

WILLIAM W. BACKUS HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL

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

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LINE	DESCRIPTION	AFFILIATE INFORMATION
D. AFFILIATE NAME BACKUS PHYSICIAN SERVICES, LLC		
1	Affiliate Description	PROVIDE MEDICAL & SURGICAL PHYSICIAN SERVICES. IS A SUBSIDIARY OF CONNCARE, INC.
2	Affiliate type of service	Physicians Services
3	Tax Status	For Profit
4	Street Address	112 Lafayette Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
9	CEO Title	President
10	CT Agent Name	David A. Whitehead
11	CT Agent Company	CONNCare, Inc.
12	CT Agent Company Street Address	112 Lafayette Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
E. AFFILIATE NAME CLINICAL LABORATORY PARTNERS, LLC		
1	Affiliate Description	LAB
2	Affiliate type of service	Lab
3	Tax Status	Not for Profit
4	Street Address	129 Patricia Genova Drive
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	James Fantus
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
F. AFFILIATE NAME COMMUNITY MEDICAL PARTNERS, INC		
1	Affiliate Description	PHYSICIAN SERVICES - TO PROVIDE PROFESSIONAL MEDICAL SERVICES TO THE PATIENTS OF AFFILIATES OF THE BACKUS CORPORATION AND TO OTHER INDIVIDUALS IN AREAS AND COMMUNITIES SERVED BY THE CORPORATION
2	Affiliate type of service	Physicians Services
3	Tax Status	Not for Profit
4	Street Address	326 WASHINGTON STREET
5	Town	NORWICH
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	JAMES G. WATKINS, JR
9	CEO Title	CEO
10	CT Agent Name	JAMES G. WATKINS, JR
11	CT Agent Company	BACKUS HOSPITAL
12	CT Agent Company Street Address	326 WASHINGTON STREET
13	CT Agent Town	NORWICH
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
G. AFFILIATE NAME CONNCARE, INC		
1	Affiliate Description	OCCUPATIONAL HEALTH & OUTPATIENT CARE - IS A SUBSIDIARY OF BACKUS HEALTH CARE, INC. ITS PURPOSE IS TO PROVIDE OCCUPATIONAL HEALTH SERVICES TO EMPLOYERS AND THEIR EMPLOYEES AND TO ASSIST CLIENT COMPANIES WITH THE CONSERVATION OF HUMAN
2	Affiliate type of service	Occupational Health
3	Tax Status	For Profit
4	Street Address	326 Washington Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
9	CEO Title	President & Chief Executive Officer
10	CT Agent Name	Melinda A. Agsten, Esq
11	CT Agent Company	Wiggin & Dana
12	CT Agent Company Street Address	One Century Tower
13	CT Agent Town	New Haven
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06510 -
H. AFFILIATE NAME HARTFORD HEALTH CARE CORPORATION		
1	Affiliate Description	PARENT CORPORATION
2	Affiliate type of service	Parent Corporation
3	Tax Status	Not for Profit
4	Street Address	One State Street, Suite 19
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Elliot Joseph
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
I. AFFILIATE NAME HARTFORD HEALTHCARE AT HOME, INC.		
1	Affiliate Description	PROVIDE, PLAN AND DEVELOP A CONTINUUM OF HOME CARE AND COMMUNITY HEALTH SERVICES.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	Not for Profit
4	Street Address	103 Woodland Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06105 -
8	CEO Name	Michael Soccio
9	CEO Title	CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
J.	AFFILIATE NAME	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC
1	Affiliate Description	REHABILITATION SERVICES
2	Affiliate type of service	Rehabilitation Services
3	Tax Status	For Profit
4	Street Address	181 Patricia Genova Drive
5	Town	Newington
6	State	Connecticut
7	Zip Code	06111 -
8	CEO Name	Rita Parisi
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
K.	AFFILIATE NAME	HARTFORD HOSPITAL
1	Affiliate Description	Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	80 Seymour Street
5	Town	Hartford
