CT 06102 MANAGEMENT CT RELATED X N/A X 100%												
STREET, HARTFORD, CT 06102												
AMBULANCE SERVICE OF MANCHESTER - 06-1557358, PO BOX 300, MANCHESTER, CT 06450 SERVICE CT RELATED 1,515,570, 3,805,580. X N/A X 50.00% CT IMAGING PARTHERS LLC - 13-4298940, 111 FOUNDERS PLACE, EAST HARTFORD, CT IMAGING GLASTONBURY ENDOSCOPY CENTER 2-6-1721234, 300 WESTERN BLUD STE B, GLASTONBURY, CT 6033 SERVICES CT RELATED 446,859. 123,624. X N/A X 50.00% GLASTONBURY SURGERY CENTER - 26-260828, 195 EASTERN BLUD, GLASTONBURY, CT G0033 SERVICES CT RELATED 1,463,349100,242. X N/A X 50.00% HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110 SUPPORT SERVICE CT UNRELATED -135. X N/A X 50.00% MED BAST ASSOC LLC - 06-1645775, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE		4										
MANCHESTER - 06-1557358, PO BOX 300, MANCHESTER, CT BOX 300, MACHESTER, CT BOX 300, MACHESTER, CT BOX 300, MACHESTER, CT BOX 300, MACHESTER, CT BOX 30		MANAGEMENT	CT		RELATED				X	N/A	X	100%
BOX 300, MANCHESTER, CT	AMBULANCE SERVICE OF											
SERVICE CT RELATED 1,515,570, 3,805,580, X N/A X 50.00%	MANCHESTER - 06-1557358, PO											
CT IMAGING PARTNERS LLC -	BOX 300, MANCHESTER, CT	AMBULATORY										
13-4298940, 111 FOUNDERS	06450	SERVICE	CT		RELATED	1,515,570.	3,805,580.		X	N/A	X	50.00%
PLACE, EAST HARTFORD, CT	CT IMAGING PARTNERS LLC -											
O6108	13-4298940, 111 FOUNDERS											
GLASTONBURY ENDOSCOPY CENTER - 26-1721234, 300 WESTERN BLVD STE B, GLASTONBURY, CT 06033 SERVICES CT GLASTONBURY SURGERY CENTER - 26-2600828, 195 EASTERN BLVD, GLASTONBURY, CT 06033 SERVICES CT GLASTONBURY, CT 06033 SERVICES CT RELATED 1,463,349100,242. X N/A X 50.00% HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110 SUPPORT SERVICE CT 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT 00174 OUTPATIENT CARE	PLACE, EAST HARTFORD, CT	IMAGING										
- 26-1721234, 300 WESTERN BLVD STE B, GLASTONBURY, CT 06033 SERVICES CT RELATED 446,859. 123,624. X N/A X 50.00% GLASTONBURY SURGERY CENTER - 26-2600828, 195 EASTERN BLVD, SURGERY GLASTONBURY, CT 06033 SERVICES CT RELATED 1,463,349100,242. X N/A X 50.00% HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110 SUPPORT SERVICE CT UNRELATED -135. X N/A X 50.00% MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE	06108	SERVICES	CT		UNRELATED	294,336.	1,096,009.		X	N/A	l x	50.00%
BLVD STE B, GLASTONBURY, CT	GLASTONBURY ENDOSCOPY CENTER											
CT RELATED 446,859. 123,624. X N/A X 50.00%	- 26-1721234, 300 WESTERN											
GLASTONBURY SURGERY CENTER - 26-2600828, 195 EASTERN BLVD, GLASTONBURY, CT 06033 SERVICES CT RELATED 1,463,349100,242. X N/A X 50.00% HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110 SUPPORT SERVICE CT UNRELATED -135. X N/A X 50.00% MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE	BLVD STE B, GLASTONBURY, CT	ENDOSCOPY										
26-2600828, 195 EASTERN BLVD, SURGERY GLASTONBURY, CT 06033 SERVICES CT RELATED 1,463,349. -100,242. X N/A X 50.00%	06033	SERVICES	CT		RELATED	446,859.	123,624.		X	N/A	x	50.00%
26-2600828, 195 EASTERN BLVD, SURGERY GLASTONBURY, CT 06033 SERVICES CT RELATED 1,463,349. -100,242. X N/A X 50.00%												
