ESSENT-SHARON HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2013

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
A.	AFFILIATE NAME	SHARON HOSPITAL HOLDING CO, INC.	
1	Affiliate Description	Subsidiary of Essent Healthcare, Inc and EHCO	
	Affiliate type of service	Parent Corporation	
3	Tax Status	For Profit	
4	Street Address	103 Continental PI, Suite 200	
5	Town	Brentwood	
6	State	Tennessee	
	Zip Code	37027 -	
	CEO Name	Martin S. Rash	
	CEO Title	President/CEO	
	CT Agent Name	Mark Reyngoudt	
	CT Agent Company	Sharon Hospital	
	CT Agent Company Street Address	50 Hospital Hill Rd Sharon	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06069 -	
15	CT Agent Zip Code		
В.	AFFILIATE NAME	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL	
	7.1.7.1		
	Affiliate Description	Acute care hospital	
2	Affiliate type of service	Hospital	
3	Tax Status	For Profit	
4	Street Address	50 Hospital Hill Road	
	Town State	Sharon	
	Zip Code	Connecticut 06069 -	
	CEO Name	Kimberly Lumia	
	CEO Title	President/CEO	
	CT Agent Name	Mark Reyngoudt	
	CT Agent Company	Sharon Hospital	
	CT Agent Company Street Address	50 Hospital Hill Road	
	CT Agent Town	Sharon	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06069 -	
C.	AFFILIATE NAME	ESSENT HEALTHCARE, INC	
1	Affiliate Description	Parent company to Sharon Hospital Holding Co., Inc.	
2	Affiliate type of service	Parent Corporation	
	Tax Status	For Profit	
4	Street Address	103 Continental PI, Suite 200	
	Town	Brentwood	
	State	Tennessee	
	Zip Code	37027 -	
8	CEO Name	Martin S. Rash	
9	CEO Title	President/CEO	
	CT Agent Name	Mark Reyngoudt	
11	CT Agent Company	Sharon Hospital	

ESSENT-SHARON HOSPITAL

ANNUAL REPORTING

FISCAL YEAR 2013

REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP AND CORPORATION RELATED TO THE HOSPITAL

(1)	(2)	(3)	
LINE	DESCRIPTION	AFFILIATE INFORMATION	
12	CT Agent Company Street Address	50 HOSPITAL HILL ROAD	
	CT Agent Town	Sharon	
14	CT Agent State	Connecticut	
15	CT Agent Zip Code	06069 -	
	AFFU IATE MANE	DECIONAL LIFALTUCADE ASSOCIATES LLC	
D.	AFFILIATE NAME	REGIONAL HEALTHCARE ASSOCIATES, LLC	
1	Affiliate Description	TO HOUSE OUR EMPLOYED PHYSICIANS AND RELATED PROFESSIONAL FEE BILLING.	
2	Affiliate type of service	Physicians Services	
3	Tax Status	For Profit	
4	Street Address	103 Continental PI, Suite 200	
5	Town	Brentwood	
6	State	Tennessee	
7	Zip Code	37027 -	
	CEO Name	Martin S. Rash	
	CEO Title	President/CEO	
	CT Agent Name	Mark Reyngoudt	
	CT Agent Company	Sharon Hospital	
	CT Agent Company Street Address	50 Hospital Hill Road	
	CT Agent Town	Sharon	
	CT Agent State	Connecticut	
	CT Agent Zip Code	06069 -	
	or rigonic in production		
E.	AFFILIATE NAME	TRI-STATE WOMEN'S SERVICES, LLC	
1	Affiliate Description	OB/GYN Services	
2	Affiliate type of service	Women's Health Services	
3	Tax Status	For Profit	
4	Street Address	103 Continental PI ,Suite 200	
5	Town	Brentwood	
6	State	Tennessee	
	Zip Code	37027 -	
8	CEO Name	Martin S. Rash	
	CEO Title	CEO	
	CT Agent Name	Mark Reyngoudt	
	CT Agent Name CT Agent Company	CT Corporation System	
	CT Agent Company CT Agent Company Street Address	One Corporate Center	
	CT Agent Company Street Address CT Agent Town	Hartford	
	CT Agent Town CT Agent State	Connecticut	
	CT Agent State CT Agent Zip Code	06103 - 3220	
13	OT Again Zip Oode	00100 0220	

