

SUNLINK HEALTH SYSTEMS INC

Form S-4/A

April 25, 2003

Table of Contents

As filed with the Securities and Exchange Commission on April 25, 2003

Registration No. 333-102803

---

# SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, D.C. 20549

PRE-EFFECTIVE

AMENDMENT NO. 1

TO

FORM S-4

REGISTRATION STATEMENT

*UNDER*

*THE SECURITIES ACT OF 1933*

**SUNLINK HEALTH SYSTEMS, INC.**

(Exact name of registrant as specified in its charter)

Ohio  
(State of Other Jurisdiction of  
Incorporation or Organization)

8062  
(Primary Standard Industrial  
Classification Code Number)

31-0621189  
(I.R.S. Employer  
Identification Number)

900 Circle 75 Parkway, Suite 1300

Atlanta, Georgia 30339

(770) 933-7000

(Address, Including Zip Code, and Telephone Number, Including Area Code, of Registrant's Principal Executive Offices)

**Robert M. Thornton, Jr.**

**Chairman**

**SunLink Health Systems, Inc.**

**900 Circle 75 Parkway, Suite 1300**

**Atlanta, Georgia 30339**

**(770) 933-7000**

(Name, address, including zip code, and telephone number, including area code, of agent for service)

*Copies Of Communications To:*

<b>Howard E. Turner, Esq.</b>	<b>William H. Neely, Esq.</b>
<b>M. Timothy Elder, Esq.</b>	<b>Stokes Bartholomew Evans &amp; Petree, P.A.</b>
<b>Smith, Gambrell &amp; Russell, LLP</b>	<b>424 Church Street, Suite 2800</b>
<b>1230 Peachtree Street, N.E., Suite 3100</b>	<b>Nashville, Tennessee 37219</b>
<b>Atlanta, Georgia 30309</b>	<b>Telephone: (615) 259-1450</b>
<b>Telephone: (404) 815-3594</b>	<b>Telecopy: (615) 259-1470</b>
<b>Telecopy: (404) 685-6894</b>	

Approximate date of commencement of proposed sale to the public: As soon as practicable after the effective date of this registration statement.

If the securities being registered on this Form are being offered in connection with the formation of a holding company and there is compliance with General Instruction G, check the following box. " If this Form is filed to register additional securities for an offering pursuant to Rule 462(b) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering. " If this Form is a post-effective amendment filed pursuant to Rule 462(d) under the Securities Act, check the following box and list the Securities Act registration statement number of the earlier effective registration statement for the same offering. "

**The Registrant hereby amends this Registration Statement on such date or dates as may be necessary to delay its effective date until the Registrant shall file a further amendment which specifically states that this Registration Statement shall thereafter become effective in accordance with Section 8(a) of the Securities Act of 1933 or until the Registration Statement shall become effective on such date as the Commission, acting pursuant to said Section 8(a), may determine.**

**Table of Contents**

**SUNLINK HEALTH SYSTEMS, INC.**  
**900 CIRCLE 75 PARKWAY, SUITE 1300**  
**ATLANTA, GEORGIA 30339**

, 2003

Dear SunLink shareholder:

You are cordially invited to attend the special meeting of shareholders of SunLink which will be held at 2:00 p.m., local time, on \_\_\_\_\_, 2003, at the Sheraton Suites Galleria, 2844 Cobb Parkway S.W., Atlanta, Georgia 30339.

The accompanying notice of the special meeting and joint proxy statement/prospectus contain detailed information concerning the matters to be considered and acted upon at the meeting, including the proposed acquisition of HealthMont.

After careful consideration, SunLink's board of directors has determined that the merger and the merger agreement are fair to you and in your best interests. SunLink's board of directors has approved the merger agreement and unanimously recommends that you vote **FOR** the approval of the merger agreement at the special meeting.

The accompanying joint proxy statement/prospectus provides you with information about SunLink, HealthMont and the proposed merger. In addition, you may obtain information about SunLink from documents that we have filed with the Securities and Exchange Commission. We encourage you to read the entire joint proxy statement/prospectus carefully. **In particular, you should read the section entitled Risk Factors beginning on page 13 for a description of certain risks that you should consider in evaluating the merger.**

**Your vote is very important.** We hope you will be able to attend the meeting but whether or not you plan to attend the special meeting of shareholders of SunLink, please take the time to vote by marking, signing and dating the enclosed proxy card and returning it in the return envelope provided. If you sign, date and mail your proxy card without indicating how you want to vote, your proxy will be counted as a vote in favor of approval of the merger agreement and the other matters presented at the meeting. If you later find you can attend the meeting, you may then withdraw your proxy and vote in person. If you have questions or need assistance regarding your shares, please call our proxy solicitor, Georgeson Shareholder Communications, Inc., toll free, at 1 (866) 203-9401.

Sincerely,

ROBERT M. THORNTON, JR.

*President and Chief Executive Officer*

**Neither the Securities and Exchange Commission nor any state securities commission has approved the securities to be issued under the joint proxy statement/prospectus or determined if the joint proxy statement/prospectus is accurate or adequate. Any representation to the contrary is a criminal offense.**

The joint proxy statement/prospectus is dated April 25, 2003, and is first

being mailed to shareholders of SunLink on \_\_\_\_\_, 2003.

**Table of Contents**

**HEALTHMONT, INC.**  
**111 LONG VALLEY ROAD**  
**BRENTWOOD, TENNESSEE 37027**

, 2003

Dear HealthMont shareholder:

You are cordially invited to attend a special meeting of the shareholders of HealthMont, Inc. to be held on \_\_\_\_\_, \_\_\_\_\_, 2003 at 10:00 a.m., local time, at the offices of Stokes Bartholomew Evans & Petree, P.A., 424 Church Street, Suite 2800, Nashville, Tennessee 37219.

The accompanying Notice of Special Meeting and joint proxy statement/prospectus contain information concerning the matters to be considered and acted upon at the meeting in connection with the proposed acquisition of HealthMont by SunLink Health Systems, Inc. through a merger of HealthMont with and into a wholly-owned subsidiary of SunLink.

After careful consideration, HealthMont's Board of Directors has determined that the terms of the proposed merger and the related transactions are fair and in the best interests of HealthMont and its shareholders. Accordingly, the Board of Directors approved the Agreement and Plan of Merger, the merger contemplated thereby and the related transactions, and recommends that HealthMont's shareholders vote **FOR** approval of the same.

The accompanying joint proxy statement/prospectus and the information incorporated by reference therein and provided therewith contain information concerning HealthMont, SunLink, and the proposed transactions. You are encouraged to read all of these materials carefully.

We hope that you will be able to attend the meeting.

**Your vote is important.** Whether or not you plan to attend the meeting, please complete, date, and sign the enclosed proxy and mail it promptly in the postage-paid envelope provided. You may revoke your proxy at any time before it is voted. If you have questions or need assistance with your proxy, please contact us at (615) 309-2166.

Sincerely,

Timothy S. Hill

*Chief Executive Officer and President*

*HealthMont, Inc.*

**Table of Contents**

**NOTICE OF  
SPECIAL MEETING OF SHAREHOLDERS  
OF SUNLINK HEALTH SYSTEMS, INC.  
MERGER PROPOSAL YOUR VOTE IS VERY IMPORTANT**

To the shareholders of SunLink Health Systems, Inc.:

A special meeting of SunLink shareholders will be held at 2:00 p.m., local time on \_\_\_\_\_, 2003, at the Sheraton Suites Galleria, 2844 Cobb Parkway S.W., Atlanta, Georgia 30339.

The board of directors of SunLink Health Systems, Inc. has approved a merger agreement between SunLink, a wholly owned subsidiary of SunLink, and HealthMont, Inc., a corporation organized under the laws of Tennessee, in which HealthMont will become a wholly owned subsidiary of SunLink.

If the merger is completed, we will issue 1,130,565 SunLink shares in exchange for the outstanding capital stock of HealthMont. Accordingly, based on the number of HealthMont shares expected to be outstanding at the closing of the merger each HealthMont shareholder is expected to receive one common share of SunLink for each 5.5249 HealthMont shares (approximately 0.1810 of a share of SunLink for each share of HealthMont). SunLink will issue 95,000 additional shares in connection with the transaction to settle certain contractual obligations of HealthMont to its officers and directors. SunLink will also obligate itself to issue approximately 20,000 of its common shares in connection with certain outstanding HealthMont options, approximately 27,000 shares upon exercise of outstanding warrants of HealthMont and 75,000 shares upon exercise of warrants to be issued by SunLink in connection with the transaction financing. Based on the above, we estimate that SunLink will issue up to a total of approximately 1,372,000 shares of SunLink common stock in the merger or in connection with obligations assumed pursuant to the merger. The shares expected to be issued to HealthMont shareholders immediately after the merger, along with shares of SunLink issuable pursuant to the assumed obligations described above, would represent approximately 21.5% of the SunLink shares expected to be outstanding immediately after the merger.

SunLink common stock is traded on the American Stock Exchange under the trading symbol `SSY`, and on April 24, 2003, the closing price of SunLink common stock was \$2.00 per share.

We cannot complete the merger unless SunLink's shareholders approve (1) the merger agreement and (2) the issuance of SunLink shares, options, and warrants in the merger. We will not complete the merger unless all of the proposals with respect to the merger are approved. We also can not complete the merger unless HealthMont shareholders approve the merger agreement. HealthMont has scheduled its own special meeting for its shareholders to vote on the merger.

In connection with the transaction, SunLink also will assume approximately \$10,200,000 in HealthMont senior debt and capital lease obligations, and will enter into a \$3,000,000, 3-year, term loan intended primarily to provide additional working capital.

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

After careful consideration, SunLink's board of directors has determined that the acquisition of HealthMont pursuant to the merger agreement is fair to you and in your best interests. SunLink's board of directors has approved the merger agreement and unanimously recommends that you vote FOR the approval of the merger agreement and the transactions contemplated thereby at the special meeting.

The accompanying joint proxy statement/prospectus provides you with information about SunLink, HealthMont, and the proposed merger. In addition, you may obtain information about the transaction from documents that we have filed with the Securities and Exchange Commission. We encourage you to read the entire joint proxy statement/prospectus carefully. **In particular, you should read the section entitled Risk Factors beginning on page 13 for a description of certain risks that you should consider in evaluating the merger.**

***Your vote is very important.*** Approval of the merger agreement and the transactions contemplated thereby will require, under Ohio law, the affirmative vote of the holders of two-thirds of SunLink's outstanding common stock. Whether or not you plan to attend the SunLink special meeting, please take the time to vote by marking, signing and dating the enclosed proxy card and returning it in the return envelope provided. If you sign, date and mail your proxy card without indicating how you want to vote, your proxy will be counted as a vote in favor of approval of the merger agreement and the other matters presented at the Meeting. If you attend the special meeting, you may, if you desire, withdraw your proxy and vote in person. If you have questions or need assistance regarding your shares, please call our proxy solicitor, Georgeson Shareholder, toll free, at 1 (866) 203-9401.

Sincerely,

ROBERT M. THORNTON, JR.

*President and Chief Executive Officer*

*SunLink Health Systems, Inc.*

**Neither the Securities and Exchange Commission nor any state securities commission has approved the securities**

**to be issued under the joint proxy statement/prospectus or determined if the joint proxy statement/prospectus is accurate or adequate.**

**Any representation to the contrary is a criminal offense.**

The joint proxy statement/prospectus is dated April 25, 2003, and is first being mailed to shareholders

of SunLink on \_\_\_\_\_, 2003.



**Table of Contents**

**HEALTHMONT, INC.**  
**111 LONG VALLEY ROAD**  
**BRENTWOOD, TENNESSEE 37027**

**NOTICE OF SPECIAL MEETING OF SHAREHOLDERS**

**TO BE HELD ON \_\_\_\_\_, \_\_\_\_\_, 2003**

To the shareholders of HealthMont, Inc.:

Notice is hereby given of a special meeting of the shareholders (the Special Meeting) of HealthMont, Inc., a Tennessee corporation (HealthMont), to be held on \_\_\_\_\_, \_\_\_\_\_, 2003, at 10:00 a.m., local time, at the offices of Stokes Bartholomew Evans & Petree, P.A., 424 Church Street, Suite 2800, Nashville, Tennessee 37219, for the following purposes:

1. To consider and vote upon a proposal to approve the Agreement and Plan of Merger, dated as of October 15, 2002, as amended on March 24, 2003, by and among HealthMont and SunLink Health Systems, Inc., an Ohio corporation (SunLink), and a wholly-owned subsidiary of SunLink (the Merger Agreement), pursuant to which HealthMont will combine with SunLink through the merger of HealthMont with and into SunLink's wholly-owned subsidiary. The Merger Agreement is attached hereto as **Annex A** of the joint proxy statement/prospectus, (the joint proxy statement/prospectus) which is provided herewith. As part of the merger, each share of HealthMont common stock outstanding at the time of the merger will be converted into the right to receive a certain number of shares of SunLink common stock, as described in the Merger Agreement and
2. To transact such other business as may properly come before the Special Meeting and any adjournments or postponements thereof.

HealthMont has fixed the close of business on \_\_\_\_\_, \_\_\_\_\_, 2003, as the record date for the determination of shareholders entitled to notice of and to vote at the Special Meeting and at any adjournments or postponements thereof.

Your attention is directed to the joint proxy statement/prospectus accompanying this Notice of Special Meeting for more complete information regarding the matters to be presented and acted upon at the Special Meeting.

The Board of Directors of HealthMont recommends that you vote **FOR** the merger proposal which includes approval of the Merger Agreement, the merger contemplated thereby and the related transactions.

Your vote is important. Approval of the merger proposal at the Special Meeting will require, under Tennessee law, the affirmative vote of the holders of a majority of HealthMont's outstanding common stock. However, in connection with the terms of a previous agreement between

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

HealthMont and certain of its founding shareholders, the Merger Agreement provides that it is a condition to the parties' obligations to complete the merger that the holders of at least 75% of HealthMont's outstanding common stock approve the merger proposal. In the event that the merger proposal receives the affirmative vote of the holders of at least a majority, but less than 75%, of HealthMont's outstanding common stock, unless the shareholder approval conditions contained in the Merger Agreement and the related agreements are waived by the appropriate parties, the merger and related transactions will not be completed.

**If you fail to return a properly executed proxy or to vote in person at the Special Meeting, or if you abstain, the effect will be a vote against the merger proposal.**

Please do not send any stock certificates with your proxy card at this time.

**Table of Contents**

Shareholders who comply with Chapter 23 of the Tennessee Business Corporation Act (the "TBCA") have the right to dissent from the merger and to obtain payment of the fair value of their shares of HealthMont common stock. A copy of Chapter 23 of the TBCA is attached to the joint proxy statement/prospectus as **Annex D** for your reference. Please see the section entitled *The Merger Agreement Dissenters' Rights* in the accompanying joint proxy statement/prospectus for a discussion of the procedures to be followed in asserting these dissenters' rights.

By Order of the Board of Directors of

HealthMont, Inc.

Richard E. Ragsdale, Secretary

Brentwood, Tennessee

, 2003

**TO ASSURE THAT YOUR SHARES ARE REPRESENTED AT THE SPECIAL MEETING, PLEASE COMPLETE, DATE AND SIGN THE ENCLOSED PROXY AND MAIL IT PROMPTLY IN THE POSTAGE-PAID ENVELOPE PROVIDED, WHETHER OR NOT YOU PLAN TO ATTEND THE MEETING. YOU MAY REVOKE YOUR PROXY AT ANY TIME BEFORE IT IS VOTED.**

**Neither the Securities and Exchange Commission nor any state securities commission has approved the securities**

**to be issued under the joint proxy statement/prospectus or determined if the joint proxy statement/prospectus is accurate or adequate. Any representation to the contrary is a criminal offense.**

**Table of Contents**

**TABLE OF CONTENTS**

	<b><u>Page</u></b>
<u>QUESTIONS AND ANSWERS ABOUT THE MERGER AND THE SUNLINK SPECIAL MEETING</u>	v
<u>SUMMARY</u>	1
<u>The Companies</u>	1
<u>The Merger</u>	2
<u>Unanimous Recommendation of the HealthMont Board of Directors</u>	2
<u>Unanimous Recommendation of the SunLink Board of Directors</u>	3
<u>Opinions of Financial Advisors</u>	3
<u>Ownership of SunLink after the Merger</u>	3
<u>Conditions to the Merger</u>	4
<u>Share Ownership of Management and Directors</u>	4
<u>Termination of the Merger Agreement</u>	4
<u>Termination Payments</u>	5
<u>United States Federal Income Tax Consequences of the Merger</u>	6
<u>Listing of SunLink Common Stock</u>	6
<u>Dissenters Rights</u>	6
<u>Interests of Certain Persons in the Merger</u>	7
<u>Accounting Treatment of the Merger</u>	7
<u>SunLink Selected Historical Financial Data</u>	8
<u>HealthMont Selected Historical Financial Data</u>	8
<u>Selected Unaudited Pro Forma Combined Financial Information</u>	10
<u>SunLink Per Share and Pro Forma Per Share Information</u>	11
<u>Selected and Pro Forma Market Price Information</u>	12
<u>RISK FACTORS</u>	13
<u>Risks Relating to the Merger</u>	13
<u>Risks Relating to an Investment in SunLink</u>	15
<u>FORWARD-LOOKING STATEMENTS</u>	23
<u>THE SUNLINK SPECIAL MEETING OF SHAREHOLDERS</u>	25
<u>Date, Time, and Place of the Special Meeting</u>	25
<u>Purpose of the Special Meeting</u>	25
<u>Record Date for the Special Meeting; Stock Entitled to Vote</u>	25
<u>Vote Required</u>	25
<u>Share Ownership of Management</u>	26
<u>Proxies and Effect on Vote</u>	26
<u>Submission of Proxies</u>	26
<u>Revocation of Proxies</u>	26
<u>Solicitation of Proxies</u>	27
<u>Appraisal Rights</u>	27
<u>THE HEALTHMONT SPECIAL MEETING OF SHAREHOLDERS</u>	28
<u>Date, Time and Place of the Special Meeting</u>	28
<u>Purpose of the Special Meeting</u>	28
<u>Record Date for the Special Meeting; Stock Entitled to Vote</u>	28
<u>Vote Required for the Approval of the Merger Agreement; Share Ownership of Management</u>	28
<u>Proxies and Effect on Vote</u>	29
<u>Submission of Proxies</u>	29
<u>Revocation of Proxies</u>	29
<u>Solicitation of Proxies</u>	30
<u>Appraisal Rights</u>	30



**Table of Contents**

	<u>Page</u>
<u>THE MERGER</u>	31
<u>General</u>	31
<u>Background of the Merger</u>	31
<u>Factors Considered by, and Recommendation of, the Board of Directors of SunLink</u>	44
<u>Opinion of SunLink's Financial Advisor Chatham Capital Partners, Inc.</u>	47
<u>HealthMont's Reasons for the Merger; Recommendation of the HealthMont Board of Directors</u>	51
<u>Opinion of HealthMont's Financial Advisor Caymus Partners LLC</u>	53
<u>Accounting Treatment of the Merger</u>	59
<u>United States Federal Income Tax Consequences of the Merger</u>	59
<u>Regulatory Matters Relating to the Merger</u>	62
<u>Federal Securities Laws Consequences; Stock Transfer Restriction Agreements</u>	62
<u>Interim Financing of HealthMont and Financing of the Merger</u>	63
<u>Capitalization</u>	65
<u>Interests of Certain Persons in the Merger</u>	65
<u>THE MERGER AGREEMENT</u>	67
<u>Form of the Merger</u>	67
<u>Effective Time and Timing of Closing</u>	67
<u>Consideration to be Received in the Merger</u>	67
<u>Exchange of Certificates Representing HealthMont Common Stock</u>	68
<u>Representations and Warranties</u>	69
<u>Covenants</u>	70
<u>Offers for Alternative Transactions</u>	72
<u>Agreement Regarding Recommendations to Shareholders</u>	72
<u>Stock Options</u>	73
<u>Indemnification and Insurance</u>	73
<u>Conditions to Each Party's Obligations to Complete the Merger</u>	74
<u>Additional Conditions to the Obligations of SunLink</u>	75
<u>Additional Conditions to the Obligations of HealthMont</u>	75
<u>Amendment; Waiver</u>	75
<u>Termination and Effects of Termination</u>	76
<u>Termination Payments</u>	77
<u>Dissenters' Rights</u>	78
<u>THE OTHER MERGER-RELATED AGREEMENTS</u>	83
<u>The Lock-Up Agreement</u>	83
<u>Employment and Consulting Agreement Terminations</u>	83
<u>Overline Letter of Credit Agreement</u>	84
<u>HealthMont of Texas Disposition Agreement</u>	84
<u>Founders Stock Redemption Agreement</u>	84
<u>The First Amendment to Agreement and Plan of Merger</u>	85
<u>The Management Agreement</u>	85
<u>Subordination Agreement between SunLink and Heller</u>	85
<u>Amended and Restated Non-Competition Agreement and General Release for Timothy S. Hill</u>	85
<u>Consulting Agreement by Timothy S. Hill and HealthMont of Texas</u>	86
<u>HealthMont of Texas Stock Subscription and Purchase Agreement</u>	86
<u>Note Purchase Agreement between SunLink and Chatham Investment</u>	86
<u>Loan Agreement between SunLink and HealthMont</u>	86
<u>MARKET PRICE AND DIVIDEND INFORMATION</u>	87
<u>UNAUDITED PRO FORMA COMBINED FINANCIAL INFORMATION</u>	87
<u>DESCRIPTION OF HEALTHMONT</u>	96
<u>General</u>	96
<u>Business Philosophy</u>	96

**Table of Contents**

	<b>Page</b>
<u>Business Strategy</u>	96
<u>Owned Hospitals</u>	96
<u>Hospital Dispositions</u>	97
<u>Hospital Operations</u>	97
<u>Regulatory Compliance Program</u>	98
<u>Competition</u>	99
<u>Medical Staff</u>	99
<u>Managed Care and Efforts to Control Healthcare Costs</u>	99
<u>Acquisition Strategy</u>	100
<u>Government Reimbursement Programs</u>	100
<u>Professional Liability and Legal Proceedings</u>	102
<u>Environmental Matters</u>	102
<u>Employees</u>	102
<u>Board of Directors and Management</u>	103
<u>HEALTHMONT MANAGEMENT'S DISCUSSION AND ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS</u>	105
<u>Background</u>	105
<u>Critical Accounting Policies</u>	105
<u>Liquidity and Capital Resources</u>	106
<u>Results of Operations</u>	107
<u>Inflation</u>	109
<u>Quantitative and Qualitative Disclosures About Market Risk</u>	109
<u>SECURITY OWNERSHIP BY CERTAIN BENEFICIAL OWNERS OF HEALTHMONT</u>	110
<u>DESCRIPTION OF HEALTHMONT'S CAPITAL STOCK</u>	112
<u>General</u>	112
<u>Common Stock</u>	112
<u>Preferred Stock</u>	112
<u>OWNERSHIP OF SUNLINK SECURITIES BY MANAGEMENT AND SIGNIFICANT SHAREHOLDERS</u>	113
<u>PRO FORMA OWNERSHIP OF SUNLINK SECURITIES FOLLOWING COMPLETION OF MERGER</u>	116
<u>DESCRIPTION OF SUNLINK CAPITAL STOCK</u>	117
<u>Authorized Capital Stock</u>	117
<u>SunLink Common Stock</u>	117
<u>SunLink Preferred Stock</u>	117
<u>Certain Anti-Takeover Provisions - SunLink Articles of Incorporation and Code of Regulations</u>	117
<u>Limited Liability and Indemnification Provisions</u>	119
<u>COMPARISON OF SUNLINK/HEALTHMONT SHAREHOLDER RIGHTS</u>	120
<u>Voting Rights</u>	120
<u>Action by written consent</u>	121
<u>Sources and Payment of Dividends</u>	121
<u>Meetings of Shareholders</u>	121
<u>Dissenters' Rights</u>	122
<u>Preemptive Rights</u>	122
<u>Amendment of Governing Instruments</u>	122
<u>Shareholders' Votes on Certain Transactions</u>	123
<u>Rights of Inspection</u>	123
<u>Cumulative Voting</u>	124
<u>Standard of Conduct for Directors</u>	124
<u>Classification, Number and Election of the Board of Directors</u>	125
<u>Removal of Directors</u>	126

**Table of Contents**

	<u>Page</u>
<u>Vacancies on the Board of Directors</u>	126
<u>Qualification of Directors</u>	126
<u>Liability of Directors and Officers</u>	127
<u>Committees</u>	128
<u>Shareholders' Suits</u>	128
<u>Business Combinations and Majority Share Acquisitions</u>	128
<u>Control Share Acquisitions</u>	130
<u>TRANSFER AGENT AND REGISTRAR</u>	131
<u>LEGAL MATTERS</u>	131
<u>EXPERTS</u>	131
<u>WHERE YOU CAN FIND MORE INFORMATION</u>	131
<u>INDEX TO HEALTHMONT FINANCIAL STATEMENTS AND DATA</u>	F-1
 ANNEXES:	
<u>Annex A Agreement and Plan of Merger and Amendment No. 1 thereto</u>	A-1
<u>Annex B Opinion of SunLink's Financial Adviser</u>	B-1
<u>Annex C Opinion of HealthMont's Financial Advisor</u>	C-1
<u>Annex D Tennessee Business Corporation Act Chapter 23</u>	D-1
<u>Annex E Ohio Revised Code Section 1701.85</u>	E-1
Annex F (Separately Bound) Certain reports and statements of SunLink required to be delivered herewith and incorporated by reference herein	F-1



**Table of Contents**

**QUESTIONS AND ANSWERS ABOUT THE MERGER  
AND THE SPECIAL MEETINGS**

**Q: How is the acquisition structured?**

A: The acquisition will be structured as a merger in which the shareholders of HealthMont will receive approximately 0.1810 of a share of SunLink in exchange for each share of HealthMont that they hold. HealthMont will merge with and into HM Acquisition Corp., a wholly-owned subsidiary of SunLink, with that subsidiary continuing to be a wholly-owned subsidiary of SunLink.

**Q: When will I be asked to approve the merger?**

A: SunLink will hold its special meeting of SunLink shareholders at 2:00 p.m., local time, on \_\_\_\_\_, 2003, at the Sheraton Suites Galleria, 2844 Cobb Parkway S.W., Atlanta, Georgia 30339. At the special meeting, you will be asked to approve the merger. You can vote at the special meeting if you own SunLink common stock at the close of business on \_\_\_\_\_, 2003, the record date for the special meeting.

HealthMont will hold a special meeting of HealthMont shareholders on \_\_\_\_\_, 2003 at 10:00 a.m. local time, at the offices of Stokes Bartholomew Evans & Petree, P.A., 424 Church Street, Suite 2800, Nashville, Tennessee 37219. At the HealthMont special meeting, you will be asked to approve the merger. You can vote at the HealthMont special meeting if you owned HealthMont common stock at the close of business on \_\_\_\_\_, 2003, the record date for the special meeting.

**Q: Why are the two companies proposing to merge?**

A: The boards of directors of SunLink and HealthMont each have determined that the acquisition of HealthMont by SunLink through the merger of HealthMont into a wholly-owned subsidiary of SunLink is in the best interests of their respective corporations and shareholders and presents a favorable opportunity to achieve long-term strategic and financial benefits. SunLink believes that the two HealthMont hospitals it will acquire are compatible with its business strategy of operating community hospitals.

**Q: When do you expect the merger to be completed?**

A: We are working as quickly as possible and expect to complete the merger by June 30, 2003. However, it is possible that factors outside the control of the parties could require us to complete the merger at a later time. Accordingly, we cannot predict the exact timing of the merger.

**Q: What am I being asked to vote on?**

A: Both the SunLink and HealthMont shareholders are being asked to approve the proposed merger of HealthMont into a wholly-owned subsidiary of SunLink. The SunLink shareholders are also being asked to approve the issuance of SunLink common stock, options and warrants in connection with the proposed merger.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

**Q: What do I need to do now?**

A: After you carefully read this document, mail your signed proxy card in the enclosed envelope as soon as possible. In order to assure that your vote is obtained, please vote your proxy as instructed on your proxy card even if you currently plan to attend your meeting in person.

If you sign and send the proxy card without indicating how you want to vote, we will count your proxy card as a vote in favor of the merger.

The boards of directors of SunLink and HealthMont have recommended to their respective shareholders that they vote **FOR** the merger.

v

**Table of Contents**

**Q: What are the consequences of a failure to vote?**

A: Because approval of the merger transaction requires the affirmative vote of two-thirds of the outstanding shares of common stock of SunLink and the affirmative vote of seventy-five percent of the outstanding shares of common stock of HealthMont, if you do not vote your shares, or, with respect to shares of SunLink common stock, do not instruct your broker how to vote shares held for you in street name, the effect will be the same as a vote against the merger.

**Q: If my shares of SunLink common stock are held in street name, will my broker vote my shares for me?**

A: No. Your broker will not vote your shares without instructions from you. If you do not provide your broker with instructions on how to vote your street name shares, your broker will not vote them on any of the proposals. If you do not give voting instructions to your broker, you will not be counted as voting your shares, unless you appear in person at your company's shareholder meeting with a legal, valid proxy from the record holder. You should be sure to provide your broker with instructions on how to vote your shares.

**Q: Can I change my vote after I have mailed my proxy card?**

A: Yes. You can change your vote at any time before your proxy is voted at your company's shareholder meeting. You can do this in one of three ways:

timely delivery of a valid, later-dated proxy;

written notice to your company's corporate secretary before the meeting that you have revoked your proxy; or

voting in person at your company's special meeting after revoking your proxy.

If you are a SunLink shareholder have instructed a broker to vote your shares, you must follow directions from your broker to change those instructions.

**Q: Should I send in my stock certificates now?**

A: No. If the merger is completed, SunLink will send HealthMont shareholders written instructions for exchanging their stock certificates. SunLink shareholders will keep their existing stock certificates.

If you would like additional copies of this document, or if you have questions about the merger, including the procedures for voting your shares, please contact:

*If you are a SunLink shareholder:*

*If you are a HealthMont shareholder:*

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Georgeson Shareholder

HealthMont, Inc.

Communications, Inc.

111 Long Valley Road

17 State Street, 10th Floor

Brentwood, Tennessee 37027

New York, New York 10004

Phone Number: 1 (615) 309-2166

Phone Number: 1 (866) 203-9401

or

SunLink Health Systems, Inc.

900 Circle 75 Parkway, Suite 1300

Atlanta, Georgia 30339

Phone Number: 1 (770) 933-7000

vi

**Table of Contents**

**SUMMARY**

*This summary highlights selected information from this joint proxy statement/prospectus and may not contain all of the information that is important to you. To understand the merger fully and for a more complete description of the legal terms of the merger agreement, you should carefully read this entire joint proxy statement/prospectus and the other documents to which this document refers. See "Where You Can Find More Information" at page 131. We have included page numbers in parenthesis to direct you to a more complete description of some of the topics presented in this summary.*

**The Companies**

(See page 96 and Annex F)

**SunLink Health Systems, Inc.**

900 Circle 75 Parkway, Suite 1300

Atlanta, Georgia 30339

Phone Number: 1 (770) 933-7000

SunLink is a provider of healthcare services through the operation of community hospitals. SunLink supports the efforts of its community hospitals to link their patients' needs with the professional expertise of quality medical practitioners and the dedication and compassion of skilled employees. SunLink hospitals strive to earn the support of local communities by meeting their healthcare needs in an efficient manner. SunLink's objective is to be a quality provider of healthcare services and the primary provider of such services in the communities it serves.

SunLink, through its subsidiaries, operates a total of six community hospitals in four states. We own five of the hospitals and we lease a sixth hospital. We also operate certain related businesses, consisting primarily of nursing homes located adjacent to, or in close proximity with, certain of our hospitals, and home health agencies servicing areas around certain of our hospitals. We believe our healthcare operations comprise a single business segment: community hospitals. Our hospitals are general acute care hospitals and have a total of 333 licensed beds. Our healthcare operations are conducted through our direct and indirect subsidiaries, including SunLink Healthcare Corp.

In fiscal 2001, we redirected our business strategy toward the operation of community hospitals in the United States. We acquired, for approximately \$26.5 million on February 1, 2001, the six community hospitals and related businesses which we currently operate. On October 5, 2001, we sold all of the capital stock of what was then our wholly-owned United Kingdom housewares subsidiary, Beldray Limited, and we no longer own any operating businesses outside the United States. In August 2001, we changed our name to SunLink Health Systems, Inc. from KRUG International Corp., and changed our fiscal year end from March 31 to June 30. We are an Ohio corporation and were incorporated in June 1959. Our website address is [www.sunlinkhealth.com](http://www.sunlinkhealth.com). Information contained on our website does not constitute part of this proxy statement/prospectus.

**HealthMont, Inc.**

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

111 Long Valley Road

Brentwood, Tennessee 37027

Phone Number: 1 (615) 309-2166

HealthMont currently operates a total of two community hospitals, one in Georgia and another in Missouri. As a condition to the merger agreement, HealthMont divested a third hospital located in Texas on March 24, 2003. HealthMont owns each of its hospitals, as well as certain related businesses, consisting primarily of a nursing home located adjacent to one of its hospitals, and home health agencies servicing areas around certain of its hospitals. HealthMont's hospitals are general acute care hospitals and have a total of 109 licensed beds.

## **Table of Contents**

HealthMont is a Tennessee corporation, incorporated in February 2000, which commenced operations on September 1, 2000 following its acquisition of four hospitals. HealthMont acquired a fifth hospital in January

2001. As described below, HealthMont subsequently divested itself of two of its hospitals in February 2002 and, in connection with the merger, a third hospital in March 2003. HealthMont's website address is [www.healthmont.com](http://www.healthmont.com). Information contained on HealthMont's website does not constitute part of this proxy statement/prospectus.

## **The Merger**

(See page 31)

Under the terms of the proposed merger, HealthMont will merge with and into HM Acquisition Corp., a wholly-owned subsidiary of SunLink formed solely for the purpose of effecting the acquisition of HealthMont. As a result, the separate corporate existence of HealthMont will cease and HM Acquisition Corp. will continue in existence as the surviving corporation and a wholly owned subsidiary of SunLink.

Except as described below, it is anticipated that HealthMont shareholders will be entitled to receive 0.1810 of a share of SunLink common stock in exchange for each share of HealthMont common stock they hold (one SunLink share for each 5.5249 HealthMont shares) based on 6,382,744 HealthMont shares expected to be outstanding at the close of the merger.

SunLink will not issue any fractional shares in the merger. In lieu of fractional shares, each HealthMont shareholder who would otherwise be entitled to a fraction of a SunLink common share will receive a cash payment for the value of the fraction of a share of SunLink common stock that he or she would otherwise receive. For purposes of determining the amount of cash paid in lieu of fractional shares, the value of a share of SunLink common stock will be the volume weighted daily average price of a share of SunLink common stock over the ten (10) trading-day period ending two (2) trading days prior to the date of the closing date of the merger. See *The Merger Agreement Consideration to be Received in the Merger* beginning on page 67.

SunLink shareholders will not receive any shares as a result of the merger. They will continue to hold the shares they currently own.

The merger agreement, as amended, is attached as **Annex A** to this joint proxy statement/prospectus. Because it is the legal document that governs the merger, you should read the merger agreement carefully. For a summary of the merger agreement, see *The Merger Agreement* beginning on page 67.

On March 24, 2003, SunLink, HealthMont, and various other persons entered into a series of transactions, including an amendment of the merger agreement, the divestiture by HealthMont of its Vinsant hospital, the entry by SunLink and HealthMont into a management agreement, the entry by SunLink and HealthMont into a loan agreement whereby SunLink agreed to lend HealthMont up to \$1.1 million dollars, the repayment by HealthMont of approximately \$600,000 of debt attributable to its former Vinsant hospital in connection with the disposition of such hospital, and the entry by SunLink into a \$700,000 note purchase agreement with Chatham Investment Fund I, LLC, a fund managed by Chatham Capital Partners, Inc., SunLink's financial advisor, to partially fund the SunLink loans to HealthMont. We refer to these transactions and the related transactions or agreements entered into in connection with the above-described transactions as the March Transactions. For a description of all of the events and material agreements entered into, see *The Merger Background of the Merger* beginning on page 31 and *The*

*Other Merger Related Agreements* beginning on page 83.

**Unanimous Recommendation of the HealthMont Board of Directors**

**(See page 51)**

On March 11, 2003, after careful consideration, the HealthMont board of directors unanimously determined the merger and the related transactions to be fair to HealthMont shareholders and in their best interests



## **Table of Contents**

and approved the merger agreement, as amended, the merger contemplated thereby, and related transactions. The HealthMont Board recommends HealthMont shareholders vote **FOR** approval of the merger agreement, the merger contemplated thereby, and the related transactions.

### **Unanimous Recommendation of the SunLink Board of Directors**

(See page 44)

On March 20, 2003, after careful consideration, the SunLink board of directors unanimously determined the merger to be fair to SunLink shareholders and in their best interests and approved the merger agreement as amended. The SunLink board of directors recommends that you vote **FOR** approval of the merger agreement.

### **Opinions of Financial Advisors**

(See pages 47 and 53)

In connection with the merger, the SunLink board of directors received the opinion of Chatham Capital Partners, Inc. (formerly known as Cardinal Advisory, Inc.) ( *Chatham Capital* ) SunLink's financial advisors, and the HealthMont board of directors received the opinion of Caymus Partners LLC (formerly known as Harpeth Capital Atlanta, LLC) ( *Caymus Partners* ), HealthMont's financial advisors. The SunLink board of directors received the written opinion of Chatham Capital that as of March 20, 2003, the merger is fair from a financial point of view to SunLink. The HealthMont board of directors received a written opinion from Caymus Partners that, as of March 24, 2003, the exchange ratio of the merger is fair to the HealthMont shareholders from a financial point of view. Caymus Partners also provided the HealthMont board of directors with the written opinion that the divestiture of the Dolly Vinsant Memorial Hospital was fair to the HealthMont shareholders (other than HealthMont's Chief Executive Officer) from a financial point of view. The Chatham Capital opinion is attached as **Annex B**, and sets forth assumptions made, matters considered and limitations on the review undertaken in connection with the opinion. SunLink urges its shareholders to read the Chatham Capital opinion in its entirety. The Caymus Partners opinion is attached as **Annex C** and sets forth procedures followed, assumptions made, matters considered and limitations on the review undertaken in connection with the opinion. HealthMont urges its shareholders to read the Caymus Partners opinion in its entirety. *The opinions are addressed to the board of directors of the respective companies and are not recommendations to shareholders with respect to any matter relating to the merger.*

### **Ownership of SunLink after the Merger**

(See page 116)

SunLink will issue up to a total of approximately 1,347,000 shares of SunLink common stock to HealthMont shareholders in the merger and in connection with obligations assumed pursuant to the merger. The 1,347,000 shares of SunLink common stock consist of:

1,130,565 SunLink shares to be issued in exchange for the outstanding capital stock of HealthMont (net of 24,435 SunLink shares which SunLink would not issue under the merger agreement in connection with the cancellation of a warrant it holds to purchase 135,000 shares of HealthMont common stock unless SunLink transfers such warrant prior to closing);

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

95,000 SunLink shares to be issued to settle certain contractual obligations of HealthMont to its officers and directors;

approximately 20,000 SunLink shares issuable upon the exercise of certain outstanding HealthMont options;

approximately 27,000 SunLink shares issuable upon the exercise of certain outstanding warrants of HealthMont, held by its senior lender, Heller Healthcare Finance, Inc.; and

75,000 SunLink shares issuable upon the exercise of warrants to be issued in connection with the HealthMont financing.

## **Table of Contents**

The shares of SunLink common stock to be issued to HealthMont shareholders in the merger and in connection with obligations assumed pursuant to the merger would represent approximately 21.2% of the SunLink common stock expected to be outstanding immediately after the merger. This information is based on the number of SunLink and HealthMont shares outstanding on March 31, 2003.

### **Conditions to the Merger**

(See page 74)

The merger depends upon the satisfaction or waiver of a number of conditions, including the following:

approval of the merger agreement and the merger (including the issuance of SunLink common stock, options, and warrants in the merger) by the holders of at least two-thirds of SunLink's common stock.

approval of the merger agreement and the merger by the holders of at least 75% of HealthMont's common stock;

receipt of regulatory approvals and the absence of legal restraints;

receipt of an opinion of counsel to HealthMont, dated as of the date of the merger, to the effect that the merger will qualify as a tax-free reorganization within the meaning of Section 368(a) of the Internal Revenue Code and certain related matters.

### **Share Ownership of Management and Directors**

On March 31, 2003, directors and executive officers of SunLink and their affiliates held and were entitled to vote 1,230,109 shares of SunLink common stock, or approximately 24.6% of the shares of SunLink common stock outstanding.

On March 31, 2003, directors and executive officers of HealthMont and their affiliates, held and were entitled to vote 1,536,087 shares of HealthMont common stock, or approximately 24.1% of the shares of HealthMont common stock outstanding.

### **Termination of the Merger Agreement**

(See page 76)

The merger agreement may be terminated at any time before the closing in any of the following ways:

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

by mutual written consent

by SunLink or HealthMont, if:

the merger is not completed by June 30, 2003 (the Termination Date), provided that neither SunLink nor HealthMont may terminate the merger agreement if the failure to complete the merger by that date is caused by the failure of the company seeking termination to fulfill its obligations under the merger agreement; or

any court of competent jurisdiction or governmental authority issues a final non-appealable order or injunction that prohibits the completion of the merger, and SunLink and HealthMont shall have used reasonable best efforts to prevent such order or injunction from being issued; or

the other party breaches, in any material respect, any of its representations, warranties or covenants contained in the merger agreement, which, unless cured within 30 days following written notice of breach from the non-breaching party, would result in conditions to the merger not being satisfied, unless such breach has been waived by the non-breaching party; or

approval of the merger agreement by the shareholders of either party shall not have been obtained.

**Table of Contents**

if holders of more than 10% of the issued and outstanding shares of SunLink common stock shall have demanded or exercised or delivered to SunLink at any time before the effective time of the merger timely written notice of such holders intent to demand or exercise dissenter s rights with respect to the merger in accordance with the Ohio General Corporation Law.

by SunLink if:

SunLink pays the fee and expenses described below under *Termination Payments* and under *The Merger Agreement Termination Payments* on page 77; or

HealthMont breaches its obligations described under *The Merger Agreement Offers for Alternative Transactions* beginning on page 72; or

if at any time (a) trading or quotation in SunLink s securities shall have been suspended or limited by the SEC or by the American Stock Exchange, or trading in securities generally on the American Stock Exchange, the Nasdaq Stock Market or the New York Stock Exchange shall have been suspended or limited, or minimum or maximum prices shall have been generally established on any of such exchanges by the SEC or the NASD; (b) a general banking moratorium shall have been declared by any federal or state authorities; or (c) HealthMont or any of its subsidiaries shall have sustained an uninsured loss by strike, fire, flood, earthquake, accident or other calamity of such character as in the judgment of the SunLink may impair the value of the HealthMont and its subsidiaries (other than HealthMont of Texas, Inc.) or may interfere materially with the conduct of the business and operations of HealthMont or such subsidiary (other than HealthMont of Texas, Inc.).

by HealthMont, if

HealthMont receives an offer to engage in a merger, consolidation or similar transaction or to purchase all or substantially all of HealthMont s shares or assets which satisfies the conditions described under *The Merger Agreement Offers for Alternative Transactions* and SunLink and HealthMont are unable to negotiate adjusted terms for the merger within ten business days after the receipt of such offer which would enable HealthMont to proceed with the merger; and

HealthMont pays the fees and expenses described below under *Termination Payments* and under *The Merger Agreement Termination Payments* beginning on page 77.

**Termination Payments**

(See page 77)

*Termination Fees and Expenses Payable*

If the merger agreement is terminated due to a knowing or willful breach of its terms, the breaching party is required to pay the non-breaching party a termination fee of \$500,000 and reimburse the non-breaching party for expenses incurred in connection with the merger up to a limit of reimbursable expenses of \$75,000 payable to SunLink and \$50,000 payable to HealthMont. Additionally, if HealthMont enters into an agreement regarding a merger, consolidation or similar transaction involving HealthMont or the purchase or sale of all or substantially all of its shares or assets within six months following the termination of the merger agreement by SunLink as provided above, HealthMont is required to pay an additional \$500,000 to SunLink.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

If the merger agreement is terminated due to the failure by the breaching party to obtain its shareholders approvals, the breaching party is required to pay the non-breaching party a termination fee of \$500,000 and reimburse the non-breaching party for expenses incurred in connection with the merger up to a limit of reimbursable expenses of \$75,000 payable to SunLink and \$50,000 payable to HealthMont.

## **Table of Contents**

If the merger agreement is terminated due to a non-willful breach of the representations, warranties or covenants which results in a termination right as described above, remedies under the merger agreement generally are more limited. If SunLink is the terminating party, HealthMont is only required to reimburse SunLink for SunLink's expenses up to \$75,000 and if HealthMont is the terminating party SunLink is only required to reimburse HealthMont for HealthMont's expenses up to \$50,000.

If HealthMont terminates the merger agreement in connection with a merger, consolidation, or similar transaction or a purchase of all or substantially all of the shares or assets of HealthMont as described under *The Merger Agreement Offers for Alternative Transactions*, HealthMont is required to pay SunLink an initial termination fee of \$500,000, and SunLink's expenses up to \$75,000. If an alternative transaction is completed HealthMont is required to pay SunLink an additional \$500,000.

SunLink may terminate the merger agreement at any time if it pays HealthMont a termination fee of \$500,000 and HealthMont's expenses up to \$50,000.

If HealthMont receives an acquisition proposal that it determines to be a superior proposal under the merger agreement, it must pay to SunLink, within three business days of such determination, all of SunLink's expenses, not to exceed \$1,000,000. This obligation is in addition to those obligations of HealthMont described above.

## **United States Federal Income Tax Consequences of the Merger**

(See page 59)

The United States federal income tax consequences described below assume that the merger will qualify as a reorganization within the meaning of Section 368(a) of the Internal Revenue Code. The consummation of the merger is conditioned on, among other things, the receipt by SunLink and HealthMont of a tax opinion from HealthMont's counsel, dated as of the date of the merger, confirming such counsel's earlier opinion that the merger will so qualify.

In general, HealthMont shareholders will not recognize gain or loss with respect to their receipt of SunLink common stock in the merger, except for gain or loss attributable to any cash received in lieu of fractional shares of SunLink common stock. HealthMont shareholders who exercise statutory dissenter's rights in connection with the merger generally will recognize capital gain or loss (assuming the HealthMont common stock is held as a capital asset) equal to the difference, if any, between such holder's tax basis in the HealthMont common stock exchanged and the amount of cash received in exchange therefor.