GLASTONBURY, CT 06033 SERVICES CT RELATED 1,463,349100,242. X N/A X 50.00% HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110 MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE	GLASTONBURY SURGERY CENTER -											
HARTFORD-MIDDLESEX CLINICAL SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT 06110 SUPPORT SERVICE CT UNRELATED -135. X N/A X 50.00% MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE	26-2600828, 195 EASTERN BLVD,	SURGERY										
SYSTEM LLC - 06-1543605, 80 SEYMOUR STREET, HARTFORD, CT AFFILIATE 06110 SUPPORT SERVICE CT UNRELATED -135. X N/A X 50.00% MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE	GLASTONBURY, CT 06033	SERVICES	CT		RELATED	1,463,349.	-100,242.		X	N/A	l x	50.00%
SEYMOUR STREET, HARTFORD, CT AFFILIATE 06110 SUPPORT SERVICE CT UNRELATED -135. X N/A X 50.00% MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE	HARTFORD-MIDDLESEX CLINICAL											
MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE UNRELATED -135. X N/A X 50.00%	SYSTEM LLC - 06-1543605, 80											
MED EAST ASSOC LLC - 06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE	SEYMOUR STREET, HARTFORD, CT	AFFILIATE										
06-1469575, 1703 WEST MAIN STREET, WILLIMANTIC, CT OUTPATIENT CARE	06110	SUPPORT SERVICE	CT		UNRELATED	-135.			X	N/A	l x	50.00%
STREET, WILLIMANTIC, CT OUTPATIENT CARE	MED EAST ASSOC LLC -											
	06-1469575, 1703 WEST MAIN											
CLINIC CT RELATED 33,012. 234,623. X N/A X 50.00%	STREET, WILLIMANTIC, CT	OUTPATIENT CARE										
	06226	CLINIC	CT		RELATED	33,012.	234,623.		X	N/A	l x	50.00%
		1										
		1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(l contr	tion b)(13) rolled
or rolated organization		foreign country)	Orthry	or trust)	micornic	assets	Ownerenp		No
WINDHAM HEALTH SERVICES INC - 06-1461101								163	INO
112 MANSFIELD AVENUE	_								
WILLIMANTIC, CT 06226	HOME HEATHCARE	CT	WINDHAM	C CORP			100%	Х	
WINDHAM PHYSICIAN HOSPITAL ORGANIZATION -									
06-1441614, 112 MANSFIELD AVENUE,	7								
WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT		C CORP			50.00%	Х	
WINDHAM FAMILY MEDICAL SERVICES - 06-1491649									
112 MANSFIELD AVENUE	7								
WILLIMANTIC, CT 06226	MEDICAL SERVICES	CT	WINDHAM	C CORP			.00%	Х	
CENCONN SERVICES INC - 22-2836001									
100 GRAND STREET	7								
NEW BRITAIN, CT 06050	INVESTMENT MANAGEMENT	CT	ссна	C CORP			.00%	Х	
GRAND INDEMNITY CO LTD - 98-0609499									
40 CHURCH STREET	PROFESSIONAL								
, HAMILTON, BERMUDA	LIABILITY	BERMUDA	тносс	C CORP			100%	Х	
HARTFORD PHYSICIAN SERVICES - 06-1254082									
80 SEYMOUR STREET	7		HARTFORD						
HARTFORD, CT 06102	MEDICAL SERVICES	CT	HOSPITAL	C CORP			.00%	Х	
MERIDEN IMAGING CENTER - 06-1541468									
101 NORTH PLAINS INDUSTRIAL RD	7								
MERIDEN, CT 06429	IMAGING	CT	MIDSTATE	S CORP			80.00%	Х	
HARTFORD HEALTHCARE CORP DEFINED BENEFIT			HARTFORD						
MASTER TRUST - 45-4530568, 80 SEYMOUR	7		HEALTHCARE						
STREET, HARTFORD, CT 06102	7	CT	CORP	TRUST			.00%	Х	
HARTFORD PHYSICIAN HOSPITAL ORGANIZATION INC			HARTFORD						
- 22-2785918, 80 SEYMOUR STREET, HARTFORD,	PHYSICIAN & HOSPITAL		HEALTHCARE						
CT 06102	SUPPORT	CT	CORP	C CORP			50.00%	Х	
	7								
	7								
	1								