^{*} P.O. BOX IS UNACCEPTABLE WITHOUT A

STREET ADDRESS FOR EACH AGENT COMPANY

REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS

(1)	(2)	(3)	(4)
	, ,	FUND DESCRIPTION /	BALANCE AS OF
LINE	AFFILIATE NAME	FUND PURPOSE	9/30/2013
Α.	ESSENT-SHARON HOSPITAL		
1		Unrestricted	\$0
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
<u>4</u> 5		Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0
5			
		Total:	\$0
	CHARON HOCRITAL HOLDING CO. INC		
В.	SHARON HOSPITAL HOLDING CO, INC.	Hamate'ata d	#4.000
1		Unrestricted	\$1,000
2		Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
3		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
<u> </u>		Total:	\$1,000
		Total.	\$1,000
c.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL		
1	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL	Unrestricted	\$20.054.592
2		Temporarily Restricted by Donor	\$30,054,582 \$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	(\$1,000)
_ Ŭ		Total:	\$30,053,582
		Total.	ψου,ουσ,ουΣ
D.	ESSENT HEALTHCADE INC		
	ESSENT HEALTHCARE, INC	Unrestricted	\$0
1	ESSENT REALTREARE, INC	Unrestricted Temporarily Restricted by Donor	\$0 \$0
1 2	ESSENT REALTROAKE, INC	Temporarily Restricted by Donor	\$0
1	ESSENT REALTROAKE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0
1 2 3	ESSENT REALTROAKE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0
1 2 3 4	ESSENT REALTROAKE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board	\$0 \$0 \$0 \$0
1 2 3 4	ESSENT REALTROAKE, INC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0
1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0
1 2 3 4 5	REGIONAL HEALTHCARE ASSOCIATES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0 \$0
1 2 3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0 \$0 \$0 \$0 (\$11,694,711)
1 2 3 4 5		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$0 \$0 \$0 \$0 (\$11,694,711) \$0 \$0
1 2 3 4 5 E. 1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
1 2 3 4 5 E. 1 2 3		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0
1 2 3 4 5 E. 1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
1 2 3 4 5 E. 1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0
1 2 3 4 5 E. 1 2 3 4		Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0
1 2 3 4 5 E . 1 2 3 4 5	REGIONAL HEALTHCARE ASSOCIATES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 E. 1 2 3 4 5	REGIONAL HEALTHCARE ASSOCIATES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 E. 1 2 3 4 5 F. 1 2 3	REGIONAL HEALTHCARE ASSOCIATES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total:	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 E . 1 2 3 4 5 F . 1 2 3	REGIONAL HEALTHCARE ASSOCIATES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 E. 1 2 3 4 5 F. 1 2 3	REGIONAL HEALTHCARE ASSOCIATES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 E . 1 2 3 4 5 F . 1 2 3	REGIONAL HEALTHCARE ASSOCIATES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 E . 1 2 3 4 5 F . 1 2 3	REGIONAL HEALTHCARE ASSOCIATES, LLC TRI-STATE WOMEN'S SERVICES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations Total: Total:	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
1 2 3 4 5 E . 1 2 3 4 5 F . 1 2 3	REGIONAL HEALTHCARE ASSOCIATES, LLC TRI-STATE WOMEN'S SERVICES, LLC Total of all Affiliates (before Intercompany Eliminations)	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Board Permanently Restricted by Donor Intercompany Eliminations	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$11,694,711) \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
1 2 3 4 5 E . 1 2 3 4 5 F . 1 2 3	REGIONAL HEALTHCARE ASSOCIATES, LLC TRI-STATE WOMEN'S SERVICES, LLC	Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Board Permanently Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Intercompany Eliminations Total: Unrestricted Temporarily Restricted by Donor Temporarily Restricted by Donor Intercompany Eliminations Total: Total:	\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$

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
Α.	SHARON HOSPITAL HOLDING CO, INC.			
	SHAKON HOSI ITAL HOLDING CO, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$1,000
		Nothing to Report	5,00,2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$1,000
В.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	5,55,2512	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
C.	ESSENT HEALTHCARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$24,195,785
1		401K	09/30/2013	\$8,209
2		Salaries & Wages	09/30/2013	\$687,614
3		Fringe Benefits	09/30/2013	\$2,924,709
4		Insurance	09/30/2013	\$1,749,226
5		Travel	09/30/2013	\$12,580
6		Contract Services	09/30/2013	\$2,717,870
7		Management Fees	09/30/2013	\$1,623,608
8		Investment	09/30/2013	(\$40,000)
9		Tax Provision	09/30/2013	\$1,106,785
10		cash	09/30/2013	(\$14,255,942)
11		Deferred Tax	09/30/2013	\$869,776
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$21,600,220
D.	REGIONAL HEALTHCARE ASSOCIATES, LLC			
	·			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
E.	TRI-STATE WOMEN'S SERVICES, LLC			
F	TRISTATE WOWEN S SERVICES, LLC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2012	\$0
		Nothing to Report	0,00,2012	\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2013	\$0
		G T T T T T T T T T T T T T T T T T T T		10