6	State	Connecticut
7	Zip Code	06103 -
8	CEO Name	Jeff Flaks
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 -
L.	AFFILIATE NAME	HHC PHYSICIANCARE INC
1	Affiliate Description	Practice medicine and provide healthcare services to the public as a medical foundation
2	Affiliate type of service	Foundation
3	Tax Status	Not for Profit
4	Street Address	1290 Silas Deane Highway
5	Town	Wethersfield
6	State	Connecticut
7	Zip Code	06109 -
8	CEO Name	James Watkins Jr
9	CEO Title	President
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
M.		
	AFFILIATE NAME	INTEGRATED CARE PARTNERS, LLC
1	Affiliate Description	Clinical integration entity for HHC facilities, employed physicians and community physician members.
2	Affiliate type of service	Managed Care
3	Tax Status	For Profit
4	Street Address	1290 Silas Deane Highway, 2nd
5	Town	Wethersfield
6	State	Connecticut
7	Zip Code	06109 -
8	CEO Name	James P. Cardon, MD
9	CEO Title	
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
N.		
	AFFILIATE NAME	MEDCONN COLLECTION AGENCY, LLC
1	Affiliate Description	Taxable Collection Agency in which the Hospital has a 25% partnership
2	Affiliate type of service	Collection Agency
3	Tax Status	For Profit
4	Street Address	2049 Silas Deane Highway, Ste 305
5	Town	Rocky Hill
6	State	Connecticut
7	Zip Code	06067 -
8	CEO Name	Frank Souto
9	CEO Title	Executive Director
10	CT Agent Name	Daniel E. Lohr, Managing member
11	CT Agent Company	WWB Corporation
12	CT Agent Company Street Address	326 Washington Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
O.		
	AFFILIATE NAME	NATCHAUG HOSPITAL
1	Affiliate Description	MENTAL HEALTH FACILITY
2	Affiliate type of service	Mental Health Facility
3	Tax Status	Not for Profit
4	Street Address	189 Storrs Road
5	Town	Mansfield Center
6	State	Connecticut
7	Zip Code	06250 -
8	CEO Name	Stephen Larcen, Ph.D.
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
P.	AFFILIATE NAME	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE
1	Affiliate Description	OMNI Home Health Services of Eastern Connecticut, LLC d/b/a Backus Home Health Care providing home health care services in eastern CT.
2	Affiliate type of service	Home Health/VNAs
3	Tax Status	For Profit
4	Street Address	12 Case Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	David A. Whitehead
9	CEO Title	President
10	CT Agent Name	David A. Whitehead
11	CT Agent Company	WWB
12	CT Agent Company Street Address	326 Washington Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -
Q.	AFFILIATE NAME	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED
1	Affiliate Description	Hospital
2	Affiliate type of service	Hospital
3	Tax Status	Not for Profit
4	Street Address	112 Mansfield Avenue
5	Town	Willimantic
6	State	Connecticut
7	Zip Code	06226 -
8	CEO Name	David Whitehead
9	CEO Title	President & CEO
10	CT Agent Name	Winship Service Corporation
11	CT Agent Company	Winship Service Corporation
12	CT Agent Company Street Address	One Constitution Plaza
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 1919
R.	AFFILIATE NAME	WWB CORPORATION
1	Affiliate Description	OTHER HEALTH CARE SERVICES - ITS PURPOSE IS TO RENDER HEALTH CARE RELATED SERVICES THAT WOULD OTHERWISE BE TAXABLE AS UNRELATED TRADE OR BUSINESS ACTIVITIES IF CONDUCTED BY THE HOSPITAL, OTHER AFFILIATES OR THE PARENT
2	Affiliate type of service	Other HealthCare Svcs(Specify)
3	Tax Status	For Profit
4	Street Address	326 Washington Street
5	Town	Norwich
6	State	Connecticut
7	Zip Code	06360 -
8	CEO Name	Daniel E. Lohr
9	CEO Title	President
10	CT Agent Name	Daniel E. Lohr
11	CT Agent Company	Backus Hospital
12	CT Agent Company Street Address	326 Washington Street
13	CT Agent Town	Norwich
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06360 -