Schedule R (Form 990)

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

Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Ye	s No
1	During the tax year, did the organization engage in any of the following transaction	ns with one or more r	elated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		
С	Gift, grant, or capital contribution from related organization(s)				1c	X	
d	Loans or loan guarantees to or for related organization(s)				1d		X
	Loans or loan guarantees by related organization(s)						X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related orga					X	
m	Performance of services or membership or fundraising solicitations by related orga	anization(s)			1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organizat	tion(s)			1n		Х
0	Sharing of paid employees with related organization(s)				1o		X
р	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	relationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction	Amount involved	Method of determining amo	unt involved	ł	
		type (a-s)					
_		_					
1) E	ACKUS HEALTH CARE INC	В	2,082,312.	COST			
_							
2) [HE WILLIAM W BACKUS HOSPITAL	С	2,082,312.	COST			
_		_					
з) Т	HE WILLIAM W BACKUS HOSPITAL	P	153,141.	COST			
4)							
5)							
6)		1	l				

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

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

(a)	(b)	(c)	(d)	(e) Are a)	(f)	(g)	(1	h)	(i)	(j)	(H
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are a partners	S Sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or Perce
of entity		(state or foreign	(related, unrelated,	501(c) oras)(3)	total	end-of-year	alloca	nate itions?	amount in box 20 of Schedule K-1	partn	er? owne
		country)	under section 512-514)	Yes	Nο	income	assets	Yes	No	(Form 1065)	Yes	NO
								1.00	1		1.00	•
	1											
								<u> </u>			Ш	
	1											
				\vdash	\dashv			+-	 		\vdash	
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	1											
	1											
				\vdash	_			—	₩		\vdash	
	1											
				\vdash	_			+	1		\vdash	
	1											
	1											
				$\vdash \vdash$	\dashv			\vdash	₩		\vdash	
	1	I	I	ı I	- 1			1	1	I	1 1	- 1