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
			Grand Total:	\$21,601,220

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	10/01/2012	\$0
Α.	SHARON HOSPITAL HOLDING CO, INC.		mioreompany zaianee	10/01/2012	Ψ.
	·		Nothing to Report		\$0
			Total:	9/30/2013	\$0
B.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
	FOOENT LIE AL TUGA DE INO				
C.	ESSENT HEALTHCARE, INC		Nothing to Donort		ФО.
			Nothing to Report Total:	9/30/2013	\$0 \$0
			Total:	9/30/2013	φU
D.	REGIONAL HEALTHCARE ASSOCIATES, LLC				
	112010171211271271071112712070171120, 220		Nothing to Report		\$0
			Total:	9/30/2013	\$0
					·
E.	TRI-STATE WOMEN'S SERVICES, LLC				
			Nothing to Report		\$0
			Total:	9/30/2013	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2013	\$0

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

(1)	(2)	(3)		(4)
	AFFILIATE NAME &	, ,		, ,
LINE	DESCRIPTION OF EXPENDITURE	AMOUNT		DATE
A.	SHARON HOSPITAL HOLDING CO, INC.			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
В.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL			
0	Nothing to Report		¢0	
0	Nothing to Report	Total:	\$0 \$0	9/30/2013
		Total.	Φ 0	9/30/2013
C.	ESSENT HEALTHCARE, INC			
0.	Nothing to Report		¢0	
0	Nothing to Report	Total:	\$0 \$0	9/30/2013
		Total.	\$0	9/30/2013
D.	REGIONAL HEALTHCARE ASSOCIATES, LLC			
0	Nothing to Report		\$0	
		Total:	\$0	9/30/2013
E.	TRI-STATE WOMEN'S SERVICES, LLC			
0			¢0	
	Nothing to Report	Total:	\$0 \$0	9/30/2013
		Total.	Φυ	9/30/2013
	Grand	Total:	\$0	9/30/2013

REPORT 7 7 OF 18 7/28/2014, 2:37 PM

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

(1)	(2)	(3)	(4)
	AFFILIATE NAME &		
LINE	DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	AMOUNT	TERM IN YEARS
A.	SHARON HOSPITAL HOLDING CO, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
В.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
	ESSENT HEALTHCARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
D.	REGIONAL HEALTHCARE ASSOCIATES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
E.	TRI-STATE WOMEN'S SERVICES, LLC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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ESSENT-SHARON HOSPITAL ANNUAL REPORTING FISCAL YEAR 2013 REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR INDIGENT CARE AND FREE BEDS

A. Indigent Care Beginning Balance \$0.00 \$0.00 \$0.00 \$0.00	(1)	(2)	(3)	(4)	(5)	(6)
A						
Beginning Balance	LINE	DESCRIPTION	ACTUAL	ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
Beginning Balance						
1 Donations \$0.00 \$0.00 \$0.00	Α.	Indigent Care				
2						0%
3 Expenditures \$0.00 \$	1	Donations				0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 8 Free Beds	2	Income				0%
Ending Balance \$0.00 \$0.00 \$0.00	3					0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00 B. Free Beds \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C. Other \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	4					0%
B . Free Beds Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00						0%
Beginning Balance	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance						
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C Other \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	В.	Free Beds				
2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C. Other \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00		Beginning Balance				0%
3	'				-	0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 2 Income \$0.00 3 Expenditures \$0.00 4 Unrealized Gains and Losses 4 Unrealized Gains and Losses 50.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					-	0%
Ending Balance \$0.00 \$0.00 5 Projected Interest Income \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 2 Income \$0.00 3 Expenditures \$0.00 4 Unrealized Gains and Losses \$0.00 Ending Balance \$0.00						0%
5 Projected Interest Income \$0.00 \$0.00 \$0.00 C . Other Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	4		-		-	0%
C . Other \$0.00 \$0.00 \$0.00 Beginning Balance \$0.00 \$0.00 \$0.00 1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Ending Balance				0%
Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
Beginning Balance \$0.00 \$0.00 1 Donations \$0.00 \$0.00 2 Income \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00						
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	С.	Other				
1 Donations \$0.00 \$0.00 \$0.00 2 Income \$0.00 \$0.00 \$0.00 3 Expenditures \$0.00 \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00		Beginning Balance	\$0.00	\$0.00	\$0.00	0%
3 Expenditures \$0.00 \$0.00 4 Unrealized Gains and Losses \$0.00 \$0.00 Ending Balance \$0.00 \$0.00	1		\$0.00	\$0.00	\$0.00	0%
4 Unrealized Gains and Losses \$0.00 \$0.00 \$0.00 Ending Balance \$0.00 \$0.00 \$0.00	2	Income	\$0.00	\$0.00	\$0.00	0%
Ending Balance \$0.00 \$0.00 \$0.00	3	Expenditures	\$0.00	\$0.00	\$0.00	0%
	4	Unrealized Gains and Losses				0%
		Ending Balance	\$0.00	\$0.00	\$0.00	0%
	5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