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION

* P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
A . WILLIAM W. BACKUS HOSPITAL			
1		Unrestricted	\$342,594,117
2		Temporarily Restricted by Donor	\$3,534,497
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$8,352,949
5		Intercompany Eliminations	\$0
		Total:	\$354,481,563
B . BACKUS CORPORATION			
1		Unrestricted	\$25,446
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$15,845)
		Total:	\$9,601
C . BACKUS HEALTH CARE, INC			
1		Unrestricted	(\$7,209)
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	(\$7,209)
D . BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
E . BACKUS PHYSICIAN SERVICES, LLC			
1		Unrestricted	\$244,199
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$244,199
F . CLINICAL LABORATORY PARTNERS, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
G . COMMUNITY MEDICAL PARTNERS, INC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
H . CONNCARE, INC			
1		Unrestricted	\$1,223,052
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$1,223,052
I . HARTFORD HEALTH CARE CORPORATION			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
J . HARTFORD HEALTHCARE AT HOME, INC.			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
K . HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
L . HARTFORD HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
M . HHC PHYSICIANCARE INC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
N . INTEGRATED CARE PARTNERS, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0

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(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME	FUND DESCRIPTION / FUND PURPOSE	BALANCE AS OF 9/30/2014
O . MEDCONN COLLECTION AGENCY, LLC			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
P . NATCHAUG HOSPITAL			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
Q . OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE			
1		Unrestricted	\$96,743
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$96,743
R . WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED			
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$0
S . WWB CORPORATION			
1		Unrestricted	\$755,765
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,000)
		Total:	\$754,765
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$356,819,559
	Intercompany Eliminations		(\$16,845)
	Total of all Affiliates	Fund Balance:	\$356,802,714

**WILLIAM W. BACKUS HOSPITAL
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REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
A. BACKUS CORPORATION				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$8,982
1		Salary	09/30/2014	\$119,512
2		Accounts Payable	09/30/2014	\$5,881
3		Payments	09/30/2014	(\$38,069)
4		Equity transfer	09/30/2014	(\$96,322)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$16)
B. BACKUS HEALTH CARE, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$17,073
1		Accounts Payable	09/30/2014	\$1,622
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$18,695
C. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
D. BACKUS PHYSICIAN SERVICES, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
E. CLINICAL LABORATORY PARTNERS, LLC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Accounts Payable	09/30/2014	\$20,190
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$20,190
F. COMMUNITY MEDICAL PARTNERS, INC				
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0

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(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
G.	CONN CARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$41,562
1		Salary	09/30/2014	\$7,607,618
2		Accounts Payable	09/30/2014	\$6,378,682
3		Payments	09/30/2014	(\$12,031,362)
4		Equity transfer	09/30/2014	(\$1,207,679)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$788,821
H.	HARTFORD HEALTH CARE CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary	09/30/2014	(\$6,282,439)
2		Accounts Payable	09/30/2014	(\$4,218,736)
3		Payments	09/30/2014	\$8,777,247
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$1,723,928)
I.	HARTFORD HEALTHCARE AT HOME, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
J.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary	09/30/2014	(\$36,339)
2		Payments	09/30/2014	\$28,471
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$7,868)
K.	HARTFORD HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Accounts Payable	09/30/2014	(\$619,345)
2		Payments	09/30/2014	\$23,173
		Ending Unconsolidated Intercompany Balance:	9/30/2014	(\$596,172)
L.	HHC PHYSICIANCARE INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary	09/30/2014	\$23,213