Form	990-T	l E	Exempt Organization Bus	sine	ss Income T	ax Return	⊢	OMB No. 1545-0687
	tment of the Treasury		and proxy tax und	ler se	ection 6033(e))			ZUIZ
	al Revenue Service	For c	alendar year 2012 or other tax year beginning $$ OCT $$ $$ $$., 2	012 , and ending S	EP 30, 201	13	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed		Name of organization (Check box if name c	hanged	and see instructions.)	I	(Empl	oyer identification number oyees' trust, see ctions.)
B E:	xempt under section	Print	BACKUS CORPORATION				2	2-2757608
X]501(c)(3)	or	Number, street, and room or suite no. If a P.O. box	x, see ir	nstructions.	İ		ated business activity codes
]408(e)	Туре	326 WASHINGTON STREET				(000	ion denome,
	408A 530(a)		City or town, state, and ZIP code					
]529(a)		NORWICH, CT 06360			ļ	541	610
			exemption number (see instructions)	>				
at	end of year	G Checl	k organization type \blacktriangleright X 501(c) corporation	n L	501(c) trust	401(a) trust	L	Other trust
	7,267.							
			<u> </u>		STATEMENT 1			11
			poration a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	▶ ∟	Ye	s X No
_			tifying number of the parent corporation.					
_			DANIEL E LOHR			one number > 86	50-	
			de or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale		18,984.	١.	10 004			
	Less returns and allo		c Balance ▶	1c	18,984.			
2			e A, line 7)	2	10 004			10 004
3			rom line 1c	3	18,984.			18,984.
			ch Schedule D)	4a				
			Part II, line 17) (attach Form 4797)	4b				
			sts	4c				
5			ips and S corporations (attach statement)	5				
6			(Orbodolo E)	6				
7			me (Schedule E)	7				
8		-	and rents from controlled organizations (Sch. F)	8				
9			on 501(c)(7), (9), or (17) organization	_				
10			(Cahadula I)	9				
10			ome (Schedule I)	10				
11			3 J)	11 12				
12	•		s; attach statement)	\vdash	18,984.			18,984.
13 D a			gh 12t Taken Elsewhere (see instructions fo					10,904.
ı u			utions, deductions must be directly connecte		•	income)		
14	Compensation of of	ficers, di	rectors, and trustees (Schedule K)			·	14	
15							15	42,858.
16							16	,
17							17	
18							18	
19							19	3,470.
20	Charitable contribut	ions (see	e instructions for limitation rules)				20	
21			562)					
22	Less depreciation c	laimed o	n Schedule A and elsewhere on return		22a		22b	
23	Depletion				·····		23	
24	Contributions to def	ferred co	mpensation plans				24	
25	Employee benefit pr	rograms					25	7,662.
26	Excess exempt expe	enses (So	chedule I)				26	
27			hedule J)				27	
28			tement)				28	
29			es 14 through 28				29	53,990.
30			ncome before net operating loss deduction. Subtrac				30	-35,006.
31			n (limited to the amount on line 30)				31	25.22
32			ncome before specific deduction. Subtract line 31 fi			<u>-</u>	32	-35,006.
33			y \$1,000, but see instructions for exceptions)				33	1,000.
34		ess tax	able income. Subtract line 33 from line 32. If line	33 is g	reater than line 32, enter t	ne smaller		-35,006.
	of zero or line 32						34	- - 33. 000.