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	ESSENT-SHARON HOSPITAL	
	ANNUAL REPORTING	
	FISCAL YEAR 2013	ED DV THE HOODITAL
	REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERI	ED BY THE HOSPITAL
A. Patient Activity		
(1)	(2)	(3)
Patient _	Name of Hospital Bed Fund (FULL NAME)	Amount
 Number of Applicat 	ions for Hospital Bed Funds	C
	Grand Total	\$0.00

		5005NF 011450N			
		ESSENT-SHARON			
		ANNUAL REPO			
		FISCAL YEAR	2013		
	REPORT 17B - HOSPITA	AL BED FUNDS HELD (OR ADMINISTERED E	BY THE HOSPITAL	
l					
B. BE	D FUND ACTIVITY				
(1)	(2)	(3)	(4)	(5)	(6)
		FMV of Principal	Actual Earnings	Earnings Reinvested	Earnings Available
Line	Name of Hospital Bed Fund	,	J		
(3)	Fair Market Value of the Principal of each	individual Hospital Be	d Fund. or the Princi	pal attributable to each	Hospital Bed
(-)			,		
(4)	Total Actual Earnings for each Hospital B	ed Fund or the Farning	ne attributable to eac	h Hospital Red Fund	
(+)	Total Actual Earnings for Cach Hospital E	ca i ana or the Earning	go attributable to cae	ii iiospitai bea i alia.	
(E)	Actual Dallan America of Familiana nainwa	tad as Dalasias I if some			
(5)	Actual Dollar Amount of Earnings reinves	sted as Principal, if any	•		
(6)	Actual Dollar Amount of Earnings availab	le for Patient Care.			
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
I.	GENERAL COLLECTION PROCESSES AND PROCEDURES	
Α.	Hospital's processes and policies for assigning a debt to a Collection Agent	Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency.
B.	Hospital's processes and policies for compensating a Collection Agent for services rendered	Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	4.19%
II.	SPECIFIC COLLECTION AGENT INFORMATION	
Α	Collection Agent	
	Collection Agent Name	MCCI
2	Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not Related
	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.	Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency.
	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.	Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked.
	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	7.60%
	Outlinet Com. A mont	
B	Collection Agent	
2	Collection Agent Name	CCI
	Collection Agent Type	Collection Agency

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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
3	Related / Not Related Entity	Not Related
	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.	Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary 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.	Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	3.00%
С	Collection Agent	
1	Collection Agent Name	Marcam
2	Collection Agent Type	Collection Agency
	Related / Not Related Entity	Not 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.	Accounts are worked inhouse for a period of time prior to sending to a primary collector. If no success with the primary collector, accounts are placed with a secondary agency.
	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.	Agencies are compensated based on a percentage of collections depending on the length of time the account has been worked.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.97%

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REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS

LINE POSITION TITLE	SALARY	FRINGE BENEFITS	TOTAL
Chief Executive Officer	\$221,100	\$93,505	\$314,605
Chief Financial Officer	\$214,457	\$54,509	\$268,966
Associate Administrator/Director HR	\$4.40.740	\$25.705	\$476 E44
Associate Administrator/Director HR	\$140,749	\$35,765	\$176,514
4. Director of Clinical Services, RN	\$106,949	\$27,177	\$134,126
Corp Compliance/Director HIM	\$120,671	\$30,664	\$151,335
C. Desistand Nurse Operation Reads	C440 440	\$00.570	£444.042
6. Registered Nurse -Operating Room	\$112,440	\$28,572	\$141,012
7. Director, Rehab Services	\$111,642	\$28,369	\$140,011
8. Director, Emergency Services	\$109,602	\$27,851	\$137,453
o. p.noston, p.noston	\$100,00 <u>2</u>	Ψ2.,00.	¥101,100
9. Director, Quality	\$109,150	\$27,736	\$136,886
10. Director, Facilities	\$107,024	\$27,196	\$134,220
10. Director, 1 domines	\$107,024	\$21,190	\$134,220
Grand Tota	I: \$1,353,784	\$381,344	\$1,735,128