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$23,213
M.	INTEGRATED CARE PARTNERS, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary & Benefits	09/30/2014	\$69,683
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$69,683
N.	MEDCONN COLLECTION AGENCY, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
O.	NATCHAUG HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Accounts Payable	09/30/2014	\$43,848
2		Payments	09/30/2014	(\$42,561)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,287
P.	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
Q.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
1		Salary	09/30/2014	(\$5,029)
2		Accounts Payable	09/30/2014	\$10,493
3		Payments	09/30/2014	(\$602)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$4,862
R.	WWB CORPORATION			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$117,079
1		Salary	09/30/2014	\$6,157,358
2		Accounts Payable	09/30/2014	\$3,215,937

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

(1)	(2)	(3)	(4)	(5)
LINE	AFFILIATE NAME	DESCRIPTION OF TRANSFER	DATE	TRANSFER TO / FROM HOSPITAL
3		Payments	09/30/2014	(\$7,623,267)
4		Equity transfer	09/30/2014	(\$1,254,690)
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$612,417
			Grand Total:	(\$788,816)

**WILLIAM W. BACKUS HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
			Beginning Unconsolidated Intercompany Balance	10/01/2013	\$2,446,723
A.	BACKUS CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
B.	BACKUS HEALTH CARE, INC				
1		BACKUS CORPORATION	Accounting Fees	09/30/2014	\$36,936
2		BACKUS CORPORATION	Payment for Accounting Fees	09/30/2014	(\$36,936)
			Total:	9/30/2014	\$0
C.	BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
D.	BACKUS PHYSICIAN SERVICES, LLC				
1		CONNCARE, INC	Accounts Payable	09/30/2014	(\$1,126)
2		CONNCARE, INC	Payments for Accounts Payable	09/30/2014	\$400,000
3		CONNCARE, INC	Equity transfer	09/30/2014	(\$2,067,896)
4		HHC PHYSICIANCARE INC	Salary	09/30/2014	(\$24,176)
			Total:	9/30/2014	(\$1,693,198)
E.	CLINICAL LABORATORY PARTNERS, LLC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
F.	COMMUNITY MEDICAL PARTNERS, INC				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
G.	CONNCARE, INC				
1		BACKUS HEALTH CARE, INC	Accounting Fees	09/30/2014	\$36,936
2		BACKUS HEALTH CARE, INC	Payment for Accounting Fees	09/30/2014	(\$36,936)
			Total:	9/30/2014	\$0
H.	HARTFORD HEALTH CARE CORPORATION				
			Nothing to Report		\$0
			Total:	9/30/2014	\$0
I.	HARTFORD HEALTHCARE AT HOME, INC.				
1		WWB CORPORATION	Accounts Payable	09/30/2014	\$250,000
2		OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE	Accounting Fees	09/30/2014	(\$52,500)

**WILLIAM W. BACKUS HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
3		OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE	Salary	09/30/2014	\$2,298,897
4		OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE	Payments for Payroll	09/30/2014	(\$770,465)
			Total:	9/30/2014	\$1,725,932
J.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
K.	HARTFORD HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2014	\$0
L.	HHC PHYSICIANCARE INC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
M.	INTEGRATED CARE PARTNERS, LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
N.	MEDCONN COLLECTION AGENCY, LLC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
O.	NATCHAUG HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2014	\$0
P.	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE				
1		BACKUS CORPORATION	Payments for Payroll	09/30/2014	(\$5,115,097)
2		WWB CORPORATION	Salary	09/30/2014	\$6,046,899
3		WWB CORPORATION	Accounts Payable	09/30/2014	\$3,013,087
4		WWB CORPORATION	Payments for Accounts Payable	09/30/2014	(\$2,575,520)
5		WWB CORPORATION	Equity transfer	09/30/2014	(\$1,543,847)
			Total:	9/30/2014	(\$174,478)
Q.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED		Nothing to Report		\$0
			Total:	9/30/2014	\$0

**WILLIAM W. BACKUS HOSPITAL
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REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS**