Tax matters are very complicated and the tax consequences of the merger to each HealthMont shareholder will depend on the shareholder's particular facts and circumstances. HealthMont shareholders are urged to consult their own tax advisors about their personal tax situation to understand fully the tax consequences to them of the merger.

## **Listing of SunLink Common Stock**

The shares of SunLink common stock to be issued in the merger will be listed on the American Stock Exchange under the ticker symbol SSY.

**Dissenters Rights**

(See page 78)

If you are a HealthMont shareholder, Tennessee law permits you to dissent from the merger. If you dissent, you have the right to receive payment of the fair value of your HealthMont common stock. To do this, you must follow certain procedures, including giving HealthMont certain notices and not voting your shares in favor of the merger. The relevant sections of Tennessee Business Corporation Act governing this process are attached



## **Table of Contents**

to this joint proxy statement/prospectus as **Annex D**. The fair value of your HealthMont common stock as determined in accordance with the Tennessee Business Corporation Act may be more or less than the merger consideration.

If you are a SunLink shareholder, Ohio law permits you to dissent from the proposed transaction. If you dissent, you have the right to receive the fair cash value of your SunLink common stock. To do this, you must follow certain procedures, including giving SunLink certain notices and not voting your shares in favor of the merger. The relevant section of the Ohio Revised Code governing this process are attached to this joint proxy statement/prospectus as **Annex E**. The fair cash value of your SunLink common stock as determined in accordance with the Ohio General Corporation Law may be more or less than the merger consideration.

## **Interests of Certain Persons in the Merger**

(See page 65)

When HealthMont and SunLink shareholders consider their respective board of directors' recommendation that they vote in favor of the approval and adoption of the merger agreement and the merger, they should be aware that a number of HealthMont executive officers and directors may have interests in the merger that may be different from, or in addition to, the interests of HealthMont shareholders generally.

## **Accounting Treatment of the Merger**

(See page 59)

SunLink will account for the merger under the purchase method of accounting in accordance with Statement of Financial Accounting Standards No. 141, *Business Combinations*. Accordingly, SunLink will record the fair value of assets acquired less liabilities assumed (plus transaction costs) with any excess purchase price recorded as separately identifiable intangible assets or goodwill. Based on the initial purchase price allocation, there is no goodwill.

## **SunLink Selected Historical Financial Data**

We are providing the following selected historical financial data to assist you in your analysis of the financial aspects of the merger. We derived the SunLink data as of and for each of the years ended March 31, 1998, 1999, 2000, and 2001, the three-month transition period ended June 30, 2001 and the year ended June 30, 2002 from the audited consolidated financial statements of SunLink. We derived the SunLink data as of and for the six months ended December 31, 2001 and 2002 from SunLink's quarterly report on Form 10-Q for the quarterly period ended December 31, 2002. The SunLink financial information reflects the acquisitions and dispositions of certain businesses during the period April 1, 1997 through June 30, 2002, including the acquisition of SunLink's existing community hospital business. In connection with the acquisition of SunLink's current business, we changed our fiscal year end from March 31 to June 30, beginning with the year ended June 30, 2002. As a result, the following summary presents selected historical financial data for SunLink the years ended March 31, 1998, 1999, 2000, 2001, the three-month transition period ended June 30, 2001, and for the year ended June 30, 2002, and the six months ended December 31, 2001 and 2002.



**Table of Contents****SunLink Selected Historical Financial Data**

(All amounts in thousands, except per share amounts)

	As of and for the									
	Fiscal Years Ended March 31,				Three Month	Three Month	Fiscal	Six Month Interim Period Ended	Six Month Interim Period Ended	Six Month Interim Period Ended
	1998	1999	2000	2001	Period	Transition Period				
					Ended	Ended	June 30, 2002	(unaudited)	(unaudited)	(unaudited)
					June 30, 2000	June 30, 2001				
Net revenues (a)	\$ 0	\$ 0	\$ 0	\$ 13,639	\$ 0	\$ 20,527	\$ 87,457	\$ 43,139	\$ 47,476	
Loss from continuing operations	(822)	(3,674)	(937)	(881)	(219)	(319)	(98)	(566)	(852)	
Net earnings (loss)	256	(8,633)	1,583	478	(218)	(4,316)	833	435	(551)	
Earnings (loss) per share from continuing operations:										
Basic	(0.16)	(0.73)	(0.19)	(0.18)	\$ (0.04)	(0.06)	(0.02)	(0.11)	(0.17)	
Diluted	(0.16)	(0.73)	(0.19)	(0.18)	\$ (0.04)	(0.06)	(0.02)			
Net earnings (loss) per share:										
Basic	0.05	(1.71)	0.32	0.10	(0.04)	(0.87)	0.17	0.09	(0.11)	
Diluted	0.05	(1.71)	0.32	0.10	(0.04)	(0.87)	0.17	0.09	(0.11)	
Total assets	26,460	15,751	12,778	47,458	11,513	43,842	48,571	41,075	49,141	
Long-term debt, including current maturities	4,595	3,236	0	19,916	0	20,406	24,221	17,527	24,130	
Shareholders equity	\$ 18,099	\$ 7,480	\$ 9,513	\$ 9,631	\$ 9,089	\$ 5,307	\$ 5,955	\$ 5,592	\$ 5,357	

(a) All of SunLink's net revenues relate to the U.S. community hospital segment which was acquired February 1, 2001. Net revenues for the periods presented represent only the revenues subsequent to the acquisition date. The operations of SunLink's other business segments which were operated during the periods presented (the U.K. housewares, child safety products, and leisure marine segments and the U.S. life sciences and engineering segments) have been reported as discontinued operations, and, therefore, have been excluded in the selected financial data for continuing operations presented above.

**HealthMont Selected Historical Financial Data**

HealthMont was formed on February 15, 2000 and commenced operations on September 1, 2000 following its acquisition of the following four hospitals from New American Healthcare Corporation ( NAHC ); Memorial Hospital of Adel ( Adel ); Dolly Vinsant Memorial Hospital ( Vinsant ); Eastmoreland Hospital ( Eastmoreland ); and Woodland Park Hospital ( Woodland ) (such hospitals collectively are referred to as the Initial HealthMont Hospitals ). On January 1, 2001, HealthMont acquired a fifth hospital, Callaway Community Hospital ( Callaway ), from a subsidiary of CHAMA, Inc. On February 28, 2002, HealthMont sold Eastmoreland and Woodland Park. On March 24, 2003, HealthMont sold Vinsant.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Since the financial statements for HealthMont only include the Initial HealthMont Hospitals from September 1, 2000 and Callaway from January 1, 2001, the Initial HealthMont Hospitals and Callaway selected historical financial data presented includes net revenues, net revenues over direct operating expenses, and total assets information derived from the unaudited statements of revenue over direct operating expenses and unaudited balance sheet information as of and for the years ended March 31, 1998, 1999, 2000 and as of and for the five months ended August 31, 2000 for each of the Initial HealthMont Hospitals and as of and for the years ended March 31, 1998, 1999, 2000 and as of and for the nine months ended December 31, 2000 for Callaway.

In addition, the HealthMont selected historical financial data presented is derived from the audited balance sheet information and audited statements of operations information as of and for the years ended March 31, 2001 and 2002 and unaudited interim selected historical financial data as of and for the nine months ended

**Table of Contents**

December 31, 2001 and 2002. We derived the HealthMont data from the audited consolidated financial statements of HealthMont as of and for each of the years ended March 31, 2001 and 2002, and the unaudited consolidated financial statements of HealthMont as of and for the nine months ended December 31, 2001 and 2002.

**Initial HealthMont Hospitals and Callaway Selected Historical Financial Data**

(All amounts in thousands)

(unaudited)

	As of and for the			
	Fiscal Years Ended March 31,			Nine Months
	1998	1999	2000	Ended December 31, 2000
<b>Net revenues:</b>				
Adel	\$ 17,026	\$ 17,422	\$ 17,151	\$ 6,637
Vinsant	9,172	8,845	8,769	2,926
Eastmoreland	16,257	16,510	16,899	6,978
Woodland	20,228	20,583	18,985	8,093
Callaway	11,135	10,973	11,172	\$ 7,198
<b>Net revenues over (under) direct operating expenses:</b>				
Adel	3,044	2,697	2,148	(278)
Vinsant	708	500	(321)	(671)
Eastmoreland	(248)	1,205	563	(170)
Woodland	(94)	1,167	(1,369)	(319)
Callaway	(116)	(533)	633	\$ (125)
<b>Total assets:</b>				
Adel	8,862	12,919	12,629	12,438
Vinsant	9,754	9,093	10,039	9,940
Eastmoreland	7,361	6,415	7,233	6,780
Woodland	13,391	14,647	11,599	\$ 12,263
Callaway	\$ 9,231	\$ 9,328	\$ 7,469	\$ 6,760

**HealthMont Selected Historical Financial Data**

(All amounts in thousands, except per share amounts)

	As of and for the		
	Fiscal Years Ended	Nine Months	Nine Months Ended
	March 31,	Ended	December 31, 2002

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

	2001	2002	December 31, 2001	
			(unaudited)	(unaudited)
Net revenues	\$ 32,245	\$ 67,513	\$ 53,450	\$ 21,763
Net loss	(1,530)	(2,866)	(540)	(2,881)
Loss per share:				
Basic and diluted	(0.21)	(0.40)	(0.08)	(0.43)
Total assets	31,777	21,258	34,778	20,007
Long-term debt, including current maturities	9,629	6,002	10,948	6,031
Shareholders' equity	\$ 7,263	\$ 4,608	\$ 6,743	\$ 1,725

This information is only a summary and should be read in conjunction with the historical consolidated financial statements of SunLink and related notes contained in the annual reports and other information that SunLink has filed with the SEC, and the historical consolidated financial statements of HealthMont included elsewhere in this proxy statement/prospectus. See *Where You Can Find More Information* beginning on page 131 for information on where you can obtain copies of information filed by SunLink with the SEC.

**Table of Contents**

**Selected Unaudited Pro Forma Combined Financial Information**

The following selected unaudited pro forma combined balance sheet financial information as of December 31, 2002, gives effect to the exchange as if it had occurred on December 31, 2002. The following selected unaudited pro forma combined statements of earnings financial information for the year ended June 30, 2002 and for the six months ended December 31, 2002, give effect to the exchange of 1,155,000 shares of common shares of SunLink for all outstanding common shares of HealthMont as if the exchange had occurred July 1, 2001.

The aggregate purchase price of \$3,063,000 to be paid in the merger includes the value of 1,131,000 common shares SunLink will issue in exchange for all the outstanding common shares of HealthMont, the estimated fair value of 19,000 SunLink options to be granted to certain directors of HealthMont to replace outstanding HealthMont options, and estimated transaction fees and other costs directly related to the merger. The \$2,557,000 value of the 1,131,000 shares to be issued was determined for accounting purposes by using the average market price of SunLink's common stock two days before, the day of and two days after the date the amended merger agreement was signed by both parties in accordance with Emerging Issues Task Force Consensus No. 99-12, *Determination of the Measurement Date for the Market Price of Acquirer Securities Issued in a Purchase Business Combination*.

In connection with the transaction, SunLink:

has entered into a loan agreement with HealthMont to loan it up to \$1.1 million under specified conditions. At April 22, 2003, SunLink had loaned HealthMont an aggregate of \$811,000 under such agreement, \$600,000 of which was utilized to repay debt related to the Vinsant hospital and \$211,000 of which has been used for general corporate purposes including to temporarily pay down borrowings under HealthMont's revolving credit agreement with Heller Healthcare Finance, Inc. (Heller) or to pay off indebtedness owed to vendors of HealthMont who are providing on-going services to HealthMont's two remaining hospitals;

will assume approximately \$10,200,000 in HealthMont senior debt and capital lease obligations; and

will enter into a \$3,000,000, 3-year, term loan with an annual interest rate of 15% intended to provide working capital.

In connection with the transaction financing, SunLink will:

pay fees of \$170,000 to Chatham Capital or its affiliate, Chatham Investment, and Heller, payable at the closing of the merger (except for \$24,500 already paid to Chatham Investment in connection with a partial funding of its \$3,000,000 commitment in the form of a \$700,000 loan to SunLink, a portion of the proceeds of which were utilized by SunLink to fund a portion of its own loan to HealthMont and, ultimately, the HealthMont indebtedness attributable to the Vinsant hospital which was disposed of by HealthMont on March 24, 2003),

pay an annual fee to directors of HealthMont of 5% of \$1,650,000 for maintaining guarantees for standby letters of credit,

grant 75,000 and 27,000 warrants to Chatham Investment and Heller, respectively;

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

and issue 60,000 common shares to directors of HealthMont to keep the letter of credit guarantees in place.

The financing costs will be amortized over the life of the debt agreements with the exception of the annual fee which will be expensed ratably over the guarantee period.

In addition, SunLink will assume certain of HealthMont's obligations as a result of the merger as follows:

SunLink will issue 35,000 shares in connection with the transaction to settle certain contractual obligations of HealthMont to its outside directors;

HealthMont has executed a plan to terminate certain corporate executives which will result in severance expense of approximately \$295,000; and



**Table of Contents**

HealthMont has made a capital contribution to HealthMont of Texas in the form of a \$275,000 note, payable on the first to occur of the merger or payment of the debt owed by HealthMont to Heller and SunLink.

The pro forma adjustments as reflected in the *Unaudited Pro Forma Combined Financial Information* section beginning on page 87 are based upon available information and certain assumptions that SunLink believes are reasonable under the circumstances. The pro forma financial information is not necessarily *indicative of the operating results or financial position that would have been achieved had the acquisition been consummated on the dates indicated and should not be construed as representative of future operating results or financial position. The pro forma financial information should be read in conjunction with the financial statements and notes thereto in SunLink's Annual Report on Form 10-K for the year ended June 30, 2002 and SunLink's Quarterly Report on Form 10-Q for the quarterly period ended December 31, 2002 which are incorporated herein by reference and set forth in the separately bound Annex F* delivered with this proxy statement/prospectus.

The pro forma adjustments were applied to the respective historical financial statements to reflect and account for the acquisition using the purchase method of accounting. The aggregate purchase price of HealthMont will be allocated to the tangible and intangible assets acquired and liabilities assumed based on their respective fair values. The allocation of the aggregate purchase price is preliminary. The actual purchase accounting to reflect the fair value of the assets to be acquired and liabilities assumed will be based upon valuation studies and SunLink's evaluation of such assets and liabilities as of the actual closing date of the merger. Accordingly, the pro forma financial information presented herein is subject to change pending the final purchase price allocations. Based on the initial purchase price allocation, there is no goodwill. Management does not believe the final purchase price allocation will change materially from the preliminary purchase price allocation.

**Selected Unaudited Pro Forma****Combined Financial Information**

(All amounts in thousands, except per share amounts)

	<b>Pro Forma</b>	<b>Pro Forma</b>
	<b>As Adjusted</b>	<b>As Adjusted</b>
	<b>As of and for the</b>	<b>As of and</b>
	<b>Year Ended</b>	<b>for the</b>
	<b>June 30, 2002</b>	<b>six months</b>
	<b>(unaudited)</b>	<b>ended</b>
		<b>December 31,</b>
		<b>2002</b>
	<b>(unaudited)</b>	<b>(unaudited)</b>
Net revenues	\$ 115,664	\$ 62,049
Loss from continuing operations	\$ (1,982)	\$ (2,278)
Loss per share from continuing operations:		
Basic	\$ (0.31)	\$ (0.36)
Diluted	\$ (0.31)	\$ (0.36)
Weighted-average common shares outstanding:		6,326
Basic	6,308	6,326
Diluted	6,308	
Total assets		\$ 71,643
Long-term debt		\$ 32,561
Shareholders' equity		\$ 8,366

See Unaudited *Pro Forma Combined Financial Information* beginning on page 87 for pro forma adjustments.

**SunLink Per Share and Pro Forma Per Share Information**

The following table sets forth (i) certain historical per share data of SunLink and HealthMont and (ii) pro forma as adjusted per share data as if SunLink's acquisition of HealthMont had occurred on July 1, 2001.

**Table of Contents**

This data should be read in conjunction with the selected historical financial data and the historical financial statements of SunLink and the notes thereto that are incorporated herein by reference and the *Unaudited Pro Forma Combined Financial Information* and notes thereto appearing beginning on page 87 of this joint proxy statement/prospectus. The unaudited pro forma information is presented for illustrative purposes only and is not necessarily indicative of the combined financial position or results of operations for future periods or the results that actually would have been realized had SunLink and HealthMont been a single entity during the periods presented.

**Comparative Per Share Information**

	As Reported		As Reported	
	SunLink		HealthMont	
As of and for the				
Year Ended	As of and for the		As of and for the	
June 30, 2002	Six Months Ended December 31, 2002		Year Ended March 31, 2002	
			As of and for the	
	December 31, 2002		Nine Months Ended December 31, 2002	
	(unaudited)		(unaudited)	
Loss per share from continuing operations:				
Basic	\$ (0.02)	\$ (0.17)	\$ (0.26)	\$ (0.21)
Diluted	(0.02)	(0.17)	(0.26)	(0.21)
Book value per share(1)	1.20	1.07	0.65	0.26

(1) Book value per share is computed by dividing stockholders' equity at the period end by the diluted weighted average shares outstanding for the period.

	SunLink Pro Forma As Adjusted		HealthMont Equivalent Pro Forma As Adjusted(2)	
	As of and for the		As of and for the	
Year Ended	As of and for the		Year Ended	
December 31, 2002	Six Months Ended December 31, 2002		December 31, 2002	
			As of and for the	
	December 31, 2002		Six Months Ended December 31, 2002	
	(unaudited)		(unaudited)	
Loss per share from continuing operations:				
Basic	\$ (0.31)	\$ (0.36)	\$ (0.06)	\$ (0.07)
Diluted	(0.31)	(0.36)	(0.06)	(0.07)
Book value per share(1)		1.32		0.24

(1) Book value per share is computed by dividing pro forma stockholders' equity at period end by the pro forma diluted weighted average shares outstanding for the period.

(2) Calculated by multiplying the SunLink pro forma as adjusted data by the exchange ratio for each share of HealthMont common stock. The exchange ratio used herein of 0.1810 is based on the 1,130,565 shares of SunLink common stock expected to be issued in the merger divided by the 6,382,744 HealthMont shares expected to be outstanding at the close of the merger. This ratio may change as the final exchange ratio will be based on the actual number of HealthMont shares outstanding at the close of the merger. This ratio may also change if SunLink were to issue 24,435 shares in exchange for a warrant to

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

purchase 135,000 shares of HealthMont, which warrant is currently held by SunLink and is expected to be cancelled in connection with the merger.

### Selected and Pro Forma Market Price Information

The following table sets forth the closing price per share of SunLink common stock as reported on the American Stock Exchange on October 14, 2002, the last trading day prior to the public announcement of the proposed merger, and on April 24, 2003 the most recent date for which prices were practicably available prior to the printing of this joint proxy statement/prospectus. The table also sets forth the assumed value of the shares of SunLink common stock that a HealthMont shareholder would have received for one share of HealthMont common stock assuming the merger had taken place on those dates. These numbers have been calculated by multiplying 0.1810, the anticipated exchange ratio, by the closing price per share of SunLink common stock on each of those dates. The actual value of the shares of SunLink common stock that a HealthMont shareholder will receive on the date the merger takes place may be higher or lower than the prices set forth below.

	Closing Price of SunLink Common Stock	HealthMont Common Stock Equivalent Price
October 14, 2002	\$2.36	\$0.43
April 24, 2003	\$2.00	\$0.36

HealthMont common stock is not publicly traded.

See *Market Price and Dividend Information* on page 87 for additional market price information.

**Table of Contents**

**RISK FACTORS**

*In addition to the other information contained in this document, you should carefully consider the following factors in evaluating the merger agreement and SunLink and its business.*

**Risks Relating to the Merger**

*You are being offered a fixed number of SunLink shares, accordingly, the value of the SunLink shares received in the merger will fluctuate.*

SunLink will issue 1,130,565 shares of its common stock in the merger (net of 24,435 shares which would otherwise be issuable by virtue of a warrant SunLink holds to purchase 135,000 HealthMont shares). Accordingly, based on the number of HealthMont shares that are anticipated to be outstanding as of the date of the merger, SunLink anticipates that HealthMont shareholders will receive 0.1810 shares of SunLink common stock in the merger for each share of HealthMont common stock (one share of SunLink for each 5.5249 HealthMont shares). Although the number of shares of SunLink common stock to be issued is fixed, the market price of SunLink common stock when the merger is completed will likely vary from its market price on the date of this document and on the date of the shareholder meetings of SunLink and HealthMont. Because the market price of SunLink shares fluctuates, the value of the consideration received by HealthMont shareholders at the time of the merger will depend on the market price of SunLink shares at that time. See *Market Price and Dividend Information* on page 87 for more detailed share price information.

These variations in stock price may be the result of various factors, including:

changes in the business, operations or prospects of SunLink or HealthMont;

governmental and/or litigation developments and/or regulatory considerations;

market assessments as to whether and when the merger will be consummated;

the timing of the merger;

governmental action affecting the healthcare industry generally and the community hospital segment, in particular; and

general market and economic conditions.

In addition, the stock markets continue to experience significant price and volume fluctuations, which could have an adverse effect on the trading price of SunLink common stock prior to the merger.

The merger will not be completed until after the SunLink and HealthMont shareholder meetings. At the time of their respective shareholder meetings, SunLink and HealthMont shareholders will not know the exact market value of the SunLink common stock that will be issued in connection with the merger. In addition, the exchange of certificates evidencing HealthMont shares for SunLink shares will not take place immediately upon completion of the merger. Thus, the market value of the SunLink shares a HealthMont shareholder receives in the merger may be lower or higher at the time such shareholder actually receives them, and becomes able to sell them, than at the time of the merger.

**You are urged to obtain current market quotations for SunLink common stock.**

*We may be unable to successfully integrate our operations which could have an adverse effect on the business, results of operations, financial condition or prospects of SunLink after the merger.*

The merger involves the integration of two companies that have previously operated independently. The difficulties of combining the companies operations include the necessity of coordinating geographically disparate organizations and integrating personnel. SunLink and HealthMont also have a number of dissimilar information systems. Many of HealthMont's systems will have to be integrated with SunLink's systems or replaced.

**Table of Contents**

The process of integrating operations could cause an interruption of, or loss of momentum in, the activities of SunLink's business after the merger. Special risks include:

possible unanticipated liabilities;

inability to collect, or inability to timely collect, accounts receivable;

unanticipated costs;

diversion of management attention to the acquired facilities;

unanticipated cash needs; and

loss of hospital level personnel and physicians at the acquired facilities.

The diversion of management's attention and any delays or difficulties encountered in connection with the merger and the integration of the two companies' operations could have an adverse effect on the business, results of operations, financial condition or prospects of SunLink after the merger, as well as on the trading prices of SunLink common stock.

*We may be unable to realize the full cost savings we anticipate from the merger.*

Among the factors considered by the SunLink and HealthMont boards of directors in connection with their respective approvals of the merger agreement were the potential for cost savings and efficiencies that could result from the merger. We cannot give any assurance that these savings will be realized within the time periods contemplated or even if they will be realized at all.

*We will incur expenses and charges in connection with the merger which could have an adverse effect on SunLink's financial results.*

We will incur approximately \$900,000 of costs, consisting of transaction fees and other costs related to the merger. We have already expensed approximately \$400,000 of these costs with all of the remaining fees and costs to be recorded after the consummation of the merger. Additional unanticipated costs may be incurred in the integration of the HealthMont facilities into SunLink. If the benefits of the merger do not exceed the costs associated with the merger, including any dilution to shareholders resulting from the issuance of shares in connection with the merger, SunLink's financial results could be adversely affected. See *Unaudited Pro Forma Combined Financial Information* beginning on page 87 for more detail on the charges we expect to incur in connection with the merger.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

*Obtaining required approvals and satisfying closing conditions may delay or prevent completion of the merger.*

Completion of the merger is conditioned upon the receipt of all material governmental authorizations, consents, orders, and approvals. SunLink and HealthMont intend to vigorously pursue all required approvals. The requirement for these approvals could delay or prevent the completion of the merger. Although no pre-clearance filing is required with federal or state authorities and we do not anticipate any antitrust challenge to the transaction, antitrust or similar action by federal or state authorities to rescind the transaction or to seek monetary penalties or other remedies is not precluded by the absence of a pre-clearance requirement. See *The Merger Agreement Conditions to Each Party's Obligations to Complete the Merger* beginning on page 74 for a discussion of the conditions to the completion of the merger and *The Merger Regulatory Matters Relating to the Merger* on page 62 for a description of the regulatory approvals necessary in connection with the merger.

*Executive officers and directors of HealthMont have potential conflicts of interest in their recommendation that HealthMont shareholders vote for approval of the merger.*

Shareholders should be aware of potential conflicts of interest of, and the benefits available to, executive officers and directors of HealthMont when considering HealthMont's and SunLink's board of directors' determinations to approve the merger. Gene E. Burluson, a director of HealthMont, will become a director of SunLink. Timothy Hill, CEO of HealthMont, has acquired HealthMont's former Vinsant hospital in Texas, a hospital that SunLink declined to acquire from HealthMont and whose divestiture was a condition to the March transactions. Certain affiliates of HealthMont as well as a third party investor participated in a private placement of securities by Vinsant to raise working capital for its operations. The persons who participated in such private



## **Table of Contents**

placement were Leslie Bingham Escareno, the Administrator of the Vinsant hospital; Thomas H. Butler, Jr., Assistant Vice President Finance of HealthMont; and a third party investor who is not affiliated with HealthMont or any of its officers, directors or shareholders. Certain officers and directors of HealthMont have agreed to continue to personally guarantee letters of credit in favor of HealthMont after the merger for warrants and other potential consideration. As discussed beginning on page 65 under *The Merger Interests of Certain Persons in the Merger*, the executive officers and directors of HealthMont have interests in the merger that are different from, or in addition to, your interests as shareholders, which may influence these directors in making their recommendation that HealthMont shareholders vote in favor of approval of the merger.

*The market price of the SunLink common stock may be subject to downward pressure for a period of time after the merger as a result of sales of SunLink common stock by former HealthMont shareholders.*

After the merger, former shareholders of HealthMont may sell a significant number of shares of SunLink common stock that they will receive in the merger. Such sales could adversely affect the market price for SunLink common stock for a period of time after completion of the merger and could adversely effect SunLink's ability to raise capital through an equity offering of its securities. Shareholders of HealthMont who may sell shares in connection with the merger include directors and officers of HealthMont who hold HealthMont common stock, stock issuable upon the exercise of currently vested options and warrants and stock issuable upon the exercise of options vesting upon, or in connection with, the completion of the merger. As of March 31, 2003, the last date for which this information is available, directors and officers of HealthMont held an aggregate of approximately 1,786,087 shares of HealthMont common stock and options to acquire 805,000 shares of HealthMont common stock. Assuming the merger is completed by June 30, 2003, approximately 105,000 of these options are expected to be converted to options to acquire SunLink common stock which will be fully vested and immediately exercisable upon the completion of the merger. For a discussion of certain limits on resales of SunLink securities immediately after the merger see, *The Other Merger-Related Agreements The Lock-Up Agreement* on page 83. Such lockup agreement will expire 180 days after the merger.

*Due to the nature of HealthMont's financial statements, after the acquisition of HealthMont, SunLink will not be able to utilize certain registration statement forms and the SEC will not declare registration statements or post-effective amendments to registration statements effective until SunLink has filed its annual report on Form 10-K for its fiscal year ending June 30, 2003.*

After the acquisition of HealthMont, SunLink will not be able to utilize certain registration statement forms and the SEC will not declare registration statements or post-effective amendments to registration statements effective until SunLink has filed its annual report on Form 10-K for its fiscal year ending June 30, 2003. As a result, SunLink will, as a practical matter, be unable to register any of its securities until it files its 2003 annual report. Accordingly, SunLink's ability to raise equity or debt through public offerings of the securities until such time will be adversely affected, which could have an adverse effect on its ability to obtain financing, whether for working capital or in connection with potential acquisitions. Furthermore, SunLink will be unable to register the sale of securities under employee benefit plans until it files its 2003 annual report on Form 10-K. The inability to implement new equity based employee benefit plans could have an adverse impact on employee morale and hence SunLink's operations and could require SunLink to use non-equity based arrangements to incent its employees, which could have an adverse impact on its results of operations or financial condition. Finally, SunLink may be unable to register replacement options to be issued in connection with the merger and the provisions of Rule 145(d) will be unavailable to former affiliates of HealthMont with respect to the resale by them of SunLink common stock received in the merger, in each case, until SunLink files its 2003 annual report on Form 10-K.

## **Risks Relating to an Investment in SunLink**

*SunLink has a limited operating history in the community hospital business, a history of losses, and may experience additional losses before or after the merger.*

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

SunLink does not have an extensive history of operating community hospitals. Prior to February 1, 2001, all of SunLink's operations were in business segments unrelated to healthcare.

## Table of Contents

SunLink had a loss from continuing operations of \$566,000 for the six month period ended December 31, 2002, a loss from continuing operations of \$98,000 for the fiscal year ended June 30, 2002, a loss from continuing operations of \$319,000 for the three month transitional period ended June 30, 2001, a loss from continuing operations of \$881,000 for the fiscal year ended March 31, 2001, and a loss from continuing operations of \$937,000 for the fiscal year ended March 31, 2000. SunLink experienced a net loss of \$4,316,000 for the transitional period ended June 30, 2001 which included additional losses from discontinued, non-healthcare operations. SunLink may experience operating and net losses from continuing operations in the future.

*SunLink's substantial leverage subjects it to a variety of risks if it cannot reduce its leverage.*

SunLink and its subsidiaries are highly leveraged, have negative working capital, and their debt capacity is limited. At December 31, 2002, SunLink had consolidated indebtedness aggregating \$24,130,000, all of which constituted indebtedness of SunLink Healthcare Corp. ( "SHC" ), a wholly owned subsidiary of SunLink which holds the stock of SunLink's existing six hospital subsidiaries. The debt capacity of SunLink Healthcare Corp. is limited and is subject to certain leverage tests by its loan agreements. Under the most limiting of such tests, SunLink Healthcare Corp. would, at December 31, 2002, have been able to incur up to approximately \$9,900,000 of additional indebtedness. This does not include any amount relating to the proposed HealthMont merger which is not currently expected to involve SunLink Healthcare Corp. If SunLink incurs unanticipated costs, has unanticipated write-offs of investments or other assets or experiences operational or other losses, or is unable to lower its leverage with the proceeds of an equity offering in the future, SunLink's leverage could further increase. SunLink's leverage (1) could adversely affect the ability of SunLink to obtain additional financing in the future for working capital, capital expenditures or other purposes, should it need to do so, (2) will require a substantial portion of SunLink's cash flow from operations to be dedicated to debt service, (3) may place SunLink at a competitive disadvantage, if SunLink is more highly leveraged than its competitors, and (4) may make SunLink more vulnerable to a downturn in its business.

*SunLink may issue additional equity in the future which could dilute the value of shares of existing shareholders.*

As noted above, SunLink is highly leveraged, has limited working capital, and its debt capacity is limited. Management and the board of directors of SunLink have discussed the need to raise equity in the future and have considered certain transactions which might be available to SunLink to raise equity. Those transactions include the sale of common shares to outsiders, the offer to existing shareholders of the right to acquire additional shares, and the reduction in the exercise price of SunLink's outstanding warrants to a level and on terms that would be expected to result in their immediate exercise. However, SunLink has not engaged any underwriter or placement agent with respect to any potential equity offering nor has SunLink's management made any specific proposal or recommendation to the SunLink Board of Directors with respect to the type of securities to be offered or the price at which any securities might be offered. While the board of directors has not decided to effect any of these transactions at this time, it may do so in the future. Any of these transactions could result in dilution in the value of existing shares. SunLink has no definitive plans for an equity offering in the near future and SunLink believes it is highly unlikely that any transaction could be effected before the availability of SunLink's financial results for the year ended June 30, 2003.

*SunLink's growth strategy depends in part on making successful acquisitions via mergers or otherwise which may expose SunLink to new liabilities.*

As part of its growth strategy, SunLink will seek further growth through acquisitions, via mergers or otherwise, of community hospitals to stay competitive with its increasingly larger competitors or to enhance its position in its core areas of operation. This strategy entails risks that could negatively affect SunLink's results of operations or financial condition. These risks include:

unidentified liabilities of the companies SunLink may acquire or merge with;

the possible inability to successfully integrate and manage acquired operations, systems and personnel;

the potential failure to achieve the economics of scale or synergies sought; and

the diversion of management's attention away from other ongoing business concerns.

## **Table of Contents**

Acquired businesses may have unknown or contingent liabilities, including liabilities for failure to comply with health care laws and regulations. Although SunLink has policies which require acquired facilities to implement SunLink compliance standards, and generally will seek contractual indemnification from prospective sellers covering for past activities of acquired businesses, SunLink may become liable for such matters. Except for an indemnification agreement from HealthMont of Texas, Inc. and its subsidiary as to certain matters, there are no effective indemnification rights under the Merger Agreement which would be available to SunLink after the merger with respect to the acquisition of HealthMont.

*Significant capital investments may be required to achieve SunLink's operational and growth plans, which may affect SunLink's competitive position, reduce earnings, and negatively affect the value of your SunLink common stock.*

SunLink's growth plans require significant capital investments. Significant capital investments are required for on-going and planned capital improvements at existing hospitals and for HealthMont's hospitals. Significant capital investments also may be required in connection with future capital projects either in connection with existing properties or future acquired properties. SunLink's ability to make capital investments depends on numerous factors such as the availability of funds from operations and access to additional debt and equity financing. No assurance can be given that the necessary funds will be available. Moreover, incurrence of additional debt financing, if available, may involve additional restrictive covenants that could negatively affect SunLink's ability to operate the combined business in the desired manner, and raising additional equity may be dilutive to shareholders. The failure to obtain funds necessary for SunLink's growth plans could prevent SunLink from realizing its growth strategy and, in particular, could force SunLink to forego acquisition opportunities that may arise in the future. This could, in turn, have a negative impact on SunLink's competitive position.

One element of SunLink's business strategy is expansion through the selective acquisitions of community hospitals in selected markets. The competition to acquire hospitals in the markets that SunLink targets is significant, and SunLink may not be able to make suitable acquisitions on terms favorable to it if other health care companies, including those with greater financial resources, are competing for the same target businesses. In order to make future acquisitions SunLink may be required to incur or assume additional indebtedness. SunLink may not be able to obtain financing, if necessary, for any acquisitions that it might desire to make or it might be required to borrow at higher rates and on less favorable terms than its competitors.

Many states have enacted or are considering enacting laws affecting sales, leases or other transactions in which control of not-for-profit hospitals is acquired by for-profit corporations. These laws, in general, include provisions relating to state attorney general approval, advance notification, and community involvement. In addition, state attorneys general in states without specific legislation governing these transactions may exercise authority based upon charitable trust and other existing law. The increased legal and regulatory review of these transactions involving the change of control of not-for-profit entities may increase the costs required, or limit SunLink's ability, to acquire not-for-profit hospitals.

*SunLink's success depends on its ability to maintain good relationships with the physicians at its hospitals, and if SunLink is unable to successfully maintain good relationships with physicians, admissions at SunLink hospitals may decrease and SunLink's operating performance before or after the merger could decline.*

Because physicians generally direct the majority of hospital admissions and outpatient services, SunLink's success is, in part, dependent upon the number and quality of physicians on the medical staffs of its hospitals, the admissions and referrals practices of the physicians at its hospitals, and its ability to maintain good relations with its physicians. Physicians at SunLink hospitals are generally not employees of the hospitals at which they practice and, in many of the markets that SunLink serves, most physicians have admitting privileges at other hospitals in addition to SunLink's hospitals. If SunLink is unable to successfully maintain good relationships with physicians, admissions at SunLink hospitals may

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

decrease and SunLink's operating performance before or after the merger could decline. Neither SunLink nor HealthMont, with respect to the hospitals to be acquired by SunLink, has experienced any material difficulties in maintaining good relationships with physicians.

## **Table of Contents**

*SunLink depends heavily on its senior and local management personnel, and the loss of the services of one or more of SunLink's key senior management personnel or SunLink's key local management personnel, including local management personnel at the HealthMont hospitals to be acquired, could weaken SunLink's management team and its ability to deliver health care services.*

SunLink has been, and after the merger will continue to be, dependent upon the services and management experience of its executive officers. If any of SunLink's executive officers were to resign their positions or otherwise be unable to serve, either before or after the merger, SunLink's management could be weakened and operating results could be adversely affected. In addition, SunLink's success depends on its ability to attract and retain managers at its hospitals and related facilities, on the ability of hospital based officers and key employees to manage growth successfully, and on their ability to attract and retain skilled employees. If, after the merger, SunLink is unable to attract and retain affective local management, SunLink's operating performance could decline. SunLink has not had any material difficulties in attracting senior or local management and, to its knowledge, no key personnel intend to retire or terminate their employment with SunLink in the near future.

*SunLink's success depends on its ability to attract and retain qualified healthcare professionals, and a shortage of qualified healthcare professionals in certain markets could weaken their ability to deliver healthcare services.*

In addition to the physicians and management personnel whom SunLink employs, SunLink's operations are dependent on the efforts, ability, and experience of other healthcare professionals, such as nurses, pharmacists, and lab technicians. Nurses, pharmacists, lab technicians, and other healthcare professionals at hospitals are generally employees of SunLink. SunLink's success, both before and after the merger, will continue to be influenced by its ability to attract and retain these skilled employees. A shortage of healthcare professionals in certain markets, the loss of some or all of its key employees, or the inability to attract or retain sufficient numbers of qualified healthcare professionals could cause SunLink's operating performance to decline. While both SunLink and HealthMont have experienced occasional delays in the hiring of nurses, pharmacists, certain medical technicians, and other healthcare professionals or in obtaining healthcare professionals with the optimum level of experience or training desired, the material shortages that certain healthcare providers have faced in some markets, particularly in urban areas, to date have not been present in the community hospital markets served by SunLink and HealthMont. Accordingly, neither company has had material difficulty in attracting required healthcare professionals.

*A significant portion of SunLink's revenue is dependent on Medicare and Medicaid payments, and possible reductions in Medicare or Medicaid payments or the implementation of other measures to reduce reimbursements may reduce our revenues.*

A significant portion of SunLink's revenues are derived from the Medicare and Medicaid programs, which are highly regulated and subject to frequent and substantial changes. SunLink derived approximately 82% of its patient days and 62% of its net patient revenues from the Medicare and Medicaid programs for the year ended June 30, 2002 and approximately 84% of its patient days and 62% of its net patient revenue from the Medicare and Medicaid programs for the quarter ended September 30, 2002. HealthMont derived approximately 57% of its net patient revenue from the Medicare and Medicaid programs for its fiscal year ended March 31, 2002 and approximately 53% of its net patient revenue from these programs for the six months ended September 30, 2002. Recent legislative changes, including those enacted as part of the Balanced Budget Act of 1997, have resulted in limitations on, and reduced levels of payment and reimbursement for, a substantial portion of hospital procedures and costs.

The Balanced Budget Act of 1997 included significant reductions in spending levels for the Medicare and Medicaid programs by adopting rate reductions for inpatient and outpatient hospital services, establishing a prospective payment system, or PPS, for hospital inpatient and outpatient services, skilled nursing facilities, and home health agencies under Medicare, and repealing the Federal payment standard (the so-called *Boren Amendment*) for hospitals and nursing facilities under Medicaid.





## Table of Contents

The Boren Amendment was enacted as part of the Omnibus Reconciliation Act of 1980. It required States to pay hospital and long-term care providers rates that were reasonable and adequate to meet the costs which must be incurred by efficiently and economically operated facilities in order to provide care and services in conformity with applicable State and Federal laws, regulations, and quality and safety standards. The States were required to provide assurances to the Secretary of the Department of Health and Human Services of the reasonableness of Medicaid reimbursement rates, and nursing homes and hospitals had the right to sue state officials to enforce the reimbursement standards set forth in the Boren Amendment. Nursing homes and hospitals could sue state officials based either on procedural grounds, by attacking the appropriateness of the state's findings and assurances, or on substantive grounds, by attacking the adequacy of reimbursement rates. The Boren Amendment was repealed with the enactment of the Balanced Budget Act of 1997. As a result of the repeal of the Boren Amendment, SunLink cannot assure you that it will receive reimbursement for services provided to Medicare or Medicaid patients which will relate to the reasonable costs incurred by SunLink in providing services to such patients.

Certain rate reductions resulting from the Balanced Budget Act of 1997 are being mitigated by provisions of the Balanced Budget Refinement Act of 1999 and the Benefits Improvement Protection Act of 2000. Nonetheless, the Balanced Budget Act of 1997 significantly changed the method and amounts of payment under the Medicare and Medicaid programs. A number of states have adopted or are considering legislation designed to reduce their Medicaid expenditures and to provide universal coverage and additional care, including enrolling Medicaid recipients in managed care programs and imposing additional taxes on hospitals to help finance or expand the states' Medicaid systems. We believe that hospital operating margins have been, and may continue to be, under significant pressure because of deterioration in pricing flexibility and payor mix, and growth in operating expenses in excess of the increase in prospective payments under the Medicare program.

Future health care legislation or other changes in the administration or interpretation of governmental health care programs may have a material adverse effect on SunLink's business, financial condition, results of operations or prospects after the merger.

*Revenue and profitability may be constrained by future cost containment initiatives undertaken by purchasers of health care services if SunLink is unable to contain costs.*

SunLink derived approximately 38% of its net patient revenues for the year ended June 30, 2002 from private payors and other non-governmental sources who contributed approximately 18% of SunLink's patient days. SunLink's hospitals have been affected by the increasing number of initiatives undertaken during the past several years by all major purchasers of health care, including (in addition to Federal and state governments) insurance companies and employers, to revise payment methodologies and monitor healthcare expenditures in order to contain healthcare costs. As a result of these initiatives, managed care organizations offering prepaid and discounted medical services packages represent an increasing portion of SunLink's admissions, resulting in reduced hospital revenue growth nationwide. In addition, private payors increasingly are attempting to control healthcare costs through direct contracting with hospitals to provide services on a discounted basis, increased utilization review, and greater enrollment in managed care programs such as health maintenance organizations and preferred provider organizations, referred to as PPOs. If, after the merger, SunLink is unable to contain costs through increased operational efficiencies and the trend toward declining reimbursements and payments continues, the results of its operations and cash flow will be adversely affected.

*SunLink's revenues are heavily concentrated in Georgia which will make SunLink particularly sensitive to economic and other changes in the state of Georgia.*

On a pro forma basis after giving effect to the merger, the combined company's four Georgia hospitals generated approximately 59% of revenues and 76% of hospital operating profit for the year ended June 30, 2002. Accordingly, any change in the current demographic, economic, competitive or regulatory conditions in the state of Georgia could have a material adverse effect on the business, financial condition, results of operations or prospects of SunLink after the merger.



**Table of Contents**

*SunLink faces intense competition from other hospitals and health care providers which may result in a decline in revenues, profitability or market share.*

Although each of SunLink's and HealthMont's hospitals operate in communities where they are currently the only general, acute care hospital, they do face competition from other hospitals, including larger tertiary care centers. Although these competing hospitals may be as far as 30 to 50 miles away, patients in these markets may migrate to these competing facilities as a result of local physician referrals, managed care plan incentives or personal choice.

The healthcare business is highly competitive and competition among hospitals and other healthcare providers for patients has intensified in recent years. Each of SunLink's and HealthMont's hospitals operate in geographic areas where they compete with at least one other hospital that provides services comparable to those offered by their hospitals. Some of these competing facilities offer services, including extensive medical research and medical education programs, which are not offered by SunLink's and HealthMont's facilities. Some of the competing hospitals are owned or operated by tax-supported governmental bodies or by private not-for-profit entities supported by endowments and charitable contributions which can finance capital expenditures on a tax-exempt basis and are exempt from sales, property, and income taxes. In some of these markets, SunLink's and HealthMont's hospitals also face competition from for-profit hospital companies which have substantially greater resources as well as other providers such as outpatient surgery and diagnostic centers.

The intense competition from other hospitals and other health care providers may result in a decline in SunLink's revenues, profitability or market share either before or after the merger.

*SunLink conducts business in a heavily regulated industry; changes in regulations or violations of regulations may result in increased costs or sanctions that could reduce revenue and profitability.*

The healthcare industry is subject to extensive Federal, state and local laws and regulations relating to:

licensure;

conduct of operations;

ownership of facilities;

addition of facilities and services;

confidentiality, maintenance, and security issues associated with medical records;

billing for services; and

prices for services.

These laws and regulations are extremely complex and, in many instances, the healthcare industry does not have the benefit of significant regulatory or judicial interpretation of these laws and regulations, including in particular, Medicare and Medicaid antifraud and abuse provisions codified under Section 1128B(b) of the Social Security Act and known as the anti-kickback statute. This law prohibits providers and others from soliciting, receiving, offering or paying, directly or indirectly, any remuneration with the intent to generate referrals of orders for services or items reimbursable under Medicare, Medicaid, or other Federal healthcare programs.

As authorized by Congress, the United States Department of Health and Human Services, or HHS, has issued regulations which describe some of the conduct and business relationships immune from prosecution under the anti-kickback statute. The fact that a given business arrangement does not fall within one of these safe harbor provisions does not render the arrangement illegal. However, business arrangements of healthcare service providers that fail to satisfy the applicable safe harbor criteria risk increased scrutiny by enforcement authorities.

## **Table of Contents**

We have a variety of financial relationships with physicians who refer patients to our hospitals. We have contracts with physicians providing services under a variety of financial arrangements such as employment contracts, leases, and professional service agreements. We also provide financial incentives, including loans and minimum revenue guarantees, to recruit physicians into the communities served by our hospitals.

The Health Insurance Portability and Accountability Act of 1996 broadened the scope of the fraud and abuse laws to include all healthcare services, whether or not they are reimbursed under a Federal program. In addition, provisions of the Social Security Act, known as the Stark Act, also prohibit physicians from referring Medicare and Medicaid patients to providers of a broad range of designated healthcare services in which the physicians or their immediate family members have an ownership interest or certain other financial arrangements.

In addition, SunLink's facilities will continue to remain subject to any state laws that are more restrictive than the regulations issued under the Health Insurance Portability and Accountability Act of 1996, which vary by state and could impose additional penalties. Many of the states in which SunLink operates have adopted similar anti-kickback and physician self-referral legislation, some of which extends beyond the scope of the Federal law to prohibit the payment or receipt of remuneration for the referral of patients and physician self-referrals. In recent years, both Federal and state government agencies have announced plans for or implemented heightened and coordinated civil and criminal enforcement efforts.

