

**ESSENT-SHARON HOSPITAL**  
**ANNUAL REPORTING**  
**FISCAL YEAR 2015**  
**REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP**  
**AND CORPORATION RELATED TO THE HOSPITAL**

(1)	(2)	(3)
LINE	DESCRIPTION	AFFILIATE INFORMATION
<b>A.</b>		
	<b>AFFILIATE NAME</b>	<b>SHARON HOSPITAL HOLDING CO, INC.</b>
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	CEO
10	CT Agent Name	CT Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3220
<b>B.</b>		
	<b>AFFILIATE NAME</b>	<b>ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL</b>
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	Martin S. Rash
9	CEO Title	CEO
10	CT Agent Name	CT Corporation System
11	CT Agent Company	CT Corporation System
12	CT Agent Company Street Address	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3220
<b>C.</b>		
	<b>AFFILIATE NAME</b>	<b>ESSENT HEALTHCARE, INC</b>
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	CEO
10	CT Agent Name	CT Corporation System
11	CT Agent Company	CT Corporation System

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**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	One Corporate Center
13	CT Agent Town	Hartford
14	CT Agent State	Connecticut
15	CT Agent Zip Code	06103 - 3220

\* 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 9/30/2015
<b>A . ESSENT-SHARON HOSPITAL</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>B . SHARON HOSPITAL HOLDING CO, INC.</b>			
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
		<b>Total:</b>	<b>\$0</b>
<b>C . ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL</b>			
1		Unrestricted	\$21,513,301
2		Temporarily Restricted by Donor	\$0
3		Temporarily Restricted by Board	\$0
4		Permanently Restricted by Donor	\$0
5		Intercompany Eliminations	\$0
		<b>Total:</b>	<b>\$21,513,301</b>
<b>D . ESSENT HEALTHCARE, INC</b>			
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
		<b>Total:</b>	<b>\$0</b>
	<b>Total of all Affiliates (before Intercompany Eliminations)</b>	<b>Fund Balance:</b>	<b>\$21,513,301</b>
	<b>Intercompany Eliminations</b>		<b>\$0</b>
	<b>Total of all Affiliates</b>	<b>Fund Balance:</b>	<b>\$21,513,301</b>

**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
<b>A.</b>	<b>SHARON HOSPITAL HOLDING CO, INC.</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$1,000</b>
1		Other inter-company activity	09/30/2015	(\$1,000)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>B.</b>	<b>ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$0</b>
		Nothing to Report		\$0
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>C.</b>	<b>ESSENT HEALTHCARE, INC</b>			
		<b>Beginning Unconsolidated Intercompany Balance:</b>	<b>9/30/2014</b>	<b>\$20,704,808</b>
1		Salary	09/30/2015	\$946,518
2		Fringe Benefits	09/30/2015	\$2,884,551
3		Insurance	09/30/2015	\$1,995,590
4		Travel	09/30/2015	\$995
5		Contract Services	09/30/2015	\$2,500,457
6		Management Fees	09/30/2015	\$1,697,387
7		Goodwill	09/30/2015	(\$19,255,310)
8		cash	09/30/2015	(\$15,640,361)
		<b>Ending Unconsolidated Intercompany Balance:</b>	<b>9/30/2015</b>	<b>(\$4,165,365)</b>
			<b>Grand Total:</b>	<b>(\$4,165,365)</b>

**ESSENT-SHARON 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
			<b>Beginning Unconsolidated Intercompany Balance</b>	<b>10/01/2014</b>	<b>\$0</b>
<b>A.</b>	<b>SHARON HOSPITAL HOLDING CO, INC.</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>B.</b>	<b>ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
<b>C.</b>	<b>ESSENT HEALTHCARE, INC</b>		Nothing to Report		\$0
			<b>Total:</b>	<b>9/30/2015</b>	<b>\$0</b>
			<b>Ending Unconsolidated Intercompany Balance</b>	<b>9/30/2015</b>	<b>\$0</b>

**ESSENT-SHARON 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
<b>A. SHARON HOSPITAL HOLDING CO, INC.</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>B. ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
<b>C. ESSENT HEALTHCARE, INC</b>			
0	Nothing to Report	\$0	
	<b>Total:</b>	<b>\$0</b>	<b>9/30/2015</b>
	<b>Grand Total:</b>	<b>\$0</b>	<b>9/30/2015</b>