(1)	(2)	(3)	(4)	(5)	(6)
LINE	AFFILIATE TRANSFERRING FUNDS	AFFILIATE RECEIVING FUNDS	DESCRIPTION OF TRANSFER	DATE	AMOUNT
R.	WWB CORPORATION				
1		BACKUS CORPORATION	Accounting Fees	09/30/2014	\$18,984
2		BACKUS CORPORATION	Payment for Accounting Fees	09/30/2014	(\$18,984)
			Total:	9/30/2014	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$2,304,979

**WILLIAM W. BACKUS HOSPITAL
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	(3) AMOUNT	(4) DATE
A. BACKUS CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. BACKUS HEALTH CARE, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
D. BACKUS PHYSICIAN SERVICES, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
E. CLINICAL LABORATORY PARTNERS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
F. COMMUNITY MEDICAL PARTNERS, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
G. CONNCARE, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
H. HARTFORD HEALTH CARE CORPORATION			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
I. HARTFORD HEALTHCARE AT HOME, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
J. HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
K. HARTFORD HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
L. HHC PHYSICIANCARE INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
M. INTEGRATED CARE PARTNERS, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
N. MEDCONN COLLECTION AGENCY, LLC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
O. NATCHAUG HOSPITAL			

**WILLIAM W. BACKUS HOSPITAL
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REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF EXPENDITURE	AMOUNT	DATE
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
P.	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
Q.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
R.	WWB CORPORATION		
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

WILLIAM W. BACKUS HOSPITAL
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 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	BACKUS CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	BACKUS HEALTH CARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	BACKUS PHYSICIAN SERVICES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	CLINICAL LABORATORY PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
F.	COMMUNITY MEDICAL PARTNERS, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
G.	CONNCARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
H.	HARTFORD HEALTH CARE CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
I.	HARTFORD HEALTHCARE AT HOME, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
J.	HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	

WILLIAM W. BACKUS HOSPITAL
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 REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS

(1)	(2)	(3)	(4)
LINE	AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
K.	HARTFORD HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
L.	HHC PHYSICIANCARE INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
M.	INTEGRATED CARE PARTNERS, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
N.	MEDCONN COLLECTION AGENCY, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
O.	NATCHAUG HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
P.	OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE		
0	Nothing to Report	\$0	0
	Total:	\$0	
Q.	WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED		
0	Nothing to Report	\$0	0
	Total:	\$0	
R.	WWB CORPORATION		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 ACTUAL	FY 2014 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
A . Indigent Care					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
B . Free Beds					
	Beginning Balance	\$631,038.00	\$707,998.00	\$76,960.00	12%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$19,595.00	\$25,461.00	\$5,866.00	30%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$57,365.00	\$31,355.00	(\$26,010.00)	-45%
	Ending Balance	\$707,998.00	\$764,814.00	\$56,816.00	8%
5	Projected Interest Income	\$11,000.00	\$30,000.00	\$19,000.00	173%
C . Other					
	Beginning Balance	\$0.00	\$0.00	\$0.00	0%
1	Donations	\$0.00	\$0.00	\$0.00	0%
2	Income	\$0.00	\$0.00	\$0.00	0%
3	Expenditures	\$0.00	\$0.00	\$0.00	0%
4	Unrealized Gains and Losses	\$0.00	\$0.00	\$0.00	0%
	Ending Balance	\$0.00	\$0.00	\$0.00	0%
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

WILLIAM W. BACKUS HOSPITAL		
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REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL		
A. Patient Activity		
(1)	(2)	(3)
Patient	Name of Hospital Bed Fund (FULL NAME)	Amount
1. Number of Applications for Hospital Bed Funds		0
Grand Total		\$0.00