Government officials charged with responsibility for enforcing healthcare laws could assert that either of SunLink or HealthMont, or any of the transactions in which either company is or was involved, are in violation of these laws. It is also possible that these laws ultimately could be interpreted by the courts in a manner that is different than the interpretations made by each company. A determination that either SunLink or HealthMont has violated these laws, or the public announcement that either of us is being investigated for possible violations of these laws, could have a material adverse effect on SunLink's business, financial condition, results of operations or prospects before or after the merger and SunLink's business reputation could suffer significantly.

The laws, rules, and regulations described above are complex and subject to interpretation. In the event of a determination that we are in violation of any of these laws, rules or regulations, or if further changes in the regulatory framework occur, our post-merger results of operations or financial condition could be significantly harmed.

*SunLink and HealthMont are subject to, and depend on, certificate of need laws which could affect their ability to operate profitably.*

All states in which SunLink currently owns hospitals, and the states in which HealthMont's hospitals being acquired by SunLink are located, have laws affecting acute care hospital facilities and services known as "certificate of need" laws. These laws typically require prior approval for certain acquisitions of major medical equipment or the purchase, lease, construction, expansion or, in certain cases, the sale or closure of healthcare facilities, based on determination of need for additional or expanded facilities or services. The required approval is known generally as a certificate of need or CON. A CON may be required for capital expenditures exceeding a prescribed amount, changes in bed capacity or services, and certain other matters. The failure to obtain any required CON may impair SunLink's post-merger ability to operate profitably.

In addition, the elimination or modification of CON laws in states in which SunLink owns or will own hospitals after the merger could subject its hospitals to greater competition making it more difficult to operate profitably.



## **Table of Contents**

*SunLink could be subject to claims related to discontinued operations and claims relating to hospitals sold by HealthMont prior to the merger.*

Over the past fourteen years, SunLink has discontinued operations carried on by its former industrial, U.K. leisure marine, life sciences and engineering, and U.K. child safety segments, as well as its U.K. housewares segment. SunLink's reserves relating to discontinued operations represent management's best estimate of possible liability for property, product liability, and other claims for which SunLink may incur liability. These estimates are based on management's judgments using currently available information as well as, in certain instances, consultation with SunLink's insurance carriers and legal counsel. SunLink historically has purchased insurance policies to reduce certain product liability exposure and anticipates it will continue to purchase such insurance if available at commercially reasonable rates. While estimates have been based on the evaluation of available information, it is not possible to predict with certainty the ultimate outcome of many contingencies relating to discontinued operations. In addition, HealthMont has previously sold three hospitals including the Vinsant hospital as part of the March Transactions. Future events or evaluations could cause us to adjust existing reserves made by HealthMont in connection with its operations. We intend to adjust our estimates of the reserves as additional information is developed and evaluated.

*SunLink and HealthMont are subject to potential claims for professional and general liability, including claims based on the acts or omissions of third parties, which claims may not be covered by insurance.*

We are subject to potential claims for professional medical malpractice and general liability, both in connection with our current operations, as well as acquired operations. To cover these claims, we maintain professional malpractice liability insurance and general liability insurance in amounts that we believe are sufficient for our operations, although some claims may exceed the scope or amount of the coverage in effect. The assertion of a significant number of claims, either within our self-insured retention (deductible) or, individually or in the aggregate in excess of available insurance, could have a material adverse effect on our business, financial condition, results of operation or prospects. Premiums for professional liability insurance have increased substantially in recent times and we believe will continue to increase. We can not assure you that professional liability insurance will continue to be available on terms or at prices acceptable to us, if at all.

The operations of our hospitals also depend on the professional services of physicians and other trained health care providers and technicians in the conduct of their respective operations, including independent laboratories and physicians rendering diagnostic and medical services. There can be no assurance that any legal action stemming from the act or omission of a third party provider of health care services, would not be brought against one of our hospitals or SunLink, resulting in significant legal expenses in order to defend against such legal action or to obtain a financial contribution from the third-party whose acts or omissions occasioned the legal action.

*Forward-looking statements in this document may prove inaccurate.*

This document contains forward-looking statements about SunLink, HealthMont, and the combined company that are not historical facts but, rather, are statements about future expectations. Forward-looking statements in this document may prove inaccurate. Important factors, some of which are beyond the control of SunLink, HealthMont or the combined company, could cause actual results, performance or events to differ materially from those in the forward-looking statements. These factors include those described in this section entitled *Risk Factors* and below under *Forward-Looking Statements*.

## **FORWARD-LOOKING STATEMENTS**

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

This joint proxy statement/prospectus and the documents that are incorporated by reference in this joint proxy statement/prospectus contain disclosures which are forward-looking statements within the meaning of the safe harbor for forward-looking statements contained in the Private Securities Litigation Reform Act of 1995. Forward-looking statements include all statements that do not relate solely to historical or current facts, and can



**Table of Contents**

be identified by the use of words such as may, believe, will, expect, project, estimate, anticipate, plan or continue and similar or. These forward-looking statements are based on the current plans and expectations of SunLink and/or HealthMont and are subject to a number of risks, uncertainties, and other factors that could significantly affect current plans and expectations and the future financial condition and results of SunLink or the combined company. These factors, which could cause actual results, performance, and achievements to differ materially from those anticipated, include, but are not limited to:

*General Business Conditions*

general economic and business conditions in the U.S., both nationwide and in the states in which we operate hospitals;

the competitive nature of the U.S. community hospital business;

demographic changes in areas where we operate hospitals;

the availability of capital to fund working capital, renovations, and capital improvements at existing hospital facilities and for acquisitions and replacement hospital facilities;

changes in accounting principles generally accepted in the U.S.; and

fluctuations in the market value of equity securities including SunLink common stock.

*Operational Factors*

the availability of, and our ability to attract and retain, sufficient qualified staff physicians, management, and staff personnel for our hospital operations;

timeliness of reimbursement payments received under government programs;

restrictions imposed by debt agreements;

the cost and availability of insurance coverage including professional liability (e.g., medical malpractice) and general liability insurance;

the efforts of insurers, healthcare providers, and others to contain healthcare costs;

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

the impact on hospital services of the treatment of patients in lower acuity healthcare settings, whether with drug therapy or via alternative healthcare services;

changes in medical and other technology; and,

increases in prices of materials and services utilized in our hospital operations.

### *Liabilities, Claims and Obligations*

claims under leases, guarantees, and other obligations relating to discontinued operations, including sold facilities, retained subsidiaries, and former subsidiaries;

potential adverse affects of known and unknown government investigations;

claims for product and environmental liabilities from continuing and discontinued operations; and,

professional, general, and other claims which may be asserted against us.

**Table of Contents**

*Regulation and Governmental Activity*

existing and proposed governmental budgetary constraints;

the regulatory environment for our businesses, including state CON laws and regulations, rules, and judicial cases relating thereto;

possible changes in the levels and terms of government (including Medicare, Medicaid, and other programs) and private reimbursement for SunLink's healthcare services including the payment arrangements and terms of managed care agreements;

changes in or failure to comply with Federal, state or local laws and regulations affecting the healthcare industry; and

the possible enactment of Federal healthcare reform laws or reform laws in states where we operate hospital facilities (including Medicaid waivers and other reforms).

*Acquisition Related Matters*

our ability to integrate acquired hospitals and implement our business strategy;

the ability to integrate effectively SunLink's and HealthMont's information systems, operations, and personnel in a timely and efficient manner; and

other risk factors described herein.

As a consequence, current plans, anticipated actions, and future financial condition and results may differ from those expressed in any forward-looking statements made by or on behalf of SunLink or HealthMont. You are cautioned not to unduly rely on such forward-looking statements when evaluating the information presented in this joint proxy statement/prospectus. Neither SunLink nor HealthMont undertake any obligation to update publicly or revise any forward-looking statements.

**Table of Contents**

**THE SUNLINK SPECIAL MEETING OF SHAREHOLDERS**

**Date, Time, and Place of the Special Meeting**

The special meeting of shareholders of SunLink Health Systems, Inc., will be held at 2:00 p.m., local time, on \_\_\_\_\_, 2003, at the Sheraton Suites Galleria, 2844 Cobb Parkway S.W., Atlanta, Georgia 30339.

**Purpose of the Special Meeting**

The SunLink board of directors will convene its special meeting of SunLink's shareholders one business day after the HealthMont special meeting of its shareholders. The special meeting is being held so that shareholders of SunLink may consider and vote upon a proposal to approve the merger agreement among HealthMont, SunLink, and HM Acquisition Corp., a wholly owned subsidiary of SunLink, and to transact any other business that properly comes before the special meeting or any adjournment or postponement of the special meeting. At the meeting, SunLink's shareholders will be asked to approve:

a resolution to approve the merger agreement including:

to authorize the issuance of SunLink common shares in exchange for currently outstanding HealthMont common shares; and

to authorize the issuance of SunLink options and warrants in place of currently outstanding HealthMont options and warrants.

The SunLink board of directors has approved the merger and will unanimously recommend at the special shareholders meeting that SunLink's shareholders approve the above resolution. The affirmative vote of holders of two-thirds of the total outstanding SunLink common shares is required to approve the issuance of SunLink common shares in the merger, to approve the issuance of options and warrants to replace certain currently outstanding HealthMont options and warrants, and to approve the merger.

The completion of the merger also is subject to, among other things, the approval of the merger agreement by shareholders of HealthMont. See *The Merger Agreement Conditions to Each Party's Obligation to Complete the Merger* beginning on page 74 of this document.

**Record Date for the Special Meeting; Stock Entitled to Vote**

The SunLink board of directors has fixed the close of business on \_\_\_\_\_, 2003, as the record date for determination of SunLink shareholders entitled to receive notice of and to vote at the special meeting. On the record date, there were approximately 4,997,592 shares of SunLink common stock outstanding which were held by approximately 750 holders of record. Holders of record of SunLink common stock on the record date are each entitled to one vote per share on each matter to be considered at SunLink's special meeting.

**Vote Required**

The presence, in person or by proxy, of the holders of a majority of the shares of SunLink common stock outstanding and entitled to vote constitutes a quorum for the transaction of business at the special meeting. Abstentions and broker non-votes are included in determining whether a quorum is present. A broker non-vote occurs when a broker or nominee holding shares for a beneficial owner does not vote on a particular proposal because the broker or nominee does not have discretionary voting power on that item and has not received instructions from the beneficial owner.

In the event that a quorum is not present at the special meeting, it is expected that SunLink will adjourn or postpone the special meeting to solicit additional proxies. The affirmative vote of the holders of at least two-thirds of the total SunLink common stock outstanding and entitled to vote at the special meeting is required for SunLink's shareholders to approve the merger agreement.

## **Table of Contents**

### **Share Ownership of Management**

At the close of business on the record date for the SunLink special meeting, the board of directors and executive officers of SunLink and their affiliates owned and were entitled to vote approximately 1,230,109 shares of SunLink common stock, which shares represented approximately 24.6% of the shares of SunLink common stock entitled to vote at the special meeting. SunLink's board of directors and executive officers have stated their intention, as of the date of this document, to vote for approval of the merger agreement.

For a description of SunLink's significant shareholders, see *Ownership of SunLink's Securities by Management and Significant Shareholders* beginning on page 113 of this joint proxy statement/prospectus.

### **Proxies and Effect on Vote**

All shares of SunLink common stock represented by properly executed proxies received before or at the special meeting will, unless the proxies are revoked, be voted in accordance with the instructions indicated on the proxy card. If you return a properly executed proxy which does not indicate any instructions, the SunLink shares represented by your proxy will be considered present at the special meeting for purposes of determining a quorum and for purposes of calculating the vote and will be voted **FOR** the approval of the merger agreement.

If you return a properly executed proxy and you have specifically abstained from voting on the adoption of the merger agreement, the SunLink shares represented by your proxy will be considered present and entitled to vote at the special meeting for purposes of determining the existence of a quorum but will not be considered to have been voted in favor of the approval of the merger agreement. If a broker or other nominee holding shares of SunLink common stock in street name signs and returns a proxy but indicates on the proxy that it does not have discretionary authority to vote certain shares on the approval of the merger agreement, those shares will be considered present at the meeting but not entitled to vote. They will, therefore, not be counted for purposes of determining the presence of a quorum and will not be considered to have been voted for the approval of the merger agreement.

*Abstentions, failures to vote, and broker non-votes by SunLink shareholders will have the same effect as a vote against the approval of the merger agreement.*

SunLink is not aware of any matters expected to be brought before the special meeting other than as described in its notice of special meeting. If, however, other matters are properly presented, the persons named as proxies in the enclosed form of proxy will have discretion to vote or not vote in accordance with their judgment with respect to those matters, unless authorization to use that discretion is withheld. However, if a proposal to adjourn SunLink's special meeting is properly presented, the persons named in the enclosed form of proxy will not have discretion to vote in favor of the adjournment proposal any shares which have been voted against the proposal(s) to be presented at the special meeting.

### **Submission of Proxies**

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

SunLink shareholders may submit their proxy by attending the SunLink special meeting and delivering their proxy cards in person at the meeting, or by completing the enclosed proxy card, signing and dating it, and mailing it in the enclosed postage pre-paid envelope. If your shares are held in street name, that is, in the name of a broker, bank or other record holder, you must either direct the record holder of your shares as to how to vote your shares or obtain a proxy from the record holder to vote at the SunLink special meeting. Only holders of record on the record date may vote at the meeting.

### **Revocation of Proxies**

SunLink shareholders may revoke their proxy at any time before it is voted by:

notifying the secretary of SunLink in writing, including by telegram or telecopy, that the proxy is revoked;

## **Table of Contents**

sending a later-dated proxy to the secretary of SunLink or giving a later-dated proxy to a person who attends the special meeting; or

in the case of holders of record, appearing in person and voting at the special meeting.

Attendance at the special meeting will not in and of itself constitute revocation of a proxy. You should send any later-dated proxy or notice of revocation of a proxy, which must be delivered before the taking of the vote at the SunLink special meeting, to:

SunLink Health Systems, Inc.

900 Circle 75 Parkway, Suite 1300

Atlanta, Georgia 30339

Attention: Maria Robinson

## **Solicitation of Proxies**

In addition to solicitations by mail, directors, officers, and regular employees of SunLink may solicit proxies from shareholders personally or by telephone or other electronic means. These individuals will not receive any additional compensation for doing so. SunLink will bear its own costs of soliciting proxies. SunLink will also make arrangements with brokers and other custodians, nominees, and fiduciaries to send this prospectus/proxy statement to beneficial owners of SunLink common stock and, upon request, will reimburse those brokers and other custodians for their reasonable expenses in forwarding these materials. SunLink will use Georgeson Shareholder Communications, Inc. to assist in the solicitation of proxies for a fee estimated not to exceed \$25,000.

## **Appraisal Rights**

Pursuant to the Ohio General Corporation Law, SunLink's shareholders may dissent from the transaction and elect to have the fair cash value of their shares judicially determined and paid in cash, but only if such shareholders comply with the applicable provisions of the Ohio General Corporation Law as described under *The Merger Dissenters' Rights SunLink Shareholders* .



## **Table of Contents**

### **THE HEALTHMONT SPECIAL MEETING OF SHAREHOLDERS**

#### **Date, Time and Place of the Special Meeting**

The special meeting of shareholders of HealthMont is scheduled to be held at 10:00 a.m., local time, on \_\_\_\_\_, 2003 at the offices of Stokes Bartholomew Evans & Petree, P.A., 424 Church Street, Suite 2800, Nashville, Tennessee 37219.

#### **Purpose of the Special Meeting**

The special meeting is being held to consider and vote upon a proposal to approve the merger agreement including the merger contemplated thereby, and the related transactions by and among HealthMont, SunLink and HM Acquisition Corp., a wholly-owned subsidiary of SunLink, pursuant to which HealthMont will combine with SunLink through the merger of HealthMont with and into SunLink's wholly-owned subsidiary. As part of the merger, each share of HealthMont common stock outstanding at the time of the merger will be converted into the right to receive a certain number of shares of SunLink common stock, as described in the merger agreement. As a condition to the completion of the merger and as part of the March Transactions, HealthMont divested itself of the Vinsant hospital located in San Benito, Texas. This divestiture was completed through the distribution to Timothy S. Hill, HealthMont's chief executive officer, of (i) shares of HealthMont's wholly-owned subsidiary, HealthMont of Texas, Inc. (the parent corporation of HealthMont of Texas I, LLC, the owner and operator of the hospital), plus (ii) a cash payment of \$25,000, approximately equal to 25% of the market value of the HealthMont of Texas, Inc. shares, in exchange for 250,000 shares of HealthMont's common stock owned by Mr. Hill.

The completion of the merger is subject to, among other things, the approval of the merger agreement by shareholders of HealthMont. See *The Merger Agreement - Conditions to Each Party's Obligation to Complete the Merger* on page 74 of this document.

#### **Record Date for the Special Meeting; Stock Entitled to Vote**

The HealthMont board of directors has fixed the close of business on \_\_\_\_\_, 2003, as the record date for determination of HealthMont shareholders entitled to receive notice of and to vote at the special meeting. On the record date, there were approximately \_\_\_\_\_ shares of HealthMont common stock outstanding which were held by approximately \_\_\_\_\_ holders of record. Holders of record of HealthMont common stock on the record date are each entitled to one vote per share on each matter to be considered at HealthMont's special meeting.

#### **Vote Required for the Approval of the Merger Agreement; Share Ownership of Management**

A majority of the outstanding shares of HealthMont common stock entitled to vote at the special meeting must be represented at the special meeting, either in person or by proxy, to constitute a quorum at the special meeting. In the event that a quorum is not present at the special meeting, it is expected that HealthMont will adjourn or postpone the special meeting to solicit additional proxies. The affirmative vote of the holders of at least seventy-five percent of HealthMont common stock outstanding and entitled to vote at the special meeting is required to approve the merger agreement.

At the close of business on the record date for the special meeting, the board of directors and executive officers of HealthMont and their affiliates beneficially owned and were entitled to vote approximately 1,536,087 shares of HealthMont common stock, which shares represented approximately 24.1% of the shares of HealthMont common stock entitled to vote at the special meeting. HealthMont's board of directors and executive officers have informed HealthMont that, as of the date of this document, they intend to vote for approval of the merger agreement.

## **Table of Contents**

### **Proxies and Effect on Vote**

All shares of HealthMont common stock represented by properly executed proxies received before or at the special meeting will, unless the proxies are revoked, be voted in accordance with the instructions indicated on the proxy card. If you return a properly executed proxy which does not indicate any instructions, the HealthMont shares represented by your proxy will be considered present at the special meeting for purposes of determining a quorum and for purposes of calculating the vote and will be voted **FOR** the approval of the merger agreement.

If you return a properly executed proxy and you have specifically abstained from voting on the adoption of the merger agreement, the HealthMont shares represented by your proxy will be considered present and entitled to vote at the special meeting for purposes of determining the existence of a quorum but will not be considered to have been voted in favor of the approval of the merger agreement. If a broker or other nominee holding shares of HealthMont common stock in street name signs and returns a proxy but indicates on the proxy that it does not have discretionary authority to vote certain shares on the approval of the merger agreement, those shares will be considered present at the meeting but not entitled to vote. They will, therefore, not be counted for purposes of determining the presence of a quorum and will not be considered to have been voted for the approval of the merger agreement.

Abstentions, failures to vote, and broker non-votes by HealthMont shareholders will have the same effect as a vote against the approval of the merger agreement.

HealthMont is not aware of any matters expected to be brought before the special meeting other than as described in its notice of special meeting. If, however, other matters are properly presented, the persons named as proxies in the enclosed form of proxy will have discretion to vote or not vote in accordance with their judgment with respect to those matters, unless authorization to use that discretion is withheld. However, if a proposal to adjourn HealthMont's special meeting is properly presented, the persons named in the enclosed form of proxy will not have discretion to vote in favor of the adjournment proposal any shares which have been voted against the proposal(s) to be presented at the special meeting.

### **Submission of Proxies**

You may submit your proxy by attending the HealthMont special meeting and voting your shares in person at the meeting, or by completing the enclosed proxy card, signing and dating it and mailing it in the enclosed postage pre-paid envelope.

*You should NOT send in any stock certificates with your proxy card. A transmittal form with instructions for the surrender of HealthMont stock certificates will be mailed to you shortly after the merger is completed.*

### **Revocation of Proxies**

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

You may revoke your proxy at any time before it is voted by:

notifying the secretary of HealthMont in writing, including by telegram or telecopy, that the proxy is revoked;

sending a later-dated proxy to the secretary of HealthMont or giving a later-dated proxy to a person who attends the special meeting;  
or

appearing in person and voting at the special meeting.

Attendance at the special meeting will not in and of itself constitute revocation of a proxy. You should send any later-dated proxy or notice of revocation of a proxy, which must be delivered before the taking of the vote at the HealthMont special meeting, to:

HealthMont, Inc.

111 Long Valley Road

Brentwood, Tennessee 37027

Attention:

## **Table of Contents**

### **Solicitation of Proxies**

In addition to solicitations by mail, directors, officers, and regular employees of HealthMont may solicit proxies from shareholders personally or by telephone or other electronic means. These individuals will not receive any additional compensation for doing so. HealthMont will bear its own costs of soliciting proxies. HealthMont will also make arrangements with any custodians, nominees and fiduciaries to send this joint proxy statement/prospectus to beneficial owners of HealthMont common stock and, upon request, will reimburse those custodians for their reasonable expenses in forwarding these materials.

### **Appraisal Rights**

Pursuant to Chapter 23 of the Tennessee Business Corporation Act, HealthMont's shareholders may dissent from the merger and elect to have the fair value of their shares judicially determined and paid in cash, but only if such shareholders comply with the applicable provisions of the Tennessee Business Corporation Act as described under *The Merger Agreement Dissenters Rights HealthMont Shareholders* .

**Table of Contents**

**THE MERGER**

**General**

The boards of directors of SunLink and HealthMont each have determined that the merger of HealthMont into a wholly-owned subsidiary of SunLink is in the best interests of their respective corporations and shareholders.

SunLink's board of directors is using this joint proxy statement/prospectus to solicit proxies from the holders of SunLink common stock for use at the SunLink special meeting and in connection with the registration of the SunLink securities to be issued in or pursuant to the merger. HealthMont's board of directors is also using this document to solicit proxies from the holders of HealthMont common stock for use at the HealthMont special meeting.

**Background of the Merger**

In September 1998, the board of directors of KRUG International Corp., the predecessor to SunLink Health Systems, Inc., determined that the company should consider divesting its then-existing businesses, which were primarily industrial companies located in the United Kingdom and Europe, and direct its capital and efforts toward the acquisition of healthcare businesses in the United States. The board made its determination based on the unsatisfactory performance of the company's then-existing businesses, the perceived lack of growth opportunities in those businesses, the difficulty of managing overseas businesses, and the perceived lack of market support for the company's common stock due to its core operations being overseas.

During 1999, SunLink began evaluating opportunities in the U.S. healthcare industry and concluded that acquisition of community hospitals was desirable to establish a U.S. healthcare business because, among other things, we believed:

the Balanced Budget Act of 1997 ( BBA 97 ) had moderated the sales prices of hospitals;

legislative sentiment seemed to indicate that some relief from negative provisions of the BBA 97 would be forthcoming for rural hospitals;

certain companies which bought hospitals before BBA 97 might be motivated sellers;

SunLink had access to resources sufficient with which to make an initial acquisition of at least one and potentially several community hospitals; and

SunLink's management possessed, or because of its prior hospital experience had access to, the requisite management skills and experience necessary to acquire and subsequently manage community hospitals.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

SunLink reviewed a number of potential hospital acquisitions in 1999 and 2000, and in February 2000 formed SunLink Healthcare Corp., a wholly-owned subsidiary holding company to own and operate community hospitals which it initially might acquire. On February 1, 2001, SunLink Healthcare Corp. acquired six community hospitals for approximately \$26.5 million from a private company. At its annual meeting of shareholders on August 20, 2001 SunLink adopted its current name.

SunLink's strategy has been to focus its efforts on internal growth of its six existing hospitals, supplemented by growth from selected hospital acquisitions. During 2001 and 2002, SunLink concentrated its efforts on the operation and improvement of the six acquired hospitals, but continued to evaluate certain hospitals which were for sale as well as to review selected hospitals which SunLink thought might become available for sale.

Around the time of HealthMont's inception, SunLink's management was aware of HealthMont as a hospital management company that owned and operated general acute care community hospitals located in rural and non-urban markets. HealthMont commenced operations in September 2000 following its acquisition of four hospitals from New American Healthcare Corporation, or NAHC, in connection with NAHC's bankruptcy in 2000.

## Table of Contents

HealthMont purchased the hospitals from NAHC for approximately \$11 million cash. HealthMont believed that the hospitals, had under-performed while owned by NAHC as the result of factors specific to NAHC and its business environment, including NAHC's excessive indebtedness. HealthMont believed that it could increase profitability and enhance growth at these specific hospitals by implementing a focused management approach to their operations. The four hospitals were also intended to serve as a platform to support HealthMont's corporate structure and its future operating and growth strategy. HealthMont subsequently acquired a fifth hospital in January 2001 from a subsidiary of CHAMA, Inc., a not-for-profit corporation that filed for bankruptcy protection in the fourth quarter of 1998.

HealthMont's business strategy was to acquire under-performing hospitals within its niche market and to attempt to achieve profitability on a hospital-by-hospital and system-wide basis through margin improvement obtained by reduced expenses and increased utilization, the expansion of service offerings to grow revenue at facilities and reduce patient out-migration, and increased focus on business operations. In order to successfully implement this strategy, however, it was important for HealthMont to expand its business through the identification and acquisition of additional hospitals within its market and to execute a detailed integration plan for each acquisition. As of the end of the first quarter of 2001, HealthMont had not been able to achieve its desired profitability with its limited number of hospitals. In addition, certain of HealthMont's hospitals were not performing at expected levels. As a result, HealthMont's management and its board of directors determined that it was necessary to raise additional capital to fund necessary acquisitions of new hospitals and to make improvements at HealthMont's existing hospitals. Following this determination, during the second quarter of 2001, HealthMont engaged UBS Warburg LLC as its financial advisor to assist HealthMont in its efforts to raise up to \$40 million in additional funds through the private placement of the company's equity securities.

During the summer of 2001, with the assistance of UBS Warburg, HealthMont prepared a private placement memorandum and entered into preliminary negotiations with one or more potential investors. However, due to the events of September 11, 2001 and other market-related events during the late summer and fall of 2001, and the continued under-performance of its then existing hospitals, HealthMont was unable to complete any transaction on terms favorable to HealthMont or otherwise. Subsequently, in late 2001, HealthMont terminated its relationship with UBS Warburg in light of UBS's inability to raise capital for HealthMont.

Due to its limited number of hospitals and the continued under-performance of certain of its hospitals, during the fourth quarter of 2001 and into the first quarter of 2002, HealthMont experienced significant liquidity and capital constraints. Following its unsuccessful attempts to raise capital during 2001, HealthMont began to consider various strategic alternatives such as obtaining various types of debt financing or pursuing a sale of assets or merger of the company, while at the same time continuing its efforts to raise additional capital through the sale of equity. In order to fund HealthMont's immediate capital needs, in January 2002, HealthMont obtained \$1,650,000 in over-line borrowings under its revolving credit facility. In connection with this arrangement, certain members of HealthMont's board of directors were required to provide letters of credit referred to herein as the Overline Letters of Credit in favor of HealthMont's lender to secure the borrowings. The directors that provided the letters of credit were Gene E. Burleson, E. Thomas Chaney, Richard E. Ragsdale and Timothy S. Hill. A letter of credit was also provided by Chicago Private Investments, Inc., a shareholder of HealthMont. As consideration for the issuance of the letters of credit, the directors and shareholder who issued the letters of credit were subsequently issued warrants to purchase an aggregate of 660,000 shares of HealthMont's common stock at an exercise price of \$1.25 per share.

In order to focus its operations within the community hospital market and position itself better to capitalize on any strategic alternatives available to it, in February 2002, HealthMont sold two of its hospitals, both of which were located in Portland, Oregon. HealthMont determined that it was in the company's best interest to complete the sale of these hospitals since each hospital was located in an urban market and therefore did not match HealthMont's core business focus on community hospitals. The net proceeds of the sale were used to repay certain indebtedness and provided no material working capital to HealthMont.

While finalizing the sale of the Portland hospitals, HealthMont's management and board of directors continued to review several strategic alternatives for the company. As part of this process, members of





## **Table of Contents**

HealthMont's management, including its Chief Executive Officer, Timothy S. Hill, and certain of its directors, began meeting with potential investors and acquirers. One of these parties was SunLink.

On February 18, 2002, Mr. Hill contacted SunLink's Chief Executive Officer, Robert M. Thornton, Jr., by telephone regarding a combination of the two companies. Mr. Hill had become aware of SunLink and Mr. Thornton as the result of the two companies' activities in the rural and non-urban hospital market and their prior competition to acquire hospitals. Mr. Hill explained to Mr. Thornton that HealthMont was in the process of divesting two urban hospitals in Oregon. Mr. Hill provided an overview of HealthMont and said he thought the similar objectives of SunLink and HealthMont could result in a combination which would increase shareholder value. At that time, Mr. Thornton was aware of HealthMont and believed there might be some synergies to combining HealthMont and SunLink. Mr. Thornton and Mr. Hill discussed the concept of a merger. Mr. Thornton and Mr. Hill also discussed the management and boards of directors of each company. Mr. Hill also provided a brief summary of the operating results of HealthMont's hospitals in Adel, Georgia, and Fulton, Missouri and mentioned the possibility of divesting a third hospital operated by HealthMont in San Benito, Texas, which Mr. Thornton indicated did not fit SunLink's strategy. Mr. Thornton and Mr. Hill agreed to talk further after HealthMont's disposal of its Oregon hospitals.

After the call, Mr. Thornton discussed the possibility of a HealthMont transaction with selected members of the SunLink Board of Directors and with SunLink's CFO and COO. All agreed it was worthwhile to continue discussions of a possible merger with HealthMont.

Mr. Thornton and Mr. Hill later scheduled a follow-up meeting for February 28, 2002, in Washington, D.C., in connection with a meeting both planned to attend. Mr. Hill later canceled the Washington meeting due to activity relating to the sale of HealthMont's Oregon hospitals.

Mr. Thornton and Mr. Hill talked by telephone on March 6, 2002, at which time they discussed a possible exclusivity arrangement, the potential rate of growth of the companies' respective hospitals, and HealthMont's desires with respect to ownership of the combined company. No agreement could be reached on the exclusivity arrangement or HealthMont's shareholders' ownership of the combined company, and Mr. Thornton and Mr. Hill agreed they should talk again if either's circumstances changed.

On March 14, 2002, at a special meeting, HealthMont's board reviewed a strategic planning presentation which provided an update on HealthMont's efforts to raise additional capital and various other alternatives potentially available to HealthMont to address its liquidity and capital constraints. As part of this presentation, the directors were formally informed of Mr. Hill's contact with Mr. Thornton and their discussion regarding a potential combination of the companies. At that meeting, the HealthMont board recommended that HealthMont continue its efforts to raise additional capital through the sale of equity and pursue other potential strategic alternatives, including discussions with SunLink.

Following the March 14, 2002 HealthMont board meeting, Mr. Hill continued HealthMont's efforts to raise capital while at the same time continuing to communicate with Mr. Thornton on a potential transaction. HealthMont, however, continued to be unsuccessful in its efforts to find equity investors.

On March 15, 2002, Mr. Thornton reported to SunLink's Board of Directors on the discussions and briefly discussed financing considerations which might include raising equity in the form of a sale of stock or a rights offering to existing shareholders. The SunLink board encouraged Mr. Thornton to explore a possible merger with HealthMont to determine if it could be achieved on satisfactory terms.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Mr. Hill called Mr. Thornton on March 26, 2002 to say he still thought a merger of the companies made sense and that the valuation of each company was a matter they should discuss further. Mr. Thornton and Mr. Hill discussed certain management issues relating to a possible combination of the companies and agreed to meet in Atlanta on April 2, 2002, to continue their discussions. Mr. Thornton and Mr. Hill agreed to proceed without any exclusivity agreement and Mr. Hill stated that he was continuing to seek to raise equity capital for HealthMont to use for growth and acquisitions.

## Table of Contents

At the meeting in Atlanta on April 2, 2002, Mr. Hill presented information about the sale of HealthMont's Oregon hospitals, a brief operating review, and a strategic overview of HealthMont's Dolly Visant hospital in Texas, including possible alternatives for divestiture of such hospital. Mr. Hill also presented information about HealthMont's debt structure, corporate office, information technology systems, insurance arrangements, and significant shareholders. Mr. Thornton and Mr. Hill held extensive discussions about the governance of a combined company, specifically representation by HealthMont on SunLink's board, and negotiated over the portion of the combined company that should be owned by the HealthMont shareholders. Mr. Thornton and Mr. Hill were unable to reach agreement on the board representation for HealthMont or the portion of the combined company HealthMont's shareholders should own. Mr. Thornton and Mr. Hill agreed to stay in touch without any specific plans for future discussions.

Mr. Hill called Mr. Thornton on April 8, 2002, and advised him that HealthMont's efforts to raise equity were proceeding but that HealthMont believed the timing was unfavorable in light of HealthMont's growth objectives and that HealthMont would consider a merger. Mr. Thornton and Mr. Hill were unable to reach agreement on the shares to be issued, but agreed that the process to continue discussions should involve (1) agreement on the number of shares to be issued, (2) the performance of due diligence, (3) the negotiation and execution of a merger agreement, and (4) the preparation of materials to submit any transaction to the companies' respective shareholders.

On April 8, 2002, Mr. Thornton updated a summary of the transaction and reviewed it with Pete Morris, president of SunLink Healthcare Corp. Mr. Thornton then reviewed the proposed transaction with the SunLink Executive Committee members, Karen Brenner and Howard Turner, on April 9, 2002. The discussion with the Executive Committee members focused on the valuation of HealthMont, the operating profile of the combined companies, and the desirability of the HealthMont transaction compared to other possible hospital acquisition opportunities which Mr. Thornton believed could arise within the next nine to twelve months. Mr. Thornton believed that due to SunLink's capital structure and management resources, the HealthMont merger, if consummated, would make it unlikely SunLink could complete another acquisition of similar size for that period of time. Mr. Morris and the members of the SunLink Executive Committee all thought the corporation should pursue the HealthMont transaction.

Mr. Thornton called Mr. Hill on April 9, 2002, and proposed a merger under which SunLink would issue 1,350,000 shares for all issued and outstanding HealthMont shares. The merger would be subject to a number of terms and conditions, including due diligence, HealthMont's designation of one member to SunLink's Board, and the sale or divestiture of HealthMont's Texas hospital. Mr. Thornton and Mr. Hill agreed to proceed under these terms and execute a confidentiality agreement.

Mr. Hill called Mr. Thornton on April 12, 2002 during which call he said he had not talked to his Board but might proceed with limited due diligence under the confidentiality agreement. Mr. Thornton advised that SunLink's price of 1,350,000 shares was firm and told Mr. Hill if HealthMont decided to proceed to call Mr. Morris to arrange a confidentiality agreement and due diligence.

Mr. Morris and Mr. Hill talked by telephone on April 15, 2002, and discussed HealthMont's debt level, certain costs related to HealthMont's debt, and the possible need to refinance the debt. Mr. Morris and Mr. Hill also discussed the operating results at HealthMont's Memorial Hospital of Adel in Adel, Georgia, and Callaway Memorial Hospital in Fulton, Missouri, and the nature and amount of certain costs involved in eliminating HealthMont's corporate office. Mr. Morris confirmed the number of shares SunLink was willing to offer for HealthMont (1,350,000) and Mr. Hill indicated that HealthMont had a board meeting scheduled for April 17, 2002, at which he would seek approval to proceed with the transaction.

At a special meeting held on April 17, 2002, HealthMont's board of directors was updated on the status of the search for equity investors, as well as the status of Mr. Hill's conversations with Mr. Thornton regarding a potential transaction. The board was informed of the type and amount of

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

merger consideration proposed by SunLink, as well as SunLink's review of HealthMont's level of indebtedness. The HealthMont board then

## Table of Contents

discussed the proposed level of ownership of the combined company by HealthMont's existing shareholders and the membership of the combined companies' board of directors. The HealthMont board authorized Mr. Hill to continue to pursue a transaction with SunLink.

Mr. Hill called Mr. Morris on April 18, 2002, and said the HealthMont board of directors had authorized moving forward, although they wanted to designate two SunLink board members. Mr. Morris and Mr. Hill discussed the process of conducting due diligence, both at the hospitals and at HealthMont's corporate office.

On May 1, 2002, Mr. Morris and Harry Alvis, SunLink's COO, traveled to Fulton, Missouri to meet Mr. Hill and take a tour of the Callaway Memorial Hospital hosted by the hospital's CEO.

At SunLink's regularly-scheduled board meeting on May 6, 2002, Mr. Thornton led a discussion of the HealthMont transaction, including a discussion of the reasons for, and nature of, the transaction, its structure and price, the due diligence process, major issues known at that time, and the expected timing of the transaction. Mr. Thornton explained to the SunLink board that management believed the transaction was desirable because the HealthMont hospitals in Adel, Georgia, and Fulton, Missouri, were geographically and operationally similar to those operated by SunLink, that the HealthMont shareholder group seemed compatible with SunLink's, as well as diverse for a small private company, that the merger could increase the liquidity afforded SunLink's shares, and that the price of 1,350,000 SunLink shares plus assumption of certain HealthMont debt seemed reasonable based on information reviewed to date. Mr. Thornton advised the SunLink board that HealthMont wanted to designate one person for election to the SunLink board, although they continued to seek two SunLink board seats, and that the transaction was conditioned on HealthMont selling its Texas hospital at no loss, and being free of significant contingencies. The SunLink board also discussed certain major issues foreseen at that time, including completion of due diligence and confirmation of the valuation supporting the shares to be issued and debt to be assumed or refinanced. The SunLink board further discussed the process leading to consummation of the merger, including audits of both companies, negotiation of documents, and submission of the transaction to a vote of the shareholders of both companies. Mr. Thornton had previously discussed raising equity with several investment bankers and advised the SunLink board of management's belief that SunLink should consider raising equity in connection with an acquisition, including the possible HealthMont merger. The SunLink board did not take any action at the May 6 meeting but encouraged Mr. Thornton to proceed with exploration of a possible HealthMont transaction.

On May 3, 2002, Mr. Thornton, Mr. Morris, and Mr. Alvis, met Mr. Hill at Memorial Hospital of Adel and were given a tour by the hospital's CEO.

On May 7, 2002, Mr. Thornton traveled to Fulton, Missouri and on May 7 and 8 viewed Callaway Memorial Hospital and the Fulton area.

Mr. Thornton called Mr. Hill on May 8, 2002 to advise him of SunLink's desire to move forward and to discuss certain operational issues relating to capital needs of HealthMont prior to closing and possible reductions in HealthMont's corporate staff. Mr. Thornton and Mr. Hill also discussed possible terms to be incorporated into the merger agreement relating to other offers and break-up fees, SunLink's possible stock price movement before closing, and limitations on sales of SunLink stock after the merger by HealthMont's significant shareholders. No agreements were reached on the call but Mr. Thornton agreed to authorize SunLink's attorneys to draft a merger agreement, and he and Mr. Hill agreed to discuss certain issues with their respective attorneys and to arrange a meeting to negotiate the merger agreement.

On May 13, 2002, HealthMont's board of directors met again and was informed by Mr. Hill that he was continuing to negotiate with Mr. Thornton and that SunLink had begun performing a limited amount of due diligence on HealthMont and its hospitals. The board authorized Mr. Hill to continue his efforts with respect to SunLink, as well as to continue efforts with respect to other strategic alternatives, including pursuing equity financing. In this regard, on May 24, 2002, the board authorized HealthMont's engagement of Harpeth Capital Atlanta (which has since

changed its name to Caymus Partners LLC) to assist HealthMont in obtaining equity financing.

**Table of Contents**

Mr. Thornton and Mr. Hill talked by telephone on May 18, 2002, and agreed to meet in Atlanta with their attorneys on May 21, 2002, to begin negotiation of the merger agreement, a draft of which had been sent to Mr. Hill. Mr. Thornton and Mr. Hill discussed several issues relating to the agreement, including the possible assumption of HealthMont's debt, a portion of which was supported by letters of credit posted by certain HealthMont shareholders, and the treatment of consulting contracts between HealthMont and its board members which required payments over approximately two years, and the treatment of outstanding HealthMont options and warrants. Mr. Hill proposed to settle the HealthMont board consulting contracts and warrants by SunLink issuing warrants to HealthMont board members and increasing the number of SunLink's shares issuable to HealthMont's shareholders. Mr. Thornton agreed to take the proposal under advisement.

In May, SunLink engaged Cardinal Advisors, LLC (who has since changed its name to Chatham Capital Partners, Inc.) to represent it in connection with arranging the assumption or refinancing of HealthMont's debt. At that time, Chatham Capital was working under an advisory agreement with SunLink to arrange debt financing for SunLink's replacement hospital in Jasper, Georgia. Mr. Thornton also met with other possible sources of debt and equity funding during late May but did not identify any sources he believed suitable for the HealthMont transaction.

During May and through June 2002, Mr. Hill continued negotiations with Mr. Thornton concerning a potential transaction, focusing on, among other things, issues concerning HealthMont's indebtedness. During this period, the parties continued negotiation of the terms of a merger agreement. At special meetings of the HealthMont board of directors held on June 20, 2002 and June 27, 2002, HealthMont's board of directors received updates on the status of the negotiations and proposed terms of the transaction and authorized Mr. Hill to continue negotiations with SunLink.

During the course of these negotiations, due to SunLink's business strategy and the particularly poor financial performance of HealthMont's Dolly Vinsant Memorial Hospital in San Benito, Texas and the existence of certain liabilities associated with its operations, SunLink conclusively determined that it was not interested in completing a transaction with HealthMont if it would obtain Dolly Vinsant as part of the transaction or, if it was required to do so, the consideration to be paid by SunLink for the acquisition of HealthMont would have to be significantly reduced. As a result, HealthMont explored various alternatives to address this issue, including structuring the transaction as an asset purchase rather than a merger, pursuant to which only the Callaway Community Hospital and the Memorial Hospital of Adel would be acquired by SunLink. However, HealthMont determined that such a transaction was not feasible for it due to, among other things, certain contingent liabilities associated with the hospitals that would have to be reserved for by HealthMont and certain potential tax risks to HealthMont and its shareholders.

As a result of the foregoing, HealthMont also explored various means of disposing of its Texas hospital, including its sale to an independent third party. Following an extensive search for a purchaser of such hospital, HealthMont determined that a sale of its Texas hospital to a third party in a timely manner was not possible. As a result, in order to facilitate the completion of a transaction with SunLink, Mr. Hill initially agreed to acquire HealthMont's Texas hospital from HealthMont provided that he could obtain additional capital to assist in the operation of such hospital immediately following its divestiture by HealthMont.

Mr. Thornton and Mr. Hill continued to discuss the merger terms and SunLink continued its due diligence activities through June 2002. During the latter part of May and June, Mr. Thornton and Mr. Hill also discussed the board consulting agreements, HealthMont's warrants, and the Overline Letters of Credit supporting \$1,650,000 of HealthMont's debt.

On June 25, 2002, Mr. Thornton and Mr. Alvis attended a meeting of rural hospitals held at Memorial Hospital in Adel, Georgia. Mr. Hill also attended the meeting and provided additional information about HealthMont's Adel facility.



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

On July 3, 2002, Mr. Thornton and Mr. Hill discussed by telephone the Overline Letters of Credit and were unable to reach agreement on terms for their extension. On July 5, 2002, Mr. Thornton received a call from

## Table of Contents

Richard Ragsdale, a member of the HealthMont board, and discussed the Overline Letters of Credit. Mr. Thornton agreed that in consideration of the cancellation of the warrants held by the HealthMont board members and the extension of the Overline Letters of Credit for 18 months from closing of the merger, and under certain other conditions, SunLink would pay the individuals who posted the Overline Letters of Credit a monthly fee at the rate of 5% per annum of the outstanding amount of the Overline Letters of Credit. Mr. Thornton also indicated that SunLink would agree to issue 350,000 shares if the Overline Letters of Credit were called and the underlying debt paid off.

On July 9, 2002, Mr. Thornton and Mr. Morris, together with SunLink's advisors and Mr. Hill, discussed with HealthMont's lender, Heller Healthcare Finance, Inc., by telephone the proposed acquisition and SunLink's desire to have the surviving corporation assume HealthMont's debt owed to such senior lender. SunLink also outlined modifications to the debt which it required in connection with the acquisition. Heller agreed to consider the proposal and HealthMont and SunLink agreed to visit the lender's offices to make a presentation relating to the acquisition and the debt modifications.

By telephone call on July 16, 2002, Mr. Thornton and Mr. Hill, together with the companies' attorneys, discussed the status of the merger discussions, due diligence, and the request for debt modifications. The parties also discussed a timetable to complete the merger.

During July 2002, the parties continued their negotiations. The parties also continued negotiations with Heller with respect to its consent to the proposed transaction and certain modifications to the terms of HealthMont's indebtedness required by SunLink in connection with the completion of the transactions. SunLink also continued its due diligence of HealthMont. In order to assist HealthMont in conserving working capital while the merger was being negotiated, Mr. Hill proposed that the companies enter into a management agreement whereby SunLink would manage HealthMont's hospitals through the completion of the merger. After considering certain details of this proposal, however, the parties agreed not to pursue such an agreement.

On July 23, 2002, Mr. Thornton, Mr. Hill, and a principal of Chatham Investment Fund met with Heller in Chevy Chase, Maryland, to discuss the merger and debt modifications. Heller's representatives indicated they were favorably inclined toward the assumption of HealthMont's debt by SunLink as part of the merger and asked questions about a number of economic and operating matters.

SunLink continued its due diligence activities throughout July in addition to providing information to Heller. On July 24, 2002, HealthMont's board of directors held a special meeting during which Mr. Hill advised the board of directors on the status of negotiations with SunLink. Because the consideration proposed by SunLink was shares of SunLink's common stock, the board was also provided with information regarding SunLink and its businesses. HealthMont's legal counsel then presented the most current terms of the merger agreement, including the proposed exchange ratio to the HealthMont board. The HealthMont board also discussed the most current terms of the transaction related to the divestiture of HealthMont's Vinsant hospital. It deliberated and considered various ways of structuring the divestiture other than through a transaction with Mr. Hill, including a distribution of the shares of HealthMont's wholly-owned subsidiary, HealthMont of Texas, which owns and operates the Vinsant hospital, to HealthMont's existing shareholders. However, these alternatives did not provide a means for obtaining the needed additional capital to assist in the operation of the Vinsant hospital immediately following its divestiture by HealthMont, and as such, were deemed by the HealthMont board to not be feasible or in the best interests of HealthMont or its shareholders. After considerable discussion on the matter, HealthMont's board of directors determined that it was in the best interests of HealthMont and its shareholders to continue to investigate and move forward with the merger and related transactions, and authorized the engagement of Caymus Partners LLC to render a fairness opinion regarding the terms of the transaction. The HealthMont board determined that the fairness opinion should address not only the fairness of the consideration to be received by HealthMont's shareholders in the merger, but also the fairness of the divestiture of the Vinsant hospital prior to the merger.