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

(1) LINE	(2) AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT	(3) AMOUNT	(4) TERM IN YEARS
<b>A.</b>	<b>SHARON HOSPITAL HOLDING CO, INC.</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>B.</b>	<b>ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
<b>C.</b>	<b>ESSENT HEALTHCARE, INC</b>		
0	Nothing to Report	\$0	0
	<b>Total:</b>	<b>\$0</b>	
	<b>Grand Total:</b>	<b>\$0</b>	

**ESSENT-SHARON 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 2014 ACTUAL	FY 2015 ACTUAL	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A . Indigent Care</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>B . Free Beds</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%
<b>C . Other</b>					
	<b>Beginning Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
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%
	<b>Ending Balance</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>
5	Projected Interest Income	\$0.00	\$0.00	\$0.00	0%

<b>ESSENT-SHARON HOSPITAL</b>		
<b>ANNUAL REPORTING</b>		
<b>FISCAL YEAR 2015</b>		
<b>REPORT 17A - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>		
<b>A. Patient Activity</b>		
(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
<b>Grand Total</b>		<b>\$0.00</b>

<b>ESSENT-SHARON HOSPITAL                      ANNUAL REPORTING                      FISCAL YEAR 2015                      REPORT 17B - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL</b>					
<b>B. BED FUND ACTIVITY</b>					
(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.				
	<b>Total Bed Funds :</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**ESSENT-SHARON HOSPITAL  
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
<b>I. GENERAL COLLECTION PROCESSES AND PROCEDURES</b>		
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.
C.	Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents	4.55%
<b>II. SPECIFIC COLLECTION AGENT INFORMATION</b>		
<b>A Collection Agent</b>		
1	Collection Agent Name	Frost Arnett
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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	6.76%
<b>B Collection Agent</b>		
1	Collection Agent Name	CCI
2	Collection Agent Type	Collection Agency

**ESSENT-SHARON HOSPITAL  
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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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	9.10%
<b>C</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Marcam
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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	1.86%
<b>D</b>	<b>Collection Agent</b>	
1	Collection Agent Name	Global Receivables Solutions

**ESSENT-SHARON HOSPITAL  
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REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION**

(1)	(2)	(3)
LINE	DESCRIPTION	COLLECTION INFORMATION
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.
6	Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent.	0.46%

**ESSENT-SHARON HOSPITAL  
ANNUAL REPORTING  
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**REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL EMPLOYEES**

<b>LINE</b>	<b>POSITION TITLE</b>	<b>EMPLOYEE NAME</b>	<b>SALARY</b>	<b>FRINGE BENEFITS</b>	<b>TOTAL</b>
1.	Chief Executive Officer	Kimberly Lumia	\$272,387	\$68,042	<b>\$340,429</b>
2.	Chief Nursing Officer	Peter Cordeau	\$174,465	\$43,581	<b>\$218,046</b>
3.	Chief Financial Officer	Christian Bergeron	\$152,375	\$38,063	<b>\$190,438</b>
4.	Director Health Information Management	Elizabeth Taylor	\$121,134	\$30,259	<b>\$151,393</b>
5.	Director, Emergency Services	Pamela George	\$119,251	\$29,789	<b>\$149,040</b>
6.	Director, ICU	Dawn Woodruff	\$118,022	\$29,482	<b>\$147,504</b>
7.	Registered Nurse -Med/ICU	Dorita Devitt	\$117,445	\$29,338	<b>\$146,783</b>
8.	Director, Quality	Lori Puff	\$113,448	\$28,339	<b>\$141,787</b>
9.	Registered Nurse-Med Surg/ICU	Grace Kandefer	\$110,948	\$27,715	<b>\$138,663</b>
10.	Registered Nurse-Supervisor	Katherine Benson	\$109,719	\$27,408	<b>\$137,127</b>
		<b>Grand Total:</b>	<b>\$1,409,194</b>	<b>\$352,016</b>	<b>\$1,761,210</b>

**SHARON HOSPITAL HOLDING CO, INC.  
ANNUAL REPORTING  
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REPORT 19B - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HEALTH SYSTEM EMPLOYEES**