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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
		***	, ,	
Α.	SHARON HOSPITAL HOLDING CO, 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
В.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON 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
		_		
С.	ESSENT HEALTHCARE, 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	\$687,614	\$2,924,709	\$3,612,323
		_		
D.	REGIONAL HEALTHCARE ASSOCIATES, 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
Ε.	TRI-STATE WOMEN'S SERVICES, 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

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.

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 2013
Α	Transfer of Assets or Operations	
	Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of	
1.	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

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		RON HOSPITAL REPORTING			
	FISCA REPORT 23 - CHARITY CARE AND REDUCED	AL YEAR 2013 COST SERVICES	PROVIDED BY	THE HOSPITAL	
(1)	(2)	(3) FY 2012	(4) FY 2013	(5) AMOUNT	(6) %
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE
<u>A.</u>	Hospital Charity Care (see Hospital Audited Financial S	statement Notes)			
			70	_	00
1. 2.	Number of Applicants Number of Approved Applicants	65 65	70 70	5	8% 8%
			•	•	
3.	Total Charges (A) Average Charges	\$760,089 \$11,694	\$941,923 \$13,456	\$181,834 \$1,762	24% 15 %
4.	Ratio of Cost to Charges (RCC) Total Cost	0.40754 \$309,767	0.372574 \$350,936	(0.034966) \$41,169	-9% 13%
	Average Cost	\$4,766	\$350,936 \$5,013	\$248	59
5.	Charity Care - Inpatient Charges Charity Care - Outpatient Emergency Department	\$166,790	\$328,018	\$161,228	97%
6.	Charges	89,019	191,616	102,597	115%
	Charity Care - Outpatient Charges (Excludes ED			(24.224)	
7.	Charges) Total Charges (A)	504,280 \$760,089	422,289 \$941,923	(81,991) \$181,834	-16% 24 %
	rotal onal goo (7.)	4.00,000	ψο : :,σ=σ	4101,001	
8.	Charity Care - Number of Patient Days	59	119	60	102%
9. 10.	Charity Care - Number of Discharges Charity Care - Number of Outpatient ED Visits	15 89	36 205	21 116	140% 130%
10.	Charity Care - Number of Outpatient Visits (Excludes ED	00	200	110	1007
11.	Visits)	212	259	47	22%
(A) The	e total amount must agree with the total amount listed in	the Hospital Aud	lited Financial S	Statement Notes.	
<u>B.</u>	Hospital Bed Funds (see Hospital Reporting System - F	Report 17)			
1.	Number of Applicants	_		_	0%
2.	Number of Approved Applicants	-	-	-	0%
	T + 101 (D)	Φ0	Ф0	Ф.	00
3.	Total Charges (B) Average Charges	\$0 \$0	\$0 \$0	\$0 \$0	0% 0 %
4.	Ratio of Cost to Charges (RCC) Total Cost	**************************************	<u>0</u> \$0	0.000000 \$0	0% 0 %
	Average Cost	\$0 \$0	\$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%
	Dod Funda Number of Deticat Deve				00
8. 9.	Bed Funds - Number of Patient Days Bed Funds - Number of Discharges	0	0	0	0% 0%
10.	Bed Funds - Number of Outpatient ED Visits	0	0	0	0%
44	Bed Funds - Number of Outpatient Visits(Excludes ED				20
11.	Visits)	0	0	0	0%
(B) The	e total amount must agree with the total amount listed o	n Hospital Report	ting System - Re	eport 17.	

	ESSENT-SHARON HOSPITAL					
ANNUAL REPORTING						
	FISCAL YEAR 2013					
	REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL					
(1)	(2)	(3)	(4)	(5)	(6)	
		FY 2012	FY 2013	AMOUNT	%	
LINE	DESCRIPTION	AMOUNT	AMOUNT	DIFFERENCE	DIFFERENCE	