On July 29, 2002, Mr. Thornton met with Gene Burluson, a HealthMont director and shareholder whom Mr. Hill and indicated would be HealthMont's designated SunLink director. Mr. Thornton and Mr. Burluson



## **Table of Contents**

discussed the business strategy and history of each company, and Mr. Thornton provided an overview of SunLink's board of directors and management.

On July 30, 2002, HealthMont formally engaged and directed Caymus Partners to prepare a fairness opinion regarding the terms of the proposed transaction, including the fairness of the merger and the divestiture of HealthMont's Vinsant hospital, from a financial point of view, to the shareholders of HealthMont other than Mr. Hill.

On July 30, 2002, Mr. Thornton met with Howard Turner, SunLink's counsel and a SunLink director, to discuss issues relating to SunLink's due diligence and the merger terms. Mr. Thornton also met on July 30, 2002, with C. Michael Ford, a SunLink director, to inform Mr. Ford of the status of the transaction and certain issues. During August and September 2002, the parties continued their negotiations while SunLink continued to perform certain operating and financial due diligence and negotiated with HealthMont's senior lender. In connection therewith, the parties and their respective legal representatives reviewed drafts of the definitive merger agreement and related documents.

Mr. Thornton traveled to California and met with Ronald J. Vannuki, a SunLink director, on August 1, 2002, and with Karen B. Brenner and Steven J. Baileys, SunLink directors, on August 2, 2002, and returned to Atlanta and met with Michael Hall, a SunLink director, on August 8, 2002. At the meetings, Mr. Thornton discussed the status of the merger, certain issues, and the timing of completion of the merger. Based on the meetings with the selected SunLink directors, Mr. Thornton determined that it was advisable for SunLink to direct its counsel to proceed with preparation of a draft registration statement and proxy-related materials which would be required to be filed in connection with a shareholder meeting to consider the merger, to proceed with efforts to obtain modifications to HealthMont's debt, and to continue due diligence, especially in certain areas where contingent liability issues had been identified or appeared likely.

On August 13, 2002, Mr. Thornton communicated to Mr. Hill by e-mail a brief status report on the preparation of draft transaction documents. Mr. Thornton requested updated due diligence information and advised Mr. Hill that SunLink still needed to understand a number of matters as a result of its due diligence. Mr. Thornton advised Mr. Hill that Mr. Morris would contact him to coordinate further due diligence activities, which would include visits to the hospitals and meetings with certain key employees and physicians.

On August 19 and 20, 2002, Mr. Morris and Mr. Alvis visited Callaway Memorial Hospital in Fulton, Missouri, and met with certain key employees and physicians and toured the facility and the community. On August 21, 2002, Mr. Morris and Mr. Alvis, accompanied by Jeff Dunn, CEO of SunLink's hospital and nursing home in Ellijay, Georgia, visited Adel Memorial Hospital and Nursing Home in Adel, Georgia, and met with certain key employees and physicians. Mr. Dunn performed a due diligence review of the nursing home and Mr. Morris and Mr. Alvis toured the facility and community and met with certain members of the facility's advisory board.

On August 25, Mr. Thornton presented an overview of the merger to the SunLink board, including an overview of the proposed capital structure, assumption of HealthMont's debt, current information on HealthMont's operations, certain contingent liability matters, and the timing of the proposed merger. Mr. Thornton also reported to the SunLink board that management believed the company should consider raising equity around the time of the acquisition, and that management thought a rights offering to existing shareholders was preferable to trying to sell equity in a private placement or other outside transaction. Mr. Thornton also indicated he believed any rights offering should take place after the merger so the HealthMont shareholders would have the opportunity to participate in the offering. Mr. Thornton discussed the possibility of arranging a bridge loan in connection with the merger which might delay the need for raising additional equity. The SunLink board discussed the proposed merger and again encouraged Mr. Thornton to continue negotiations with HealthMont and pursue the possible bridge loan.

## Table of Contents

On August 28, 2002, Mr. Thornton summarized by letter to Mr. Hill the open issues as of that date relating to the transaction, including a number of issues which Mr. Thornton believed warranted modification of the draft merger documents and a reduction in the purchase price.

At special meetings of the HealthMont board of directors held on August 13, 27, and 29, 2002, the HealthMont board of directors continued to review HealthMont's financial position and liquidity constraints. In this regard, the HealthMont board reviewed the extension of HealthMont's over-line borrowings, which were scheduled to mature on August 31, 2002. The HealthMont board approved the extension of the maturity of the borrowings, and, in connection therewith, the directors who had previously obtained the Overline Letters of Credit to secure certain borrowings agreed to the extension of such Overline Letters of Credit. The HealthMont board also considered the terms of the proposed transaction with SunLink, including the structure of the divestiture of HealthMont of Texas.

Mr. Thornton and Mr. Hill talked by telephone on September 6 and discussed a number of open issues, including the risk that a proposed merger agreement could be terminated by one of the parties and the terms and amount of HealthMont's debt that SunLink would assume upon closing of the merger. In addition, Mr. Thornton and Mr. Hill discussed HealthMont's cash situation and the pending renewal of HealthMont's liability insurance program. Mr. Hill took the issues under advisement and agreed to call Mr. Thornton on September 11 to discuss possible resolutions of those issues.

At a special meeting held on September 10, 2002, the HealthMont board of directors continued to consider the latest terms of the proposed transaction, including the structure of the divestiture of HealthMont of Texas.

Mr. Hill called Mr. Thornton on September 11 and outlined the open issues as well as HealthMont's position on them. Mr. Hill provided additional information on a number of the issues and Mr. Thornton evaluated the impact of the issues on SunLink's expectations for HealthMont, including the transaction price.

Mr. Hill and Mr. Thornton continued their discussions by telephone on September 16, 18, and 20, including consideration of a reduction in the number of shares and certain other modifications of the deal terms to reflect the impact of the issues. No agreement was reached as a result of the calls.

Mr. Thornton traveled to Los Angeles on September 18 and introduced Mr. Burlison to three SunLink directors, Dr. Baileys, Ms. Brenner, and Mr. Vannuki. The SunLink directors and Mr. Burlison discussed various strategic and operational issues relating to both SunLink and HealthMont.

At a special meeting of the HealthMont board on September 20, 2002, Mr. Hill informed the HealthMont board that the proposed merger consideration had been reduced as the result of poorer than expected financial results at HealthMont's hospitals. The HealthMont board was also informed of certain financial covenants of HealthMont proposed to be included in the merger agreement. Representatives of Caymus Partners were also present at the meeting and provided the HealthMont board with certain updated information concerning SunLink and their latest analysis of the fairness of the proposed transaction. Shortly following the September 20, 2002 meeting, certain directors of HealthMont agreed to assist Mr. Hill with the divestiture of HealthMont of Texas through an investment in the entity that would own the shares of HealthMont of Texas, and thus HealthMont's Texas hospital, following the divestiture.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Mr. Hill called Mr. Thornton on September 23, 2002 and offered solutions to the remaining open issues. As a result of discussions during the call, Mr. Thornton and Mr. Hill instructed their attorneys to revise the transaction documents to reflect the resolution of a number of issues, including a reduction in the SunLink shares to be issued to 1,250,000 and the establishment of minimum operating results and working capital levels which HealthMont would achieve through closing. Mr. Thornton and Mr. Hill also agreed on the general terms of a limited indemnity to be provided by HealthMont of Texas.

## Table of Contents

During the final week of September and through the first week of October 2002, the parties and their respective legal representatives reviewed drafts of the substantially complete merger agreement and related documents and conducted several telephone conferences to negotiate the remaining terms of the transaction. In addition, the parties completed their negotiations with Heller. During the first week of October, the parties completed substantially all negotiations of the proposed merger agreement and related agreements, including HealthMont's divestiture of HealthMont of Texas. At a special meeting held on October 4, 2002, the HealthMont board of directors received the oral opinion of Caymus Partners as to the fairness of the exchange ratio of 0.1847 of a share of SunLink common stock for each share of HealthMont common stock. Caymus Partners also delivered its oral opinion that the sale of Vinsant was advantageous and fair, from a financial point of view, to the holders of HealthMont common stock other than Mr. Hill. After the board's careful review and consideration of the foregoing and the final terms of the transaction, HealthMont's board of directors voted to approve the form of the merger agreement, the merger contemplated thereby, and all related agreements.

In the second week of October 2002, the parties resolved certain minor outstanding matters and awaited the issuance of letters of intent from HealthMont's existing lender, Heller, and from Chatham Investment Fund with respect to the \$3 million loan. At a special meeting held on October 3, 2002, following the receipt by SunLink's board of directors of the oral opinion of Chatham Capital as to the fairness of the transaction from a financial point of view to SunLink, SunLink's board of directors voted to approve the merger agreement, the transaction contemplated thereby and all related agreements to which SunLink or its merger subsidiary was a party. Following receipt of the last pre-execution consents and opinions, on October 15, 2002, the parties executed the definitive merger agreement and related agreements and SunLink issued a press release announcing the transaction. Caymus Partners also confirmed the oral opinions described above by delivery of its written opinion, dated October 15, 2002.

Following the execution of the merger agreement, HealthMont and SunLink continued work on preparation of the registration statement of which this joint proxy statement/prospectus is a part. SunLink, however, experienced delays in completing and filing the registration statement with the SEC. These delays were a result of, among other things, the lack of certain HealthMont financial information ordinarily required by applicable SEC rules and the determination by the parties to obtain confirmation from the SEC that it would not object to the absence of such financial information in the registration statement and the inclusion of certain available HealthMont financial information which was not otherwise in compliance with applicable SEC regulations. In light of such delays, in the first week of January, counsel for SunLink discussed with counsel for HealthMont an extension of the Termination Date in the merger agreement from January 31, 2003 to April 4, 2003. This discussion was followed by correspondence and telephone conversations between Mr. Thornton and Mr. Hill concerning such an extension. Mr. Hill indicated that he was uncertain that HealthMont's projected cash flow would permit such an extension without an infusion of cash. He ultimately proposed that SunLink make a working capital loan of approximately \$200,000 to HealthMont in connection with such extension. Mr. Thornton declined to commit SunLink to making any loan or any other modifications and indicated that he preferred to push ahead with closing the merger as promptly as possible.

Also during January 2003, HealthMont continued to explore other options to dispose of Vinsant. As part of that exploration, HealthMont discussed the sale of its stock in its HealthMont of Texas subsidiary with Renaissance Hospitals, Inc., a Texas corporation in the business of private hospital management ( Renaissance ). On January 9, 2003, HealthMont received a Letter of Intent in which Renaissance proposed to acquire all of HealthMont, not just HealthMont of Texas. The proposal was subject to due diligence and certain financial contingencies. By letter dated January 10, 2003, HealthMont informed SunLink of the existence of the Letter of Intent, noting that the letter was ambiguous in a number of material respects, including the structure of the proposed transaction and aggregate value of the consideration offered.

At a special meeting held on January 10, 2003, the HealthMont board discussed the proposal from Renaissance and concluded that the offer was too vague to make any determination of superiority under the merger agreement and that further clarification was needed. The HealthMont board also discussed the status of the draft registration statement and the likelihood that HealthMont would be unable to continue operations

## Table of Contents

through the projected closing date or to meet the financial covenants set forth in the merger agreement. In a phone conversation held later on January 10, 2003, HealthMont requested clarification from Renaissance as to the terms and conditions of its proposal.

On January 13, 2002, counsel for SunLink telephoned counsel for HealthMont to discuss the applicable provisions of the merger agreement governing third party offers and the status of the draft registration statement. In that phone conversation, SunLink's counsel stated that it was SunLink's position that because the Renaissance proposal was ambiguous, it necessarily did not constitute a superior proposal under the merger agreement. SunLink's counsel also stated that it was SunLink's position that HealthMont was precluded under the merger agreement from seeking clarification of the Renaissance proposal. HealthMont's counsel disagreed with this position and stated that it was HealthMont's position that it could seek clarification of the Renaissance proposal without violating the merger agreement.

On January 13, 2003, HealthMont received written clarification of the Renaissance proposal. As clarified, the proposal stated that Renaissance would acquire all of the capital stock of HealthMont for \$14.5 million, with HealthMont to pay from this amount all of its indebtedness other than certain capitalized leases and accounts payable. Renaissance would also retain up to 30% of the purchase price for up to 120 days to secure certain representations and warranties of HealthMont that it would require in connection with the acquisition. HealthMont estimated that if the acquisition were completed on these terms, the shareholders of HealthMont would receive approximately \$5,250,000, or approximately \$0.79 per share.

By letter dated January 14, 2003, HealthMont notified SunLink that it had received a written clarification of Renaissance's January 9 proposal. In this letter, HealthMont informed SunLink that it had engaged Caymus Partners to assist the HealthMont board in determining whether the Renaissance proposal constituted a superior proposal under the merger agreement. Also on January 14, 2003, HealthMont's counsel received a letter from SunLink's counsel confirming their conversation the previous day.

At a special meeting held on January 21, 2003, the HealthMont board discussed generally strategic alternatives, including a stand-alone option with a third party investor, the proposed SunLink transaction, and the Renaissance proposal. The HealthMont board deferred making any determination as to the superiority of the Renaissance offer until it received an analysis of the offer from Caymus Partners. At a special meeting held on January 27, 2003, a representative of Caymus Partners made a presentation to the HealthMont board regarding the Renaissance offer. Following this presentation, the HealthMont board again determined to defer any decision as to the superiority of the Renaissance offer, this time pending additional due diligence on the ability of Renaissance to complete the transaction on the terms proposed.

On January 28, 2003, SunLink requested an extension of the January 31, 2003 Termination Date under the merger agreement to April 15, 2003 and alleged that the continued delay in closing was due to the failure by HealthMont, in breach of the merger agreement, to provide adequate financial information to complete the registration statement. On January 29, 2003, at a special meeting, the HealthMont board discussed the status of negotiations with SunLink and the Renaissance offer. HealthMont's legal counsel reported to the board regarding the framework in the merger agreement for determination of a superior proposal and also provided information which had been obtained with respect to the financial backers of Renaissance. The January 29, 2003 meeting was adjourned without any resolution with regard to the Renaissance proposal.

SunLink filed the initial draft of the registration statement with the SEC on January 29, 2003. Following the filing of the registration statement, HealthMont and SunLink continued discussions about the possibility of a working capital loan.

When the special meeting of the HealthMont Board of Directors resumed on January 30, 2003, the HealthMont board determined, with the advice of Caymus Partners and its legal counsel, that the Renaissance offer constituted a superior proposal under the terms of the merger agreement and that as a result, due diligence





## Table of Contents

was authorized pursuant to the terms of the merger agreement. This board's determination was based in part on the following factors: (i) the terms of the Renaissance offer were more beneficial to HealthMont and its shareholders than the terms of the merger with SunLink; (ii) preliminary due diligence indicated that Renaissance was reasonably capable of completing the transaction on the terms proposed; and (iii) there was significant uncertainty as to whether the proposed merger with SunLink could or would be completed. HealthMont advised SunLink on January 30, 2003, of the determination by the HealthMont board and, pursuant to the terms of the merger agreement, notified SunLink of its intent to provide Renaissance with access to certain information concerning HealthMont's business, properties, and assets and to negotiate with Renaissance with respect to its proposal.

Mr. Thornton and Mr. Hill arranged a meeting in Atlanta on February 4, 2003. Mr. Thornton advised Mr. Hill that SunLink was willing to consider a working capital loan to HealthMont on terms SunLink considered reasonably commercial, subject to certain modifications to the merger agreement and the related transactions, including termination of discussions relating to any superior offers, the execution of a management agreement under which SunLink would manage HealthMont's Adel, Georgia and Fulton, Missouri hospitals, and the completion of the sale of HealthMont's Vinsant hospital. Mr. Hill indicated HealthMont would likely be unable to agree to any such commercial terms and concurred that SunLink should write-off its merger costs to date as he also could not conclude the transaction was probable. Mr. Hill also indicated that any merger modifications would have to include the elimination of certain financial covenants in the merger agreement to assure that SunLink would complete the merger and the elimination of the debt and capital lease obligations threshold in contemplation of increases in HealthMont's indebtedness to fund its operating needs prior to the closing of the merger.

Mr. Thornton considered Mr. Hill's response to SunLink's proposal and consulted with SunLink's legal counsel and with its financial advisor, Chatham Capital, about a proposed term sheet for a possible working capital loan and a summary of merger agreement modifications. Mr. Thornton indicated that the amount of the working capital loan would be based on SunLink's evaluation of HealthMont's needs.

On February 4, 2003, SunLink provided HealthMont with a proposed term sheet for a potential working capital loan and a summary of certain proposed modifications to the merger agreement. This term sheet included the issuance of warrants by HealthMont to SunLink, the immediate sale by HealthMont of Vinsant, and the entry by SunLink and HealthMont into a management agreement whereby SunLink would manage HealthMont's Adel, Georgia and Fulton, Missouri hospitals.

In a February 5, 2003 earnings release for the quarter ended December 31, 2002, SunLink publicly disclosed certain information on the status of the proposed merger with HealthMont and announced its write-off of certain transaction costs as a result of the uncertainty of the transaction's completion.

On February 6, 2003, HealthMont responded to SunLink's January 28, 2003 letter by denying that the delay in filing the registration statement was in any way related to a breach of the merger agreement by HealthMont. On February 10, 2003, HealthMont sent to SunLink a revised term sheet for the working capital loan and a revised merger agreement modification summary. The revisions proposed by HealthMont included certain amendments to the financial covenants in the merger agreement and certain changes to the terms of the proposed working capital loan. On February 12, 2003, SunLink responded to HealthMont's February 6, 2003 letter by stating, among other things, its position that HealthMont was not entitled to terminate the merger agreement without paying a break-up fee. On February 14, 2003, SunLink submitted a counter proposal to HealthMont's February 10, 2003 comments to the proposed term sheet for the working capital loan and merger agreement modification summary.

On February 10, 2003, HealthMont's attorney submitted to SunLink revised drafts of the working capital loan proposal and merger agreement summary and indicated HealthMont would like to reach an agreement in principle by February 17, 2003, the date of a scheduled HealthMont board meeting.

During the week of February 10, 2003, Mr. Thornton and Mr. Hill discussed a number of issues relating to the proposed working capital loan and merger agreement modifications. On February 14, Mr. Thornton sent a revised term sheet for a working capital loan and merger agreement modifications to Mr. Hill.

**Table of Contents**

At a special meeting of the HealthMont board of directors on February 17, 2003, discussion ensued about the status of the Renaissance offer and the SunLink transaction. The HealthMont board determined at that time not to pursue the Renaissance proposal, based in part on their conclusion that the proposal was not reasonably capable of being completed on the terms originally communicated. In particular, Renaissance proposed to change the structure of the transaction and to reduce the amount of consideration paid.

On February 18, 2003, Mr. Hill advised Mr. Thornton that HealthMont would proceed to negotiate documents relating to the merger agreement modifications and working capital loan. Mr. Thornton and Mr. Hill also discussed certain transition matters relating to HealthMont's corporate office which was to be reduced at the time SunLink took over management of HealthMont's hospitals.

In the second and third weeks of February 2003, Mr. Hill and SunLink's advisors advised HealthMont's lender, Heller, of the potential modifications to the merger agreement, the potential working capital loan, and the potential management agreement. During the week of February 17, Mr. Hill and HealthMont's attorneys, together with Mr. Thornton and SunLink's attorneys and SunLink's financial advisor, discussed with Heller the revisions and changes to the proposed HealthMont transaction, the new related agreements, and the consent required from Heller.

SunLink's financial advisor, Chatham Capital, performed preliminary analyses in anticipation of rendering a new fairness opinion to the Board of Directors of SunLink relating to the revised transaction.

On February 21, 2003, Mr. Thornton submitted term sheets and an overview of the revised transaction to the SunLink Board of Directors. On February 24, 2003, SunLink's Board of Directors held a special meeting at which Mr. Thornton and SunLink's advisors and legal counsel presented the revised HealthMont merger transaction in detail. The SunLink Board of Directors approved the revised transaction subject to a new fairness opinion from Chatham Capital, a copy of which was received on March 20, 2003.

On February 26, 2003, HealthMont received a proposal from a representative of an unidentified third party with respect to an acquisition of substantially all of the assets of HealthMont other than the Vinsant hospital for a cash purchase price of \$12 million at closing plus 20% of the net income of HealthMont hospitals payable for 5 years after closing. HealthMont notified SunLink of the proposal on February 27, 2003.

On February 27, 2003, SunLink and HealthMont received the SEC's comments on the registration statement filed on January 29, 2003.

During the final week of February and the first two weeks of March, the parties and their respective legal representatives reviewed drafts of the working capital loan and the amendment to the merger agreement and related documents and conducted several telephone conferences to negotiate the remaining terms of the transaction.

At a special meeting held on March 11, 2003, the HealthMont board received the oral opinion of Caymus Partners as to the fairness of the exchange ratio of 0.1810 of a share of SunLink common stock for each share of HealthMont common stock. Caymus Partners also delivered its oral opinion that the sale of Vinsant was advantageous and fair, from a financial point of view, to the holders of HealthMont common stock other than Mr. Hill. After the HealthMont board's careful review and consideration of the foregoing and the terms of the transaction, the HealthMont board voted to approve the form of the working capital loan, the amendment to the



## **Table of Contents**

merger agreement, and all related agreements. In addition, the HealthMont board determined that the offer received on February 26, 2003 was not a superior offer under the merger agreement, in part because the offer provided less value to HealthMont's shareholders than the SunLink transaction and was also subject to numerous contingencies.

During March 2003, SunLink and HealthMont's advisors and attorneys, along with other applicable parties and their counsel, continued to negotiate and draft the multiple documents related to the revised merger transaction, including final forms of the amendment to the merger agreement, the loan agreement from SunLink to HealthMont, and security agreements and other collateral documents with respect to such loan, a note purchase agreement between SunLink and Chatham Investment Fund to partially fund SunLink's loan to HealthMont and security agreements and other collateral documents with respect to such loan, a subordination agreement among Heller, HealthMont and SunLink, the form of Heller's consent and other documents, and finalized discussions with Heller about the terms of the subordination agreement language and the proposed consent for the revised merger and related transactions.

During the third week of March 2003, the parties resolved certain minor outstanding matters. On March 20, 2003, SunLink received Chatham Capital's written opinion that the HealthMont transaction, as amended, is fair from a financial standpoint to the SunLink shareholders. On March 24, 2003, HealthMont received consent from Heller for the revised merger terms and related transactions and SunLink, HealthMont and various third parties executed revised documents relating to the merger and related transactions. Following receipt of the last pre-execution consents and opinions, on March 24, 2003, the parties executed the definitive loan agreement and amendment to the merger agreement and related agreements and SunLink issued a press release announcing the transaction. Caymus Partners also confirmed the oral opinions described above by delivery of its written opinion, dated March 24, 2003.

On April 25, 2003, SunLink filed Amendment No. 1 to the registration statement. The registration statement was declared effective by the SEC on \_\_\_\_\_, 2003.

### **Factors Considered by, and Recommendation of, the Board of Directors of SunLink**

At its meeting on October 3, 2002, with respect to the original proposed transaction and again on February 24, 2003 with respect to the transaction as amended, SunLink's board of directors unanimously:

determined that the merger agreement and the merger are fair to, and in the best interests of, SunLink and its shareholders;

approved the merger agreement with HealthMont;

directed that the proposed transaction be submitted for consideration by the SunLink shareholders; and

recommended that the SunLink shareholders vote FOR the approval and adoption of the merger agreement and the merger, including the issuance of shares of SunLink common stock in connection with the merger.

In the course of reaching its decision to approve or reapprove the merger agreement, SunLink's board of directors consulted with SunLink's management, as well as SunLink's legal counsel and financial advisors, and considered the following material factors:

(1) the financial performance and condition, results of operations, asset quality, prospects, and businesses of each of SunLink and HealthMont as separate entities and on a combined basis, including:

the revenues of the companies, their complementary businesses, and the potential for cost savings and revenue growth;

the recent and historical stock price performance of SunLink common stock from a high of \$6.05 in the third quarter of fiscal 2002 to a low of \$0.88 in the third quarter of fiscal 2001 and approximately \$2.75 prior to the date of the original merger agreement; and

**Table of Contents**

the percentage of SunLink that its current shareholders and the former shareholders of HealthMont, respectively, would own following the merger, namely approximately 78% and 22%.

(2) the fact that the acquisition of HealthMont by SunLink would increase the number of hospitals owned and leased by SunLink by one-third from six hospitals to eight hospitals;

(3) the strategic nature of the transaction, in which SunLink will acquire assets in complementary rural or ex-urban markets;

(4) the similar focus of SunLink and HealthMont on ex-urban and selected rural markets, which SunLink believes offer less competition and lower levels of managed care penetration than larger urban markets;

(5) the fact that the merger is expected in the first year to be non-dilutive to reported earnings per share and, accretive on an earnings before interest, taxes, depreciation, and amortization, also known as EBITDA, basis;

(6) the potential benefits to be derived from the merger as described under *General*, including potential cost savings and efficiencies that are expected to result from the merger;

(7) the analyses and presentation prepared by Chatham Capital and its opinion to the effect that, as of the date of the applicable opinion and subject to the matters set forth in its applicable opinion, the merger is fair, from a financial point of view, to SunLink; which opinion is described below under *Opinion of SunLink's Financial Advisor Chatham Capital Partners, Inc.* ;

(8) the intended accounting for the merger under the purchase method of accounting;

(9) the structure of the transaction as a generally tax-free reorganization, to the extent SunLink common stock is received by HealthMont shareholders, for United States federal income tax purposes as desired by HealthMont;

(10) the fact that after the merger the name of the company will remain SunLink Health Systems, Inc. and the headquarters of the company will remain in Atlanta, Georgia as desired by SunLink;

(11) the terms of the merger agreement regarding third party proposals, including the potential payment by HealthMont of a termination fee and a fee for reimbursement of SunLink's expenses, as well as the potential payment by SunLink of a termination fee and a fee for reimbursement of HealthMont's expenses if SunLink's shareholders fail to approve the merger agreement including, initially, caps on reimbursement as desired by HealthMont;



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

(12) the terms of the financing necessary for the merger, and the fact that obtaining the financing is a condition to SunLink's obligations to complete the merger, and the assessment that such financing could be obtained from Heller and Chatham Investment or, alternatively, from Chatham Investment and other existing lenders to SunLink on terms acceptable to SunLink;

(13) the risks associated with obtaining the necessary financing and regulatory approvals, including the general assent to the proposed transaction by Heller, HealthMont's senior lender, and the possibility that the merger may not be completed even if it is approved by the shareholders of both companies;

**Table of Contents**

(14) the fact that HealthMont would divest Vinsant as desired by SunLink because such facility does not fit SunLink's strategic goals;

(15) the risks of contingent liabilities associated with former HealthMont facilities, including Vinsant and the former Oregon hospitals and the assessment of SunLink's management that such risks were not unreasonable;

(16) the ability of existing hospital level management and SunLink's corporate management to integrate the acquisition and operate the two HealthMont hospitals and the assessment of SunLink's management that the integration of the facilities could be effectively achieved;

(17) the challenges of completing the merger of HealthMont into SunLink and combining the businesses of the two companies, and the risks of diverting management resources for an extended period of time; and

(18) Management's recommendation of the HealthMont transaction versus waiting for other inchoate acquisition candidates and the likely preclusive effect of the HealthMont transaction on other near-term acquisition opportunities when and if any such opportunities might arise.

In connection with the March Transactions, the SunLink board of directors also considered:

(1) the presence of a competing offer not clearly inferior to SunLink's original offer;

(2) the extension of the Termination Date and HealthMont's agreement to materially higher liquidated damages, including payment of substantially all of SunLink's expected expenses in the event of a future breach or superior third party offer;

(3) the benefits of assuming early operational control of the hospitals to be acquired pursuant to a management agreement and the expected positive effect of such development on the staff and physicians of, and continuing vendors to, such hospitals.

(4) HealthMont's agreement to immediately divest itself of Vinsant hospital;

(5) the termination of any potential requirement by HealthMont to make a contingent capital contribution to Vinsant and the restructure of various payments due to Hill and others in connection with the proposed transaction;

(6) the consideration to be received by SunLink for making a working capital loan to HealthMont;

(7) SunLink's obligation to make a working capital loan of up to \$1.1 million to HealthMont, the fact that such loan would be on terms more favorable to HealthMont than SunLink's management believed HealthMont could secure from third persons, if at all, and the consideration to be received by SunLink for making such loan;

(8) the current financial condition of HealthMont and the substantial credit and timing of repayment risk to SunLink if the merger failed to occur and SunLink's loan to HealthMont remained outstanding;

(9) the immediate debt to be incurred by SunLink to partially finance its loan to HealthMont, the transactional costs of the additional arrangements and the costs incurred through March by SunLink and the fact that HealthMont's existing senior lender would require the subordination of SunLink's loan to the prior repayment of HealthMont's debt to such existing senior lender;

The discussion above addresses the material factors considered by the SunLink board of directors. In view of the variety of factors and the amount of information considered, SunLink's board of directors did not find it practicable to and did not quantify, rank or otherwise assign relative weights to the specific factors it considered in reaching its decision. The determination was made after consideration of all of the factors as a whole. In addition, individual members of SunLink's board of directors may have given different weights to different factors.

**Table of Contents**

The SunLink board of directors has unanimously approved the merger agreement, the merger, and the other transactions contemplated thereby and believes that the merger agreement and the merger are fair to, and in the best interests of, SunLink and its shareholders. **The SunLink board of directors unanimously recommends a vote FOR approval and adoption of the merger agreement and the merger, including the issuance of shares of SunLink common stock in connection with the merger.**

**Opinion of SunLink's Financial Advisor Chatham Capital Partners, Inc.**

SunLink retained Chatham Capital Partners, Inc. to act as its financial advisor in connection with the merger and to evaluate the fairness, from a financial point of view to SunLink, of the acquisition of all of the outstanding shares of HealthMont pursuant to the merger agreement. On March 20, 2003, Chatham Capital delivered its written opinion to the SunLink board of directors to the effect that, as of the date of such opinion and based upon the various qualifications and assumptions set forth therein, the merger is fair, from a financial point of view, to SunLink.

The full text of Chatham Capital's March 20, 2003 opinion, which sets forth, among other things, the assumptions made, procedures followed, matters considered and limitations on the review undertaken by Chatham Capital is attached as **Annex B** to this proxy statement/prospectus. SunLink shareholders are urged to read this opinion carefully and in its entirety. The following is a summary of Chatham Capital's opinion.

Chatham Capital's opinion is directed to the SunLink board of directors, relates only to the fairness, from a financial point of view, of the merger to SunLink as set forth in the merger agreement, does not address any other aspect of the merger or any related transaction, and is not intended to be and does not constitute a recommendation to holders of SunLink common stock as to how they should vote at the special meeting. No limitations were imposed by SunLink upon Chatham Capital with respect to the investigations made or procedures followed by it in rendering its opinion. Although Chatham Capital evaluated the financial terms of the merger and participated in discussions and negotiations concerning the determination of the merger consideration and indebtedness to be assumed, Chatham Capital was not asked to and did not recommend the merger price which was the result of arm's length negotiations between SunLink and HealthMont.

In connection with rendering its original or subsequent opinion, Chatham Capital, among other things:

reviewed the merger agreement and certain related documents;

reviewed certain publicly available financial statements and other information of SunLink;

reviewed certain audited and unaudited financial statements and other information of HealthMont;

reviewed a number of internal financial analyses and forecasts for SunLink and HealthMont prepared by the respective companies;

discussed the past and current operations, financial condition, and prospects of SunLink and HealthMont with senior executives of SunLink and HealthMont, respectively;

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

reviewed certain information relating to, and discussed with senior executives of SunLink and HealthMont, certain of the strategic implications and operational benefits anticipated from the merger;

visited one of the two hospitals to be acquired by SunLink;

compared the financial performance of HealthMont with the financial performance, reported prices, and trading activity of certain comparable publicly-traded companies and their securities and determined a relevant marketability discount for the privately held common stock of HealthMont;

reviewed the financial terms, to the extent publicly available, of certain similar transactions which Chatham Capital deemed relevant and compared them to the proposed transaction;

considered certain pro forma effects of the acquisition of HealthMont on SunLink's historical financial statements;

**Table of Contents**

performed a discounted cash flow analysis with respect to HealthMont;

participated in certain discussions and negotiations among representatives of SunLink and HealthMont and their legal advisors, and with representatives of HealthMont's senior lender; and

performed such other analyses, which Chatham Capital does not believe were material to its opinion, and considered such other factors as it deemed appropriate.

Chatham Capital assumed and relied upon, without independent verification, the accuracy and completeness of all of the financial and other information publicly available or furnished to or otherwise reviewed by or discussed with it. In that regard, Chatham Capital assumed, with the consent of SunLink's board of directors, that the financial forecasts prepared by the management of SunLink and HealthMont, including the strategic, financial, and operational benefits of the merger, were reasonably prepared on bases reflecting the best currently available judgments and estimates of SunLink and HealthMont. Chatham Capital did not make and did not assume any responsibility for making any independent evaluation or appraisal of the assets or liabilities of SunLink or HealthMont, nor was Chatham Capital furnished with any evaluation or appraisal of those assets and liabilities. Chatham Capital assumed that the executed versions of the merger agreement and other related agreements would not differ in any material respect from the last drafts of these agreements reviewed by Chatham Capital. Chatham Capital also assumed, with the consent of the SunLink board of directors, that the merger will be completed in accordance with the terms provided in the merger agreement without material modification or waiver.

Chatham Capital did not express any opinion as to what the value of the SunLink shares actually will be when issued to shareholders of HealthMont pursuant to the merger or the price at which the SunLink shares will trade subsequent to the merger. Chatham Capital was not asked to consider, and its opinion does not address, the relative merits of the merger as compared to any alternative business strategies that might exist for SunLink or the effect of any other transaction in which SunLink might engage.

The opinion of Chatham Capital is necessarily based on financial, economic, market, and other conditions as in effect on, the information made available to Chatham Capital as of, and the financial condition of SunLink and HealthMont on, March 20, 2003.

The following is a summary of the material financial analyses performed by Chatham Capital in connection with providing its opinion to the SunLink board of directors. The preparation of a fairness opinion is a complex process and involves various judgments and determinations as to the most appropriate and relevant quantitative and qualitative methods of financial analyses. Judgments also must be made in the application of those methods to the particular circumstances involved.

*Comparable Transactions Analysis.* This analysis provides a valuation range based on financial information of selected public companies that have been recently acquired and are in the business of owning or managing community hospitals. Chatham Capital compared the proposed SunLink acquisition of HealthMont with 30 selected merger and acquisition transactions involving companies in the community hospital industry. The targets and acquirors in the transactions that Chatham Capital deemed comparable to the proposed acquisition of HealthMont were all conducted in the first and second calendar quarters of 2002. The first quarter transactions consisted of 17 transactions by a total of 13 different acquirers. Of such transactions, seven transactions involved acquisitions by four different publicly-traded corporations, seven transactions involved acquisitions by six different private acquirers and three different transactions involved acquisitions by different not-for-profit entities. The second quarter transactions involved 13 acquisitions by a total of 11 different acquirers. Of such transactions, four transactions involved acquisitions by three different publicly-traded corporations, five transactions involved acquisitions by four different privately held acquirers and four transactions involved acquisitions by different not-for-profit entities. Such transactions were evaluated in the context of the acquisitions conducted from 1997 to 2002 as well as announcements with respect to transactions in the last six months of 2002.



**Table of Contents**

None of the transactions utilized in this analysis as a comparison is identical to the proposed SunLink acquisition of HealthMont.

In examining these transactions, Chatham Capital analyzed, among other things, for each of HealthMont and the comparable acquired companies as a group, the multiples of implied enterprise value to:

earnings before interest, taxes, depreciation and amortization, which is also referred to as EBITDA;

total revenues; and

revenue per bed.

Chatham Capital calculated an implied enterprise value by taking the high and low end in such comparable transactions for EBITDA, total revenue, and revenue per bed and multiplying such ratios to the pro forma EBITDA, total revenue, and revenue per bed of HealthMont for the twelve months ended June 30, 2002, after adjustment, in the case of HealthMont, to include back into revenue a \$569,000 corporate management fee. The time period analyzed for the comparable transactions was the most recent year of financial data prior to announcement of the respective transactions. Estimated financial information for the comparable transactions was not available and, therefore, was not analyzed. All multiples for the selected transactions were based on public information available at the time of public announcement and Chatham Capital's analysis did not take into account different market and other conditions during the relevant periods in which the selected transactions occurred.

The analysis showed the following data and multiples:

**HealthMont:**

	<u>EBITDA</u>	<u>Revenue</u>	<u>Total Beds</u>
<b>Group of selected community hospital companies:</b>	\$2,445,000	\$28,435,000	109
	<b>Enterprise Value to:</b>		
			<b>Revenue</b>
	<u>EBITDA</u>	<u>Revenue</u>	<u>Per Bed</u>
Low End	5.78x	0.72x	\$ 213,349
High End	9.46x	1.02x	\$ 330,331

**The resulting high and low end implied enterprise values for HealthMont were as follows:**

	<b>Enterprise Value to:</b>		
			<b>Revenue</b>
	<u>EBITDA</u>	<u>Revenue</u>	<u>Revenue</u>



Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

			<u>Per Bed</u>
Low End	\$ 11,032,000	\$ 20,472,000	\$ 23,255
High End	\$ 18,043,000	\$ 29,002,000	\$ 36,006

*Comparable Public Companies Analysis.* This analysis reviews the operating performance and outlook of HealthMont relative to a group of peer companies to determine an implied value. Using Chatham Capital estimates for HealthMont and using published estimates for the selected peer companies, Chatham Capital compared the multiples of pro forma EBITDA, total revenues, and revenues per bed for the twelve months ended June 30, 2002 for HealthMont to corresponding multiples for selected community hospital companies.

Chatham Capital selected the community hospital companies because they are publicly traded companies with hospital operations that, for purposes of this analysis, may be considered similar to those of HealthMont and SunLink. The community hospital companies that Chatham Capital considered comparable to HealthMont and SunLink were:

Community Health Systems, Inc.,

Health Management Associates, Inc.,

**Table of Contents**

Lifepoint Hospitals, Inc., and

Province Healthcare Company

None of the companies utilized in this analysis as a comparison is identical to HealthMont or SunLink.

Chatham Capital calculated an implied enterprise value by taking the high and low end in such comparable public company data for EBITDA, total revenue, and revenue per bed and multiplying such ratios to the pro forma EBITDA, total revenue, and revenue per bed of HealthMont for the twelve months ended January 31, 2003, after adjustment, in the case of HealthMont, to include back into revenue a \$569,000 corporate management fee. The time period analyzed for the comparable transactions was the most recent twelve months of financial data prior to . All multiples for the selected transactions were based on public information available at the time of analysis and Chatham Capital's analysis did not take into account differences between the selected companies and HealthMont or market or other conditions during the relevant periods in which the companies were analyzed other than with respect to the application of a marketability discount with respect to HealthMont. Chatham Capital deemed appropriate and applied, for purposes of its comparable public company analysis, a 30% discount to HealthMont's valuation in light of the lack of a public market for HealthMont's common stock.

The analysis showed the following data and multiples:

**HealthMont:**

	<u>EBITDA</u>	<u>Revenue</u>	<u>Total Beds</u>
	\$2,445,000	\$ 28,433,000	109

**Group of selected community hospital companies:**

	<u>Enterprise Value to:</u>		
	<u>EBITDA</u>	<u>Revenue</u>	<u>Per Bed</u>
Low End	5.26x	0.98x	\$ 130,973
High End	8.79x	1.98x	\$ 490,359

**The resulting high and low end implied enterprise values for HealthMont were as follows:**

	<u>Enterprise Value to:</u>		
	<u>EBITDA</u>	<u>Revenue</u>	<u>Per Bed</u>
Low End	\$ 7,028,000	\$ 19,435,000	\$ 9,993
High End	\$ 11,738,000	\$ 39,502,000	\$ 37,414

*Discounted Cash Flow Analysis.* A discounted cash flow analysis derives the intrinsic value of a business based on the net present value of the future free cash flow anticipated to be generated by the assets of the business. Chatham Capital performed a discounted cash flow analyses of

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

HealthMont utilizing estimates prepared by Chatham Capital. Chatham Capital calculated the net present value of HealthMont's free cash flows using discount rates ranging from 13% to 15% and five year projected annual growth rates of 1% and 2%. Chatham Capital arrived at such discount rates based on its analysis of the expected rates of return from investments with similar risk characteristics and such growth rates based on its familiarity with the community hospital industry and its evaluation of HealthMont. Based on this analysis, Capital calculated the equity value of HealthMont to be in a range of approximately \$12,304,000 to \$15,362,200.

*Overall Weighted Average Valuation.* In reaching a final valuation estimation, Chatham Capital assigned a 60% weight to its discounted cash flow analysis, 30% to its comparable acquisition analysis and 10% to its comparable public company analysis. Accordingly, Chatham Capital concluded that the implied enterprise value for HealthMont ranged from a low end of \$11,395,000 to a high end of \$23,969,000.

The preparation of a fairness opinion involves various determinations as to the most appropriate and relative quantitative and qualitative methods of financial analyses and the application of those methods to the particular circumstances; therefore, such opinions are not readily susceptible to a partial analysis or summary description.

## Table of Contents

In arriving at its opinion, considered the results of all of its analyses as a whole and did not form a conclusion as to whether any individual analysis supported or failed to support its opinion. Chatham Capital's conclusions also involved elements of judgment and qualitative analyses. In addition, even though the separate analyses are summarized above, Chatham Capital believes that its analyses must be considered as a whole. Chatham Capital also believes that selecting portions of its analyses, without considering all analyses, could create an incomplete view of the evaluation process underlying its opinion.

In performing its analyses, Chatham Capital made numerous assumptions with respect to industry performance, general business and economic conditions, and other matters, many of which are beyond the control of SunLink or HealthMont. Any estimates contained in Chatham Capital's analysis are not necessarily indicative of future results or actual values, which may be significantly more or less favorable than those suggested by these estimates. The analyses performed were prepared solely as a part of Chatham Capital's opinion of the fairness from a financial point of view to SunLink of the acquisition of HealthCare pursuant to the merger agreement and were conducted in connection with the delivery by Chatham Capital of its opinion dated March 20, 2003 to the SunLink board of directors.

Chatham Capital, as part of its investment banking business, regularly engages in:

the valuation of businesses and their securities in connection with mergers and acquisitions;

negotiated underwritings;

financial advisory services with respect to mergers and acquisitions;

secondary distributions of listed and unlisted securities;

private placements; and

valuations for corporate and other purposes.

SunLink selected Chatham Capital to act as its financial advisor based on Chatham Capital's experience and expertise in such valuations and its familiarity with SunLink and its business. In the ordinary course of its business, Chatham Capital and its affiliates may actively trade the equity and any debt securities of SunLink for its own account and for the accounts of customers and, accordingly, may at any time hold a long or short position in such securities. Chatham Capital currently is providing other investment banking services to SunLink and may provide investment banking services to SunLink and its subsidiaries in the future.

Pursuant to a letter agreement dated August 8, 2002, SunLink engaged Chatham Capital to act as its financial advisor in exploring SunLink's financing alternatives for a potential transaction with HealthMont. Under the terms of such letter agreement, which was negotiated by SunLink and Chatham Capital, SunLink has agreed to pay Chatham Capital a transaction fee, upon consummation of the financing for the merger, of \$130,000. Pursuant to a separate letter agreement dated October 2, 2002, SunLink also agreed to pay \$40,000 in connection with Chatham Capital's initial issuance of its fairness opinion relating to the merger agreement and paid an additional \$20,000 in connection with the update of such opinion in March 2003. In addition, SunLink has also agreed to reimburse Chatham Capital for its reasonable out-of-pocket expenses and to indemnify Chatham Capital and its affiliates against certain liabilities, including certain liabilities under the federal securities laws.

**HealthMont's Reasons for the Merger; Recommendation of the HealthMont Board of Directors**

The HealthMont board of directors has determined that the terms of the proposed merger and related transactions are fair and in the best interests of HealthMont and its shareholders. Accordingly, the board of directors approved the merger agreement, the merger contemplated thereby, and the related transactions, and recommended that HealthMont's shareholders vote **FOR** approval of the merger agreement, the merger contemplated thereby, and the related transactions.

**Table of Contents**

In reaching its decision, the HealthMont board of directors consulted with outside legal counsel with respect to the legal and fiduciary duties of the board of directors, regulatory matters, tax matters, the merger agreement and related agreements, and securities matters. The HealthMont board also consulted with Caymus Partners and obtained an opinion from that firm as to the fairness from a financial point of view to the holders of HealthMont common stock of the exchange ratio of 0.1810 per share of HealthMont common stock, and the fairness from a financial point of view to the holders of HealthMont common stock (other than Mr. Hill) of the sale of HealthMont's Vinsant hospital. The HealthMont board also consulted with senior management of HealthMont on all of the foregoing issues as well as other, more conceptual, issues and the advantages of the proposed merger as compared to other alternatives such as joint ventures, acquisitions of or by other companies or seeking additional financing with venture capitalists or other equity or debt investors. The HealthMont board considered a number of factors in reaching its decision, without assigning any specific or relative weight to such factors. The material factors considered included:

information concerning the businesses, earnings, operations, competitive position, and future business prospects of HealthMont and SunLink, both individually and on a combined basis;

the belief that by combining operations, the combined company would have better opportunities for future growth than HealthMont would have on its own;

the current and prospective economic and competitive environments facing HealthMont as a stand-alone company;

the performance of HealthMont's hospitals through the applicable determination dates, including the under-performance of its Vinsant hospital;

the fact that there were no other alternative transactions available that could be completed on favorable terms or otherwise or in a timely manner and that given the financial condition of HealthMont, a transaction was required to be completed on an expedited basis;

the belief that the merger would provide HealthMont with the management, technical, and financial resources to grow more quickly;

the fact that the outstanding shares of SunLink common stock are, and the shares of such stock to be received in exchange for HealthMont common stock in the merger will be, listed on the American Stock Exchange and, as a result, enjoy greater liquidity than shares of HealthMont common stock, which are not traded in any market;

the opportunity for HealthMont's shareholders to participate in a larger, more diversified organization and to benefit from the potential appreciation in the value of SunLink's common stock;

the opportunity for HealthMont's shareholders to receive a premium over the existing value of HealthMont's stock;

the likely impact of the merger on HealthMont's employees and customers;

the interests that the Chief Executive Officer and certain of the directors of HealthMont may have with respect to the merger, in addition to their interests as shareholders of HealthMont generally;

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

the treatment of the merger as a reorganization for tax purposes, which would allow HealthMont shareholders flexibility in their personal tax-planning;

the opinion of Caymus Partners as to the fairness to HealthMont's shareholders, from a financial point of view, of an exchange ratio of 0.1810 shares of SunLink common stock for each share of HealthMont Common Stock, as well as the fairness to HealthMont's shareholders, other than Mr. Hill, from a financial point of view, of the sale of HealthMont's Vinsant hospital; and

the infusion of necessary working capital for HealthMont pursuant to the working capital loan with SunLink that would allow HealthMont to have sufficient funds to continue its operations until the closing of the merger;

the procurement of services from SunLink in connection with management of the operations of HealthMont's hospitals (other than Vinsant) pursuant to the management agreement with SunLink; and

the fact that the divestiture of the Vinsant hospital by HealthMont was necessary to continue with the SunLink transaction because of SunLink's refusal to purchase such hospital as part of the merger transaction.