LINE	POSITION TITLE	EMPLOYEE NAME AND COMPANY	SALARY	FRINGE BENEFITS	TOTAL
1.	Chief Executive Officer	Kimberly Lumia	\$272,387	\$68,042	\$340,429
2.	Chief Nursing Officer	Peter Cordeau	\$174,465	\$43,581	\$218,046
3.	Chief Financial Officer	Chrisitian Bergeron	\$152,375	\$38,063	\$190,438
4.	Director Health Information Management	Elizabeth Taylor	\$121,134	\$30,259	\$151,393
5.	Director, Emergency Services	Pamela George	\$119,251	\$29,789	\$149,040
6.	Registered Nurse-Med Surg,ICU	Dawn Woodruff	\$118,022	\$29,482	\$147,504
7.	Registered Nurse-Med Surg,ICU	Dorita Devitt	\$117,445	\$29,338	\$146,783
8.	Director, Quality	Lori Puff	\$113,448	\$28,339	\$141,787
9.	Registered Nurse-Med Surg,ICU	Grace Kandefer	\$110,948	\$27,715	\$138,663
10.	Registered Nurse-Supervisor	Katherine Benson	\$109,719	\$27,408	\$137,127
		<b>Grand Total:</b>	<b>\$1,409,194</b>	<b>\$352,016</b>	<b>\$1,761,210</b>

**ESSENT-SHARON HOSPITAL  
ANNUAL REPORTING  
FISCAL YEAR 2015  
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) <sup>C</sup>	FRINGE BENEFITS <sup>A</sup> (Directl y or Indirectly) <sup>C</sup>	TOTAL
<b>A . SHARON HOSPITAL HOLDING CO, INC.</b>				
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>B . ESSENT HEALTHCARE OF CT, INC. DBA SHARON HOSPITAL</b>				
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>C . ESSENT HEALTHCARE, INC</b>				
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	\$946,518	\$2,884,551	\$3,831,069

*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 2015
<b>A</b>	<b>Transfer of Assets or Operations</b>	
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

## ANNUAL REPORTING

FISCAL YEAR 2015

## REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL

(1)	(2)	(3)	(4)	(5)	(6)
LINE	DESCRIPTION	FY 2014 AMOUNT	FY 2015 AMOUNT	AMOUNT DIFFERENCE	% DIFFERENCE
<b>A. Hospital Charity Care (see Hospital Audited Financial Statement Notes)</b>					
1.	Number of Applicants	132	130	(2)	-2%
2.	Number of Approved Applicants	132	126	(6)	-5%
3.	Total Charges (A)	\$892,362	\$741,722	(\$150,640)	-17%
	<b>Average Charges</b>	<b>\$6,760</b>	<b>\$5,887</b>	<b>(\$874)</b>	<b>-13%</b>
4.	Ratio of Cost to Charges (RCC)	0.334087	0.329786	(0.004301)	-1%
	<b>Total Cost</b>	<b>\$298,127</b>	<b>\$244,610</b>	<b>(\$53,517)</b>	<b>-18%</b>
	<b>Average Cost</b>	<b>\$2,259</b>	<b>\$1,941</b>	<b>(\$317)</b>	<b>-14%</b>
5.	Charity Care - Inpatient Charges	\$387,683	\$263,589	(\$124,094)	-32%
6.	Charity Care - Outpatient Emergency Department Charges	240,660	263,459	22,799	9%
7.	Charity Care - Outpatient Charges (Excludes ED Charges)	264,019	214,674	(49,345)	-19%
	<b>Total Charges (A)</b>	<b>\$892,362</b>	<b>\$741,722</b>	<b>(\$150,640)</b>	<b>-17%</b>
8.	Charity Care - Number of Patient Days	176	260	84	48%
9.	Charity Care - Number of Discharges	49	63	14	29%
10.	Charity Care - Number of Outpatient ED Visits	306	408	102	33%
11.	Charity Care - Number of Outpatient Visits (Excludes ED Visits)	315	277	(38)	-12%
<b>(A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes.</b>					
<b>B. Hospital Bed Funds (see Hospital Reporting System - Report 17)</b>					
1.	Number of Applicants	-	-	-	0%
2.	Number of Approved Applicants	-	-	-	0%
3.	Total Charges (B)	\$0	\$0	\$0	0%
	<b>Average Charges</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
4.	Ratio of Cost to Charges (RCC)	0	0	0.000000	0%
	<b>Total Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
	<b>Average Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
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%
	<b>Total Charges (B)</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>0%</b>
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>(B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17.</b>					

**ESSENT-SHARON HOSPITAL**

**ANNUAL REPORTING**

**FISCAL YEAR 2015**

**REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL**

(1)	(2)	(3)	(4)	(5)	(6)
		FY 2014	FY 2015	AMOUNT	%
<u>LINE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>AMOUNT</u>	<u>DIFFERENCE</u>	<u>DIFFERENCE</u>