WILLIAM W. BACKUS HOSPITAL					
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REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL					
B. BED FUND ACTIVITY					
(1)	(2)	(3)	(4)	(5)	(6)
Line	Name of Hospital Bed Fund	FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
(3)	Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each Hospital Bed				
(4)	Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund.				
(5)	Actual Dollar Amount of Earnings reinvested as Principal, if any.				
(6)	Actual Dollar Amount of Earnings available for Patient Care.				
	IRVING WOOD	\$300,000.00	\$30,501.00	\$0.00	\$110,584.00
	ANNIE ROGERS	\$66,833.00	\$5,338.00	\$0.00	\$25,799.00
	AVERILL CHILDRENS FUND	\$5,000.00	\$655.00	\$0.00	\$3,164.00
	BRIGGS/PEABODY FUND	\$7,500.00	\$2,228.00	\$0.00	\$10,769.00
	G. SHEDD	\$4,246.00	\$2,161.00	\$0.00	\$10,445.00
	HUNTINGTON MEMORIAL	\$23,393.00	\$134.00	\$0.00	\$647.00
	L. SMITH	\$15,000.00	\$8,423.00	\$0.00	\$40,707.00
	LAMB FUND	\$10,000.00	\$2,476.00	\$0.00	\$11,964.00
	UNRESTRICTED	\$80,088.00	\$2,714.00	\$0.00	\$13,116.00
	ECCLES FUND	\$15,000.00	\$2,185.00	\$0.00	\$10,559.00
	Total Bed Funds :	\$527,060.00	\$56,815.00	\$0.00	\$237,754.00

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I. GENERAL COLLECTION PROCESSES AND PROCEDURES		
A.	Hospital's processes and policies for assigning a debt to a Collection Agent	Series of 4 statements and a final notice letter are sent to patients owing balances to the Hospital. After appropriate series of requests for payment are made with no response, the account is considered for Bad Debt and sent to collection agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	The Hospital pays the collection agency various fees calculated as a % of the amount collected. The percentages vary based on the type of account - self pay, workers compensation, or if the collection agency required legal assistance to generate the collection.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	30.90%
II. SPECIFIC COLLECTION AGENT INFORMATION		
A	Collection Agent	
1	Collection Agent Name	MEDCONN COLLECTION AGENCY
2	Collection Agent Type	Collection Agency
3	Related / Not Related Entity	Related
4	If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	Series of 4 statements and a final notice letter are sent to patients owing balances to the Hospital. After appropriate series of requests for payment are made with no response, the account is considered for Bad Debt and sent to collection agency.
5	If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details.	The Hospital pays the collection agency various fees calculated as a % of the amount collected. The percentages vary based on the type of account - self pay, workers compensation, or if the collection agency required legal assistance to generate the collection.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	30.90%

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

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION

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

LINE	POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
1.	Backus Physician Services, Physician	\$531,583	\$90,756	\$622,339
2.	Medical Director, Medical Care Administration	\$448,020	\$104,117	\$552,137
3.	Hospitalist Physician	\$422,736	\$66,638	\$489,374
4.	E.R. Physician	\$352,550	\$71,653	\$424,203
5.	E.R. Physician	\$344,143	\$74,122	\$418,265
6.	E.R. Physician	\$338,722	\$78,090	\$416,812
7.	Medical Affairs Regional VP	\$341,313	\$69,680	\$410,993
8.	E.R. Physician	\$337,105	\$72,150	\$409,255
9.	Rheumatology Physician	\$333,149	\$73,889	\$407,038
10.	E.R. Physician	\$323,384	\$68,031	\$391,415
	Grand Total:	\$3,772,705	\$769,126	\$4,541,831

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

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
A . BACKUS CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$86,588	\$32,923	\$119,511
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
B . BACKUS HEALTH CARE, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
C . BACKUS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
D . BACKUS PHYSICIAN SERVICES, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$444,830	\$80,069	\$524,899
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
E . CLINICAL LABORATORY PARTNERS, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
F . COMMUNITY MEDICAL PARTNERS, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
G . CONNCARE, INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$5,790	\$1,042	\$6,832
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
H . HARTFORD HEALTH CARE CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
I . HARTFORD HEALTHCARE AT HOME, INC.				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
J . HARTFORD HEALTHCARE REHABILITATION NETWORK, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
K . HARTFORD HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
L . HHC PHYSICIANCARE INC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
M . INTEGRATED CARE PARTNERS, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$54,524	\$14,705	\$69,229
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

