

ESSENT-SHARON 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	SHARON HOSPITAL HOLDING CO, INC.
1	Affiliate Description	Subsidiary of Essent Healthcare, Inc and EHCO
2	Affiliate type of service	Parent Corporation
3	Tax Status	For Profit
4	Street Address	103 Continental Pl, Suite 200
5	Town	Brentwood
6	State	Tennessee
7	Zip Code	37027 -
8	CEO Name	Martin S. Rash
9	CEO Title	President/CEO
10	CT Agent Name	John Roemer
11	CT Agent Company	Sharon Hospital
12	CT Agent Company Street Address	50 Hospital Hill Rd
13	CT Agent Town	Sharon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06069 -
B.		
	AFFILIATE NAME	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL
1	Affiliate Description	Acute care hospital
2	Affiliate type of service	Hospital
3	Tax Status	For Profit
4	Street Address	50 Hospital Hill Road
5	Town	Sharon
6	State	Connecticut
7	Zip Code	06069 -
8	CEO Name	Kimberly Lumia
9	CEO Title	President/CEO
10	CT Agent Name	John Roemer
11	CT Agent Company	Sharon Hospital
12	CT Agent Company Street Address	50 Hospital Hill Road
13	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
3	Tax Status	For Profit
4	Street Address	103 Continental Pl, Suite 200
5	Town	Brentwood
6	State	Tennessee
7	Zip Code	37027 -
8	CEO Name	Martin S. Rash
9	CEO Title	President/CEO
10	CT Agent Name	John Roemer
11	CT Agent Company	Sharon Hospital

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(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
12	CT Agent Company Street Address	50 HOSPITAL HILL ROAD
13	CT Agent Town	Sharon
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06069 -

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

**ESSENT-SHARON 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 . ESSENT-SHARON 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
B . SHARON HOSPITAL HOLDING CO, 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
C . ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL			
1		Unrestricted	\$32,809,453
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		Total:	\$32,809,453
D . ESSENT HEALTHCARE, 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
	Total of all Affiliates (before Intercompany Eliminations)	Fund Balance:	\$32,809,453
	Intercompany Eliminations		\$0
	Total of all Affiliates	Fund Balance:	\$32,809,453

**ESSENT-SHARON 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.	SHARON HOSPITAL HOLDING CO, INC.			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$1,000
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$1,000
B.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$0
		Nothing to Report		\$0
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$0
C.	ESSENT HEALTHCARE, INC			
		Beginning Unconsolidated Intercompany Balance:	9/30/2013	\$21,600,220
1		Salary	09/30/2014	\$1,108,783
2		Fringe Benefits	09/30/2014	\$2,981,755
3		Insurance	09/30/2014	\$2,023,785
4		Travel	09/30/2014	\$30,139
5		Contract Services	09/30/2014	\$2,330,463
6		401K	09/30/2014	\$13,102
7		Management Fees	09/30/2014	\$1,629,273
8		Tax Provision	09/30/2014	(\$345,935)
9		cash	09/30/2014	(\$12,323,589)
10		Deferred Tax	09/30/2014	\$1,656,812
		Ending Unconsolidated Intercompany Balance:	9/30/2014	\$20,704,808
			Grand Total:	\$20,705,808

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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	\$0
A.	SHARON HOSPITAL HOLDING CO, INC.		Nothing to Report		\$0
			Total:	9/30/2014	\$0
B.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL		Nothing to Report		\$0
			Total:	9/30/2014	\$0
C.	ESSENT HEALTHCARE, INC		Nothing to Report		\$0
			Total:	9/30/2014	\$0
			Ending Unconsolidated Intercompany Balance	9/30/2014	\$0

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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
A. SHARON HOSPITAL HOLDING CO, INC.			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
B. ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
C. ESSENT HEALTHCARE, INC			
0	Nothing to Report	\$0	
	Total:	\$0	9/30/2014
	Grand Total:	\$0	9/30/2014

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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.	SHARON HOSPITAL HOLDING CO, INC.		
0	Nothing to Report	\$0	0
	Total:	\$0	
B.	ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL		
0	Nothing to Report	\$0	0
	Total:	\$0	
C.	ESSENT HEALTHCARE, INC		
0	Nothing to Report	\$0	0
	Total:	\$0	
	Grand Total:	\$0	

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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	\$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%
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%

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

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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.				
	Total Bed Funds :	\$0.00	\$0.00	\$0.00	\$0.00

**ESSENT-SHARON 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	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		
A Collection Agent		
1	Collection Agent Name	MCCI
2	Collection Agent Type	Collection Agency
3	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.
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.	7.60%
B Collection Agent		
1	Collection Agent Name	Marcam
2	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
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.
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.	1.35%
C	Collection Agent	
1	Collection Agent Name	CCI
2	Collection Agent Type	Collection Agency
3	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.
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.	8.03%

**ESSENT-SHARON 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.	Chief Executive Officer	\$221,100	\$55,921	\$277,021
2.	Chief Financial Officer	\$195,000	\$49,320	\$244,320
3.	Associate Administrator/Director HR	\$142,698	\$36,092	\$178,790
4.	Chief Nursing Officer	\$135,577	\$34,291	\$169,868
5.	Corp Compliance/Director HIM	\$123,469	\$31,228	\$154,697
6.	Director, Rehab Services	\$118,167	\$29,887	\$148,054
7.	Registered Nurse, OB	\$116,500	\$29,466	\$145,966
8.	Director, Emergency Services	\$112,514	\$28,457	\$140,971
9.	Director, Quality	\$110,136	\$27,856	\$137,992
10.	Director, Facilities	\$109,827	\$27,778	\$137,605
	Grand Total:	\$1,384,988	\$350,296	\$1,735,284

**ESSENT-SHARON 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 . 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
B . 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
C . 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	\$1,108,783	\$2,981,755	\$4,090,538

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.

**ESSENT-SHARON HOSPITAL
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REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR
CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY**

(1)	(2)	(3)
LINE	DESCRIPTION	ACTUAL FY 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

ESSENT-SHARON HOSPITAL

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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	70	132	62	89%
2.	Number of Approved Applicants	70	132	62	89%
3.	Total Charges (A)	\$941,923	\$892,362	(\$49,561)	-5%
	Average Charges	\$13,456	\$6,760	(\$6,696)	-50%
4.	Ratio of Cost to Charges (RCC)	0.372574	0.334087	(0.038487)	-10%
	Total Cost	\$350,936	\$298,127	(\$52,809)	-15%
	Average Cost	\$5,013	\$2,259	(\$2,755)	-55%
5.	Charity Care - Inpatient Charges	\$328,018	\$387,683	\$59,665	18%
6.	Charity Care - Outpatient Emergency Department Charges	191,616	240,660	49,044	26%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	422,289	264,019	(158,270)	-37%
	Total Charges (A)	\$941,923	\$892,362	(\$49,561)	-5%
8.	Charity Care - Number of Patient Days	119	176	57	48%
9.	Charity Care - Number of Discharges	36	49	13	36%
10.	Charity Care - Number of Outpatient ED Visits	205	306	101	49%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	259	315	56	22%
(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.					

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(1)	(2)	(3)	(4)	(5)	(6)
		FY 2013	FY 2014	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>