## **Table of Contents**

The HealthMont board also considered a number of risks and potentially negative factors in its deliberations concerning the merger, including the risk factors described elsewhere in this joint proxy statement/prospectus, and in particular:

the risk that the merger would not be completed in a timely manner or at all;

the possible negative effects of the public announcement of the merger on HealthMont's relationships with its doctors, their patients, and thereby its operating results;

the fact that HealthMont's shareholders will not receive the full benefit of any future growth in the value of their equity that HealthMont may have achieved as an independent company;

the potential disadvantage to HealthMont's shareholders in the event SunLink does not perform as well in the future as HealthMont may have performed as an independent company;

the limitations on HealthMont, as set forth in the merger agreement, from engaging in discussions and negotiations with any party, other than SunLink, concerning a proposal with respect to the acquisition of HealthMont;

the possibility that HealthMont will be required to pay the termination fee provided for in the merger agreement if HealthMont receives a proposal that the board of directors of HealthMont determines to be a superior proposal pursuant to the terms of the merger agreement;

a reduction in the number of shares available to HealthMont's shareholders in the merger as a result of the warrant issued to SunLink in connection with the working capital loan and the amendment to the merger agreement;

the incurrence of substantial indebtedness pursuant to the working capital loan that HealthMont will be required to repay in the event the merger is not completed;

the risk that the potential benefits of the merger may not be realized;

the risk that the merger is not completed and as a result of the divestiture of the Vinsant hospital in connection with the working capital loan, HealthMont continues operations without the Vinsant hospital and thereby is perceived as less desirable to a third party investor or acquirer;

the challenge of integrating the businesses and operations of the two companies and the substantial management time and effort and the substantial costs required to complete the integration following the merger; and

the loss of control of management of HealthMont's hospitals as to day-to-day operations due to the terms of the management agreement with SunLink.

The board of directors of HealthMont determined that the merger is preferable to the other alternatives which might be available to HealthMont, such as remaining independent and growing internally or through future acquisitions or equity or debt financings, or engaging in a transaction with another party. The HealthMont board made that determination because it believes that the merger will unite two companies with the same



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

business philosophy, target markets, and complementary assets, thereby creating a combined company with greater size, flexibility, efficiencies, capital strength, and profitability potential than HealthMont possesses on a stand-alone basis or that HealthMont might be able to achieve through other alternatives.

For the reasons set forth above, the board of directors of HealthMont recommended that holders of HealthMont common stock vote to approve the merger agreement, the merger contemplated thereby, and the related transactions.

### **Opinion of HealthMont's Financial Advisor Caymus Partners LLC**

Caymus Partners has acted as HealthMont's financial advisor in connection with the merger. HealthMont selected Caymus Partners based on Caymus Partners's experience, expertise and reputation, and its familiarity

## Table of Contents

with HealthMont and its business. Caymus Partners, as part of its investment banking business, is continually engaged in the valuation of businesses and their securities in connection with mergers and acquisitions, private placements, and valuations for corporate and other purposes, as well as performing investment research services in the healthcare industry.

In connection with Caymus Partners' engagement, HealthMont requested that Caymus Partners evaluate the fairness, from a financial point of view, to the holders of HealthMont common stock of the exchange ratio of the merger and on October 15, 2002, Caymus Partners delivered to HealthMont's board of directors its written opinion as to the fairness, from a financial point of view, of the exchange ratio of the merger. This opinion was later superseded by the delivery on March 24, 2003 of Caymus Partners' opinion regarding the fairness, from a financial point of view, of the exchange ratio of the merger, as calculated pursuant to the merger agreement as amended. On March 11, 2003, at a meeting of the HealthMont board of directors held to evaluate the amendment to the merger agreement, Caymus Partners rendered to the HealthMont board of directors an oral opinion, which opinion was confirmed by delivery of a written opinion dated March 24, 2003, to the effect that, as of that date and based on and subject to the matters described in its opinion, the exchange ratio of 0.1810 of a share of SunLink common stock for each share of HealthMont common stock as subject to adjustment pursuant to the merger agreement was fair, from a financial point of view, to the holders of HealthMont common stock.

In connection with Caymus Partners' engagement as HealthMont's financial advisor in connection with the merger, HealthMont also requested that Caymus Partners evaluate the fairness, from a financial point of view, to the holders of HealthMont common stock (other than HealthMont's chief executive officer), of the sale of HealthMont's Texas hospital to the chief executive officer of HealthMont in exchange for 250,000 shares of HealthMont common stock and the assumption of \$655,000 in debt and capital lease obligations relating to HealthMont's Texas hospital. On March 11, 2003, at a meeting of the HealthMont board of directors held to evaluate the amendment to the merger agreement, Caymus Partners rendered to the HealthMont board of directors an oral opinion, which opinion was confirmed by delivery of a written opinion dated March 24, 2003, to the effect that, as of that date and based on and subject to the matters described in its opinion, that the sale of HealthMont's Texas hospital was advantageous and fair, from a financial point of view, to the remaining holders of HealthMont common stock.

The full text of Caymus Partners' written opinion, dated March 24, 2003, to the HealthMont board of directors, which sets forth the procedures followed, assumptions made, matters considered, and limitations on the review undertaken, is attached as **Annex C**. Holders of HealthMont common stock are encouraged to read this opinion carefully and in its entirety. Caymus Partners' opinion is addressed to the HealthMont board of directors and relates only to the fairness, from a financial point of view, of the exchange ratio, does not address any other aspect of the proposed merger or any related transaction (except for the sale of HealthMont's Texas hospital) and does not constitute a recommendation to any shareholder as to any matter relating to the merger. The summary of Caymus Partners' opinion in this proxy statement/prospectus is qualified in its entirety by reference to the full text of the opinion.

In arriving at its opinion, Caymus Partners reviewed, among other things:

- (1) drafts of the merger agreement and the amendment to the merger agreement;
- (2) the divestiture agreement for HealthMont's Vinsant hospital;
- (3) HealthMont's audited financial statements for the fiscal years ended March 31, 2001 and March 31, 2002, detailed and monthly unaudited financial information on each of HealthMont's hospitals and corporate expenses for the fiscal year ended March 31, 2002, and for the twelve months ended December 31, 2002;
- (4) a presentation made by the management of HealthMont to a potential source of debt financing;

- (5) shareholder lists provided by HealthMont;
- (6) SunLink's web pages;

**Table of Contents**

- (7) all press releases issued by SunLink from June 1999 to February 5, 2003, including the earnings press release reporting the financial results for the three months and six months ended December 31, 2002;
- (8) SunLink's earnings conference call on February 6, 2003;
- (9) Annual Reports to Shareholders and Annual Reports on Form 10-K of Krug International Corp. (which subsequently changed its name to SunLink) for the two fiscal years ended March 31, 2000 and March 31, 2001, and for the fiscal year ended June 30, 2002;
- (10) Quarterly Reports on Form 10-Q of SunLink for the for the quarters ended June 30, 2001, September 30, 2001, December 31, 2001, March 31, 2002, September 30, 2002 and December 31, 2002;
- (11) all Current Reports filed on Form 8-K of SunLink since December 31, 2000;
- (12) certain other communications from HealthMont and SunLink to their respective shareholders;
- (13) certain internal financial analyses and forecasts for HealthMont prepared by the management of HealthMont;
- (14) certain internal financial analyses and forecasts for SunLink prepared by the management of SunLink;
- (15) certain cost savings projected by the management of HealthMont to result from the transaction contemplated by the merger agreement; and
- (16) such other data as Caymus Partners deemed relevant.

Caymus Partners also held discussions with HealthMont's senior management regarding their assessment of the strategic rationale for, and the potential benefits of, the merger and the past and current business operations, financial condition, and future prospects of HealthMont. In addition, Caymus Partners reviewed the reported price and trading activity for the SunLink shares, compared certain financial and stock market information for HealthMont and SunLink with similar information for certain other companies the securities of which are publicly traded, and performed such other studies and analyses as it considered appropriate.

Caymus Partners has assumed, with HealthMont's consent, that the HealthMont forecasts and the projections of cost savings have been reasonably prepared (or adjusted, as the case may be) on a basis reflecting the best currently available estimates and judgments of HealthMont. Caymus Partners also considered the view of the HealthMont's management of the risks and uncertainties relating to HealthMont's ability to achieve its forecasts in the amounts and time periods contemplated thereby. Caymus Partners also assumed that all material governmental, regulatory or other consents and approvals necessary for the consummation of the merger will be obtained without any adverse effect on HealthMont or SunLink or on the contemplated benefits of the merger. In addition, Caymus Partners has not made an independent evaluation or appraisal of the assets and liabilities of HealthMont or SunLink, including HealthMont's Vinsant hospital, or any of their subsidiaries and has not been furnished with any such evaluation or appraisal.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Caymus Partners' opinion was necessarily based on information available to it, and financial, economic, market, and other conditions as they existed and could be evaluated, on the date of Caymus Partners' opinion. Caymus Partners did not express any opinion as to what the value of SunLink common stock actually would be when issued in the merger or the prices at which SunLink common stock would trade at any time after the merger. Although Caymus Partners evaluated the exchange ratio to be paid pursuant to the merger agreement from a financial point of view, Caymus Partners was not requested to, and did not, recommend the specific consideration payable in the merger, which consideration was determined between HealthMont and SunLink. In connection with its engagement, Caymus Partners was not requested to, and did not, solicit third party indications of interest in the possible acquisition of all or a part of HealthMont. Caymus Partners' opinion did not address the relative merits of the merger or HealthMont's Vinsant hospital sale as compared to other business strategies that might have been available to HealthMont, and also did not address the underlying business decision of HealthMont to proceed with the merger or HealthMont's Vinsant hospital sale. Except as described above, HealthMont imposed no other limitations on Caymus Partners with respect to the investigations made or procedures followed in rendering its opinion.

## **Table of Contents**

In its analyses, Caymus Partners considered industry performance, general business, economic, market, and financial conditions and other matters, many of which are beyond the control of HealthMont and SunLink. No company, transaction or business used in Caymus Partners analyses as a comparison is identical to HealthMont, SunLink or the proposed merger, and an evaluation of the results of those analyses is not entirely mathematical. Rather, the analyses involve complex considerations and judgments concerning financial and operating characteristics and other factors that could affect the acquisition, public trading or other values of the companies, business segments or transactions analyzed. The estimates contained in Caymus Partners analyses and the ranges of valuations resulting from any particular analysis are not necessarily indicative of actual values or predictive of future results or values, which may be significantly more or less favorable than those suggested by the analyses. In addition, analyses relating to the value of businesses or securities do not purport to be appraisals or to reflect the prices at which businesses or securities actually may be sold. Accordingly, Caymus Partners analyses and estimates are inherently subject to substantial uncertainty.

Caymus Partners opinion and financial analyses were only one of many factors considered by the HealthMont board of directors in its evaluation of the proposed merger and HealthMont's Vinsant hospital sale and should not be viewed as determinative of the views of the HealthMont board of directors or HealthMont's management with respect to the merger, the merger consideration or HealthMont's Vinsant hospital sale.

The following is a summary of the material financial analyses underlying Caymus Partners opinion dated March 24, 2003 delivered to the HealthMont board of directors in connection with the amendment to the merger agreement. The preparation of a fairness opinion is a complex process involving various determinations as to the most appropriate and relevant methods of financial analysis and the application of those methods to the particular circumstances and, therefore, a fairness opinion is not readily susceptible to partial analysis or summary description. The financial analyses summarized below include information presented in tabular format. In order to fully understand Caymus Partners financial analyses, the tables must be read together with the text of each summary. The tables alone do not constitute a complete description of the financial analyses. Considering the data in the tables below without considering the full narrative description of the financial analyses, including the methodologies and assumptions underlying the analyses, could create a misleading or incomplete view of Caymus Partners financial analyses. Caymus Partners analyses and opinions were based upon an assumed exchange ratio of 0.1810 per share of HealthMont common stock, and Caymus Partners expresses no opinion as to the fairness of any other exchange ratio that may be contained in this proxy statement/prospectus.

As used below, EBITDA means earnings before interest, taxes, depreciation and amortization; EBIT means earnings before interest and taxes and references to a company's trailing twelve months refer to the financial results of that company for its four most recently announced quarters. Unless otherwise indicated, in preparing the analyses below, Caymus Partners excluded from HealthMont's historical and projected operating results the operating results of HealthMont's Vinsant hospital.

### ***Comparable Companies Analysis***

Caymus Partners compared financial and operating data of HealthMont with the following eight selected hospital operators, which Caymus Partners considered to have business and operating characteristics reasonably similar to those of HealthMont:

Health Management Associates, Inc.;

Province Healthcare Company;

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

LifePoint Hospitals, Inc.;

Community Health Systems, Inc.;

Universal Health Services, Inc.;

Triad Hospitals, Inc.;

HCA Inc.; and

Tenet Healthcare Corporation.

At March 7, 2003, the market capitalization of the comparable companies ranged from approximately \$401 million to \$21.5 billion, and the revenues of the comparable companies for the trailing twelve months ranged from \$704 million to \$19.7 billion.

**Table of Contents**

Caymus Partners reviewed enterprise values, calculated as equity value plus net debt, as multiples of trailing twelve months EBITDA. All multiples were based on closing stock prices on March 7, 2003. The results of this analysis are as follows:

Base Range	Adjusted Range (a)	Discounted Range (b)	Implied HealthMont Net Enterprise Value
3.7x - 8.9x	7.0x - 9.0x	4.2x - 5.4x	(in millions) \$12.4 - 15.9

- (a) Caymus Partners calculated the adjusted range using net enterprise value as a multiple of EBITDA for the following comparable companies, to which the business and operating characteristics of HealthMont are most similar: Health Management Associates, Inc., Province Healthcare Company, LifePoint Hospitals, Inc., and Community Health Systems. The range of net enterprise value to EBITDA of these companies is 6.8x - 8.9x, which, to aid presentation to HealthMont's board of directors, Caymus Partners rounded to 7.0x - 9.0x.
- (b) Based on the greater size and profitability as compared to HealthMont of the companies the multiples for which Caymus Partners used to calculate the adjusted range, Caymus Partners determined that it was appropriate to discount the multiples of the comparable companies by 40%.

Caymus Partners then valued the SunLink shares to be issued in the merger at \$2.8 million based on the average stock price for SunLink shares for the twenty trading days ended March 7, 2003. Caymus Partners added \$10.2 million in assumption of HealthMont debt and \$1.6 million in transaction expenses that will be paid by SunLink to value the aggregate consideration paid by SunLink at \$14.6 million, or 4.9x HealthMont's trailing twelve months EBITDA.

**Contribution Analysis**

Caymus Partners analyzed the relative contribution of SunLink and HealthMont to certain income statement items, including net revenue, EBITDA, EBIT, and earnings before taxes, for the combined company for the trailing twelve months and projected calendar year 2003. Estimated financial data for SunLink and HealthMont were based on projections prepared by the companies' respective management. Caymus Partners also analyzed the relative contribution of SunLink and HealthMont assuming synergies based upon the elimination of selected corporate overhead items, and giving credit for these synergies to HealthMont. The results of these analyses are summarized as follows:

	SunLink	HealthMont	Combined	% Contribution	
				SunLink	HealthMont
(Dollars in thousands)					
<b>Net Revenue</b>					
Trailing twelve months	\$ 91,794	\$ 28,786	\$ 120,580	76.1 %	23.9 %
Trailing twelve months (with synergies)	\$ 91,794	\$ 28,786	\$ 120,580	76.1 %	23.9 %
FY 2003 Estimated (with synergies)	\$ 85,540	\$ 29,538	\$ 115,078	74.3 %	25.7 %
<b>EBITDA</b>					
Trailing twelve months	\$ 6,202	\$ (711)	\$ 5,491	112.9 %	(12.9)%
Trailing twelve months (with synergies)	\$ 6,202	\$ 2,949	\$ 9,151	67.8 %	32.2 %
FY 2003 Estimated (with synergies)	\$ 8,344	\$ 3,184	\$ 11,528	72.4 %	27.6 %
<b>EBIT</b>					



Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Trailing twelve months	\$ 4,748	\$ (1,437)	\$ 3,311	143.4 %	(43.4)%
Trailing twelve months (with synergies)	\$ 4,748	\$ 2,243	\$ 6,991	67.9 %	32.1 %
FY 2003 Estimated (with synergies)	\$ 7,094	\$ 2,584	\$ 9,678	73.3 %	26.7 %
<b>Earnings Before Taxes</b>					
Trailing twelve months	\$ (99)	\$ (2,505)	\$ (2,604)	3.8 %	96.2 %
Trailing twelve months (with synergies)	\$ (99)	\$ 1,175	\$ 1,076	(9.2)%	109.2 %
FY 2003 Estimated (with synergies)	\$ 4,194	\$ 1,939	\$ 6,133	68.4 %	31.6 %
<b>Ownership of Combined Company Based upon a</b>					
<b>0.1810 Exchange Ratio</b>	81.2 %	18.8 %			

**Table of Contents**

Caymus Partners also analyzed the impact of SunLink's assumption of \$10.2 million in HealthMont debt on the ownership of the combined company. Based upon the average stock price for SunLink for the twenty trading days ended March 7, 2003, the value of the shares to be issued to HealthMont shareholders and debt assumed represents 29.0% of the combined company's enterprise value.

***Future Value Analysis***

Caymus Partners calculated a range of estimated terminal values for the combined company by applying selected EBITDA multiples ranging from 5.0x to 9.0x of the combined company's estimated 2006 EBITDA and subtracting from that value the combined company's estimated debt. These terminal values were then discounted to present value using selected discount rates of 15.0% and 25.0%. In each case, Caymus Partners analysis assumed synergies based upon the elimination of selected corporate overhead items. This analysis indicated the following implied present values for the combined company's common stock:

	<b>Terminal Value</b>		
	<b>5.0x</b>	<b>7.0x</b>	<b>9.0x</b>
<b>Per Share</b>	\$ 12.36	\$ 17.40	\$ 22.43
<b>Discount Rate</b>			
15%	\$ 6.15	\$ 8.65	\$ 11.15
25%	\$ 4.05	\$ 5.70	\$ 7.35

***Venture Capital/Discounted Cash Flow Analysis***

Caymus Partners performed a venture capital/discounted cash flow for HealthMont to estimate the present value of the stand-alone, free cash flows that HealthMont could generate for the fiscal years 2002 to 2007. Caymus Partners calculated a range of estimated terminal values for HealthMont by applying selected EBITDA multiples ranging from 5.0x to 9.0x to HealthMont's estimated calendar year 2007 EBITDA, which implies a terminal value of \$36.4 million to \$61.6 million.

In the judgment of Caymus Partners, in order to achieve these terminal values, HealthMont would require a minimum of \$10 million in additional equity investment. Caymus Partners assumed that a venture capital investor would require a 30% internal rate of return for five years on \$10 million of invested equity, or \$37.1 million. Caymus Partners further assumed that a venture capital investor would require this return to be preferential to any return to HealthMont's existing common shareholders and no less than 50% additional participation in any returns beyond this preference.

Based on the terminal values and required rates of return described above, Caymus Partners calculated the potential terminal value to HealthMont's existing common shareholders to be between \$0 and \$12.3 million. Caymus Partners then discounted this terminal value to present value using discount rates of 15.0% and 25.0%. This analysis indicated the following present value for HealthMont's common stock.

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

	Per Share Terminal Value		
	5.0x	9.0x	Mean
<b>Discount Rate</b>			
15%	\$ 0	\$ 0.98	\$ 0.49
25%	\$ 0	\$ 0.64	\$ 0.32

The expected annual rates of return referred to above were based upon several factors, including Caymus Partners' knowledge of HealthMont and the industry in which it operates, the business risks associated with HealthMont, and the overall lending and private equity markets as of March 24, 2003. The results of this methodology are highly dependent on the numerous assumptions that must be made, including earnings growth rates and expected internal rates of return.

## **Table of Contents**

### ***Vinsant Hospital Divestiture***

As part of its engagement as HealthMont's financial advisor in connection with the merger, Caymus Partners examined the proposed sale of HealthMont's Vinsant hospital located in San Benito, Texas. Caymus Partners reviewed the historical financial performance of the Vinsant hospital and examined HealthMont's management's projections of future performance and the capital required to achieve such performance. Because of the complexity and uncertainty associated with valuing a single asset that is part of a larger business, Caymus Partners relied primarily upon its experience, expertise, and familiarity with HealthMont and the healthcare industry in evaluating the fairness of the proposed divestiture of the Vinsant hospital. In doing so, Caymus Partners also noted the following:

For the twelve months ended August 31, 2002, the Vinsant hospital had an operating loss of \$688,384. A divestiture of the Vinsant hospital would improve, on a historical pro forma basis, HealthMont's financial results. Accordingly, analyses such as those described above imply a higher value for HealthMont common stock if the Vinsant hospital is excluded from HealthMont's financial results; and

Assuming that the sale of the Vinsant hospital would result in no change to the merger consideration to be paid by SunLink, the redemption of 250,000 shares of HealthMont common stock and the assumption of \$655,000 in debt and capital lease obligations in connection with the sale of the Vinsant hospital would result in a 31.5% increase in the per share consideration payable in respect of the remaining HealthMont common stock.

### ***Miscellaneous***

HealthMont has agreed to pay Caymus Partners for its financial advisory services, upon completion of the merger, a fee equal to \$25,000 in connection with the initial delivery of its opinion, an additional fee of \$25,000 in connection with the issuance of a new opinion in connection with the amendment to the merger agreement, and an additional fee of \$25,000 payable upon the completion of the merger. HealthMont also has agreed to reimburse Caymus Partners for its reasonable out-of-pocket expenses, including reasonable fees and expenses of legal counsel and any other advisor retained by Caymus Partners, and to indemnify Caymus Partners and related parties against liabilities, including liabilities under the federal securities laws, arising out of its engagement.

Caymus Partners and its affiliates have, from time to time, provided HealthMont with certain other investment banking services and have received customary fees in connection with rendering these services.

### **Accounting Treatment of the Merger**

SunLink will account for the merger under the purchase method of accounting in accordance with SFAS No. 141, *Business Combinations*. Accordingly, SunLink will record the fair value of assets acquired less liabilities assumed (plus transaction fees and other costs directly related to the merger) with any excess purchase price recorded as separately identifiable intangible assets or goodwill. Based on the initial purchase price allocation, there is no goodwill. The recorded purchase price will include, in addition to transaction fees and other costs directly related to the merger, the average price of SunLink's common stock of \$2.26 per share, calculated based on the two days before, the day of and the two days after the amended merger agreement was signed by both parties, multiplied by the number of SunLink shares issued in the merger to HealthMont shareholders.

**United States Federal Income Tax Consequences of the Merger**

The following is a discussion of the material United States federal income tax consequences to HealthMont shareholders of their exchange of HealthMont common stock for SunLink common stock pursuant to the merger, and represents the opinion of Stokes Bartholomew Evans & Petree, P. A., counsel to HealthMont. On [redacted], 2003, Stokes Bartholomew Evans & Petree, P. A., counsel to HealthMont, issued its opinion to HealthMont that, for United States federal income tax purposes, the merger will be treated as a reorganization within the meaning of Section 368(a) of the Internal Revenue Code and that SunLink and HealthMont each will be a party to the reorganization. The following discussion is based on provisions of the Internal Revenue Code of 1986, as amended, Treasury regulations promulgated thereunder, and administrative and judicial interpretations thereof,

**Table of Contents**

all as in effect as of the date of this document. There can be no assurance that future legislative, administrative or judicial changes or interpretations, which changes or interpretations could apply retroactively, will not affect the accuracy of the statements or conclusions set forth in this tax discussion. This discussion is limited to HealthMont shareholders that hold their shares of HealthMont common stock as a capital asset and does not address all aspects of United States federal income taxation that may be applicable to HealthMont shareholders in light of their particular circumstances or to HealthMont shareholders subject to special treatment under United States federal income tax law, such as:

partnerships and other pass-through entities;

foreign persons and entities;

financial institutions;

insurance companies;

tax-exempt entities;

dealers in securities;

traders in securities that mark-to-market;

certain U.S. expatriates;

shareholders that hold HealthMont common stock as part of a straddle, appreciated financial position, hedge, conversion transaction or other integrated investment;

HealthMont shareholders whose functional currency is not the United States dollar; and

HealthMont shareholders who acquired HealthMont common stock through the exercise of employee stock options or otherwise as compensation or through a tax-qualified retirement plan.

In addition, this discussion does not address the tax consequences of the merger to HealthMont shareholders that acquire HealthMont common stock through the conversion of HealthMont outstanding stock options or warrants to purchase stock.

*General United States Federal Income Tax Consequences of the Merger to HealthMont Shareholders.* Stokes Bartholomew Evans & Petree, P.A. has provided an opinion to SunLink and HealthMont, dated as of \_\_\_\_\_, 2003 that for United States federal income tax purposes, the merger will be treated as a reorganization within the meaning of Section 368(a) of the Internal Revenue Code and that SunLink and HealthMont each will be a party to the reorganization.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In addition, SunLink's and HealthMont's obligation to complete the merger is conditioned on the receipt by SunLink and HealthMont of a similar opinion by Stokes Bartholomew Evans & Petree, P.A. dated as of the closing date. The opinions of Stokes Bartholomew Evans & Petree, P.A. have relied and will rely on certain assumptions, including assumptions regarding the absence of changes in existing facts and the completion of the merger in accordance with this joint proxy statement/prospectus and the merger agreement. The opinions will also rely on representations and covenants, including those contained in officers' certificates of HealthMont. If any of those assumptions, representations or covenants are inaccurate, the conclusions contained in the opinions could be affected. Neither opinion will be binding on the IRS or the courts, and neither SunLink nor HealthMont will seek rulings from the IRS with regard to the tax treatment of the merger and related transactions. Accordingly, there can be no certainty that the IRS will not challenge the conclusions reflected in the opinions or that a court would not sustain such a challenge.

---

**Table of Contents**

For the merger to be treated as a tax-free reorganization under the applicable provision of the Internal Revenue Code, it will be necessary, among other things, for SunLink, through its acquisition subsidiary, to acquire substantially all the assets of HealthMont. The assets used by HealthMont to redeem the stock of HealthMont shareholders who exercise statutory dissenter's rights in connection with the merger will be treated as assets held by HealthMont for purposes of the substantially all test, as may the Vinsant hospital distributed to Timothy S. Hill on March 24, 2003. Based on the valuation of HealthMont of Texas, Inc. as determined by HealthMont's advisors, if shareholders who hold more than approximately 6% of the HealthMont stock were to exercise statutory dissenter's rights in connection with the merger, the assets acquired by SunLink's subsidiary in the merger may not constitute substantially all of the HealthMont assets under the test applied by the Internal Revenue Service, in which event the merger may not constitute a tax-free reorganization. In that case, Stokes Bartholomew Evans & Petree, P.A., likely would not be able to deliver the closing date tax opinion described above that is a condition to the obligations of both HealthMont and SunLink to complete the merger. Moreover, SunLink would not be required to complete the merger in any event, since one of the conditions to its obligations to complete the merger is that shareholders holding not more than 6% of the outstanding HealthMont common stock exercise statutory dissenter's rights. Neither HealthMont nor SunLink currently intends to waive the receipt of the closing tax opinion as a condition to its obligation to complete the merger without first resubmitting the merger for approval by the shareholders of HealthMont and SunLink.

Should the merger as completed not qualify as a tax-free reorganization, the merger would be treated as a taxable sale by HealthMont of its assets in exchange for the SunLink Stock issued in connection with the merger (plus the amount of any cash paid with respect to fractional shares) followed by the distribution of that SunLink stock (and cash) to the HealthMont shareholders (other than those shareholders who exercised statutory dissenter's rights) in liquidation of HealthMont. The HealthMont shareholders who received SunLink stock in that liquidation of HealthMont would recognize taxable gain or loss, as the case may be, equal to the difference between the fair market value of the SunLink stock received by the shareholder (plus the amount of any cash received with respect to a fractional share) and the aggregate tax basis in the shareholder's HealthMont stock. Those HealthMont shareholders who exercised statutory dissenter's rights would recognize taxable gain or loss, as the case may be, equal to the difference between the amount of cash received by the shareholder and the aggregate tax basis in the shareholder's HealthMont stock. The gain or loss recognized by the HealthMont shareholders generally would be capital gain or loss (assuming the HealthMont stock was held as a capital asset) and would be long-term if the HealthMont stock had been held by the shareholder for more than one year.

Assuming that the merger is treated as a tax-free reorganization in accordance with the opinion of counsel described above, the material United States federal income tax consequences to a HealthMont shareholder of the exchange of HealthMont common stock for SunLink common stock pursuant to the merger will be as follows:

No gain or loss will be recognized by HealthMont shareholders upon the exchange of HealthMont common stock for SunLink common stock in the merger.

The tax basis of the SunLink common stock received by HealthMont shareholders in the merger will be the same as the tax basis of the shares of HealthMont common stock surrendered in exchange therefore, less the basis of any fractional share of SunLink common stock settled by cash payment.

The holding period of the shares of SunLink common stock received by the HealthMont shareholders will include the holding period of the shares of HealthMont common stock surrendered in exchange therefor, provided that such HealthMont stock is held as a capital asset on the date of consummation of the merger.

A holder of HealthMont common stock who exercises statutory dissenter's rights in connection with the merger generally will recognize capital gain or loss (assuming the common stock is held as a capital asset) equal to the difference, if any, between such holder's tax basis in the HealthMont common stock exchanged and the amount of cash received in exchange therefor.





## **Table of Contents**

*Cash Received Instead of a Fractional Share.* A HealthMont shareholder that receives cash instead of a fractional share of SunLink common stock generally will recognize capital gain or loss based on the difference between the amount of the cash instead of a fractional share received by the shareholder and the shareholder's basis in the fractional share.

*Backup Withholding.* Backup withholding at the rate of 30% may apply with respect to certain payments, including, without limitation, cash received in the merger, unless a HealthMont shareholder (1) is a corporation or comes within certain other exempt categories and, when required, demonstrates this fact or (2) provides a correct taxpayer identification number, certifies as to no loss of exemption from backup withholding, and otherwise complies with applicable requirements of the backup withholding rules. A HealthMont shareholder who does not provide SunLink with its correct taxpayer identification number may be subject to penalties imposed by the Internal Revenue Service. Any amounts withheld under the backup withholding rules may be allowed as a refund or a credit against the shareholder's federal income tax liability, provided that the shareholder furnishes certain required information to the IRS.

The discussion of material United States federal income tax consequences set forth above is intended to provide only a general discussion and is not intended to be a complete analysis or description of all potential United States federal income tax consequences of the merger. In addition, the discussion does not address tax consequences that may vary with, or are contingent on, individual circumstances. Moreover, the discussion does not address any non-income tax or any foreign, state, local or other tax consequences of the merger. The summary does not address the tax consequences of any transaction other than the merger. Accordingly, each HealthMont shareholder is strongly urged to consult with a tax advisor to determine the particular federal, state, local or foreign income, reporting or other tax consequences of the merger to that shareholder.

## **Regulatory Matters Relating to the Merger**

*Antitrust Matters.* Based on the applicable statutory thresholds, SunLink and HealthMont believe that no pre-merger filings are required under applicable antitrust and anti-monopoly laws with U.S. authorities. There can be no assurance that a challenge to the merger on antitrust grounds will not be made or, if a challenge is made, that it would not be successful. In addition, state antitrust authorities and private parties in certain circumstances may bring legal action under the antitrust laws seeking to enjoin the merger or seeking conditions. Antitrust authorities could seek to impose conditions in connection with the merger, such as a requirement to divest assets, that could adversely affect SunLink's operations after the merger.

*Healthcare Regulatory Matters.* The operations of SunLink and HealthMont are subject to a substantial body of federal, state, local, and accrediting body laws, rules, and regulations relating to the development, operations, and licensing of healthcare businesses and facilities. Some of the regulatory agencies to which SunLink and/or HealthMont are subject require that a filing be made to obtain consent to or approval of the merger. SunLink believes all filings required to be made prior to the date of this proxy statement/prospectus to obtain the consents and approvals required from federal and state health care regulatory bodies and agencies have been made. Certain filings cannot, however, be made under applicable laws, rules, and regulations until after the merger. Although we cannot give any assurances, we anticipate that we will be able to obtain all required regulatory consents or approvals necessary with respect to the merger.

## **Federal Securities Laws Consequences; Stock Transfer Restriction Agreements**

This proxy statement/prospectus does not cover any resales of the SunLink common stock to be received by the shareholders of HealthMont upon completion of the merger, and no person is authorized to make any use of this proxy statement/prospectus in connection with any such

resale.

All shares of SunLink common stock received by HealthMont shareholders in the merger will be freely transferable, except that shares of SunLink common stock received by persons who are deemed to be affiliates of HealthMont under the Securities Act of 1933, as amended, at the time of the HealthMont special meeting may be resold by them only in transactions permitted by Rule 145 under the Securities Act (or Rule 144 in the case of

**Table of Contents**

persons who become affiliates of SunLink upon the merger) or as otherwise permitted under the Securities Act. Because of the form of available HealthMont financial statements included in this proxy statement/prospectus, resales of SunLink common stock under Rule 145(d) will not be permitted until such time as SunLink files its annual report on Form 10-K for the year ended June 30, 2003. Persons who may be deemed to be affiliates of HealthMont or SunLink for these purposes generally include individuals or entities that control, are controlled by or are under common control with HealthMont or SunLink, and include directors and executive officers of SunLink and HealthMont. The merger agreement requires that HealthMont use its reasonable best efforts to cause each of its affiliates to execute a written agreement to the effect that he, she or it will not offer, sell or otherwise dispose of any of the shares of SunLink common stock issued to them in the merger in violation of the Securities Act or the related SEC rules. In general, Rule 145 provides that, for one year following completion of the merger, an affiliate (together with certain related persons) would be entitled to sell SunLink common shares acquired in connection with the merger only through unsolicited broker transactions or in transactions directly with a market maker (as these terms are defined in Rule 144). Additionally, the number of SunLink common shares to be sold by an affiliate (together with certain related persons and certain persons acting in concert) within any three-month period for purposes of Rule 145 may not exceed the greater of 1% of outstanding SunLink common shares or the average weekly trading volume of SunLink common shares during the four calendar weeks preceding the sale. Rule 145 also will not be available to former affiliates of HealthMont if

SunLink is not current with its informational filings with the SEC under the Securities Exchange Act of 1934, as amended, which we refer to as the Exchange Act, whether as a result of the transaction with HealthMont or otherwise. One year after the merger, an affiliate will be able to sell its SunLink common shares without being subject to the manner of sale or volume limitations, provided that SunLink is current with its information filings under the Exchange Act and the affiliate is not then an affiliate of SunLink. Two years after the effective time of the merger, an affiliate will be able to sell its SunLink common shares without any restrictions so long as the affiliate had not been an affiliate of SunLink for at least three months prior to the date of sale.

**Interim Financing of HealthMont and Financing of the Merger**

*Required Restructuring*

The completion of the March Transactions was conditioned on the consent of Heller, HealthMont's existing senior lender, to such transactions. The completion of the merger remains conditioned upon, among other things; either the consent of Heller to the merger transaction and the amendment of certain terms of the existing loan agreement or the refinancing of HealthMont's borrowings from Heller with other financial institutions on terms no less favorable than those in the existing senior credit agreement with Heller as proposed to be modified. Terms of such financing are subject to change. By virtue of such consent and amendment, SunLink expects to assume, on a consolidated basis, approximately \$9,800,000 of HealthMont senior debt, consisting of borrowing of approximately \$8,900,000 under one or more credit agreements between HealthMont and/or its subsidiaries and Heller and approximately \$900,000 in capital leases, primarily for equipment. Pursuant to such consent and amendment, the maturity date of all borrowings under such credit agreements would be extended through August 31, 2005 and all borrowing of HealthMont related to its Vinsant hospital would be repaid (which borrowing are estimated to be \$600,000) at the closing of the merger and the Heller's security interest in the Vinsant hospital would be released. The restructured senior credit facility is expected to be comprised of term loans of approximately \$5,000,000 with interest at prime plus 2% per annum and revolving credit loans of approximately \$3,900,00 with interest at prime plus 1½% per annum. By letter agreement, Heller has consented to the merger transactions and the March Transactions subject to specified conditions including with respect to the merger:

Chatham Investment Fund, LLC or its affiliates making a \$3,000,000 subordinated loan to the surviving corporation in the merger; such loan to be subordinated to HealthMont's existing senior credit agreements on term outlined in such consent;

the entry by SunLink into an unconditional guarantee of payment satisfactory to Heller guaranteeing amounts owed under HealthMont's existing senior credit agreements;



**Table of Contents**

the extension of a letter of credit agreement by certain existing HealthMont directors and shareholders securing by commercial letters of credit up to \$1,650,000 in borrowings by HealthMont under the credit facility through August 31, 2005;

the resetting of financial covenants in such senior credit agreements to reflect the post-acquisition financial condition of the combined company and/or the acquired operations;

payment of an extension fee of \$40,000 to Heller and the conversion of 144,683 warrants held by Heller of HealthMont to warrants to acquire 26,723 shares of SunLink common stock at an exercise price of \$0.01 per share; and

indemnification by HealthMont of Heller against any claims arising out of or related to the merger agreement.

As discussed under the heading *The Other Merger-Related Agreements* beginning on page 83, as part of the March Transactions, including the amendment of the merger agreement, SunLink and HealthMont entered into a loan agreement whereby SunLink has agreed under certain conditions to lend HealthMont up to \$1.1 million secured by a second priority security interest in all the assets of HealthMont. At April 22, 2003, SunLink had loaned to HealthMont an aggregate of \$811,000, of which \$600,000 was used to pay off borrowings by HealthMont from Heller attributable to the operations of Vinsant, and \$211,000 has been used by HealthMont for general working capital, including the payment of accounts payable owed to vendors who are continuing to provide services to the two hospitals which SunLink will acquire pursuant to the merger. In consideration of such loan, SunLink received a closing fee of \$40,000 and warrants to purchase 135,000 shares of HealthMont common stock for nominal consideration.

To partially finance its loan to HealthMont, SunLink entered into a note purchase agreement with Chatham Investment pursuant to which Chatham Investment purchased \$700,000 principal amount of SunLink's 15% Notes due 2006 in a private placement. Such advance represented a partial funding of the \$3,000,000 which SunLink had arranged for Chatham Investment to provide to HealthMont in connection with the closing of the merger. The 15% Notes are secured by a security interest in all of the collateral SunLink received in connection with its loan to HealthMont. By letter agreement, Heller consented to the March transactions subject to specified conditions, including:

the subordination of payment of SunLink's loan to HealthMont pursuant to the terms of a subordination agreement in the event of certain material defaults by HealthMont;

the subordination by SunLink of payments due to it under the management agreement with HealthMont pursuant to such subordination agreement in the event of certain material defaults by HealthMont;

the payment by HealthMont to Heller of \$600,000, representing an estimate of the amount due under HealthMont's loan with Heller with respect to the operations of the Vinsant hospital;

a payment on behalf of HealthMont of \$250,000, funded by certain affiliates of HealthMont, in connection with the release of Vinsant from the secured term loan facility, which funds were placed in escrow and are to be returned to the providers thereof in the event the merger closes prior to June 30, 2003, or otherwise are to be applied to repay a portion of the principal under HealthMont's term loan facility;

HealthMont's undertaking that the exercise of the warrants granted to SunLink in connection with SunLink's loan to HealthMont would not dilute the equity interests or voting rights of Heller under its existing warrants from HealthMont and the agreement by HealthMont and SunLink to enter into appropriate documents to effect such provisions; and

indemnification by HealthMont of Heller against any claims arising out of or related to the March Transactions.

**Table of Contents***Source of Additional Funds and Use of Proceeds*

SunLink has arranged with Chatham Investment Fund I, LLC, an Atlanta based private investment fund and affiliate of Chatham Capital, to borrow \$3,000,000 pursuant to a 3 year term loan secured on a subordinated basis by all the assets of the surviving corporation in the merger. SunLink anticipates that the loan will bear interest at 15% per annum, will require SunLink to pay certain fees and to issue warrants to Chatham to purchase 75,000 shares of SunLink common stock at an exercise price of \$0.01 per share. Such loan will provide for interest only payments prior to maturity and will not be payable prior to payment of the obligations owed to Heller, although payments of interest may be paid to Chatham provided the surviving corporation is not in default under or in breach of its obligations to Heller. The proceeds of such loan are expected to be used to repay some or all of the Sunlink Loan to HealthMont, to pay certain fees, costs and expenses of the merger, for working capital for the surviving corporation, and for other general corporate purposes. The aggregate amount of funding which Chatham Investment is to provide in connection with the merger has not increased from \$3,000,000. Any arrangement whereby some or all of the SunLink loan to HealthMont would remain outstanding will require the consent of Heller.

**Capitalization**

The following table sets forth the total debt and shareholders' equity of SunLink as of December 31, 2002 (A) on an as reported basis and (B) pro forma as adjusted basis to give effect to (i) the incurrence of the Chatham term loan on that date, (ii) the application of a portion of the proceeds from such term loan to repay a portion of the amount outstanding under the revolving credit facility of HealthMont, (iii) the assumption of \$9,800,000 of senior debt of HealthMont less amounts paid down, (iv) the issuance of an aggregate of 1,155,000 shares of SunLink common stock pursuant to the merger, (v) 95,000 shares issued in connection with certain financing and contractual obligations as a result of the merger and (vi) 19,000 options and 102,000 warrants granted in connection with the transaction.

	As of December 31, 2002	
	SunLink As Reported	Pro Forma As Adjusted
	(Unaudited, in thousands)	
Term loans	\$ 5,134	\$ 12,382
Revolving credit facilities		4,147
Other debt, including current maturities	18,996	20,179
<b>Total debt</b>	<b>24,130</b>	<b>36,708</b>
<b>Total shareholders' equity</b>	<b>5,357</b>	<b>8,366</b>
<b>Total debt and shareholders' equity</b>	<b>\$ 29,487</b>	<b>\$ 45,074</b>

**Interests of Certain Persons in the Merger**



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In considering the recommendations of HealthMont's board of directors and SunLink's board of directors with respect to the merger, shareholders should be aware of a potential conflict of interest of, and the benefits available to, executive officers and directors of HealthMont. These individuals have some interests in the merger that may be different from, or in addition to, their interests as shareholders generally. The board of directors of HealthMont and the board of directors of SunLink were aware of these interests and considered them, among other matters, in making their respective recommendations.

*Board of Directors.* SunLink has agreed to take all necessary actions to appoint Gene E. Burleson to serve on SunLink's board of directors, effective as of the effective time of the merger, for a standard term of two years or if the initial term to which Mr. Burleson is appointed is for less than two years to nominate and recommend him for election at the first annual meeting of SunLink following the effective time of the merger. In connection with the consummation of the merger, SunLink's board of directors intends to appoint Mr. Burleson to fill the

## Table of Contents

unexpired term of Robert J. Vannuki, an existing director of SunLink who would resign from SunLink's board. SunLink would then nominate Mr. Burleson for election to a standard two year term on SunLink's board of directors at SunLink's annual meeting in 2003.

Gene E. Burleson, 62, has served as a director of HealthMont since it commenced operations in September 2000. Mr. Burleson served as the Chairman of the board of directors of Mariner Post-Acute Network, Inc., a diversified provider of long-term and specialty health care services, from February 2000 to June 2002. Mr. Burleson served as the Chief Executive Officer and as a director of Vitalink Pharmacy Services, Inc. from February 1997 to August 1997. He served as Chairman of the board of directors of GranCare, Inc., a provider of long-term and specialty health care services, which subsequently became a part of Mariner, from January 1994 to November 1997 and as its Chief Executive Officer from December 1990 to February 1997. His previous experience also includes serving as the President and Chief Operating Officer of American Medical International, Inc., an acute care hospital company and a predecessor to Tenet Healthcare Corporation. Mr. Burleson also currently serves on the board of directors of Alterra Healthcare Corporation, an operator of assisted living facilities, Deckers Outdoor Corporation, a shoe manufacturer, and various other privately-held companies.

*Ownership of Common Stock; Options.* As of March 31, 2003, directors and executive officers of HealthMont beneficially owned an aggregate of approximately 2,341,087 shares of HealthMont common stock, including options and warrants to purchase an aggregate of 805,000 shares of HealthMont common stock. Additionally, directors and executive officers of HealthMont may receive up to 350,000 SunLink shares upon the occurrence of certain events under the Letter of Credit Agreement dated October 15, 2002 and 60,000 shares in connection with the Consulting Termination Agreements dated as of October 15, 2002.

Certain outstanding options to purchase HealthMont shares will be converted, into a fully vested and exercisable options to purchase shares of SunLink common stock. The options will be on the same terms and conditions as were applicable to the converted HealthMont options, and the options will be to purchase SunLink shares pursuant to the formula described in *The Merger Agreement Consideration to be Received in the Merger*.

*Vinsant Hospital Disposition Agreement.* In connection with the March 2003 disposition by HealthMont of its Vinsant hospital through the transfer of the stock of HealthMont of Texas, Inc. and its subsidiary, HealthMont made a capital contribution to HealthMont of Texas of \$275,000 in the form of a note, payable upon the earlier to occur of the merger or the payment of HealthMont's indebtedness under borrowings from its senior lender, Heller, and borrowings from SunLink. See *The Other Merger-Related Agreements HealthMont of Texas Disposition Agreement and HealthMont of Texas Stock Subscription and Purchase Agreement* on pages 84 and 86 for more information.