Part III	I	Tax Computation															
35 (Orgar	nizations taxable as corporati	ons (se	e instruc	ctions for tax c	ompu	ıtatio	n).									
C	Contr	olled group members (section	s 1561	and 156	3) check here			See instruction	1s and:	:							
a E	nter	your share of the \$50,000, \$2	5,000,	and \$9,9	925,000 taxabl	e inco	me b	rackets (in that o	order)	:							
(1)	\$	(2)	\$				(3) \$									
b E	nter	organization's share of: (1) A	dditiona	al 5% tax	(not more tha	ın \$1	1,750)) [\$			i						
(2) A	dditional 3% tax (not more tha	ın \$100	,000)				\$									
		ne tax on the amount on line 3										>	▶ 3	5c			0.
36 1	rust	s taxable at trust rates (see in	structio	ons for ta	ax computation	ı). Inc	ome	tax on the amou	unt on	line 34	4 from:						
		Tax rate schedule or	Schedu	ıle D (For	rm 1041)							>	▶ 3	36			
37 F		tax (see instructions)											▶ 3	37			
		ative minimum tax												38			
39 1	Total.	Add lines 37 and 38 to line 35	5c or 36	6, which	ever applies								3	39			0.
		Tax and Payments															
40a F	oreig	n tax credit (corporations atta	ch Forr	n 1118;	trusts attach F	orm 1	1116)		40a							
b 0	Other	credits (see instructions)							[40b							
		al business credit. Attach Forr								40c							
d (Credit	for prior year minimum tax (a	ıttach F	orm 880	11 or 8827)				[40d							
e 1	Total	credits. Add lines 40a through	h 40d										4	0e			
41 8	Subtra	act line 40e from line 39											4	1 1			0.
42 (Other	taxes. Check if from: Fo	rm 425	5	Form 8611	F	orm	8697 🔲 Forr	m 886	6	Other (at	tach statemer	nt) 4	12			
43 1	Total	tax. Add lines 41 and 42											4	13			0.
44 a F	aym	ents: A 2011 overpayment cre	edited t	o 2012					L	44a							
b 2	2012	estimated tax payments							[44b							
		eposited with Form 8868								44c							
		n organizations: Tax paid or v								44d							
e E	Backu	ıp withholding (see instruction	ıs)						[44e							
		for small employer health ins								44f							
g (Other	credits and payments:		Fo	orm 2439												
		Form 4136		Ot	ther			Total		44g							
45 1	Total	payments. Add lines 44a thro	ugh 44	g									4	1 5			
46 E	stim	ated tax penalty (see instruction	ons). Ch	neck if Fo	orm 2220 is at	tached	d Þ						4	16			
		ue. If line 45 is less than the to											► 4	1 7			0.
48 (Overp	payment. If line 45 is larger tha	an the t	otal of lir	nes 43 and 46,	enter	amo	ount overpaid					► _ 4	18			0.
	_	the amount of line 48 you war										nded 🕨	> 4	19			
Part V		Statements Regardir															
		e during the 2012 calendar yea													ank,	Yes	No
		or other) in a foreign country									-						
Accou	unts.	If "Yes," enter the name of the ax year, did the organization receive instructions for other forms the org	foreign	country	here here	ontor	ot or	transferer to a toroi	ian truo	+')							X
																	Х
		mount of tax-exempt interest							- , -								
		A - Cost of Goods S		nter me	ethod of inve				1/A				_				
		at beginning of year	1					nventory at end o						6			
2 Purch			2			_		ost of goods sol				_					
		oor	3			_		om line 5. Enter						7			
		ection 263A costs (att. statement)	4a					o the rules of se		,						Yes	No
		s (attach statement)	4b			4		roperty produced		•		,					
5 Total		I lines 1 through 4b	5		d 46:4			ne organization?									
Sign	cor	der penalties of perjury, I declare th rect, and complete. Declaration of p	at i nave preparer	examined (other that	n taxpayer) is bas	ed on	all inf	ormation of which p	orepare	r has an	is, and to the ny knowledg	e.	riowled	ge an	u pellet, it is	s true,	
Here					ı			A CENTO	7 G	7D	OEO				discuss thi		with
11010		Signature of officer			I Date			SENIO)R \	VP	CFU				shown belo	_	٦
	⊥_					arst.	<u> </u>	7 1100	Det		1 ^	haali	_)? X Y	es	No
		Print/Type preparer's name			Preparer's si	ynatu	ıe		Date	;	l -	heck L		PTIN	ı		
Paid		MICHAEL ENGLE							1		l S	elf- employe	eu	D/	00482	821	
Prepar		Firm's name ► BKD L	T.D		<u> </u>				1			Firm's EIN	\vdash		1-016		0
Use Or	ıly			Δ Τ.ΝΤΤ	T SUIT	F 1	70	0.0				IIIII 9 EIIN			- OTO	0 4 0	<u> </u>
					Y, MO],	Phone no.	8.	16-	-221-	630	0
			~	<u> </u>	-, 110	~ _	<u> </u>	<u> </u>				HOHE HU.	<u> </u>				