WILLIAM W. BACKUS HOSPITAL
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FISCAL YEAR 2014
REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS
PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS

(1)	(2)	(3)	(4)	(5)
LINE	DESCRIPTION	SALARIES (Directly or Indirectly) ^C	FRINGE BENEFITS ^A (Directl y or Indirectly) ^C	TOTAL
N . MEDCONN COLLECTION AGENCY, LLC				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
O . NATCHAUG HOSPITAL				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
P . OMNI HOME HEALTH SERVICES OF EASTERN CONNECTICUT, LLC, D/B/A BACKUS HOME HEALTH CARE				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
Q . WINDHAM COMMUNITY MEMORIAL HOSPITAL, INCORPORATED				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0
R . WWB CORPORATION				
1	Paid by the Entity Listed Above to Hospital Employees(B)	\$0	\$0	\$0
2	Paid by the Hospital to Employees of the Entity Listed Above	\$0	\$0	\$0

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

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

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

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

**WILLIAM W. BACKUS HOSPITAL
ANNUAL REPORTING
FISCAL YEAR 2014
REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 2014
A	Transfer of Assets or Operations	
1.	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
2.	Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	N/A
3.	Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control.	N/A
4.	Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred.	N/A
5.	Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions.	\$0

WILLIAM W. BACKUS HOSPITAL					
ANNUAL REPORTING					
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REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2013 AMOUNT	FY 2014 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)					
1.	Number of Applicants	2,371	2,283	(88)	-4%
2.	Number of Approved Applicants	2,080	2,013	(67)	-3%
3.	Total Charges (A)	\$5,791,068	\$5,263,975	(\$527,093)	-9%
	Average Charges	\$2,784	\$2,615	(\$169)	-6%
4.	Ratio of Cost to Charges (RCC)	0.423948	0.380055	(0.043893)	-10%
	Total Cost	\$2,455,112	\$2,000,600	(\$454,512)	-19%
	Average Cost	\$1,180	\$994	(\$187)	-16%
5.	Charity Care - Inpatient Charges	\$1,160,267	\$1,092,936	(\$67,331)	-6%
6.	Charity Care - Outpatient Emergency Department Charges	1,957,278	1,729,890	(227,388)	-12%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	2,673,523	2,441,149	(232,374)	-9%
	Total Charges (A)	\$5,791,068	\$5,263,975	(\$527,093)	-9%
8.	Charity Care - Number of Patient Days	1,883	1,610	(273)	-14%
9.	Charity Care - Number of Discharges	436	394	(42)	-10%
10.	Charity Care - Number of Outpatient ED Visits	2,246	2,273	27	1%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	5,168	5,797	629	12%
(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.					
B. Hospital Bed Funds (see Hospital Reporting System - Report 17)					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	Average Charges	\$0	\$0	\$0	0%
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	Total Cost	\$0	\$0	\$0	0%
	Average Cost	\$0	\$0	\$0	0%
5.	Bed Funds - Inpatient Charges	\$0	\$0	\$0	0%
6.	Bed Funds - Outpatient Emergency Department Charges	0	0	0	0%
7.	Bed Funds - Outpatient Charges (Excludes ED Charges)	0	0	0	0%
	Total Charges (B)	\$0	\$0	\$0	0%
8.	Bed Funds - Number of Patient Days	0	0	0	0%
9.	Bed Funds - Number of Discharges	0	0	0	0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
11.	Bed Funds - Number of Outpatient Visits(Excludes ED Visits)	0	0	0	0%
(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.					