Timothy S. Hill, the CEO of HealthMont, acquired HealthMont's Vinsant hospital because SunLink did not wish to acquire, and refused to acquire, the Vinsant hospital as part of the transaction with HealthMont. The sale of the Vinsant hospital was consistent with the fiduciary duties of the HealthMont Board of Directors and Mr. Hill because the sale of the Vinsant hospital was necessary to continue with the SunLink merger, which the Board and Mr. Hill believe to be in the best interests of HealthMont and its shareholders. Mr. Hill, on behalf of HealthMont, actively sought to sell the Vinsant hospital prior to its disposition; however, no other offers for the Vinsant hospital were received. Although Mr. Hill negotiated with several third party investors in connection with a potential sale of the Vinsant hospital, no firm offer to purchase the hospital materialized. Mr. Hill acquired the Vinsant hospital in order to allow HealthMont to move forward with the SunLink merger and because he believes there is a possibility of improving the hospital's operations on a stand-alone basis. Except for his regular services as CEO of HealthMont, Mr. Hill performed no special services for HealthMont in connection with the disposition of the Vinsant hospital.

## **Table of Contents**

### **THE MERGER AGREEMENT**

*The merger agreement is attached to this proxy statement/prospectus as Annex A. You are urged to read the merger agreement in its entirety because it is the legal document that governs the merger.*

#### **Form of the Merger**

If the conditions to the merger are satisfied or waived in accordance with the merger agreement, HealthMont will merge with and into HM Acquisition Corp., a wholly owned subsidiary of SunLink, with HM Acquisition Corp. surviving as a wholly owned subsidiary of SunLink.

#### **Effective Time and Timing of Closing**

The merger will become effective and be completed when a certificate of merger has been filed with both the Secretary of State of the State of Tennessee and with the Secretary of State of the State of Delaware or at a later time, if so specified in the certificates of merger. We expect the merger to become effective on the same day as the closing of the merger, which will take place either as soon as practicable after the conditions described in the merger agreement have been satisfied or waived or on another date agreed upon by SunLink and HealthMont.

#### **Consideration to be Received in the Merger**

At the time the merger becomes effective, each outstanding share of HealthMont common stock will be cancelled and converted into the right to receive the merger consideration, which is expected to consist of 0.1810 of a share of SunLink for each HealthMont share (one share of SunLink for each 5.5249 HealthMont share based on the number of HealthMont shares expected to be outstanding at the time of the merger) plus cash in lieu of fractional shares.

SunLink will not issue fractional shares in the merger. As a result, each HealthMont shareholder that otherwise would receive a fractional SunLink share in the merger will instead receive a cash payment equal to the fraction of an SunLink share that such shareholder otherwise would have received in the merger, multiplied by the average price as described below. The average price will be calculated using the average, over the ten consecutive trading days ending on the second trading day prior to the closing date of the merger, of the volume-weighted daily average price for a single SunLink share on the American Stock Exchange as of each date in such ten trading day period. No interest will be paid on the cash paid in the merger in lieu of issuing fractional shares.

Also at the time the merger becomes effective:

Each outstanding HealthMont stock option not cancelled pursuant to the merger agreement or related agreements will be exchanged for an option to purchase the number of SunLink shares, derived by multiplying the number of shares subject to the HealthMont stock

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

option by the exchange fraction, with an exercise price per share equal to the existing exercise price per share divided by the exchange fraction as described on page 73 under *Stock Options*.

The outstanding Heller warrant to purchase 144,683 shares of HealthMont common stock will be exchanged for a new Heller warrant to purchase an aggregate maximum of 26,188 shares of SunLink common stock at an exercise price per SunLink common share equal to \$0.01 per share, and such new Heller warrant will be exercisable for three years from the effective date of the merger. The outstanding Heller warrant was issued by HealthMont to Heller Healthcare Finance, Inc., a Delaware corporation on August 31, 2000 in consideration for the extension of \$8,000,000 of revolving credit and a \$5,000,000 mortgage loan.

If the outstanding SunLink warrant to purchase 135,000 shares of HealthMont is held by SunLink at the time of the merger, it will be cancelled and the total number of SunLink shares issuable in the merger will be reduced by 24,435 shares. If such warrant is not held by SunLink at the time of the merger, then SunLink will

## **Table of Contents**

issue a replacement warrant to the holder thereof to purchase 24,435 SunLink shares at an exercise price of \$0.01 per share. The outstanding SunLink warrant was issued by HealthMont to SunLink as part of the March Transactions described elsewhere in this joint proxy statement/prospectus.

In the event that before the completion of the merger a stock split, stock dividend, recapitalization or redenomination of share capital, or other similar transaction, causes a change to the number of outstanding shares of HealthMont common stock or SunLink shares, the number of SunLink shares representing the number of SunLink shares into which a share of HealthMont common stock will be converted in the merger will be appropriately adjusted.

Immediately following the merger, former HealthMont shareholders will hold approximately 21.2% of the issued and outstanding shares of the combined company.

## **Exchange of Certificates Representing HealthMont Common Stock**

SunLink will appoint an exchange agent who will exchange certificates representing shares of HealthMont common stock for SunLink shares. Promptly after the merger is completed, HealthMont or the exchange agent will mail to each former registered holder of shares of HealthMont common stock a letter of transmittal which the holder must properly complete and deliver to the exchange agent with the holder's common stock certificates.

After a registered holder of shares of HealthMont common stock delivers certificates for such holder's shares and a signed transmittal letter to the exchange agent, the holder will be entitled to receive in exchange for the holder's HealthMont common stock:

the applicable number of SunLink shares to which such holder is entitled; and

a check in the amount, after giving effect to any required tax withholdings, of:

cash, in U.S. dollars, in lieu of any fractional interest in a SunLink share, on the terms described above; plus

any cash dividends or other distributions that the holder has the right to receive, including dividends or other distributions, if any, payable with respect to the holder's SunLink shares with a record date after the completion of the merger and a payment date on or before the date the holder properly delivers HealthMont common stock certificates to the exchange agent.

The certificates representing shares of HealthMont common stock that are surrendered to the exchange agent will be canceled. No interest will be paid or accrued on any amount payable to holders of HealthMont common stock. In addition, no holder of HealthMont common stock will receive any dividends or other distributions with respect to SunLink shares to which the holder is entitled under the merger agreement until that holder surrenders all of his or her HealthMont common stock certificates to the exchange agent with a properly completed letter of transmittal.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In order for a person who is not a registered holder of the HealthMont common stock to exchange a certificate, the person must:

ensure that the certificate surrendered is properly endorsed or otherwise in proper form for transfer including signature guarantees, if required;

provide such proof of identity and genuineness of signatures as the exchange agent deems appropriate; and

pay the exchange agent any transfer or other taxes required or establish to the satisfaction of the exchange agent that such taxes have been paid or are not payable.

## **Table of Contents**

Any portion of the merger consideration that remains undistributed on the first anniversary of the effective date of the merger shall be delivered to SunLink. Thereafter, any holder of certificates for shares of HealthMont common stock shall look only to SunLink for payment of the merger consideration as a general creditor.

### **Representations and Warranties**

The merger agreement contains a number of customary representations and warranties made by SunLink and HealthMont regarding, among other things:

valid and current corporate matters including due organization as corporations, good standing with governmental entities in their respective states of incorporation, and qualification to conduct business in states other than their states of incorporation;

the nature of their capital structure and the number and type of their outstanding securities;

their possession of necessary corporate authority to enter into the merger agreement and lack of conflicts between their obligations under the merger agreement and related agreements with either their respective corporate governance documents, contracts to which they are a party, or applicable laws;

the nature and scope of their governmental filings;

the adequacy, accuracy, and timeliness of their reports and other financial statements;

the vote of their shareholders required to approve the transaction, including specified percentages required;

affirming the absence of adverse changes since June 30, 2002 with regard to SunLink and March 31, 2002 with regard to HealthMont, except as otherwise disclosed to the parties;

the absence of any litigation or other liabilities, except as otherwise disclosed to the parties;

the absence of any brokers and finders fees, except as otherwise disclosed to the parties;

the nature of their labor and employment relations and other related matters and the absence of problems with respect thereto;

the accuracy of information supplied for use in this joint proxy statement/prospectus;

the existence and adequacy of licenses necessary to their business;

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

the existence and adequacy of healthcare licenses necessary to their business;

confirming their eligibility to participate in Medicare programs and the accreditation of their facilities by hospital accreditation organizations;

confirming the adequacy and status of medical staff relationships and qualifications and, in the case of HealthMont, the provision of medical staff documentation governing the relationship between hospitals and their medical service providers;

the absence of any sensitive or illegal payments;

provision of healthcare reports and documents and the adequacy, accuracy, and timeliness of such reports and documents;

the absence of interested party transactions, except as disclosed to the other party;

compliance by each party with applicable laws, except to the extent that any non-compliance would not have a material adverse effect on the parties or the proposed transactions;



## **Table of Contents**

confirming receipt of opinions of the parties' respective financial advisors that the proposed transactions are fair to their respective shareholders;

the timely payment of taxes and the absence of disputes with respect to taxes;

the nature and scope of its employee benefit plans, the documentation and administration thereof and the compliance of such plans with ERISA and absence of material claims with respect thereto;

its compliance with applicable environmental laws in all material respects;

the number and types of its intellectual property, its title thereto, and the absence of claims with respect to such property;

the nature, amount, and validity of its accounts payable and the absence of disputes with respect thereto;

the quality of HealthMont's inventory and the nature of claims or security interests in such inventory, other than permitted liens;

the absence of liability with respect to certain governmental healthcare programs providing monies for the construction or operation of healthcare facilities; and

that it has taken or will take all actions appropriate and necessary to ensure that provisions of the Tennessee Corporation Act limiting business combinations will not affect the merger or any other transaction contemplated by the merger agreement.

## **Covenants**

### *Conduct of Business Pending the Merger; Other Actions*

SunLink and HealthMont have each agreed that during the period from the signing of the merger agreement until the completion of the merger, each company, subject to certain permitted exceptions, will carry on its business in the ordinary and usual course in all material respects. Moreover, each company is required to use reasonable best efforts to preserve its business organization intact and maintain its existing relations and goodwill with licensors, patients, physicians, suppliers, lenders, and others having significant business relationships with them.

SunLink and HealthMont have each also agreed that before the completion of the merger they will not, among other things, without the consent of the other party:

increase the number of members of their board of directors or otherwise amend their corporate governance documents other than in the case of SunLink which may take such actions if such amendment would not result in a material adverse effect on SunLink under the

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

terms of the merger agreement;

declare, pay or set aside any dividend or other distribution or payment with respect to, or split, combine, redeem or reclassify their outstanding shares other than in the case of SunLink which may take such actions with respect to (A) dividends payable by a wholly-owned subsidiary of SunLink to SunLink or another wholly-owned subsidiary of SunLink, (B) repurchases permitted under any SunLink benefit plan (not to exceed 5% of SunLink's outstanding capital stock) or (C) participation rights in any capital raising transaction;

adopt a plan of complete or partial liquidation, dissolution, merger, consolidation, restructuring, recapitalization or other reorganization of the company or any of its subsidiaries; or

knowingly take any action which would cause the merger to fail to qualify as a tax free reorganization under the U.S. Internal Revenue Code.

**Table of Contents**

In addition, HealthMont has agreed that it will not take any of the following actions without the express prior written consent of SunLink:

amend or make any new awards of stock-based compensation or other benefits under any compensation or benefit plan;

transfer, lease, license, guaranty, sell, mortgage, pledge, renovate, rehabilitate, dispose, encumber or subject to any lien, any assets of HealthMont or any of its subsidiaries except for (A) sales of assets or liens made or granted in the ordinary course of business, and (B) sales of assets which are not, individually or in the aggregate in excess of \$25,000;

issue or sell any shares of capital stock other than the issuance of shares upon the exercise of outstanding options;

incur any material indebtedness other than in the ordinary course of business or other than as previously disclosed to SunLink in connection with transactions related to the merger;

enter into any merger or share exchange other than pursuant to the merger agreement and except as described below under *Offers for Alternative Transactions* ;

dispose of any material amount of assets outside the ordinary course of business;

acquire (whether pursuant to merger, stock or asset purchase or otherwise) in one transaction or series of related transactions any assets or properties (including any equity interests) having a fair market value in excess of \$25,000, in the aggregate, other than acquisitions of inventory, supplies, licenses, services, and raw materials in the ordinary course of business consistent with past practice;

declare or pay dividends or make distributions on their outstanding shares;

repurchase any of HealthMont's outstanding shares;

settle, pay or discharge any claim, suit or other action brought or threatened against HealthMont with respect to or arising out of a shareholder's equity interest in HealthMont, or pay, discharge or satisfy any claims, liabilities or obligations over \$10,000, individually or in the aggregate, other than the payment, discharge or satisfaction of such claims in the ordinary course of business and consistent with past practice;

enter into any agreement, understanding or commitment that materially restrains, limits or impedes HealthMont's ability to compete with or conduct any business or line of business, including, but not limited to, geographic limitations on HealthMont's activities, other than with respect to agreements solely as to HealthMont's Texas hospital which is to be disposed of prior to the merger;

plan, announce, implement or effect any material reduction in labor force, lay-off, early retirement program, severance program or other program or effort concerning the termination of employment of employees of HealthMont or its subsidiaries;

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

take any action which would, directly or indirectly, restrict or impair the ability of SunLink to vote, or otherwise to exercise rights or receive benefits as a shareholder with respect to, securities of HealthMont that may be acquired or controlled by SunLink or HM Acquisition Corp.;

materially modify, amend or terminate any material contract to which HealthMont is a party, or waive any of its material rights or claims;

make any tax election or settle or comprise any United States, Federal, state, local or non-United States tax liability if the effect thereof would be adverse in any material respect to HealthMont;

other than in connection with acquisitions of inventory, supplies, licenses, services, and raw materials in the ordinary course of business consistent with past practice, incur any capital expenditures except for those (A) contemplated by the capital expenditure budgets for the HealthMont made available to, and previously approved by SunLink, or (B) not exceeding \$50,000 in the aggregate;

**Table of Contents**

except as required by applicable law or U.S. GAAP and after notice to SunLink, change its accounting policies or procedures (including, without limitation, procedures with respect to revenue recognition, payments of accounts payable, and collection of accounts receivable); or

accelerate the vesting of any bonus, stock option or other compensation or benefits, except as contemplated by the merger agreement or any related transaction documents previously disclosed to SunLink.

In addition, SunLink has agreed that it will not take any action to cause SunLink's common stock to cease to be quoted on the American Stock Exchange unless SunLink's common stock is listed on another national securities exchange including the Nasdaq National Market.

**Offers for Alternative Transactions**

HealthMont has agreed not to, and is required to, cause its employees, agents and representatives not to:

initiate, solicit or encourage any party to engage in a merger, consolidation or similar transaction with HealthMont or to purchase all or any significant portion of HealthMont's assets or shares; or

engage in any discussions or negotiations with, or provide any confidential information or data to, any person relating to an offer for such an alternative transaction or engage in any negotiations with any person concerning any such alternative transaction offer.

However, if HealthMont receives an offer to engage in a merger, consolidation or similar transaction or for the purchase of all of its shares or assets, it may engage in discussions or negotiations with, and furnish confidential information to, the person that made the offer, if:

the offer did not result from the breach of HealthMont's obligations described above not to solicit or engage in discussions regarding an alternative transaction offer;

HealthMont's board of directors determines in its good faith judgment, after receiving the advice of its financial adviser, that the offer is materially more favorable to HealthMont and its shareholders, that the offer is reasonably capable of being completed on the terms proposed, and that financing, if required, is committed or reasonably capable of being obtained; and

HealthMont's board of directors determines in its good faith judgment that such action is required as a result of the board of directors fiduciary duties to the HealthMont shareholders.

HealthMont also agreed:

to terminate any discussions or negotiations regarding any potential merger, consolidation or similar transaction or for the purchase of all or substantially all of their respective shares or assets that were being conducted before the merger agreement was signed; and

to notify SunLink promptly if any proposals or requests for information regarding an alternative transaction are received or any discussions or negotiations are sought and identify the person making the proposal or request and the material terms of any offer to engage in a merger, consolidation or similar transaction or for the purchase of all or substantially all of its shares or assets that it receives.

In March 2003, in connection with the execution of the first amendment to the merger agreement, HealthMont also agreed to terminate all discussions and negotiations with, and the provision of information to, any person or group concerning any alternative transaction received before such date.

#### **Agreement Regarding Recommendations to Shareholders**

SunLink has agreed that its board of directors, subject to such directors' fiduciary duties under applicable law, will recommend that the SunLink shareholders vote to approve the merger agreement and, the issuance of

## **Table of Contents**

SunLink shares pursuant to the merger. HealthMont has agreed that its board of directors, subject to such directors' fiduciary duties under applicable law, will recommend that the HealthMont shareholders vote to approve the merger agreement.

In the event that HealthMont's board of directors decides to withdraw its approval of the merger and recommend an alternative transaction, HealthMont is required to deliver written notice, at least ten business days before that HealthMont's board of directors modifies its favorable recommendation of the merger, advising SunLink that it intends to do so. In addition, if requested by SunLink, prior to modifying its recommendation or terminating the agreement, HealthMont must negotiate with SunLink during such ten business day period to allow SunLink to adjust the terms of the merger such that HealthMont would proceed with the merger on such adjusted terms.

Each of HealthMont and SunLink is required to submit the merger for a vote of its shareholders even if HealthMont's or SunLink's board of directors determines not to recommend approval of the merger, unless the merger agreement is terminated.

## **Stock Options**

In the merger, each HealthMont stock option not otherwise cancelled will be exchanged for an option to acquire SunLink shares. After the merger, the HealthMont stock options will be exercisable for the number of SunLink shares derived by multiplying the number of shares of HealthMont common stock subject to such option before the merger by the exchange fraction.

The exercise price per SunLink share for each of these options will be the exercise price for each share of HealthMont common stock subject to that option before completion of the merger divided by the exchange fraction.

## **Indemnification and Insurance**

The articles of incorporation and the bylaws of the surviving corporation will contain provisions with respect to indemnification and exculpation from liability which are no less favorable than the provisions set forth in SunLink's articles of incorporation and bylaws on the date of the merger. Such provisions may not be amended, repealed or otherwise modified for a period of five years from the Effective Time in any manner that in the aggregate would have a material adverse effect on the rights thereunder of individuals who, on or prior to the Effective Time, were (1) directors or executive officers of HealthMont or its subsidiaries, and (2) were entitled to mandatory indemnification under the HealthMont's certificate of incorporation and bylaws, unless such modification is required by law. However, no indemnification will be required if it is determined that such person seeking indemnification is not entitled to indemnification: (A) under the terms of the articles of incorporation or bylaws, (B) as a matter of law or public policy, (C) as a result of a determination that such person breached his fiduciary duties with respect to his duty of loyalty, (D) because such person acted or failed to act other than in good faith, (E) because such person's actions or failure to act involved intentional misconduct or a knowing violation of law, or (F) such person's action or failure to act was in connection with a transaction from which such person derived an improper personal benefit.

HealthMont must use commercially reasonable efforts to maintain in effect through the Effective Time: (1) HealthMont's current directors' and officers' liability insurance or other directors' and officers' liability insurance with a reputable and financially sound insurer that provides coverage that is no less favorable than HealthMont's current policy, in each case, covering acts or omissions occurring prior to the Effective Time with respect to those persons who are currently covered by HealthMont's directors' and officers' liability insurance policy on terms with respect to such coverage and amount no less favorable than those of such policy in effect on the date hereof, and (2) HealthMont's current fiduciary liability

insurance policies for employees who serve or have served as fiduciaries under or with respect to any HealthMont Benefit Plan.



## Table of Contents

SunLink has agreed to obtain an extended discovery or tail policy covering the same persons covered by the indemnification provisions of the merger agreement as described above for a term through August 31, 2005 by expending up to \$266,000.

### **Conditions to Each Party's Obligations to Complete the Merger**

SunLink's and HealthMont's respective obligations to complete the merger are subject to the satisfaction or waiver of certain conditions, including without limitation the following:

#### *Shareholder Approvals*

the holders of at least seventy-five percent of the voting power of HealthMont common stock approving the merger agreement;

the holders of at least two-thirds of the SunLink common shares approving the resolutions presented to SunLink's shareholders, details of which we describe above under *The SunLink Special Meeting of Shareholders* beginning on page 25;

no more than 6% of the outstanding HealthMont shareholders demanding dissenters' rights; and

no more than 10% of the outstanding Sunlink shareholders demanding dissenters' rights.

#### *Regulatory Approvals*

all waiting periods, if any, under applicable U.S. and non-U.S. monopoly laws having expired or been terminated;

the Form S-4 registration statement of which this proxy statement/prospectus forms a part having become effective in accordance with the Securities Act; and

all other consents, approvals and declarations and authorizations of other governmental entities, except as would not have a material adverse effect, having been obtained.

We describe generally the regulatory approvals required for the merger and the actions the merger agreement requires that SunLink and HealthMont take in order to obtain regulatory approvals under *The Merger Regulatory Matters Relating to the Merger* on page 62.

#### *No Laws or Orders*

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

No law, judgment or order having been enacted or entered, and no injunction having been issued, by a governmental entity that restrains, enjoins or otherwise prohibits the completion of the merger.

### *Stock Exchange Listing*

the SunLink shares to be issued in the merger having been authorized for listing on the American Stock Exchange.

### *Tax Opinion*

HealthMont and SunLink having received another opinion from Stokes Bartholomew Evans & Petree, P.A., dated as of the closing date, to the effect that, on the basis of the facts, representations, and assumptions set forth in the opinion:

the merger will be treated for U.S. federal income tax purposes as a reorganization within the meaning of Section 368(a) of the U.S. Internal Revenue Code; and

each of SunLink and HealthMont will be a party to the reorganization within the meaning of Section 368(b) of the U.S. Internal Revenue Code.

## **Table of Contents**

Even though HealthMont and SunLink may waive the condition that it receive Stokes Bartholomew Evans & Petree, P.A.'s closing tax opinion, neither HealthMont nor SunLink currently intends to waive the condition, and, in any event, neither will waive the condition without first revising and recirculating its proxy statement to indicate that it has waived the condition; and resoliciting the vote of its shareholders.

### **Additional Conditions to the Obligations of SunLink**

The obligation of SunLink to effect the merger also is subject to the satisfaction or waiver by SunLink of the following conditions:

*Representations and Warranties.* HealthMont's representations and warranties in the merger agreement having been true when the merger agreement was entered into and as of the date the merger is completed, except to the extent that a representation or warranty expressly speaks as of a specific date, in which case it need be true only as of that date, and except to the extent that inaccuracies in the representations and warranties would not individually or in the aggregate reasonably be expected to have a material adverse effect on HealthMont.

*Compliance with Covenants.* HealthMont having performed in all material respects all material obligations required to be performed by it under the merger agreement at or before the date of the closing of the merger.

*No Material Adverse Effect.* No event shall have occurred that is reasonably likely to have a material adverse effect on HealthMont.

*Financing.* The financing for the transaction as contemplated by the merger agreement having been obtained.

### **Additional Conditions to the Obligations of HealthMont**

The obligation of HealthMont to effect the merger also is subject to the satisfaction or, except as noted below, waiver by HealthMont of the following conditions:

*Representations and Warranties.* SunLink's representations and warranties in the merger agreement having been true when the merger agreement was entered into and as of the date the merger is completed, except to the extent that a representation or warranty expressly speaks as of a specific date, in which case it need be true only as of that date and except to the extent that inaccuracies in the representations and warranties would not individually or in the aggregate reasonably be expected to have a material adverse effect on SunLink.

*Compliance with Covenants.* SunLink having performed in all material respects all material obligations required to be performed by it under the merger agreement at or before the date of the closing of the merger.

*No Material Adverse Effect.* No event shall have occurred that is reasonably likely to have a material adverse effect on SunLink.

**Amendment; Waiver**

SunLink and HealthMont may amend the merger agreement by written agreement prior to completion of the merger, but, after HealthMont's shareholders or SunLink's shareholders have approved the merger agreement, no amendment may be made which by law requires further shareholder approval without such shareholder approval being obtained.

Any provision of the merger agreement may be waived before the merger is completed, but only if the waiver is in writing and signed by the party against whom the waiver is to be effective. However, the specified shareholder approval requirements are requirements of applicable state law.

**Table of Contents**

**Termination and Effects of Termination**

*Right to Terminate*

The merger agreement may be terminated at any time before the closing in any of the following ways:

by mutual written consent

by SunLink or HealthMont, if:

the merger is not completed by June 30, 2003, provided that neither SunLink or HealthMont may terminate the merger agreement if the failure to complete the merger by such date is caused by the failure of the company seeking to terminate to fulfill its obligations under the merger agreement;

any court of competent jurisdiction or any governmental authority issues a final non-appealable order or injunction that prohibits the completion of the merger, and SunLink and HealthMont shall have used reasonable best efforts to prevent such order or injunction from being issued;

the other party breaches, in any material respect, any of its representations, warranties or covenants contained in the merger agreement, which, unless cured within 30 days following written notice of breach from the non-breaching party, would result in conditions to the merger not being satisfied, unless such breach has been waived by the non-breaching party;

approval of the merger agreement by the shareholders of either party shall not have been obtained; or

if holders of more than 10% of the issued and outstanding SunLink shares shall have demanded or exercised or delivered to SunLink at any time before the effective time of the merger timely written notice of such holders intent to demand or exercise dissenter s rights with respect to the merger in accordance with the Ohio General Corporation Law.

by SunLink, if:

SunLink pays the fee and expenses described below under *Termination Payments*;

HealthMont breaches its obligations described under *The Merger Agreement Offers for Alternative Transactions* beginning on page 72; or

if at any time (a) trading or quotation in SunLink s securities shall have been suspended or limited by the SEC or by the American Stock Exchange, or trading in securities generally on the American Stock Exchange, the Nasdaq Stock Market or the New York Stock Exchange shall have been suspended or limited, or minimum or maximum prices shall have been generally

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

established on any of such exchanges by the SEC or the NASD; (b) a general banking moratorium shall have been declared by any federal or state authorities; or (c) HealthMont or any of its subsidiaries shall have sustained an uninsured loss by strike, fire, flood, earthquake, accident or other calamity of such character as in the judgment of the SunLink may impair the value of the HealthMont and its subsidiaries (other than HealthMont of Texas, Inc.) or may interfere materially with the conduct of the business and operations of HealthMont or such subsidiary (other than HealthMont of Texas, Inc.).

by HealthMont, if HealthMont receives an offer to engage in a merger, consolidation or similar transaction or to purchase all or substantially all of HealthMont's shares or assets which satisfies the conditions described under *The Merger Agreement Offers for Alternative Transactions* and SunLink and HealthMont are unable to negotiate adjusted terms for the merger within ten business days after the receipt of such offer which would enable HealthMont to proceed with the merger; provided that, HealthMont pays the fees and expenses described below under *Termination Payments*.

## Table of Contents

### **Termination Payments**

#### *Termination Fees Payable to SunLink*

HealthMont has agreed to pay SunLink a regular termination fee of \$500,000 and to reimburse SunLink for its expenses up to \$75,000 incurred in connection with the merger, if SunLink terminates the merger agreement as a result of:

a knowing or willful breach by HealthMont of any representation, warranty, covenant or other agreement contained in the merger agreement, which, unless cured within 30 days following written notice of the breach, would result in conditions to the merger not being satisfied, unless such breach has been waived by SunLink; or

HealthMont breaches its obligations under *Offers for Alternative Transactions* beginning on page 58; or

if at the HealthMont shareholder meeting, the approval of the merger by the HealthMont shareholders is not obtained.

Additionally, if HealthMont enters into an agreement regarding a merger, consolidation or similar transaction involving HealthMont or the purchase or sale of all or substantially all of its shares or assets within six months following any such above termination of the merger agreement by SunLink, HealthMont is required to pay an additional \$500,000 to SunLink.

If HealthMont terminates the merger agreement in connection with a merger, consolidation or similar transaction involving HealthMont or the purchase or sale of all or substantially all of its shares or assets as described under *Offers for Alternative Transactions*, HealthMont is required to pay SunLink a termination fee of \$1,000,000, and SunLink's expenses up to \$75,000.

If HealthMont receives an acquisition proposal that it determines to be a superior proposal under the merger agreement, it must pay to SunLink within three business days of such determination, all of SunLink's expenses, not to exceed \$1,000,000. This obligation is in addition to those obligations of HealthMont described above.

If Sunlink terminates the merger agreement as a result of a non-will breach by HealthMont, HealthMont is only required to reimburse SunLink's expenses up to \$75,000.

#### *Termination Fees Payable to HealthMont*

SunLink has agreed to pay HealthMont a termination fee of \$500,000 and to reimburse HealthMont for its expenses incurred in connection with the merger up to \$50,000, if HealthMont terminates the merger agreement as the result of SunLink's knowing or willful breach of any of its

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

representations, warranties or covenants under the merger agreement or if SunLink's shareholders do not approve the merger.

If the merger agreement is terminated by HealthMont due to a non-willful breach by SunLink of its representations, warranties or covenants giving rise to the HealthMont termination right as described above, SunLink also will be required to reimburse HealthMont for its expenses up to \$50,000.

If SunLink elects to terminate the agreement and pay HealthMont a \$500,000 termination fee plus HealthMont's expenses up to \$50,000, such fees and expenses shall be considered liquidated damages and HealthMont's sole and exclusive remedy for such termination.

### *Expenses*

Except as described above, whether or not the merger is completed, all costs and expenses incurred in connection with the merger, the merger agreement, and the transactions contemplated by the merger agreement will be paid by the party incurring the expense.



## Table of Contents

### **Dissenters' Rights**

#### *HealthMont Shareholders*

Pursuant to Sections 48-23-101 et seq. of the Tennessee Business Corporation Act (the "TBCA"), HealthMont's shareholders may dissent from the merger and elect to receive payment of the fair value of their shares. However, to make such election the shareholder must give the requisite notice pursuant to TBCA Section 48-23-202.

The following is a brief summary of the statutory procedures to be followed by HealthMont shareholders in order to exercise their appraisal rights under Tennessee law. This summary is not intended to be complete and is qualified in its entirety by reference to TBCA Sections 48-23-101 et seq., a copy of which is attached as **Annex D** to this document.

Under Tennessee law, any holder of HealthMont common stock has the right to object to the merger and demand payment of the fair value of his or her shares pursuant to TBCA Section 48-23-103. However, the shareholder must comply with notice and demand procedures set forth in TBCA Sections 48-23-202 and 48-23-204 in order to receive such payment. A shareholder may not dissent as to less than all of the shares that he or she holds at the close of business on the record date. *See* TBCA §48-23-103. A nominee or fiduciary may not dissent on behalf of a beneficial owner as to less than all of the shares of the beneficial owner held of record by the nominee or fiduciary. *See* TBCA §48-23-103. A beneficial owner asserting dissenters' rights to shares held on his or her behalf must submit to HealthMont the nominee's or fiduciary's written consent to the dissent not later than the time the beneficial shareholder asserts the dissent. *See* TBCA §48-23-103.

Any HealthMont shareholder intending to enforce his or her dissenters' rights may not vote in favor of the merger agreement (either personally or by proxy) and must deliver to HealthMont before the time of the vote a written notice of intent to demand payment for his or her shares. *See* TBCA §48-23-202, and 48-23-204. The objection notice must state that the shareholder intends to demand payment for his or her shares of HealthMont common stock if the merger should be effected. A vote against approval of the merger agreement will not, in and of itself, constitute an objection notice satisfying the requirements of Section 48-23-202 of the TBCA.

If the merger agreement is approved by HealthMont's shareholders at the special meeting, each HealthMont shareholder who has filed an objection notice will be notified by HealthMont of the approval of the merger no later than ten days after the meeting. *See* TBCA §48-23-203. The dissenter's notice will:

state where the payment demand must be sent and where and when certificates for certificated shares of HealthMont stock must be deposited;

inform holders of uncertificated shares (if any) to what extent transfer of the shares will be restricted after the payment demand is received;

supply a form for demanding payment that includes the date of the first announcement to news media or to shareholders of the principal terms of the proposed corporate action and requires that the person asserting the dissenters' rights certify whether or not he or

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

she acquired beneficial ownership of the shares before that date;

set a date by which HealthMont must receive the payment demand, which date may not be fewer than one (1) month nor more than two (2) months after the date the dissenter's notice was delivered; and

be accompanied by a copy of Chapter 23 of Title 48 of the TBCA unless HealthMont has not previously sent such copy of such provisions to the shareholder.

Within the time prescribed in the dissenter's notice, a HealthMont shareholder electing to dissent must make a demand for payment, certify whether he or she (or the beneficial shareholder on whose behalf he or she is asserting dissenters' rights) acquired beneficial ownership of the shares of HealthMont stock before October 15,

**Table of Contents**

2002 (the date of the first public announcement of the terms of the merger agreement), and deposit all share certificates in accordance with the terms of the dissenter's notice. *See* TBCA §48-23-204. Upon delivering the payment demand and depositing the certificates in accordance with the dissenter's notice, the dissenting shareholder will retain all other rights of a HealthMont shareholder until these rights are canceled or modified by completion of the merger. Failure to comply with these procedures will cause the dissenting shareholder to lose his or her dissenters rights to payment for the shares. *See* TBCA §48-23-204.

As soon as the merger is completed, or upon later receipt of a timely payment demand, SunLink's acquisition subsidiary (as the surviving corporation in the merger and successor in interest to HealthMont) will, under Section 48-23-206 of the TBCA, pay to each dissenting shareholder who has complied with the requirements of Chapter 23, Title 48 of the TBCA the amount which SunLink estimates to be the fair value of the shares of HealthMont stock, plus accrued interest. Such payment must be accompanied by:

certain HealthMont financial information, including a balance sheet, income statement, statement of shareholder equity changes and financial statements;

a statement of SunLink's estimate of the fair value of the HealthMont shares;

an explanation of how the interest was calculated;

a statement of the dissenting shareholder's right to demand payment under Section 48-23-209 of the TBCA; and

a copy of Chapter 23 of Title 48 of the TBCA, if not previously furnished.

As authorized by Section 48-23-208 of the TBCA, SunLink intends to delay any payments with respect to any shares held by a dissenting shareholder which were not held by the shareholder on October 15, 2002, the date of the first public announcement of the terms of the merger agreement. To the extent that SunLink should elect to withhold payment, after effecting the merger, it will estimate the fair value of the shares, plus accrued interest, and pay such amount to each dissenting shareholder who agrees to accept it in full satisfaction of this demand. SunLink will send with the payment a statement of its estimate of the fair value of the shares, an explanation of how the interest was calculated, and a statement of the dissenting shareholder's right to demand additional payment under Section 48-23-209 of the TBCA.

If (A) a dissenting shareholder believes that the amount paid with respect to his or her shares under TBCA Section 48-23-206 or offered under Section 48-23-208 of the TBCA is less than the fair value of his or her shares or that the interest due is incorrectly calculated, (B) SunLink fails to make payment under TBCA Section 48-23-206 within two (2) months after the date set for demanding payment, or (C) HealthMont, having failed to effect the merger, does not return the deposited certificates or release the transfer restrictions imposed on uncertificated shares within two (2) months after the date set for demanding payment, the dissenting shareholder may notify HealthMont (or its successor in the merger) in writing (the notice would be invalid if not delivered within one (1) month after SunLink made or offered payment for the shareholders' shares) of his or her own estimate of the fair value of the shares and the amount of interest due and may demand payment of the difference between his or her estimate of the fair value and the amount of any payment with respect to the shares already received by the shareholder, or, in the alternative, if no payment has yet been made by HealthMont or SunLink, reject that offer under Section 48-23-208 of the TBCA and demand payment of the fair value of his or her shares and interest due. *See* TBCA §48-23-209.

If SunLink's acquisition subsidiary (as the surviving corporation) cannot agree with a dissenting shareholder on a fair value within two (2) months after SunLink receives the payment demand, SunLink or the acquisition subsidiary will, pursuant to TBCA Section 48-23-301, institute judicial proceedings in Chancery Court for Williamson County, Tennessee naming all dissenting shareholders (whether or not Tennessee

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

residents) whose demands remain unsettled as parties to the proceeding and serving these parties with a copy of the petition. The court will then undertake to establish the fair value of the shares immediately before the completion of the

---

## Table of Contents

merger, excluding any appreciation or depreciation in anticipation of the merger, and will determine the interest owing on the disputed amount. The fair value of a dissenting shareholder's shares of HealthMont stock may be more than, less than, or the same as, the consideration provided in the merger agreement. The court may, in its discretion, appoint one or more persons as appraisers to receive evidence and render a decision on the question of fair value. Each dissenting shareholder made a party to the proceeding is entitled to judgment for the amount (if any) by which the court finds the fair value of his or her shares, plus accrued interest, exceeds the amount paid by SunLink or the fair value, plus accrued interest, of his or her after-acquired shares for which SunLink elected to withhold payment under Section 48-23-208 of the TBCA.

The court will assess costs and expenses of the proceeding (including reasonable compensation for and expenses of the appraiser, but excluding fees and expenses of counsel and experts) against SunLink, except that the court may assess costs and expenses as it deems appropriate against any or all of the dissenting shareholders if it finds that their demand for additional payment was arbitrary, vexatious or not in good faith. *See* TBCA §48-23-302 The court may award fees and expenses of counsel and experts in amounts the court finds equitable: (A) against HealthMont or SunLink, if the court finds that they did not comply substantially with the relevant requirements of the TBCA or (B) against HealthMont or SunLink or any dissenting shareholder, if the court finds that the party against whom the fees and expenses are assessed acted arbitrarily, vexatiously, or not in good faith. *See* TBCA §48-23-302.

For a discussion of certain federal income tax consequences in connection with exercising dissenters' rights, see *United States Federal Income Tax Consequences of the Merger* beginning on page 59.

**FAILURE TO COMPLY STRICTLY WITH THESE PROCEDURES WILL CAUSE THE SHAREHOLDER TO LOSE HIS OR HER DISSENTERS' RIGHTS. THE FOREGOING SUMMARY DOES NOT PURPORT TO BE A COMPLETE STATEMENT OF THE PROVISIONS OF THE TENNESSEE BUSINESS CORPORATION ACT REGARDING DISSENTERS' RIGHTS AND IS QUALIFIED IN ITS ENTIRETY BY REFERENCE TO SUCH SECTIONS, A COPY OF WHICH IS ATTACHED AS ANNEX D.**

### *SunLink Shareholders*

Any holder of SunLink stock has the right to dissent from the merger by complying with the procedures described in this section. Below, we refer to a person who exercises this right as a dissenting shareholder. The following is a brief summary of the statutory procedures to be followed by SunLink shareholders in order to exercise their appraisal rights under Ohio Law. Such summary is not intended to be complete and is qualified in its entirety by reference to Section 1701.85 of the Ohio Revised Code, a copy of which is attached as **Annex E** to this document.

Failure to take any one of the required steps may result in termination of the shareholder's dissenters' rights under the Ohio General Corporation Law. If you are a SunLink shareholder considering exercise of your dissenter's rights, you should consult your own legal advisor.

To exercise dissenters' rights as a SunLink shareholder, you must satisfy five conditions:

you must be a shareholder of record on the record date set for SunLink's shareholders' meeting;

you must not vote dissenting shares in favor of the merger;

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

you must deliver a written demand to SunLink for fair cash value of the dissenting shares within 10 days of the vote on the merger;

if SunLink so requests, you must sent to it within 15 days of its request, your stock certificates so that a legend may be added stating that a demand for fair cash value has been made; and

**Table of Contents**

within three months of your written demand to receive fair cash value of the shares to which you seek relief as a dissenting shareholder you must file a complaint the appropriate court for a determination of the fair cash value or you and SunLink must have agreed on the fair cash value.

The following is a more detailed discussion of each of the conditions a SunLink shareholder must satisfy to perfect dissenters' rights:

1. Must be a shareholder of record of SunLink.

To be entitled to dissenters' rights, you must be the record holder of the dissenting shares as of \_\_\_\_\_, 2003. If you have a beneficial interest in SunLink common shares that are held of record in the name of another person, you must act promptly to cause the shareholder of record to follow the steps described below.

2. No vote in favor of the merger.

You must not vote shares as to which you intend to seek fair cash value in favor of the approval and adoption of the merger agreement and approval of the merger at the special shareholders meeting. This requirement will be satisfied:

If a properly executed proxy is submitted with instructions to vote against the merger or to abstain from this vote,

If no proxy is returned and no vote is cast at the special meeting in favor of the merger, or

If you revoke a proxy and later abstain from or vote against the merger.

A vote FOR the merger is a waiver of dissenters' rights. A proxy that is returned signed but on which no voting preference is indicated will be voted in favor of the merger and will constitute a waiver of dissenters' rights. Failure to vote does not constitute a waiver of dissenters' rights.

3. Filing a written demand.

You must serve a written demand for the fair cash value of dissenting shares upon SunLink on or before the tenth day after the shareholder vote approving the merger. SunLink will not inform shareholders of the expiration of the ten-day period. Therefore, you are advised to retain this document. The required written demand must specify your name and address, the number and class of dissenting shares held of record on the record date of the meeting and the amount claimed as the fair cash value of the dissenting shares. Voting against the merger is not a written demand as required by Section 1701.85 of the Ohio Revised Code.

4. Delivery of certificates for legending.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

If requested by SunLink, you must submit your certificates for dissenting shares to SunLink within 15 days after it sends a request for you to surrender such shares certificates in order that it or its transfer agent may affix a legend on such certificates stating that demand for the payment of the fair cash value of such shares has been made. The certificates will be returned promptly to you by SunLink or its transfer agent.

### 5. Petitions to be filed in court.

If you and SunLink cannot agree on the fair cash value of the dissenting shares, you must, within three months after service of your demand for fair cash value, file a complaint in the Montgomery County Court of Common Pleas, Dayton, Ohio, for a determination of the fair cash value of the dissenting shares. SunLink is also permitted to file a complaint. The court, if it determines that you are entitled, will order that you be paid the fair cash value per share. The costs of the proceeding, including reasonable compensation to any appraisers,



**Table of Contents**

will be assessed as the court considers equitable. Fair cash value is the amount that a willing seller, under no compulsion to sell would be willing to accept, and that a willing buyer, under no compulsion to purchase, would be willing to pay. In no event will the fair cash value be in excess of the amount specified in the dissenting shareholder's demand. Fair cash value is determined as of the day before the special meeting, however the amount of the fair cash value excludes any appreciation or depreciation in market value of your shares resulting from the merger. The fair cash value of your shares may be higher, the same, or lower than the market value of the common shares on the date of the merger, and the court may appoint one or more appraisers to determine the fair cash value of your shares.

Your right to be paid the fair cash value of your dissenting shares will terminate if:

for any reason the merger does not become effective,

you do not, upon request by SunLink, timely surrender certificates for dissenting shares for an endorsement of a legend thereon that demand for the fair cash value of such shares has been made,

you withdraw your demand, with the consent of the SunLink board of directors, or

SunLink and you have not come to an agreement as to the fair cash value of the dissenting shares and a complaint to determine fair cash value has not been filed.

From the time you make your demand, your rights as a SunLink shareholder shall be suspended. If SunLink pays any cash dividend during the suspension, dissenting shareholders will be entitled to receive an equal amount of cash, but the amount of the fair cash value will be reduced by the amount paid. If the right to receive fair cash value is terminated, all rights with respect to your dissenting shares will be restored to you. Any distribution that would have been made to you had you not made a demand will be made at the time of the termination of your dissenters' rights or resolution of the fair cash value of your dissenting shares.

Each of HealthMont and SunLink have the right to terminate the merger agreement if holders of more than 10% of the SunLink shares exercise their dissenters' rights.

The foregoing constitutes a brief description of the rights of dissenting shareholders and does not purport to be a complete statement of such rights or the procedures to be followed by shareholders desiring to receive the value of their shares. Each shareholder who may desire to receive the value of his or her shares should consult Section 1701.85 of the Ohio Revised Code and strictly adhere to all of the provisions thereof. A copy of Section 1701.85 is appended hereto as **Annex E** and the discussion herein concerning the rights of dissenting shareholders is qualified in its entirety by reference to these sections.

**Table of Contents**

**THE OTHER MERGER-RELATED AGREEMENTS**

Concurrently with the execution of the original merger agreement, the following agreements either were entered into or HealthMont and SunLink agreed on the terms of the following agreements to be entered into prior to the completion of the merger:

the Lock-Up Agreement between SunLink and certain shareholders of HealthMont;

Employment and Consulting Agreement terminations;

the Overline Letter of Credit Agreement;

the HealthMont of Texas Disposition Agreement; and

the Founders Stock Redemption Agreement.

On March 24, 2003, in connection with the March Transactions, various agreements were entered into, including the following principal agreements, some of which amended the terms of prior agreements.

the First Amendment to the Agreement and Plan of Merger;

the Management Agreement;

the Subordination Agreement between SunLink and Heller with respect to the HealthMont loan;

the Loan Agreement between SunLink and HealthMont;

the Stock Purchase Warrant from HealthMont to SunLink;

the Amended and Restated Non-Competition Agreement and General Release for Timothy S. Hill;

the Consulting Agreement between HealthMont of Texas and Timothy S. Hill;

the First Amendment to the Timothy S. Hill Stock Redemption Agreement;

the HealthMont of Texas Stock Subscription and Purchase Agreement; and

the Note Purchase Agreement between SunLink and Chatham Investment.

### **The Lock-Up Agreement**

Pursuant to the merger agreement, Timothy Hill and certain shareholders of HealthMont that own at least 5% of the total issued and outstanding common shares of HealthMont, have entered into a lock-up agreement with SunLink. At March 31, 2003, collectively such persons hold approximately 45% of the issued and outstanding common stock of HealthMont. The HealthMont shareholders party to the lock-up agreement have agreed not to engage in transactions involving SunLink common shares for a period ending 180 days after the date of the closing of the merger.

In addition, the ability of former officers and directors of HealthMont to utilize Rule 145 under the Securities Act to resell SunLink stock acquired in the merger will be limited and any permitted sales under Rule 145 will be subject to certain limitations. See *Federal Securities Laws Consequences; Stock Transfer Restriction Agreements* beginning on page 62.

### **Employment and Consulting Agreement Terminations**

As contemplated by the merger agreement, prior to the completion of the merger, HealthMont will terminate the employment of all of its corporate employees. In connection with these terminations, HealthMont has or will

## **Table of Contents**

make certain severance payments to such employees aggregating approximately \$295,000 in consideration for the cancellation of any options held by such employees and a full and complete release of any liabilities and obligations of HealthMont related to such employees' prior employment with HealthMont. In addition, as contemplated by the merger agreement, HealthMont will terminate all of its existing consulting agreements. Such consulting agreements are between HealthMont and the following HealthMont directors: Richard E. Ragsdale, E. Thomas Chaney, Joel S. Kanter, Gene E. Burlison, Kay L. Brown, Jay M. Haft, and Arlen B. Reynolds. Such persons each will receive 5,000 shares of SunLink's common stock in the merger in connection with the termination of their respective consulting agreements resulting in the issuance of an aggregate total of 35,000 additional shares of SunLink's common stock in connection therewith.