Schedule C - Rent Income 1. Description of property	`	•			•	_			
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued	d						
(a) From personal property (if the p rent for personal property is mo 10% but not more than 50	ore than	(b) Frof	rent for pe	nd personal proper ersonal property ex is based on profit	ceeds 50% of	entage or if	3(a) Deductions directions 2(a	ctly co) and 2	onnected with the income in 2(b) (attach statement)
1)	·			· ·					
2)									
3)									
4)									
otal	0.	Total				0.			
) Total income. Add totals of columns	s 2(a) and 2(b). En	ter					(b) Total deductions		
ere and on page 1, Part I, line 6, colum	nn (A)	▶				0.	Enter here and on page Part I, line 6, column (B)	^{1,} ▶	• (
chedule E - Unrelated De	ebt-Financed	Incom	e (see i	nstructions)			_		
				2. Gross inc	come from		Deductions directly to debt-fir		
1. Description of debt-	financed property			or allocable financed	e to debt-	(a) :	Straight line depreciation (attach statement)		(b) Other deductions (attach statement)
1)									
2)									
3)									
4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	of or a debt-fina	adjusted bas illocable to nced propert statement)		6. Column by colu			7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of column 3(a) and 3(b))
1)					%	,			
2)					%	,			
3)					%	,			
4)					%	,			
,				ı		En	ter here and on page 1,		Enter here and on page 1,
							art I, line 7, column (A).		Part I, line 7, column (B).
otals					ı	▶		0.	(
Total dividends-received deductions									(
chedule F - Interest, Ann								nstru	ctions)
			Exemp	t Controlled O	rganizatio	ns			
1. Name of controlled organization	Employer ide numl	entification	Net un (loss) (s	3. related income see instructions)		4. of specified ents made	5. Part of column a included in the con organization's gross	that is trolling incom	6. Deductions directly connected with income in column 5
1)									
2)									
3)									
<u>4)</u>									+
+) onexempt Controlled Organizatio	ns				I				
· · · · · · · · · · · · · · · · · · ·	Net unrelated incom (see instructions		9. Tot	tal of specified pay made	ments	in the cont	olumn 9 that is included rolling organization's oss income	11.	Deductions directly connect with income in column 10
1)					+				
2)					+				
3)					+				
					+				
4)						Enter here	olumns 5 and 10. and on page 1, Part I,	Er	Add columns 6 and 11.
						line	8, column (A).		line 8, column (B).
otals							0.	1	(

Form **990-T** (2012)

223721 01-11-13

Schedule G - Inves	stment Ir		Section (501(c)(7	7), (9), or (17) Or	ganiza	tion			, ago
1	. Description of	of income			2. Amount of income	directly of	ductions connected statement)		Set-asides ach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)							,			(22.1.2 2.1.2 22.1. 1)
(2)										
(3)										+
(4)					F					
					Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1 Part I, line 9, column (B).
Totals				▶	0.					0.
Schedule I - Explo		npt Activity			Than Advertisi	ng Inco	ome			
			0 -		4. Net income (loss)					7 -
1. Description of exploited activity		2. Gross elated business income from de or business	3. Expering directly con with produce of unrelated business in	nected uction ated	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from act is not u	s income tivity that inrelated s income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										1
(3)										
(4)										<u> </u>
	p	ter here and on page 1, Part I, ne 10, col. (A).	Enter here page 1, F line 10, co	Part I, ol. (B).						Enter here and on page 1, Part II, line 26.
Totals	▶	0.		0.						0.
Schedule J - Adve										
Part I Income Fr	om Perio	odicals Rep	orted on	a Cons	solidated Basis					
1. Name of period	ical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6.1	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
(4)										
Totals (carry to Part II, line			0.	0	-					0
Part II Income Fr	om Perio	odicals Rep	orted on	a Sepa	arate Basis (For e	each perio	odical liste	d in Pa	rt II, fill in	
columns 2 th	rough 7 on a	a line-by-line ba	asis.)							
1. Name of period	ical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, comput cols. 5 through 7.		rculation come	6.1	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		 			1	+				
(2)										
(3)										
(4)										
Totals from Part I			0.	0	<u>•</u>				L	0.
Tatala Dawi II (lines 4.5)	_	Enter here and page 1, Part I	, page	ere and on 1, Part I, 1, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) Schedule K - Com						in otur : - t'	no)			0 .
Schedule K - Com	pensauc	on or Office	rs, Direct	lors, an	id Trustees (see	Instructio		nt nt		
	1. Name				2. Title		3. Percel time devot busine:	ed to		ensation attributable elated business
(1)								%		
(2)								%		
				 			 	%		
(3)							 	/º %		
(4)	1 D 1 11 1	lina 11		<u> </u>			<u> </u>	70		0.
Total. Enter here and on pa	ge 1, Part II,	ııne 14						▶		0.