## **Overline Letter of Credit Agreement**

In connection with HealthMont's indebtedness with its senior lender, certain of HealthMont's directors and a shareholder have collateralized approximately \$1.65 million in standby letters of credit issued for the benefit of such senior lender. Such directors and shareholders are Richard E. Ragsdale, Timothy S. Hill, E. Thomas Chaney, Gene E. Burlison and Chicago Private Investments, Inc. These Overline Letters of Credit were renewed in August 31, 2002, and are currently set to expire on September 30, 2003. In connection with the merger, the restructuring of such senior debt and SunLink's anticipated guarantee of such restated debt as part of such restructuring SunLink and the parties to the letter of credit agreement pursuant to which such letters of credit were procured have agreed that the letters of credit will be maintained for an additional initial period of eighteen months from the closing date of the merger. Pursuant to the terms of the Overline Letter of Credit Agreement evidencing this arrangement, in the event the letters of credit are drawn, the persons who have collateralized the letters of credit will receive shares of SunLink common stock (not to exceed 350,000 shares in the aggregate) in proportion to the amounts drawn. In addition, immediately prior to the completion of the merger, such persons will receive a total of 147,000 shares of HealthMont common stock, and following the completion of the merger, such persons will receive a total of 60,000 shares of SunLink common stock plus a 5% annual fee of approximately \$83,000 (based on the stated amount of the letters of credit) for maintaining the letters of credit.

## **HealthMont of Texas Disposition Agreement**

As a condition to the March Transactions and the completion of the merger, HealthMont divested itself of the Vinsant hospital located in San Benito, Texas. This divestiture was completed through the distribution of all of the outstanding shares of HealthMont's wholly-owned subsidiary that owns the Vinsant hospital, HealthMont of Texas, Inc. to Timothy S. Hill in exchange for: (i) 250,000 shares of HealthMont's common stock owned by Mr. Hill; and (ii) a cash payment to Mr. Hill of \$25,000, which is believed to approximate 25% of the fair market value of the HealthMont of Texas shares and whose purpose was to cover all or a portion of Mr. Hill's tax liability for the transaction. In connection with the March Transactions of which the disposition of Vinsant was a part, HealthMont of Texas was released from its payment obligations to HealthMont's senior lender. HealthMont also made a capital contribution to HealthMont of Texas in the form of a \$275,000 note payable, (which will become the obligation of SunLink's subsidiary following the completion of the merger). The anticipated exchange fraction utilized in this proxy statement/prospectus reflects, among other things, a reduction in the number of outstanding shares of HealthMont's common stock by such 250,000 shares.

In connection with the disposition of HealthMont of Texas, HealthMont of Texas is required to indemnify HealthMont, and following the completion of the merger, SunLink, for any obligations of HealthMont and SunLink arising following the disposition of certain equipment under equipment leases entered into in favor of HealthMont of Texas.

## **Founders Stock Redemption Agreement**

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In order to facilitate the merger, immediately prior to the completion of the merger (and subject to the satisfaction or waiver of all conditions precedent to the merger contained in the Merger Agreement), certain

## **Table of Contents**

founding shareholders of HealthMont will forfeit an aggregate of 245,222 shares of HealthMont's common stock to HealthMont. As a result, the shares will be cancelled by HealthMont. The anticipated exchange fraction utilized in this proxy statement/prospectus assumes, among other things, a reduction in the number of outstanding shares of HealthMont as of the merger by such 245,222 shares.

### **The First Amendment to Agreement and Plan of Merger**

The Merger Agreement was amended to, among other things, extend the date on which either party would first have the right to terminate the Agreement without cause to June 30, 2003. In connection with the extension of the termination date, certain financial covenants were eliminated, and limitations on the reimbursement of expenses in the event of the termination due to a breach of such agreement were revised.

### **The Management Agreement**

In connection with the first amendment to the merger agreement, and in order to, among other things, reduce its overhead costs, HealthMont agreed to retain SunLink to manage its Adel and Callaway Hospitals. Pursuant to the terms of the Management Agreement, HealthMont delegates to SunLink the general authority to supervise and manage the day-to-day operations of the hospitals, while HealthMont retains control over the assets and general operations of such hospitals. SunLink shall receive for each month that the Management Agreement is in effect, a management fee of \$80,000 per month, \$30,000 payable in cash and \$50,000 of which will accrue monthly until payable in cash upon termination of the agreement. The Management Agreement shall expire on August 31, 2003 or at such earlier time as provided therein, including upon termination of the merger agreement. Payments under the management agreement are permitted so long as Heller has not issued a notice of a material HealthMont default as defined in and contemplated by that certain subordination agreement among Heller, SunLink and HealthMont described below.

### **Subordination Agreement between SunLink and Heller**

In consideration for Heller's consent to the HealthMont transaction with SunLink as well as the financing provided by Heller to HealthMont, SunLink agreed that all of its rights with respect to HealthMont collateral would be in all respects subject and subordinate to the rights of Heller so long as any of HealthMont's obligations to Heller remain outstanding. So long as no event of material default by HealthMont has occurred, as defined in the subordination agreement, HealthMont may repay SunLink its obligations under the SunLink loan. Such material defaults generally include payment defaults by HealthMont under its loan agreements with Heller, payment defaults on other indebtedness in excess of \$250,000, the filing by HealthMont for bankruptcy protection and similar bankruptcy related events, and any event resulting in the acceleration by Heller of the maturity of HealthMont's indebtedness under the Heller loan documents. HealthMont is also permitted to pay and SunLink is permitted to accept, monthly management fees owed by HealthMont to SunLink under the management agreement between the parties. Additionally, if the merger has not occurred on or before June 30, 2003, and the Chatham loan has not been advanced to repay the obligations owed to SunLink, HealthMont will be permitted to pay, and SunLink will be permitted to accept, regularly scheduled payments of interest, and HealthMont will be permitted to issue the warrants contemplated by the loan documents between HealthMont and SunLink. Upon the delivery of a Heller default notice, any and all payments received by SunLink pursuant to its loan documents with HealthMont shall immediately cease until all of the obligations owed by HealthMont to Heller have been satisfied in full or the default has been waived by Heller.

### **Amended and Restated Non-Competition Agreement and General Release for Timothy S. Hill**

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In connection with the merger, Mr. Hill also has agreed to terminate his employment (and his employment agreement) with HealthMont effective as of the merger. In consideration for: (a) termination of Hill's existing agreements with HealthMont; (b) an agreement by Mr. Hill not to compete with HealthMont or its successor for a period of two years (other than with respect to his operation of the Vinsant hospital and certain other exceptions); and (c) a full and complete release of any liabilities and obligations of HealthMont related to his prior employment with HealthMont, Mr. Hill will receive a severance payment of \$175,000 payable in equal

## **Table of Contents**

installments over twelve months beginning generally on the first to occur of the merger or the termination of Mr. Hill's employment.

### **Consulting Agreement by Timothy S. Hill and HealthMont of Texas**

Mr. Hill and HealthMont of Texas (and its Vinsant hospital subsidiary) have entered into a Consulting Agreement pursuant to which Mr. Hill will provide consulting services to HealthMont of Texas. Under the terms of the agreement, Mr. Hill will receive annual compensation of \$120,000 for these services. The agreement shall continue until the later of (i) three years or (ii) the date on which Mr. Hill ceases to own at least 15% of the total number of outstanding shares of capital stock of HealthMont of Texas.

### **HealthMont of Texas Stock Subscription and Purchase Agreement**

In connection with the post-March 2003 funding of HealthMont of Texas and its operation of the Vinsant hospital, Leslie Bingham Escareno, the Administrator of the Vinsant hospital; Thomas H. Butler, Jr., the Assistant Vice President finance of HealthMont; and a third party investor who is not affiliated with HealthMont, or any of its officers, directors or shareholders purchased shares of class C preferred stock of HealthMont of Texas at an aggregate purchase price of \$750,000. The class C shares have a liquidation preference to the other shares of HealthMont of Texas capital stock to the extent of the shares' purchase price. The obligations of such persons to purchase the shares was conditioned upon, among other things, the completion of the divestment of HealthMont of Texas by HealthMont and the recapitalization of HealthMont of Texas to provide for the class C preferred shares and the issuance of shares of its common stock and class B preferred stock to certain persons, including Timothy S. Hill, in exchange for certain consideration, all of which conditions were satisfied. It is anticipated that HealthMont of Texas and its new owners, including Mr. Hill, will continue to seek additional debt and/or equity financing for its operations from other third parties and will consider any opportunities that may arise with respect to the Vinsant hospital whether before or after the merger.

### **Note Purchase Agreement between SunLink and Chatham Investment**

Pursuant to the Note Purchase Agreement dated March 24, 2003, SunLink issued and sold to Chatham Investment a 15.0% promissory note due March 24, 2006 in the aggregate principal amount of \$700,000. In connection with the promissory note, SunLink also delivered to Chatham Investment a warrant exercisable for 17,500 shares of SunLink common stock. The warrant has a nominal exercise price and may be exercised in whole or in part until March 24, 2013. Such note is secured by all of the collateral SunLink obtained under its loan to HealthMont.

### **Loan Agreement between SunLink and HealthMont**

In order to facilitate the merger, SunLink agreed to make a term loan to HealthMont to partially finance HealthMont's operations prior to the consummation of the merger. Pursuant to a loan agreement made and entered into as of March 24, 2003, SunLink agreed to lend to HealthMont an aggregate principal amount of up to \$1.1 million. The initial amount loaned by SunLink to HealthMont at the closing of the loan was \$600,000. As of April 22, 2003, an aggregate of \$811,000 had been loaned to HealthMont. Advances under the loan agreement are conditioned on SunLink's approval, in its capacity as manager under the management agreement for the two remaining HealthMont hospitals in Adel, Georgia and Fulton, Missouri, of the proposed use of proceeds. The scheduled maturity date of the loans is December 31, 2004. The loans shall bear interest at a rate of 15%, provided that upon an event of default, the rate of interest will be increased by an additional 3% per annum. Additionally, the interest rate on the loan also may increase by up to a total of 3% if the merger agreement between SunLink and HealthMont is terminated.



In consideration of SunLink entering the loan agreement and making the loans to HealthMont, HealthMont paid a closing fee of \$40,000 to SunLink and issued 135,000 warrants to purchase HealthMont common stock to SunLink. Additionally, if the merger agreement between HealthMont and SunLink is terminated, HealthMont shall issue to SunLink on each six-month anniversary date of such termination, an aggregate of 270,000 additional warrants (up to a total of 540,000 additional warrants) to purchase HealthMont common stock so long as any of HealthMont's obligation under the loan remain outstanding and unpaid. All of the aforementioned warrants have or will have an exercise price of \$0.01 per share.

**Table of Contents****MARKET PRICE AND DIVIDEND INFORMATION**

There is no market price for HealthMont common stock because it is not publicly traded.

SunLink common stock is listed on the American Stock Exchange. SunLink's ticker symbol is SSY. SunLink also has publicly traded warrants which trade in the over-the-counter market under the symbol SSYMW. The following table shows, for the calendar quarters indicated, based on published financial sources: the high and low sale prices of shares of SunLink common stock as reported on the American Stock Exchange.

	Sales Price of	
	SunLink Common Shares	
	High	Low
<b>Fiscal 2003 (July 1, 2002 - June 30, 2003) (through April 24, 2003)</b>		
Fourth Quarter (through April 24, 2003)	\$ 2.17	\$ 2.00
Third Quarter	2.71	2.12
Second Quarter	3.09	2.27
First Quarter	3.24	2.20
<b>Fiscal 2002 (July 1, 2001 - June 30, 2002)</b>		
Fourth Quarter	\$ 5.70	\$ 3.00
Third Quarter	6.05	2.90
Second Quarter	3.20	2.15
First Quarter	3.25	2.15
<b>Transition Period (April 1, 2001 - June 30, 2001)</b>		
Three months ended June 30, 2001	\$ 2.60	\$ 1.35
<b>Fiscal 2001 (April 1, 2000 - March 31, 2001)</b>		
Fourth Quarter	\$ 1.88	\$ 1.30
Third Quarter	1.38	0.88
Second Quarter	1.69	1.00
First Quarter	1.88	1.25

On March 21, 2003, the last full trading day before SunLink and HealthMont publicly announced the execution of the amended merger agreement, the last reported closing price per share of SunLink stock was \$2.37. On April 24, 2003, the most recent practicable date prior to the mailing of this proxy statement/prospectus to SunLink's and HealthMont's shareholders, SunLink common stock closed at \$2.00. **Shareholders are urged to obtain current market quotations prior to making any decision with respect to the merger.**

SunLink does not currently pay any cash dividends. After the merger, SunLink intends to retain its earnings for use in the operation and expansion of its business and, therefore, does not anticipate declaring or paying any cash dividends in the foreseeable future. Any future determination to declare or pay cash dividends will be determined by SunLink's board of directors after the merger and will depend on SunLink's financial condition, results of operations, business, prospects, capital requirements, credit agreements, and such other matters as the board of directors may consider relevant.

As of March 31, 2003 there were approximately 750 registered holders of SunLink common stock and approximately 122 registered holders of HealthMont common stock.

**UNAUDITED PRO FORMA COMBINED FINANCIAL INFORMATION**

The following unaudited pro forma combined balance sheet as of December 31, 2002, gives effect to the exchange as if it had occurred on December 31, 2002. The following unaudited pro forma combined statements of earnings for the year ended June 30, 2002 and for the six months ended December 31, 2002 give effect to the exchange of 1,155,000 common shares of SunLink for all outstanding common shares of HealthMont as if the exchange had occurred July 1, 2001.

---

**Table of Contents**

The aggregate purchase price of \$3,063,000 to be paid in the merger includes the value of approximately 1,131,000 common shares SunLink will issue in exchange for all the outstanding common shares of HealthMont, the estimated fair value of 19,000 SunLink options to be granted to certain directors of HealthMont to replace outstanding HealthMont options, and estimated transaction fees and other costs directly related to the merger. The \$2,557,000 value of the approximately 1,131,000 shares to be issued was determined for accounting purposes by using the average market price of SunLink's common stock two days before, the day of and two days after the date the amended merger agreement was signed by both parties, in accordance with Emerging Issues Task Force Consensus No. 99-12, *Determination of the Measurement Date for the Market Price of Acquirer Securities Issued in a Purchase Business Combination*.

In connection with the transaction, SunLink will assume approximately \$10,200,000 in HealthMont senior debt and capital lease obligations and enter into a \$3,000,000, 3-year, term loan with an annual interest rate of 15% intended to provide working capital and to repay \$600,000 of debt related to Vinsant. In connection with the transaction financing, SunLink will pay upfront fees of \$170,000, to Cardinal and Heller and a 5% annual fee to directors of HealthMont for maintaining guarantees for standby letters of credit, grant 75,000 and 27,000 warrants to Chatham and Heller, respectively, and issue 60,000 common shares to directors of HealthMont to keep letter of credit guarantees in place. The financing costs will be amortized over the life of the debt agreements with the exception of the annual fee which will be expensed ratably over the guarantee period.

In addition, SunLink will assume the certain obligations as a result of the merger as follows:

SunLink will issue 35,000 shares in connection with the transaction to settle certain contractual obligations of HealthMont;

In addition, HealthMont has executed a plan to terminate certain corporate executives which will result in severance expense of \$295,000; and

HealthMont also made a capital contribution to HealthMont of Texas of \$275,000 in the form of a note payable in connection with the disposition of the Vinsant hospital.

The pro forma adjustments are based upon available information and certain assumptions that SunLink believes are reasonable under the circumstances. The pro forma financial information is not necessarily indicative of the operating results or financial position that would have been achieved had the exchange been consummated on the dates indicated and should not be construed as representative of future operating results or financial position. The pro forma financial information should be read in conjunction with the financial statements and notes thereto of SunLink's Annual Report on Form 10-K for the year ended June 30, 2002 and SunLink's Quarterly Report on Form 10-Q for the quarterly period ended December 31, 2002 which are incorporated herein by reference and set forth in the separately bound **Annex F** delivered with this joint proxy statement/prospectus.

The pro forma adjustments were applied to the respective historical financial statements to reflect and account for the exchange using the purchase method of accounting. The aggregate purchase price will be allocated to the tangible and intangible assets acquired and liabilities assumed of HealthMont based on their respective fair values. The allocation of the aggregate purchase price is preliminary. The actual purchase accounting to reflect the fair value of the assets to be acquired and liabilities assumed will be based upon valuation studies and SunLink's evaluation of such assets and liabilities as of the actual closing date of the exchange. Accordingly, the pro forma financial information presented herein is subject to change pending financial position as of the date of the exchange and final purchase price allocations. Based on the initial purchase price allocation, there is no goodwill. Management does not believe the final purchase price allocation will change materially from the preliminary purchase price allocation.



**Table of Contents****UNAUDITED PRO FORMA COMBINED BALANCE SHEET**

As of December 31, 2002

(All amounts in thousands)

	(A)	(B)	(C)	(B) + (C)	(A) + (D) + (E)	
	SunLink	HealthMont	Divesture	(B) + (C)	(F)	
	As	As	of	(D)	(E)	
	As	Reported	Vinsant	Adjusted	Pro Forma	
	Reported	Reported	(a)	HealthMont	Adjustments	
	Dec. 31, 2002	Dec. 31, 2002				
					Adjusted	
					(f)	
<b>Current Assets:</b>						
Cash and cash equivalents	\$ 468	\$ 910		\$ 910	\$ 1,955 (b)	\$ 3,333
Receivables, net	11,103	2,843		2,843		13,946
Medical supplies	1,811	631		631		2,442
Prepaid expenses and other	1,235	1,661		1,661		2,896
Assets of discontinued operations		2,216	(2,216)			
<b>Total Current Assets</b>	<b>14,617</b>	<b>8,261</b>	<b>(2,216)</b>	<b>6,045</b>	<b>1,955</b>	<b>22,617</b>
Property, plant and equipment, net	34,076	10,940		10,940	2,511(g)	47,527
Other noncurrent assets	448	806		806	245(c)	1,499
<b>Total Assets</b>	<b>\$ 49,141</b>	<b>\$ 20,007</b>	<b>\$ (2,216)</b>	<b>\$ 17,791</b>	<b>\$ 4,711</b>	<b>\$ 71,643</b>
<b>Current Liabilities:</b>						
Accounts payable	\$ 5,853	\$ 4,141		\$ 4,141		\$ 9,994
Revolving loan agreements		4,147		4,147		4,147
Third-party payor settlements	4,735	(282)		(282)		4,453
Current maturities of long-term debt	986	732		732	(600)(h)	1,118
Other current liabilities	6,352	1,571		1,571	995 (d)	8,918
Liabilities of discontinued operations		1,923	(1,923)			
<b>Total Current Liabilities</b>	<b>17,926</b>	<b>12,232</b>	<b>(1,923)</b>	<b>10,309</b>	<b>395</b>	<b>28,630</b>
Long-term debt	23,144	5,299		5,299	3,000(i)	31,443
Other long-term liabilities	2,714	751		751	(261)(e)	3,204
<b>Shareholders' equity:</b>						
Common shares	2,499	67		67	547(f)	3,113
Additional paid-in capital	3,628	8,816		8,816	(6,651)(f)	5,793
Retained earnings/ (accumulated deficit)	(384)	(7,276)	(293)	(7,569)	7,569(f)	(384)
Common stock warrants		191		191	39(f)	230
Stock subscription receivable		(73)		(73)	73(f)	
Accumulated other comprehensive loss	(386)					(386)
<b>Total Shareholders' Equity</b>	<b>5,357</b>	<b>1,725</b>	<b>(293)</b>	<b>1,432</b>	<b>1,577</b>	<b>8,366</b>
<b>Total Liabilities and Shareholders' Equity</b>	<b>\$ 49,141</b>	<b>\$ 20,007</b>	<b>\$ (2,216)</b>	<b>\$ 17,791</b>	<b>\$ 4,711</b>	<b>\$ 71,643</b>

The accompanying notes are an integral part of this unaudited pro forma combined balance sheet.

**Table of Contents****Notes to Unaudited Pro Forma Combined Balance Sheet****As of December 31, 2002****(All amounts in thousands, except for per share amounts)**

(a)	Represents the divestiture of the Vinsant hospital. Derived from the unaudited balance sheet financial information for Vinsant as of December 31, 2002.	
(b)	Adjustments to cash, excluding cash paid for fractional shares as amount is immaterial:	
	Capital contribution from HealthMont to Vinsant at closing	\$ (275)
	Proceeds from Chatham loan	3,000
	Repayment of a portion of Heller loan related to Vinsant	(600)
	Cardinal loan fees paid at closing	(130)
	Heller loan fees paid at closing	(40)
		<u>1,955</u>
		<u>\$ 1,955</u>
(c)	Adjustments to deferred loan costs:	
	Write-off of unamortized HealthMont loan costs related to Heller debt	\$ (291)
	Cardinal loan fees paid	130
	Heller loan fees paid	40
	Issuance of 75 SunLink warrants to Chatham at \$0.01 per share (\$2.25 per share warrant value)	169
	Issuance of 27 SunLink warrants to Heller at \$0.01 per share (\$2.25 per share warrant value)	61
	Issuance of 60 SunLink shares to keep letters of credit guarantee in place (\$2.26 per share value)	136
		<u>245</u>
		<u>\$ 245</u>
(d)	Accrual for costs and expenses related to the merger as follows:	
	Severance expense	\$ 295
	Contingent capital contribution to Vinsant after merger based upon HealthMont EBITDA and net working capital calculation	150
	Transaction fees and other costs related to the merger	500
	Caymus fee for fairness opinion	50
		<u>995</u>
		<u>\$ 995</u>
(e)	Write-off HealthMont common stock put warrants	\$ (261)
(f)	Equity adjustments are as follows:	
	Common shares:	
	Eliminate HealthMont common shares in merger	\$ (67)
	Issuance of 1,131 SunLink common shares for HealthMont common shares (\$0.50 par value)	566
	Issuance of 35 SunLink shares to terminate consulting agreements (\$0.50 par value)	18
	Issuance of 60 SunLink shares to keep letters of credit in place (\$0.50 par value)	30
		<u>547</u>
		<u>547</u>
	Additional paid-in capital:	
	Eliminate HealthMont additional paid-in capital in merger	(8,816)
	Issuance of 19 SunLink options to HealthMont option holders (\$0.29 average fair value per option)	6



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Issuance of 1,131 SunLink shares for HealthMont shares (\$2.26 fair value less \$0.50 par value)	1,991
Issuance of 35 SunLink shares to terminate consulting agreements (\$2.26 fair value less \$0.50 par value).	62
Issuance of 60 SunLink shares to keep letters of credit guarantee in place (\$2.26 fair value less \$0.50 par value)	106
	<u>(6,651)</u>
<b>Retained earnings:</b>	
Eliminate HealthMont retained deficit in merger	7,569
<b>Common stock warrants:</b>	
Eliminate HealthMont common stock warrants	(191)
Issuance of 75 SunLink warrants to Chatham at \$0.01 per share (\$2.25 per share warrant value)	169
Issuance of 27 SunLink warrants to Heller at \$0.01 per share (\$2.25 per share warrant value)	61
	<u>39</u>
<b>Stock subscription receivable:</b>	
Eliminate HealthMont stock subscription receivable in merger	73
<b>Net equity adjustments</b>	<b><u>\$ 1,577</u></b>

**Table of Contents****Notes to Unaudited Pro Forma Combined Balance Sheet****As of December 31, 2002****(All amounts in thousands, except for per share amounts)****(continued)**

(g)	Purchase price allocation:		
	Aggregate purchase price:		
	Common shares issued (1,131 shares x \$2.26 per share)	\$	2,557
	Common share options issued (19 shares x \$0.29 per share)		6
	Transaction fees and other costs directly related to the merger		500
			<u>3,063</u>
			\$ 3,063
	Estimated fair value of assets acquired and liabilities assumed:		
	Allocation to assets acquired:		
	Current assets	\$	5,770 (1)
	Property, plant & equipment		13,451 (2)
	Other long-term assets		515 (3)
			<u>19,736</u>
			\$ 19,736
	Allocation to liabilities assumed:		
	Current liabilities	\$	10,884 (4)
	Long-term debt		5,299
	Other long-term liabilities		490
			<u>16,673</u>
			\$ 3,063
(h)	Repayment of a portion of Heller loan related to Vinsant	\$	(600)
(i)	Proceeds from Chatham Investment loan	\$	3,000
(1)	HealthMont historical current assets	\$	6,045
	Capital contribution from HealthMont to Vinsant at closing		(275)
	Fair value of current assets	\$	5,770
(2)	HealthMont historical cost of property, plant & equipment	\$	10,940
	Estimated excess fair value over historical cost		2,511
	Fair value of property, plant and equipment	\$	13,451
(3)	HealthMont historical other noncurrent assets	\$	806

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Write-off of unamortized HealthMont loan costs	(291)
Fair value of other noncurrent assets	\$ 515
(4) Adjusted HealthMont historical current liabilities	\$ 10,309
Liabilities assumed by SunLink as a result of the merger:	
Severance expense accrued	295
Contingent capital contribution to Vinsant after merger based upon HealthMont EBITDA and net working capital calculation	150
Issuance of 35 SunLink shares to terminate consulting agreements (\$2.26 fair value)	80
Caymus fee for fairness opinion	50
	<u>\$ 10,884</u>

**Table of Contents****UNAUDITED PRO FORMA COMBINED STATEMENT OF EARNINGS**

For the Year Ended June 30, 2002

(Amounts in thousands, except per share amounts)

	(A)	(B)	(C)	(B) + (C)	(D)	(E)	(A) + (D) + (E)
	SunLink	HealthMont	HealthMont	(B) + (C)	(D)	(E)	(A) + (D) + (E)
	As Reported	As Reported	HealthMont	(B) + (C)	(D)	(E)	(A) + (D) + (E)
	For the	For the	Divesture	(B) + (C)	(D)	(E)	(A) + (D) + (E)
	Fiscal Year	Fiscal Year	of two	(D)	(E)	(F)	(F)
	Ended	Ended	hospitals	Adjusted	Pro Forma	As	As
	June 30, 2002	March 31, 2002	(a)	HealthMont	Adjustments	Adjusted	Adjusted
Net revenues	\$ 87,457	\$ 67,513	\$ (39,306)	\$ 28,207	\$	\$	\$ 115,664
Operating expenses:							
Salaries, wages and benefits	41,961	32,465	(19,477)	12,988			54,949
Provision for bad debts	10,425	6,663	(4,232)	2,431			12,856
HealthMont corporate expense		2,266		2,266			2,266
Other operating expenses	31,071	23,996	(14,396)	9,600			40,671
Depreciation and amortization	1,353	865	(259)	606	95 (b)		2,054
(Gain) loss on sale of assets	(332)	1,259	(1,259)				(332)
Operating profit (loss)	2,979	(1)	317	316	(95)		3,200
Interest expense	(3,007)	(1,900)	509	(1,391)	(710)(c)		(5,108)
Interest income	56						56
Earnings (loss) from continuing operations before income taxes	28	(1,901)	826	(1,075)	(805)		(1,852)
Income taxes	126	4		4	(e)		130
Loss from continuing operations	\$ (98)	\$ (1,905)	\$ 826	\$ (1,079)	\$ (805)		\$ (1,982)
Loss per share from continuing operations:							
Basic	\$ (0.02)						\$ (0.31)
Diluted	\$ (0.02)						\$ (0.31)
Weighted-average common shares outstanding:							
Basic	4,980				1,328 (d)		6,308
Diluted	4,980				1,328 (d)		6,308

The accompanying notes are an integral part of this unaudited pro forma combined statement of earnings.

**Table of Contents****Notes to Unaudited Pro Forma Combined Statement of Earnings****For the Year Ended June 30, 2002****(Amounts in thousands, except percentages)**

(a) HealthMont divested Eastmoreland and Woodland Park, both in Portland, Oregon, in the fiscal year ended March 31, 2002. This column eliminates the results of such two hospitals for the year ended March 31, 2002 for HealthMont and is derived from the unaudited statement of earnings financial information for Eastmoreland and Woodland Park, for the year ended March 31, 2002.

(b) Depreciation expense increased based upon the increased property, plant and equipment resulting from the preliminary purchase price allocation, as follows:

<u>Increase in PP&amp;E</u>		<u>Depreciable life, in years</u>	<u>Additional Depreciation Expense</u>
Land	\$ 151		
Building	2,185	30	\$ 73
Furniture & fixtures	175	8	22
	<u>\$ 2,511</u>		<u>\$ 95</u>

(c) Interest expense has been adjusted as follows:

	<u>Debt</u>	<u>Interest Rate</u>	<u>Change in Interest Expense</u>
Chatham Investment loan	\$ 3,000	15.00%	\$ 450
Repayment of Heller loan related to Vinsant	(600)	6.25%	(38)
Amortization of Chatham Investment loan fees (\$130 over 3 years)			43
Amortization of Heller loan fees (\$40 over 4.167 years)			10
Amortization of warrant cost for Chatham Investment loan fee (\$169 over 3 years)			56
Amortization of warrant cost for Heller loan fees (\$61 over 4.167 years)			15
Amortization of cost of shares for letters of credit guarantee (\$136 over 1.5 years)			91
5% annual fee on standby letters of credit guarantee (5% of 1,650)			83
			<u>\$ 710</u>

(d) Additional shares to be issued at merger:

Shares issued to HealthMont shareholders	1,131
Shares issued to terminate consulting agreements	35
Shares issued to keep letters of credit guarantee in place	60
Contingently issuable shares for little cash considerations 102 warrants at \$0.01 per share	102
	<u>1,328</u>

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

- (e) Tax expense No tax benefit is recorded on the pro forma loss before income taxes due to tax net operating loss carryforward positions of both SunLink and HealthMont.

Table of Contents

## UNAUDITED PRO FORMA COMBINED STATEMENT OF EARNINGS

For the Six Months Ended December 31, 2002

(Amounts in thousands, except per share amounts)

	(A)	(B)		
	SunLink	HealthMont		
	As Reported For the	Historical For the		(A) + (B) + (C)
	Six Months Ended December 31,	Six Months Ended December 31,	(C)	(D)
	2002	2002	Pro Forma Adjustments	As Adjusted
Net revenues	\$ 47,476	\$ 14,573	\$	\$ 62,049
Operating expenses:				
Salaries, wages and benefits	22,143	6,529		28,672
Provision for bad debts	5,320	1,214		6,534
HealthMont corporate expense		1,403		1,403
Other operating expenses	17,125	5,374		22,499
Asset impairment charge	1,562			1,562
Depreciation and amortization	718	360	47 (a)	1,125
Operating profit (loss)	608	(307)	(47)	254
Interest expense	(1,341)	(718)	(354)(b)	(2,413)
Interest income	40			40
Loss from continuing operations before income taxes	(693)	(1,025)	(401)	(2,119)
Income taxes	159		(d)	159
Loss from continuing operations	\$ (852)	\$ (1,025)	\$ (401)	\$ (2,278)
Loss per share from continuing operations:				
Basic	\$ 0.17			\$ (0.36)
Diluted	\$ 0.17			\$ (0.36)
Weighted-average common shares outstanding:				
Basic	4,998		1,328 (c)	6,326
Diluted	4,998		1,328 (c)	6,326



The accompanying notes are an integral part of this unaudited pro forma combined statement of earnings.

**Table of Contents****Notes to Unaudited Pro Forma Combined Statement of Earnings****For the Six Months Ended December 31, 2002****(Amounts in thousands, except percentages)**

- (a) Depreciation expense increased based upon the increased property, plant and equipment resulting from the preliminary purchase price allocation.

<u>Increase in PP&amp;E</u>		<u>Depreciable life, in half year</u>	<u>Additional Depreciation Expense</u>
Land	\$ 151		
Building	2,185	60	\$ 36
Furniture & fixtures	175	16	11
	<u>\$ 2,511</u>		<u>\$ 47</u>

- (b) Interest expense has been adjusted as follows:

	<u>Debt</u>	<u>Interest Rate</u>	<u>Six months</u>	<u>Change in Interest Expense</u>
Chatham Investment Fund loan	\$ 3,000	15.00%	0.50	\$ 225
Repayment of Heller loan related to Vinsant	(600)	6.25%	0.50	(19)
Amortization of Chatham Investment Fund loan fees (\$130 over 3 years)				22
Amortization of Heller loan fees (\$40 over 4.167 years)				5
Amortization of warrant cost for Chatham Investment Fund loan fees (\$169 over 3 years)				28
Amortization of warrant cost for Heller loan fees (\$61 over 4.167 years)				7
Amortization of cost of shares for letters of credit guarantee (\$136 over 1.5 years)				45
5% annual fee on standby letters of credit guarantee (5% of 1,650)				41
				<u>\$ 354</u>

- (c) Additional shares to be issued at merger:
- |  |              |
|--|--------------|
| Shares issued to HealthMont shareholders                   | 1,131        |
| Shares issued to terminate consulting agreements           | 35           |
| Shares issued to keep letters of credit guarantee in place | 60           |
| Contingently issuable share for little cash consideration  |              |
| 102 warrants at \$0.01 per share                           | 102          |
|  | <u>1,328</u> |

- (d) Tax expense No tax benefit is recorded on the pro forma loss before income taxes due to tax net operating loss carryforward positions of both SunLink and HealthMont.



**Table of Contents**

**DESCRIPTION OF HEALTHMONT**

**General**

HealthMont owns and operates two community hospitals, one in Georgia and one in Missouri. As part of the March Transactions, SunLink currently manages HealthMont's hospitals in Adel, Georgia and Fulton, Missouri. HealthMont also owns certain related businesses, consisting primarily of a nursing home located adjacent to one of its hospitals, and home health agencies servicing areas around certain of its hospitals. HealthMont's hospitals are general acute care hospitals and have a total of 109 licensed beds.

HealthMont commenced operations in September 2000 following the acquisition on September 1, 2000 of four hospitals from New American Healthcare Corporation (NAHC). On January 1, 2001, HealthMont acquired a fifth hospital from a subsidiary of CHAMA, Inc. On February 28, 2002, HealthMont divested itself of two of its hospitals in Portland, Oregon. On March 24, 2003, HealthMont divested itself of its Vinsant Hospital in San Benito, Texas.

HealthMont is a Tennessee corporation incorporated in February 2000. HealthMont's executive office is located at 111 Long Valley Road, Brentwood, Tennessee 37027 and its telephone number is (615) 309-2166. HealthMont's website address is [www.healthmont.com](http://www.healthmont.com). Information contained on HealthMont's website does not constitute part of this proxy statement/prospectus.

**Business Philosophy**

HealthMont's objective is to be a quality provider of healthcare services in the communities it serves. HealthMont believes healthcare delivery is a local business requiring autonomous local management supported by effective corporate resources. HealthMont supports the efforts of its hospitals to link their patients' needs with the professional expertise of quality medical practitioners and the dedication and compassion of skilled employees. HealthMont's hospitals work to earn the support of their local communities by endeavoring to meet their healthcare needs in a professional, caring, and efficient manner.

**Business Strategy**

HealthMont has targeted the community hospital market because it believes it provides the most attractive sector for hospital investment. HealthMont believes hospitals in its target markets generally experience (1) less competition, (2) lower managed care penetration, (3) lower inflationary pressure with respect to salaries and benefits, (4) higher staff and community loyalty, and (5), in certain cases, opportunity for future growth. In evaluating potential hospital acquisitions, HealthMont seeks markets which have growth potential.

HealthMont's primary operational strategy has been to improve the profitability of its hospitals by reducing out-migration of patients, recruiting physicians, expanding services, and implementing and maintaining effective cost controls. HealthMont's efforts are focused on internal growth.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

However, HealthMont has actively sought to supplement internal growth through acquisitions. HealthMont's acquisition strategy has been to selectively acquire community hospitals with net revenues of approximately \$15 million or more which are (A) the sole or primary hospital in market areas with a population of greater than 25,000 or (B) a principal healthcare provider with substantial market share in communities with a population of 50,000 to 150,000.

### **Owned Hospitals**

The following sets forth certain information with respect to each of the two hospitals HealthMont currently owns:

#### *Callaway Community Hospital Fulton, Missouri*

Callaway Community Hospital is a 49-bed general acute-care hospital located between St. Louis and Kansas City. The medical staff at the hospital is comprised of 15 active staff physicians and 115 consulting members. The facility provides acute inpatient services, obstetrics, and a wide range of outpatient services. A 24-hour, physician-staffed emergency room and diagnostic imaging services, including CT, MRI, and nuclear medicine, are available. A number of surgical specialties are provided on an inpatient and outpatient basis. Certain

## **Table of Contents**

community and physician needs also are serviced by a hospital-based home health agency. The hospital is fully accredited by the Joint Commission of Accreditation of Health Care Organizations, also known as JCAHO. The hospital also has a long-standing educational affiliation with the University of Missouri School of Medicine as a family practice residency training site. Approximately 18 second- and third-year residents rotate through the hospital annually, providing a recruiting source for family practice physicians.

### ***Memorial Hospital of Adel Adel, Georgia***

Memorial Hospital of Adel is a 60-bed acute care facility with a 95-bed convalescent center (Memorial Convalescent Center) located in southern Georgia. The hospital's primary service area is Cook County, Georgia. The hospital has a dedicated intensive care unit, OB/GYN services, 24-hour emergency service, a home health agency, and a complete range of outpatient services (including CT scanning). The hospital, convalescent center, and the home health agency are all fully accredited by JCAHO. The local medical staff is comprised primarily of family practice and general surgery physicians. There are eight active staff physicians and thirty associate/consulting staff physicians.

### **Hospital Dispositions**

On February 28, 2002, HealthMont sold its interest in two hospitals located in Portland, Oregon—the 123 bed Woodland Park Hospital and 102 bed Eastmoreland Hospital—for an aggregate sales price of approximately \$4.2 million in cash. HealthMont applied the net cash proceeds from the sale to repay amounts outstanding under its bank indebtedness. HealthMont determined it was in the company's best interest to complete the sale of these hospitals given that the hospitals were located in an urban market and, therefore, did not match HealthMont's core business focus.

On March 24, 2003, HealthMont sold its interests in the Vinsant hospital. The Vinsant hospital is an 81-bed acute care hospital located on a 7.5 acre campus in San Benito, approximately 5 miles south of Harlingen, Texas. The hospital was fully accredited by the JCAHO and offered a full complement of services which included emergency room, acute care, and outpatient services (including CT scanning). The stock of HealthMont Texas, Inc., the holding company for Vinsant hospital, was acquired by Timothy S. Hill in exchange for 250,000 shares of his HealthMont stock and the payment by HealthMont of approximately \$25,000, reflecting an amount designed to reimburse Mr. Hill for the tax liabilities he is expected to incur in connection with the redemption of his shares. As part of such transaction, HealthMont made a \$275,000 capital contribution to HealthMont of Texas in the form of a note payable, approximately \$600,000 in outstanding HealthMont debt with respect to Vinsant was paid off under HealthMont's existing loan facilities with funds from borrowing by HealthMont of a like amount under a loan agreement with SunLink which provides for borrowings by HealthMont of up to a total of \$1.1 million under specified conditions.

### **Hospital Operations**

#### ***Utilization of local hospital management teams***

HealthMont believes that the long-term growth potential of its hospitals is dependent on their ability to offer appropriate healthcare services and effectively recruit and retain physicians. Each HealthMont hospital has an operating plan designed to increase revenue through the expansion of services offered by the hospital and the recruitment of physicians to the community.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Each hospital management team is comprised of a chief executive officer, chief financial officer and chief nursing officer. The quality of the on-site hospital management team is critical to the success of our hospitals. The on-site management team is responsible for implementing the operating plan under the guidance of HealthMont's senior management team.

## **Table of Contents**

Each hospital management team is responsible for the day-to-day operations of its hospital. HealthMont's corporate staff provides support services, assistance, and advice to each hospital in certain areas, including physician recruiting, corporate compliance, reimbursement, information systems, accounting, cash management, finance, tax, and insurance. Financial controls are maintained through the utilization of standardized policies and procedures. HealthMont's hospitals have contracted with the Broadlane Group Purchasing Organization, a purchasing group used by a large number of community hospitals, for certain supplies and equipment.

### ***Expansion of Services and Facilities; Maintenance of Emergency Room Operations***

HealthMont seeks to add services at its hospitals on an as-needed basis in order to improve access to quality healthcare services in the communities it serves, with the ultimate goal of reducing the out-migration of patients to other hospitals or alternate service providers. Additional and expanded services and programs, which may include specialty inpatient and outpatient services, are often dependent on recruiting physicians to practice at HealthMont's hospitals; therefore, attaining physician recruiting goals is important to HealthMont's ability to expand services. Capital investments in technology and facilities are often necessary to increase the quality and scope of services provided to the communities. Additional and expanded services and improvements, as well as each hospital's quality of care and reputation in the community, may reduce out-migration and increase patient referrals and revenue. HealthMont seeks to maintain in each hospital a quality, patient-friendly, emergency department, and we provide emergency room services in each of our hospitals. HealthMont views the emergency rooms in each of its hospitals as the facility's window to the community and a critical component of its local service offering.

### ***Physician Recruiting***

Each HealthMont hospital management team is responsible for assessing the need for additional physicians, including the number and specialty of additional physicians needed by its community. Each of HealthMont's local hospital management teams, with the assistance of outside recruiting firms, identifies and seeks to attract specific physicians to its hospital's medical staff. The hospital generally guarantees a newly recruited physician a minimum level of cash collections during an initial period, generally one year, and assists the physician's transition into the community. The physician is required to repay some or all of the amounts paid under such guarantee if the physician leaves the community within a specified period. HealthMont hospitals generally do not employ physicians.

### ***Management Information Systems***

HealthMont utilizes commercially available management information system designed for smaller hospitals at its three hospitals. Each system includes features such as a general ledger, patient accounting, billing, accounts receivable, payroll, accounts payable, medical records, and materials management, as well as the necessary consolidation functions to allow standardized reporting across all units.

### ***Quality Assurance***

Each of HealthMont's hospitals implements quality assurance procedures to monitor the level and quality of care provided to its patients. Each hospital has a medical director who supervises and is responsible for the quality of medical care provided and a medical advisory committee comprised of physicians who review the professional credentials of physicians applying for medical staff privileges at the hospital. Each of HealthMont's hospitals is fully accredited by JCAHO.



**Regulatory Compliance Program**

HealthMont maintains a company-wide compliance program. Each hospital designates a compliance officer and develops plans to correct problems should they arise. In addition, all employees are provided with a copy of

## **Table of Contents**

and given an introduction to HealthMont's *Code of Conduct*, which includes ethical and compliance guidelines and instructions about the proper resources to utilize in order to address any concerns that may arise. Each hospital conducts annual training to re-emphasize HealthMont's *Code of Conduct*. HealthMont monitors its corporate compliance program to respond to developments in healthcare regulations and the industry. HealthMont also maintains a toll-free hotline to permit employees to report compliance concerns on an anonymous basis.

## **Competition**

Among the factors which HealthMont believes influence patient selection among hospitals in non-urban markets are:

The appearance and functionality of the healthcare facilities;

The quality and demeanor of professional staff and physicians; and,

The participation of the hospital in plans which pay a portion of the patient's bill.

Such factors are influenced heavily by the quality and scope of medical services, strength of referral networks, hospital location, and the price of hospital services. Although HealthMont's hospitals may face less competition in their immediate patient service areas than would be expected in larger communities, since they are the primary provider of healthcare services in their respective communities, HealthMont's hospitals nevertheless face competition from larger tertiary care centers and, in some cases, other rural, non-urban or, in limited circumstances, urban hospitals. The competing hospitals may be owned by governmental agencies or not-for-profit entities supported by endowments and charitable contributions, and may be able to finance capital expenditures on a tax-exempt basis. Such governmental-owned and not-for-profit hospitals, as well as for-profit hospitals operating in the service area, likely have greater access to financial resources than do HealthMont hospitals. Because of the location of certain of our non-urban hospitals in high growth areas, they may, in certain instances, also face competition from large urban hospitals offering more specialized services.

## **Medical Staff**

The number and quality of physicians affiliated with a hospital directly affects the quality and availability of patient care and the reputation of such hospital. Physicians generally may terminate their affiliation with a hospital at any time. HealthMont seeks to retain physicians of varied specialties on the medical staffs of our hospitals and to attract other qualified physicians. HealthMont believes physicians refer patients to a hospital primarily on the basis of the quality of services the hospital renders to patients and physicians, the quality of other physicians on the medical staff, the location of the hospital, and the quality of the hospital's facilities, equipment, and employees. Accordingly, HealthMont strives to provide quality facilities, equipment, employees, and services for physicians and their patients.

## **Managed Care and Efforts to Control Healthcare Costs**

Each of HealthMont's hospitals is somewhat dependent on its ability to negotiate service contracts with purchasers of group healthcare services. Health maintenance organizations and preferred provider organizations attempt to direct and control the use of hospital services through

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

managed care programs and to obtain discounts from hospitals established charges. In addition, employers and traditional health insurers increasingly are seeking to contain costs through negotiations with hospitals for managed care programs and discounts from established charges. Generally, hospitals compete for service contracts with group healthcare service purchasers on the basis of market reputation, geographic location, quality and range of services, quality of medical staff, convenience, and price.

## **Table of Contents**

The importance of obtaining contracts with managed care organizations varies from market to market, depending on the market strength of such organizations. Managed care contracts generally are less important in the non-urban markets than in urban and suburban markets where there is typically a higher level of managed care penetration. Nevertheless, a significant portion of hospital patients in non-urban communities are covered by managed care or other reimbursement programs which pay less than established charges for hospital services.

The healthcare industry, as a whole, faces the challenge of continuing to provide quality patient care while managing rising costs, facing strong competition for patients, and adjusting to a general reduction of reimbursement rates by both private and government payors. Both private and government payors continually seek to reduce the nature and scope of services which may be reimbursed. Healthcare reform at both the Federal and state level generally is designed to reduce reimbursement rates. Changes in medical technology, existing and future legislation, regulations and interpretations, and competitive contracting for provider services by private and government payors, may require changes in facilities, equipment, personnel, rates, and/or services in the future.