01-11-13

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED 1 STATEMENT BUSINESS ACTIVITY

ACCOUNTING, FINANCIAL AND MANAGEMENT SERVICES TO FORM 990-T, PAGE 1

Form CT-990T Connecticut Unrelated Business Income Tax Return

Hartford CT 06102 (Rev. 01/13)	-5014 Complete this nter Income Year Beginning ➤ OCTOBER 1	return in blue or bla , 2012, and End	ack ink only.	ER 3	0. 2013
	Organization name (please type or print)	, 2012, and End			ax Registration Number
Taxpayer	BACKUS CORPORATION		▶	4	209193-000
(Diagon to ma	Address number and street	PO Box		DRS	use only
(Please type or print)	326 WASHINGTON STREET		>		20
. ,	City or town	State	ZIP code	Feder	al Employer ID Number (FEIN)
0	NORWICH, CT 06360		 ▶		22-2757608
I .			nnualizing its income che		
	Mailing address Closing month (Attach	•			
					<u> </u>
	anization: X Corporation Domestic		ign trust	r: Expla	in
1. Date i	unrelated trade or business began in Connecticut: e of unrelated trade or business income activity: ${f A}{f G}$	COUNTING	FTNANCTAL AND) M/Z	NACEMENT SERVIC
	pration only: Enter state of incorporation:				
	ed in Connecticut if not incorporated in Connecticut		Date of organization	··· <u> </u>	0,03,1303
Buto quamic	- Attach a Complete Copy of Form 990-T Include		Filed With the Internal Rev	vanua 9	Senvice -
Computa	tion of Income	iing air Schedules as i	ned with the internal he	veriue c	oervice -
1. Federal ı	inrelated business taxable income from 2012 federa	Il Form 990-T, Part II,	Line 34) 1	-35,006 00
	net operating loss deduction from 2012 federal Forn			2	00
3. Federal of	deduction for Connecticut tax on unrelated business	taxable income		▶ 3	
4. Total: Ad	dd Lines 1, 2, and 3			▶ 4	-35,00600
5. Refund or	credit for overpayment of Connecticut tax included in fede	ral unrelated business ta	xable income	▶ 5	
	business taxable income: Subtract Line 5 from Line	e 4		▶ 6	-35,006 ₀₀
	tion of Tax				25 000
	d business taxable income from Line 6 above. If 100				
	nment fraction from Schedule A, Line 5, page 2. Car			2	
	icut unrelated business taxable income: Line 1 or Li			3	
	g loss carryover from <i>Schedule B</i> , Line 13 on page 2			▶ 4	25 226
	subject to tax: Subtract Line 4 from Line 3tiply Line 5 by 7.5% (.075)			6	
Computa	tion of Amount Payable]
	ude surtax if applicable. See instructions) 1	00
	for future use			2	
3. Total Tax	:: Enter the amount from Line 1			3	00
	its from Form CT-1120K , Part III, Line 9. Do not ex			4	00
	of tax payable: Subtract Line 4 from Line 3. If zero of			▶ 5	0 00
6a. Paid with	application for extension from Form CT-990T EXT			▶ 6a	a 00
6b. Paid with	estimates from Forms CT-990T ESA, ESB, ESC, 8	ESD		▶ 6t	00
6c. Overpay	ment from prior year			▶ 60	00
	ments: Enter the total of Lines 6a, 6b, and 6c			▶ 6	
7. Balance	of tax due (overpaid): Subtract Line 6 from Line 5				
	(8a) Interest ▶ (8b)			8	
9. Amount to b	pe credited to 2013 estimated tax (9a)	Refunded >	` '	9	00
On Chapteine	For faster refund, use Directly Savings ► 9d. Routing number ►		eting Lines 9c, 9d, and 9	e.	
9e. Account			_ this refund go to a bank	accour	nt outside the U.S.?▶☐ Yes
	due with this return: Add Line 7 and Line 8	91. VVIII	this return go to a bank	≥ 10	
1 " " DDG	WWW.CT.GOV/UBS I Mail	to: Dept. of Revenue Ser	vices, State of Connecticut,	1	
www.ct.gov	Wildling Trace to pay electronically. Taxpayer Service Center are under penalty of law that Thave examined this return (including an irrstand the penalty for willfully delivering a false return or document to both. The declaration of a paid preparer other than the taxpayer is ba	ox 5014, Hartford CT 06	5102-5014 and statements) and, to the best o	Comi of my know	missioner of Revenue Services
and correct. I under than five years, or	rstand the penalty for willfully delivering a false return or document to both. The declaration of a paid preparer other than the taxpayer is ba	the Department of Revenue sed on all information of which	Services (DRS) is a fine of not mother than the preparer has any knowledge	ore than \$8 e.	5,000, imprisonment for not more
Sign Here	Signature of officer or fiduciary		Date		May DRS contact the preparer
					shown below about this return
Koon o	Title		Telephone number		See instructions.
Keep a copy	SENIOR VP CFO		860-889-8331	L	X Yes No
of this	Officer's email address				
return for your records.	Paid preparer's signature		Date		Preparer's SSN or PTIN
, 54, 1000143.	<u></u>		FEIN		P00482834
1018	Firm's name and address		FEIN		Telephone number
	BKD LLP KANSAS CITY, MO 64106		44-0160260	,	816-221-6300
241901 01-22-13	TUTIOND CITI, HO 04100		OTOO70(,	010-771-0300

22-2757608 BACKUS CORPORATION

Schedule A - Unrelated Business Income Apportionment: See instructions.

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

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
	1. (a) Inventories	00		00
Property	(b) Tangible property	00		00
Тторстту	(c) Real property	00		00
(Average value)	(d) Capitalized rent	00		00
(, tvolago valao)				
-	1. Total	00		00
	2. (a) Sales of tangibles	00		00
	(b) Services	00		00
Receipts	(c) Rentals	00		00
	(d) Other	00		00
	2. Total	00		00
Wages, salaries,				
and other				
compensation	3. Total	00		00
Schedule B - Co	4. Total: Add Lines 1, 2, and 3 i 5. Apportionment fraction: Divid Schedule C, Line 4; and also nnecticut Apportioned Op	e Line 4 by number of factors us on front page, Computation of Ta	•	
	et operating loss available for use		1.	1,391 00
	et operating loss available for use			5,24100
	et operating loss available for use			11,136 00
	et operating loss available for use			5,17500
	et operating loss available for use			10,620 00
	et operating loss available for use			7,983 00
	et operating loss available for use			7,59700
	et operating loss available for use			10,045 00
	et operating loss available for use			24,365 ₀₀
	et operating loss available for use			51,908 ₀₀
	et operating loss available for use			64,190 00
	et operating loss available for use			40,400 ₀₀
13. Total: Add Lines 1 t	through 12. Enter here and on Com	putation of Tax, Line 4		240,051 ₀₀
	mputation of Net Operatin			
1. Enter amount from 0	Computation of Income, Line 6, if le	ss than zero		-35,006 ₀₀
2. Add back specific d	leduction from 2012 federal Form 9	90-T, Part II, Line 33	2.	1,000 00
3. Subtotal: Add Line				-34,006 ₀₀
4. Apportionment fract	tion from Schedule A, Line 5		4.	
	et operating loss available for carry			
Line 3 or Line 3 mul	tiplied by Line 4		5.	-3 4 ,006 ₀₀

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