The hospital industry, including all of HealthMont's hospitals, continues to have significant unused capacity. Inpatient utilization, average lengths of stay, and average inpatient occupancy rates continue to be affected negatively by payor-required pre-admission authorization, utilization review, and payment mechanisms designed to maximize outpatient and alternative healthcare delivery services for less acutely ill patients and to limit the cost of treating inpatients. Admissions constraints, payor pressures, and increased competition are likely to continue and we expect to continue to respond to such trends by adding and expanding outpatient services, upgrading facilities and equipment, offering new programs, and adding or expanding certain inpatient and ancillary services.

## **Acquisition Strategy**

Although HealthMont's priority is to improve the profitability of its existing hospitals, HealthMont monitors the market for community hospitals that are or may be available for purchase. HealthMont has faced competition for acquisitions primarily from for-profit hospital management companies and not-for-profit entities that may have greater financial and other resources than does HealthMont. Increased competition for the acquisition of non-urban acute-care hospitals has an adverse impact on HealthMont's ability to acquire such hospitals on favorable terms.

## **Government Reimbursement Programs**

### ***Medicare/Medicaid Reimbursement***

A significant portion of HealthMont's net revenues is dependent upon reimbursement from Medicare and Medicaid programs. The Medicare program pays hospitals under the provisions of a prospective payment system for inpatient services. Under the prospective payment system, a hospital receives a fixed amount for inpatient hospital services based on the established fixed payment amount per discharge for categories of hospital treatment, known as diagnosis related group ( DRG ) payments. DRG payments do not consider a specific hospital's costs, but are national rates adjusted for area wage differentials and case-mix indices. Long-term care psychiatric units within hospitals (along with certain other services generally not provided in HealthMont's facilities) currently are exempt from the prospective payment system and are reimbursed under the provisions of a cost-based system, subject to specific reimbursement caps.

Although the Federal government reviews payment rates annually, the percentage increases to DRG payment rates for the last several years have been lower than the percentage increases in the related cost of goods and services provided by general hospitals. The index used to adjust the

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

DRG payment rates is based on a price statistic, known as the Centers for Medicare and Medicaid Services market basket index, reduced by Congressionally mandated reduction factors. DRG rate increases were 1.5%, 2.0%, 0.0%, 0.7%, and 1.1% for Federal fiscal years 1996, 1997, 1998, 1999, and 2000, respectively. The Balanced Budget Act of 1997 set the

## **Table of Contents**

increase in DRG payment rates for future Federal fiscal years at rates that are based on the market basket rates less reduction factors of 1.8% in 2000 and 1.1% in 2001 and 2002. The Medicare, Medicaid, and Health Benefits Improvement and Protection Act of 2000 ( *BIPA* ) amended the Balanced Budget Act of 1997 by giving hospitals a full market basket increase in fiscal 2001 and market basket increases minus 0.55% in fiscal years 2002 and 2003. In addition, BIPA contains provisions delaying scheduled reductions in payment for home health agencies and other provisions designed to lessen the impact on providers of spending reductions contained in the Balanced Budget Act of 1997.

The Medicare program historically has set aside 5.1% of Medicare inpatient payments to pay for outlier cases. Outlier cases are specific cases that exceed published thresholds (days or cost) for which additional payments (outlier payments) are received, based on a pre-determined formula, over and above the DRG rate for that specific case. During Federal fiscal year 2000, Medicare projected that payments for outlier cases had exceeded the 5.1% and, therefore, has increased the cost threshold for Federal fiscal year 2001, which will reduce total payments for outlier cases.

Most outpatient services provided by general hospitals are reimbursed by Medicare under the outpatient prospective payment system. The Balanced Budget Act of 1997 mandated the implementation of the prospective payment system for Medicare outpatient services. This outpatient prospective payment system is based on a system of Ambulatory Payment Classifications ( *APC* ). Each APC is designed to represent a bundle of outpatient services, and each APC is assigned a fully prospective reimbursement rate. BIPA also improved the APC rate update factor for calendar year 2001 from market basket minus 1.0% to market basket plus 0.32%.

In addition to the standard DRG payment, the Social Security Act requires additional Medicare payments be made to hospitals with a disproportionate share of low income patients. BIPA provisions, effective for services provided on and after April 1, 2001, stipulate that rural facilities with fewer than 100 beds with a disproportionate share percentage greater than 15% will be classified as a disproportionate share hospital entitled to receive a supplemental disproportionate share payment based on gross DRG payments. For discharges between April 1, 2001 and September 30, 2001, the disproportionate share payment was 5.19%, from October 1, 2001 through September 30, 2002, the effective disproportionate share payment will be 5.09%, and beginning on October 1, 2002, the disproportionate share payment will equal 5.25% of total DRG payments. All of HealthMont's hospitals were classified as disproportionate share hospitals at June 30, 2002. Medicare disproportionate share payments are estimated to represent approximately 1% of our net patient care revenues for the 12 months ended June 30, 2002 and for the 3 months ended June 30, 2001. Prior to April 1, 2001, none of HealthMont's facilities qualified for Medicare disproportionate payments under the regulations in effect at that time.

Each state operates a Medicaid program funded jointly by the state and the Federal government. Federal law governs the general management of the Medicaid program, but there is wide latitude for states to customize Medicaid programs to fit local needs and resources. As a result, each state Medicaid plan has its own payment formula and recipient eligibility criteria.

### ***Government Reimbursement Program Adjustments***

The Medicare and Medicaid programs are subject to statutory and regulatory changes, administrative rulings, interpretations and determinations, requirements for utilization review, and new governmental funding restrictions, all of which may materially increase or decrease program payments as well as affect the cost of providing services and the timing of payments to facilities.

All hospitals participating in the Medicare and Medicaid programs, whether paid on a reasonable cost basis or under a prospective payment system, are required to meet certain financial reporting requirements. Federal and, where applicable, state regulations require the submission of annual cost reports covering the revenue, costs, and expenses associated with the services provided by each hospital to Medicare beneficiaries

and Medicaid recipients.

## **Table of Contents**

Annual cost reports required under the Medicare and Medicaid programs are subject to routine audits which may result in adjustments to the amounts ultimately determined to be due to HealthMont under these reimbursement programs. These audits often require several years to reach the final determination of amounts due. Providers also have rights of appeal, and it is common to contest issues raised in audits of prior years cost reports. Although the final outcome of these audits and the nature and amounts of any adjustments are difficult to predict, we believe that we have made adequate provisions in our financial statements for adjustments that may result from these audits and that final resolution of any contested issues should not have a material adverse effect upon our consolidated results of operations or financial position. Until final adjustment, however, significant issues remain unresolved and previously determined allowances could become either inadequate or greater than ultimately required.

If HealthMont or any of its facilities were found to be in violation of Federal or state laws relating to Medicare, Medicaid or similar programs, HealthMont could be subject to substantial monetary fines, civil penalties, exclusion from future participation in the Medicare and Medicaid programs or any combination of such remedies. Any such sanctions could have a material adverse effect on our financial position and results of operations. See *Risk Factors* beginning on page 13.

## **Professional Liability and Legal Proceedings**

As part of HealthMont's business of owning and operating hospitals, HealthMont is subject to legal actions alleging liability on its part. To cover claims arising out of the operations of its hospitals, HealthMont generally maintains professional malpractice liability insurance and general liability insurance on a claims made basis in amounts and with deductibles that it believes to be sufficient for its operations. HealthMont also maintains umbrella liability coverage covering claims which, due to their nature or amount, are not covered by HealthMont's other insurance policies. HealthMont can provide no assurance that its professional or general liability insurance will cover all claims against it or continue to be available at reasonable costs for it to maintain adequate levels of insurance.

HealthMont periodically receives various inquiries or subpoenas from state regulators, fiscal intermediaries, and the Department of Justice regarding various Medicare and Medicaid issues. In addition, HealthMont is subject to other claims and lawsuits arising in the ordinary course of its business or arising out of transactions. Plaintiffs in these lawsuits generally request punitive or other damages that by applicable state law may not be able to be covered by insurance. Because of the uncertain nature of litigation, HealthMont cannot predict the outcome of any of these matters. HealthMont is not aware of any pending or threatened litigation which it believes would have a material adverse impact on its financial position or results of operations.

## **Environmental Matters**

HealthMont is subject to various federal, state, and local laws and regulations governing the use, discharge, and disposal of hazardous materials, including medical waste products. Compliance with these laws and regulations is not expected to have a material adverse effect on HealthMont. It is possible, however, that environmental issues may arise in the future which HealthMont cannot now predict.

## **Employees**

As of March 31, 2003, HealthMont employed approximately 470 employees at its hospitals, including approximately 153 employees at its Callaway Community Hospital and 317 employees at Memorial Hospital of Adel. HealthMont also currently has four full-time employees



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

performing corporate office functions. None of HealthMont's employees are union members. HealthMont believes that its labor relations are good.

In order to achieve cost savings and in anticipation of the completion of the merger, HealthMont officially closed its corporate offices located in Franklin, Tennessee in September 2002.

**Table of Contents****Board of Directors and Management**

Set forth below is certain biographical information concerning HealthMont's board of directors and its executive management. Ages are provided as of the date of this joint proxy statement/prospectus.

*Gene E. Burluson*, 62, has served as a director of HealthMont since it commenced operations in September 2000. Mr. Burluson served as the Chairman of the Board of Directors of Mariner Post-Acute Network, Inc., a diversified provider of long-term and specialty health care services, from February 2000 to June 2002. Mr. Burluson served as the Chief Executive Officer and as a director of Vitalink Pharmacy Services, Inc. from February 1997 to August 1997. He served as Chairman of the Board of Directors of GranCare, Inc., a provider of long-term and specialty health care services, which subsequently became a part of Mariner, from January 1994 to November 1997 and as its Chief Executive Officer from December 1990 to February 1997. His previous experience also includes serving as the President and Chief Operating Officer of American Medical International, Inc., an acute care hospital company and a predecessor to Tenet Healthcare Corporation. Mr. Burluson also currently serves on the Board of Directors of Alterra Healthcare Corporation, an operator of assisted living facilities, Deckers Outdoor Corporation, a shoe manufacturer, and various other privately-held companies.

*Richard E. Ragsdale*, 59, a founder of HealthMont and the Chairman of its Board of Directors, has co-founded, operated, and financed numerous successful entrepreneurial ventures. He co-founded and served as Chairman of Community Health Systems, Inc., a non-urban hospital management company, in 1985 and took the company public in 1991. He also co-founded Republic Health Corporation in 1981, which went public in 1983, and was acquired by an investor group in 1986. Mr. Ragsdale has co-founded eight other U.S. and European start-up healthcare services companies. Mr. Ragsdale chairs the board of the Metro Nashville Hospital Authority (public hospital and long-term care facility) and serves on the boards of numerous public and private companies, such as The RehabCare Group (NYSE: RHB), the Vanderbilt University Technology Company, as well as not-for-profit and charitable organizations.

*E. Thomas Chaney*, 60, a founder of HealthMont and the Vice-Chairman of HealthMont's Board of Directors, is former Co-Chairman, President and Chief Executive Officer of Community Health, a NYSE-listed non-urban hospital management company that he co-founded in 1985. Community Health was one of the first companies to focus on non-urban hospitals and grew into the largest US non-urban hospital management company. Under his leadership, Community Health grew from inception in 1985 to 38 hospitals in 1997 and was acquired by Forstmann Little for over \$1.4 billion in 1996, yielding Community Health's public shareholders a compound annual return of approximately 50%. Mr. Chaney was also a co-founder, investor, and director of QuickStrip, LLC, a bandage manufacturing company, which was sold in 2000. He co-founded American Transitional Hospitals, Inc., a subacute hospital company, in 1987 and served as a director until it was sold in 1991. He is a director of two not-for-profit organizations.

*Timothy S. Hill*, 41, a founder of HealthMont and its President and Chief Executive Officer and a member of HealthMont's Board of Directors, is a seasoned healthcare executive with years of experience in multi-unit healthcare finance and management at national corporations including NAHC, Columbia/HCA Healthcare Corporation and HealthTrust, Inc. At NAHC, he served as Senior Vice President and Chief Financial Officer from 1999 to 2000 and was previously Vice President-Controller. He is former Director of Financial Reporting for Columbia/HCA Healthcare Corporation. He served in various financial capacities with HealthTrust, Inc. from 1987 to 1995, including positions as Director of Budgeting, Interim Hospital Controller, Reimbursement Coordinator and Audit Supervisor.

*Kay L. Brown*, 50, a director of HealthMont, has been a partner in Morgan Healthcare Consulting since 1997. Ms. Brown served as a member of the executive management team of GranCare from 1992-1997, a provider of long-term and subacute care, that grew to revenues of over \$1.0 billion. She served as GranCare's Senior Vice President of Communications and, prior to assuming such position, was GranCare's Senior Vice President of Operations and Vice President of Home Health from 1988-1992. She is the former President and Chief Executive Officer of Visiting Nurse Associations of America, where she expanded its scope from a membership organization to a preferred provider network of over

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

250 home health agencies that directly contracted with payors, as well as developed a national home infusion cooperative.

**Table of Contents**

*Jay M. Haft*, 67, a director of HealthMont, has been a strategic and financial consultant for growth stage companies since 1993. Mr. Haft was the Managing General Partner of Gen Am 1 Venture Fund, an international venture capital fund. Mr. Haft is also a director of numerous public and private corporations, including: DUSA Pharmaceuticals, Inc. (NNM: DUSA); Encore Medical Corporation (NNM: ENMC); and Robotic Vision Systems, Inc. (NNM: ROBV). Mr. Haft is currently of counsel to Reed Smith in New York and previously served as a senior corporate partner of Parker, Duryee, Rosoff & Haft from 1989-1994. Mr. Haft is a graduate of Yale University and Yale Law School.

*Joel S. Kanter*, 46, a director of HealthMont, has served as President of Windy City, Inc., a privately held investment firm, since 1986. Mr. Kanter has also served as President of Chicago Advisory Group, Inc., a privately held private equity financing and consulting company since its inception in 1999. From 1995 to 1999, Mr. Kanter was Chief Executive Officer and President of Walnut Financial Services, Inc., a publicly traded company (NMS: WNUT) with a market capitalization of over \$300 million. Walnut was involved in the formation of some of America's premier healthcare companies, such as GranCare, Inc., Vitalink Pharmacy Services, Inc. and First Health Group Corp., as well as the non-healthcare companies, Ticketmaster Corporation and Cablevision Systems Corporation. Mr. Kanter serves on the board of directors of several public companies, including: Encore Medical Corporation (NMS: ENMC); I-Flow Corporation (NASDAQ: IFLO); Magna-Lab, Inc. (OTC Bulletin Board); and Logic Devices, Inc. (NASDAQ: LOGC), as well as a number of private concerns.

*Arlen B. Reynolds*, 61, a director of HealthMont, is a private investor and a strategic advisor to health care companies. He previously served as President of TeamCare, Inc., the third largest institutional pharmacy company in the United States until retiring from that position in June 1997. Mr. Reynolds also previously served as a Senior Vice President of GranCare. Mr. Reynolds came out of retirement to serve as the interim Chief Executive Officer of Brookwood Medical Center in Birmingham, Alabama from June 1999 until March 2000. Prior to that time, Mr. Reynolds served as Chief Executive Officer of numerous acute care hospitals domestically and internationally, including Brookwood Medical Center in Birmingham, Alabama. Mr. Reynolds serves on the board of directors of several private businesses and organizations.

**Table of Contents**

**HEALTHMONT MANAGEMENT'S DISCUSSION AND  
ANALYSIS OF FINANCIAL CONDITION AND RESULTS OF OPERATIONS**

*You should read the following discussion together with HealthMont's consolidated financial statements and the related notes to those financial statements that are included in this joint proxy statement/prospectus. Except for the historical information contained herein, the following discussion contains forward looking statements that involve risks and uncertainties. HealthMont's future results could differ materially from those discussed here.*

**Background**

HealthMont is a hospital management company that owns and operates general acute care community hospitals located in rural and non-urban markets. HealthMont currently owns and operates two acute care hospitals with a total of 109 beds. HealthMont offers a wide range of inpatient and outpatient medical services including diagnostic and emergency services, surgery, laboratory, radiology, respiratory, and physical therapy as well as specialty services, including rehabilitation and home healthcare. HealthMont commenced operations in September 2000 following its acquisition of four hospitals. HealthMont acquired a fifth hospital in January 2001. As described elsewhere herein, in February 2002, HealthMont divested itself of two of its hospitals, and in March 2003 divested itself of a third hospital.

**Critical Accounting Policies**

HealthMont's consolidated financial statements are prepared in conformity with accounting principles generally accepted in the United States. As such, HealthMont is required to make certain estimates, judgments, and assumptions that it believes are reasonable based upon the information available. These estimates and assumptions affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. A summary of HealthMont's accounting policies and estimates which they believe are most critical to aid in fully understanding and evaluating their financial results include the following:

*Use of Estimates.* Management of HealthMont has made a number of estimates and assumptions relating to the reporting of assets and liabilities and the disclosure of contingent assets and liabilities and the reported amounts of revenues and expenses to prepare these consolidated financial statements in conformity with accounting principles generally accepted in the United States of America. Actual results could differ materially from those estimates under different conditions or using different assumptions.

*Patient Accounts Receivable.* Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and patients, net of allowances for doubtful accounts and contractual adjustments. HealthMont's estimate of the allowance for doubtful accounts is based primarily on our historical collection experience for each type of payor. The allowance amount is computed by applying allowance percentages to amounts included in specific payor and aging categories of patient accounts receivable. The Medicare and Medicaid regulations and various managed care contracts under which contractual adjustments must be calculated are complex and are subject to interpretation and adjustment. HealthMont estimates the allowance for contractual adjustments on a payor-specific basis based on historical payment percentages. The accrual and payment calculations are adjusted monthly based on actual payment experience. However, the services authorized and provided, and the resulting reimbursement, are often subject to interpretation. These interpretations sometimes result in payments that differ from our estimates. Additionally, updated regulations and contract renegotiations occur frequently necessitating continual review and assessment of the estimation process by management. Actual results could differ materially from those estimates under different conditions or using different assumptions.

*Impairment of Long-Lived Assets.* HealthMont adopted Statement of Financial Accounting Standards No. 144, *Accounting for the Impairment or Disposal of Long-Lived Assets*, as of April 1, 2002. Prior to the adoption of SFAS No. 144, HealthMont accounted for long-lived assets in accordance with the provisions of *SFAS No. 121, Accounting for Impairment of Long-Lived Assets and for Long-Lived Assets to be Disposed Of*.

## **Table of Contents**

SFAS No. 144 requires that long-lived assets and certain identifiable intangibles be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. The estimates of these future cash flows are based on assumptions and projections believed by management to be reasonable and supportable. They require management's subjective judgments and take into account assumptions about patient volumes, changes in payor mix, revenue and expense growth rates and changes in legislation and other payor payment patterns. These assumptions may vary by facility. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell. Actual results could differ materially from those estimates under different conditions or using different assumptions.

*Net Patient Service Revenue.* Patient service revenue is recorded based on established billing rates minus estimated contractual adjustments. Revenue is recorded during the period the health care services are provided, based upon the estimated amounts due from the patients and third-party payers, including Federal and state agencies, managed care health plans, commercial insurance companies, and employers. The contractual adjustments for Medicare and Medicaid are based primarily on prospective payment systems. Contractual adjustments for retrospectively cost-based revenues, which were more prevalent in earlier periods, are estimated based on historical and current factors and are adjusted in future periods when settlements of prior cost reports are determined. Estimates of contractual adjustments under managed care health plans are based upon the payment terms specified in the related contractual agreement. The contractual payment terms of managed care agreements are generally based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Due to the complexities involved in these estimations of revenue earned, the health care services authorized and provided and related reimbursement are often subject to interpretations that could result in payments that are different from our estimates. Adjustments related to settlements were not material for the years ended March 31, 2001 and 2002 or for the nine-month periods ended December 31, 2001 and 2002. Actual results could differ materially from those estimates under different conditions or using different assumptions.

## **Liquidity and Capital Resources**

HealthMont's principal capital requirements are for working capital, capital expenditures, and debt service payments. Capital requirements may also include cash expenditures associated with HealthMont's outstanding commitments and contingencies, as further discussed in the notes to the financial statements and as further described in the financial statements.

HealthMont funds its cash requirements primarily from its cash flows from operations, borrowings under its \$4.0 million revolving line of credit, and the proceeds from the sale of its assets and securities. For the nine months ended December 31, 2002, operating activities provided cash of approximately \$0.7 million. For the fiscal year ended March 31, 2002, operating activities used cash of approximately \$0.7 million. For the nine months ended December 31, 2002, HealthMont's investing activities used cash of approximately \$1.3 million primarily for capital expenditures. For the fiscal year ended March 31, 2002, its investing activities provided cash of approximately \$3.9 million, primarily from the sale of two hospitals. HealthMont's financing activities provided cash of approximately \$172,000 and used cash of approximately \$4.0 million during the nine months ended December 31, 2002 and the fiscal year ended March 31, 2002, respectively, primarily for changes in the revolving line of credit.

HealthMont's indebtedness currently consists of amounts outstanding under a \$4.0 million revolving line of credit, a \$5.0 million secured term loan, and a \$1.9 million secured term loan. At December 31, 2002, HealthMont had approximately \$4.1 outstanding under its line of credit and \$4.8 million under its term loans.

## **Table of Contents**

Availability of borrowings under the line of credit is based on a borrowing base equal to 85% of HealthMont's qualified receivables, subject to certain reserve requirements. However, in January 2002, HealthMont secured over-line borrowings of \$1.65 million under the line of credit, with such amounts being guaranteed by letters of credits in the lender's favor issued by certain of HealthMont's directors and a shareholder. The agreement governing the over-line borrowings and related letters of credit were extended in August 2002. The proceeds of the revolving line of credit and the term loans have been and will continue to be used to fund HealthMont's normal operations. HealthMont's borrowings under the revolving line of credit and term loans are secured by HealthMont's accounts receivable and substantially all of HealthMont's other assets.

Amounts outstanding under the revolving line of credit bear interest at a rate equal to the prime rate plus 1.5%, and amounts outstanding under the term loans bear interest at a rate equal to the prime rate plus 2%. The agreements governing the term loans contain financial covenants that require HealthMont to maintain a specified debt service coverage ratio and working capital ratio and to achieve certain minimum annualized EBITDA. The agreements governing the revolving line of credit and the term loans also contain certain non-financial covenants, including covenants restricting, among other things, the incurrence of additional indebtedness, the sale of HealthMont's assets, and certain fundamental changes. At December 31, 2002, as a result of an amendment obtained from Heller, the lender under the revolving line of credit, HealthMont was in compliance with such covenants.

As of December 31, 2002, HealthMont has no material capital commitments outstanding.

If HealthMont were to remain an independent company, it would seek to continue to finance its capital expenditures, working capital, and other liquidity requirements from a combination of sources, including cash generated by its operations, its credit facility, and its sale of its securities. HealthMont would also consider selling assets.

Nearly all working capital of HealthMont is generated from operations. HealthMont has experienced and expects to continue to experience significant liquidity and capital constraints.

## **Results of Operations**

### *Nine Months Ended December 31, 2002 compared to the Nine Months Ended December 31, 2001*

**Revenues.** For the nine months ended December 31, 2002, HealthMont revenues were approximately \$21.8 million compared to approximately \$53.4 million for the nine months ended December 31, 2001, representing a 59.2% decrease in 2002 from the comparable period in 2001. Included in the revenues for the nine months ended December 31, 2001 was approximately \$34.1 million revenue from the two hospitals that were sold February 28, 2002. The net change in revenue once adjusted for this sale was a 13.0% increase in revenue in 2002 from the comparable period in 2001.

**Operating Expenses.** For the nine months ended December 31, 2002, HealthMont's operating expenses were approximately \$23.1 million compared to approximately \$53.3 million for the nine months ended December 31, 2001, representing a 56.7% decrease in 2002 from the comparable period in 2001. The operating expenses for the nine months ended December 31, 2001 included \$30.5 million in expenses from the two hospitals that were sold February 28, 2002. The net change in expenses once adjusted for the sale of the two hospitals in 2002 was a 1.3% increase in operating expenses for the 2002 comparable period from the 2001 comparable period.



Included in operating expenses were approximately \$1.6 million and \$1.7 million in general and administrative expenses for the nine months ended December 31, 2002 and December 31, 2001, respectively. As a percentage of revenues, comparable operating expenses have not changed significantly: 106.0% for the nine months ended December 31, 2002 and 118.1% for the nine months ended December 31, 2001, as adjusted for the loss on the sale of the two hospitals.

## **Table of Contents**

*Income (loss) from Continuing Operations.* For the nine months ended December 31, 2002, HealthMont's loss from continuing operations was approximately \$1.4 million compared to income of approximately \$175,000 for the nine months ended December 31, 2001, representing a 881% decrease in the 2002 comparable period from the 2001 comparable period.

*Loss from Discontinued Operations.* During the nine months ended December 31, 2002, HealthMont committed to the disposition of the Vinsant hospital in connection with the proposed merger with SunLink. As a result, all activities from the Vinsant hospital for both the nine months ended December 31, 2002 and 2001 are classified as loss from discontinued operations. HealthMont's net loss from discontinued operations was approximately \$1.5 million and approximately \$715,000 for the nine months ended December 31, 2002 and 2001, respectively. Approximately \$1.2 million of the approximately \$1.5 million loss for the nine months ended December 31, 2002 was the impairment loss on the Vinsant hospital.

*Net Loss.* For the nine months ended December 31, 2002, HealthMont's net loss was approximately \$2.9 million compared to a net loss of approximately \$540,000 for the nine months ended December 31, 2001. Of the increase in net loss of approximately \$2.4 million for the 2002 comparable period from the 2001 comparable period, approximately \$1.2 million of such loss was attributable to the impairment loss on Vinsant and approximately \$600,000 in severance and other expense related to closing HealthMont's corporate office during the nine months ended December 31, 2002.

### *Fiscal Years 2002 and 2001*

*Revenues.* For the year ended March 31, 2002, HealthMont revenues were approximately \$67.5 million compared to approximately \$32.2 million for the year ended March 31, 2001, representing a 109% increase from the 2002 fiscal year to the 2001 fiscal year. The March 2001 year included seven months of operations for three hospitals and three months of operations for one hospital. The March 2002 year included only eleven months operations for two hospitals that were sold and twelve months for the remaining two hospitals.

*Operating Expenses.* For the year ended March 31, 2002, HealthMont's operating expenses were approximately \$69.4 million compared to approximately \$33.9 million for the year ended March 31, 2001, representing an 104% increase from the 2001 fiscal year to the 2002 fiscal year. The increase was primarily due to the inclusion of a full year of business operations versus only seven months of operations in the prior year. Included in operating expenses were approximately \$2.3 million and \$1.5 million in general and administrative expenses for the years ended March 31, 2002 and March 31, 2001, respectively. As a percentage of revenues, operating expenses have not changed significantly: 103% for the year ended March 31, 2002 and 105% for the year ended March 31, 2001.

*Loss from Continuing Operations.* For the year ended March 31, 2002, HealthMont's loss from continuing operations was approximately \$1.9 million compared to approximately \$1.7 million for the year ended March 31, 2001, representing an 11.2% increase in the 2002 fiscal year from the 2001 fiscal year. The increased loss was primarily due to the inclusion of a full year of business operations versus only seven months of operations in the prior year and the \$1.3 million loss on the disposal of two hospitals.

*Loss from Discontinued Operations.* During the year ended March 31, 2003, HealthMont committed to the disposition of the Vinsant hospital in connection with the proposed merger with SunLink. As a result, all activities from the Vinsant hospital for both the years ended March 31, 2002 and 2001 are classified as loss from discontinued operations. HealthMont's net loss from discontinued operations was approximately \$961 thousand for the year ended March 31, 2002. Net income from discontinued operations was \$298 thousand for the year ended March 31, 2001.

*Net Loss.* For the year ended March 31, 2002, HealthMont's net loss was \$2.9 million compared to a net loss of \$1.5 million for the year ended March 31, 2001. The increase in net loss of \$1.4 million for the 2002

## **Table of Contents**

fiscal year from the 2001 fiscal year was primarily due to the inclusion of a full year of business operations versus only seven months of operations in the prior year and the \$1.3 million loss on the disposal of two hospitals.

## **Inflation**

During periods of inflation and labor shortages, employee wages increase and suppliers pass along rising costs to HealthMont in the form of higher prices for supplies and services. HealthMont has not always been able to offset increases in operating costs by increasing prices for its services and products or by implementing cost control measures. HealthMont is unable to predict its ability to control future cost increases or offset future cost increases by passing along increased cost to customers.

## **Quantitative and Qualitative Disclosures About Market Risk**

HealthMont currently is exposed to interest rate changes, primarily as a result of borrowing under its revolving line of credit and secured term loans with Heller. The interest rate for borrowing under the revolving line of credit and the secured term loans is the prime lending rate plus 1.5% and the prime lending rate plus 2%, respectively. At December 31, 2002, HealthMont had \$4.1 million outstanding under its line of credit and \$4.8 million under its term loans. Interest expense is sensitive to changes in the general level of interest rates. No action has been taken to cover interest rate market risk and HealthMont has not engaged in any interest rate market risk management activities. Based on a hypothetical 1% increase in interest rates, the potential annualized reduction to future pretax earnings would be approximately \$100,000. Due to the variable nature of the interest rates on the long-term debt, fair value approximates carrying value.

**Table of Contents****SECURITY OWNERSHIP BY CERTAIN BENEFICIAL OWNERS OF HEALTHMONT**

The following table sets forth, as of March 31, 2003, certain information with respect to the beneficial ownership of HealthMont's common stock by: (i) each person HealthMont knows to be the beneficial owner of more than five percent of the outstanding shares of HealthMont's common stock; (ii) each executive officer of HealthMont; (iii) each director of HealthMont; and (iv) all executive officers and directors of HealthMont as a group.

<u>Name and Address of Beneficial Owner(1)</u>	<u>Number of Shares Beneficially Owned(2)</u>	<u>Percent of Shares Outstanding(3)</u>
Drax Holdings LP 2 North LaSalle Street, Suite 2300 Chicago, Illinois 60602-3801	625,566(4)	9.8%
The Garmanbozia Fund 27 Northumberland Nashville, Tennessee 37215	588,500(5)	9.2%
Crenshaw Investments Limited c/o Moore Stephens Services SAM L Estoril, Bloc C 31 Avenue Princess Grace MC 98000 MONACO	441,692(6)	6.9%
Timothy S. Hill 111 Long Valley Road Brentwood, Tennessee 37027	565,000(7)	8.9%
Kay L. Brown 6255 Blackwater Trail Atlanta, Georgia 30328	65,758(8)	1.0%
Gene Burleson 320 Argonne Drive, NW Atlanta, Georgia 30305	261,701(9)	4.1%
E. Thomas Chaney	606,750(10)	9.5%

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

No. 4 Briar Hollow Lane		
Houston, Texas 77027		
Jay M. Haft	73,911(11)	1.2%
1001 Brickell Bay Avenue, 9th Floor		
Miami, Florida 33131		
Joel Kanter	359,312(12)	5.6%
8000 Towers Crescent Drive, Suite 1070		
Vienna, Virginia 22182		
Richard E. Ragsdale	352,500(13)	5.5%
27 Northumberland		
Nashville, Tennessee 37215		
Arlen B. Reynolds	56,155(14)	*
290 El Camino Real		
Chelsea, Alabama 35043		
Directors and executive officers as a group (8 persons)	2,341,087(15)	36.7%

---

**Table of Contents**

---

- \* Represents beneficial ownership of HealthMont's common stock of less than 1%.
- (1) Except as otherwise indicated in the footnotes to this table, the persons named in this table have sole voting and investment power with respect to all shares of common stock shown as beneficially owned by them, subject to community property laws where applicable.
  - (2) Under SEC rules, a person is deemed to be the beneficial owner of shares that can be acquired by such person within 60 days upon the exercise of warrants or options to purchase such shares. All outstanding warrants and options to purchase shares of HealthMont common stock granted by HealthMont are immediately exercisable.
  - (3) Calculated on the basis of 6,382,744 shares of common stock outstanding as of March 31, 2003, provided that any additional shares of common stock that a shareholder has the right to acquire within 60 days after March 31, 2003 are deemed to be outstanding for the purpose of calculating that shareholder's percentage beneficial ownership.
  - (4) The general partner of this entity is Inman Corporation, which is primarily owned by a marital trust that will eventually distribute to the William J. von Liebig Foundation.
  - (5) The managing partner of this entity is Kevin Ragsdale (the son of Richard Ragsdale, a director of HealthMont).
  - (6) The only available information for this entity is that it is a British Virgin Island corporation believed to be owned by various European investors.
  - (7) Includes warrants and options to purchase an aggregate of 60,000 shares of HealthMont common stock. Also includes 72,722 shares of HealthMont common stock to be redeemed by HealthMont immediately prior to the completion of the merger pursuant to the Founders Stock Redemption Agreement.
  - (8) Includes options to purchase 15,000 shares of HealthMont common stock.
  - (9) Includes 12,499 shares of HealthMont common stock held jointly with M. Jan Bureson. Also includes warrants and options to purchase an aggregate of 95,000 shares of HealthMont common stock. Does not include an aggregate of 42,000 shares of HealthMont common stock to be received at the time of the merger as consideration for the extension of letters of credit in favor of HealthMont's lender in connection with the restructuring of certain of HealthMont's indebtedness.
  - (10) Includes 431,750 shares of HealthMont common stock held by the Chaney Family Partnership LTD. Also includes warrants and options to purchase an aggregate of 175,000 shares of HealthMont common stock. Also includes 17,500 shares of HealthMont common stock to be redeemed by HealthMont immediately prior to the completion of the merger pursuant to the Founders Stock Redemption Agreement.
  - (11) Includes 22,743 shares of HealthMont common stock held jointly with Clayre Haft. Also includes options to purchase 15,000 shares of HealthMont common stock.
  - (12) Includes 137,500 shares of HealthMont common stock held by the Kanter Family Foundation. Also includes warrants and options to purchase an aggregate of 215,000 shares of HealthMont common stock. Does not include an aggregate of 105,000 shares of HealthMont common stock to be received at the time of the merger as consideration for the extension of letters of credit in favor of HealthMont's lender

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

in connection with the restructuring of certain of HealthMont's indebtedness.

- (13) Includes warrants and options to purchase an aggregate of 215,000 shares of HealthMont common stock. Also includes 35,000 shares of HealthMont common stock to be redeemed by HealthMont immediately prior to the completion of the merger pursuant to the Founders Stock Redemption Agreement.
- (14) Includes options to purchase 15,000 shares of HealthMont common stock.
- (15) Includes warrants and options to purchase an aggregate of 805,000 shares of HealthMont common stock.



---

**Table of Contents****DESCRIPTION OF HEALTHMONT S CAPITAL STOCK****General**

Under the terms of HealthMont s charter, HealthMont is authorized to issue up to 200,000,000 shares of capital stock, consisting of 100,000,000 million shares of common stock, \$0.01 par value per share, and 100,000,000 shares of preferred stock, \$0.01 par value per share. HealthMont currently has 6,632,479 shares of common stock issued and outstanding and no shares of preferred stock issued and outstanding. HealthMont also has approximately 1,245,683 shares of common stock reserved for issuance upon the exercise of certain outstanding options and warrants. As of March 31, 2003, there are an aggregate of 1,122,118 shares of HealthMont common stock to be issued pursuant to the exercise of outstanding options or warrants that are fully vested including warrants to purchase 144,683 shares held by Heller, warrants to purchase 24,435 shares by SunLink, warrants to purchase 660,000 shares held by certain of HealthMont s directors and their affiliates, options to purchase 105,000 shares held by HealthMont s directors, and options to purchase 188,000 shares held by HealthMont s employees (a portion of which will be cancelled in connection with their termination of employment prior to the completion of the merger). The lowest exercise price for such vested options and warrants is \$0.01 per share and the highest exercise price for such options and warrants is \$2.75 per share. The following summary descriptions set forth certain general terms and conditions of HealthMont s authorized capital stock. These descriptions below do not purport to be complete, and the terms and provisions of the common stock and preferred stock, and the relative rights and preferences of the holders thereof, are determined solely by reference to HealthMont s charter and bylaws and the Tennessee Business Corporation Act which is sometimes referred to in this document as the TBCA. As described herein under *The Merger Agreement Consideration to be Received in the Merger*, in the merger, all shares of HealthMont common stock issued and outstanding on the Effective Date of the merger will be converted into the right to receive shares of SunLink s common stock. As also described herein under *The Merger Agreement Stock Options*, in the merger, except for certain options and warrants to purchase shares of HealthMont common stock to be assumed by SunLink and converted into the right to purchase shares of SunLink common stock, all outstanding options to purchase shares of HealthMont common stock will be cancelled. For a comparison of the rights of the holders of HealthMont s common stock to the rights of the holders of SunLink s common stock, please see *Comparison of SunLink/HealthMont Shareholder Rights* beginning on page 120.

**Common Stock**

HealthMont s common stock has all rights, powers, and privileges accorded common stock under the TBCA and HealthMont s charter and bylaws. As such, the holders of shares of common stock are entitled to one vote per share on all matters subject to a vote of HealthMont s shareholders, including elections of HealthMont s directors. HealthMont s charter does not provide for cumulative voting in the election of HealthMont s directors. Subject to any preferential rights of shares of any outstanding series of preferred stock, the holders of common stock are entitled to such distributions as may be declared from time to time by HealthMont s Board of Directors from funds legally available therefore, and upon liquidation are entitled to receive pro rata all of HealthMont s assets available for distribution to such holders. All shares of common stock are fully paid and nonassessable, and the holders thereof do not have preemptive rights.

**Preferred Stock**

Pursuant to the terms of HealthMont s charter, HealthMont is authorized to issue up to 100,000,000 shares of its preferred stock from time to time, in one or more series, with such designating powers, preferences, conversion or other rights, voting powers, restrictions, limitations as to dividends or other distributions, qualifications, and terms or conditions of redemption, in each case, if any, as are permitted by the TBCA and as HealthMont s Board of Directors may determine prior to the issuance of any such preferred stock by filing an amendment to HealthMont s charter, without any further vote or action by HealthMont s shareholders.



**Table of Contents**

**OWNERSHIP OF SUNLINK SECURITIES BY MANAGEMENT AND  
SIGNIFICANT SHAREHOLDERS**

The following table sets forth certain information as of March 31, 2003 as to the security ownership of those persons known by SunLink to be the beneficial owners of more than five percent of the outstanding shares of common stock of SunLink, each of SunLink's directors, each of the executive officers named in the Summary Compensation Table and all of SunLink's executive officers and directors as a group. Except as otherwise indicated, the shareholders listed in the table below have sole voting and investment power with respect to the shares indicated.

<u>Name and Address of Beneficial Owner</u>	<u>Common Shares Beneficially Owned</u>	
	<u>as of March 31, 2003 (1)</u>	
	<u>Shares</u>	<u>% of Class</u>
Karen B. Brenner (2) 1300 Bristol Street North Suite 100 Newport Beach, CA 92660	966,444(4)	18.4
Fortuna Asset Management, LLC (2) 1300 Bristol Street North Suite 100 Newport Beach, CA 92660	956,944(5)	18.2
Steven J. Baileys (3) c/o Karen Brenner P.O. Box 9109 Newport Beach, CA 92658-9109	672,698(2)(6)	13.2
Baileys Family Trust (3) c/o Karen Brenner P.O. Box 9109 Newport Beach, CA 92658-9109	378,649(2)(7)	7.5
Robert M. Thornton, Jr. c/o SunLink Health Systems, Inc. 900 Circle 75 Parkway, Suite 1300 Atlanta, GA 30339	398,724(8)	7.7

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Dimensional Fund Advisors	258,329	5.2
1299 Ocean Avenue		
Eleventh Floor		
Santa Monica, CA 90401		
James J. Mulligan	39,585(9)	*
Mark J. Stockslager	70,764(10)	1.4
Ronald J. Vannuki	15,400(11)	*
Michael W. Hall	12,500(12)	*
C. Michael Ford	42,500(13)	*
Howard E. Turner	219,707(14)	4.4
Joseph T. Morris	89,250(15)	1.7
Harry R. Alvis	51,500(16)	1.0
Jerome Orth	23,000(17)	*
All directors and executive officers as a group (consisting of 12 persons)	1,936,874(18)	34.0

---

**Table of Contents**

- \* Represents less than 1% of the outstanding shares of common stock.
- (1) Under applicable SEC regulations, shares are treated as beneficially owned if a person has or shares voting or investment power with respect to the shares or has a right to acquire the shares within 60 days of March 31, 2003. Unless otherwise indicated, sole voting power and sole investment power are exercised by the named person. In calculating % of Class, shares which may be acquired by a person within such 60-day period are treated as owned by such person and as outstanding shares.
  - (2) The business of Fortuna Asset Management, LLC is to provide discretionary investment management services to clients and Karen B. Brenner is President of Fortuna Asset Management, LLC. Ms. Brenner also serves as a director of SunLink. Ms. Brenner has shared investment power over all shares reported as beneficially owned by the Baileys Family Trust and Steven J. Baileys.
  - (3) Baileys Family Trust is a private investor. Steven J. Baileys is a private investor, the Trustee of Baileys Family Trust, and a director of SunLink.
  - (4) Includes 705,349 shares (which includes 107,383 shares which may be acquired upon the exercise of warrants) over which Ms. Brenner, as a registered investment advisor and sole shareholder of Fortuna Asset Management, LLC, has shared investment power, includes an aggregate of 259,160 shares which may be acquired upon exercise of warrants and includes 7,500 shares which may be acquired under options exercisable within 60 days of March 31, 2003 of such 705,349 shares, Ms. Brenner shares investment power over 665,198 shares (which include 102,982 shares which may be acquired upon the exercise of warrants) with Dr. Baileys.
  - (5) Includes 705,349 shares (which includes 107,383 shares which may be acquired upon the exercise of warrants) over which Ms. Brenner, as a registered investment advisor and sole shareholder of Fortuna Asset Management, LLC, has shared investment power, includes an aggregate of 259,160 shares which may be acquired under exercise of warrants.
  - (6) Includes 665,198 shares (which includes 102,982 shares which may be acquired upon the exercise of warrants, also includes 378,649 shares held by the Baileys Family Trust) over which Dr. Baileys shares investment power with Ms. Brenner and includes 7,500 shares which may be acquired under options exercisable within 60 days of March 31, 2003.
  - (7) Includes 52,041 shares that may be acquired upon exercise of warrants.
  - (8) Includes 37,540 shares that may be acquired upon the exercise of warrants and 156,000 shares that may be acquired under options exercisable within 60 days of March 31, 2003.
  - (9) Includes 5,380 shares that may be acquired upon exercise of warrants and 7,500 shares that may be acquired under options exercisable within 60 days of March 31, 2003.
  - (10) Includes 62,500 shares that may be acquired under options exercisable within 60 days of March 31, 2002.
  - (11) Includes 7,500 shares that may be acquired under options exercisable within 60 days of March 31, 2003.
  - (12) Includes 5,000 shares that may be acquired under options exercisable within 60 days of March 31, 2003.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

- (13) Includes 7,500 shares that may be acquired under options exercisable within 60 days of March 31, 2003.
- (14) Includes 12,685 shares that may be acquired upon exercise of warrants and 7,500 shares that may be acquired under options exercisable within 60 days of March 31, 2003.
- (15) Includes 66,000 shares that may be acquired under options exercisable within 60 days of March 31, 2003.
- (16) Includes 37,500 shares that may be acquired under options exercisable within 60 days of March 31, 2003.
- (17) Includes 20,000 shares that may be acquired under options exercisable within 60 days of March 31, 2003.
- (18) Includes 314,765 shares that may be acquired upon exercise of warrants and 392,000 shares which may be acquired under options exercisable within 60 days of March 31, 2003.

**Table of Contents**

Fortuna Asset Management, LLC, Karen B. Brenner, Steven J. Baileys and The Baileys Family Trust, together with Ronald J. Vannuki, have filed with the Securities and Exchange Commission, as a group, a Schedule 13D and amendments thereto under the Securities and Exchange Act of 1934 relating to their beneficial ownership of shares of SunLink. The information set forth herein with respect to beneficial ownership of shares of SunLink was obtained from Amendment No. 7 to Schedule 13D dated August 16, 2002 and filed October 15, 2002, as supplemented by members of the group. The persons other than SunLink listed in this paragraph are sometimes referred to as the Fortuna Group. As a group, the Fortuna Group beneficially owns 989,344 shares (including warrants to purchase 259,160 shares and 22,500 shares that may be acquired under options exercisable within 60 days of March 31, 2003 or 18.7% of the outstanding shares of SunLink).

**Table of Contents****PRO FORMA OWNERSHIP OF SUNLINK SECURITIES****FOLLOWING COMPLETION OF MERGER**

The following table sets forth certain information as if the merger was completed as of March 31, 2003 on a pro forma basis, as to security ownership of those persons known by SunLink and HealthMont to be the beneficial owners of more than 5% of the outstanding shares of common stock of either SunLink or HealthMont prior to the merger, each of SunLink's or HealthMont's existing directors, each of the existing executive officers of SunLink or HealthMont and all of the executive officers and directors of SunLink following the completion of the merger as a group.

Name	Common Shares				Common Shares	
	Beneficially Owned as of				Beneficially Owned as of	
	March 31, 2003				, 2003 the Completion of the Merger	
	SunLink	% of	HealthMont	% of	Shares(1)	% of
	Shares	Class	Shares	Class		Class(2)
Karen B. Brenner	966,444	18.4	0	0	966,444	14.6
Fortuna Asset Management, LLC	956,944	18.2	0	0	956,944	14.4
Steven J. Baileys	672,698	13.2	0	0	672,698	10.4
Baileys Family Trust	378,649	7.5	0	0	378,649	5.9
Robert M. Thornton, Jr.	398,724	7.7	0	0	398,724	6.1
Dimensional Fund Advisors	258,329	5.2	0	0	258,329	4.1
James J. Mulligan	39,585	*	0	0	39,585	*
Mark J. Stockslager	70,764	1.4	0	0	70,764	*
Ronald J. Vannuki	15,400	*	0	0	15,400	*
Michael W. Hall	12,500	*	0	0	12,500	*
C. Michael Ford	42,500	*	0	0	42,500	*
Howard E. Turner	219,707	4.4	0	0	219,707	3.4
Joseph T. Morris	89,250	1.7	0	0	89,250	1.4
Harry R. Alvis	51,500	1.0	0	0	51,500	*
Jerome Orth	23,000	*	0	0	23,000	*
Drax Holdings LP	0	0	625,566	9.8	113,227	1.8
The Garmanbozia Fund	0	0	588,500	9.2	106,519	1.7
Crenshaw Investments Limited	0	0	441,692	6.9	79,946	1.3
Timothy S. Hill	0	0	565,000	8.9	102,265	1.6
Kay L. Brown	0	0	65,758	1.0	11,902	*
Gene Burleson	0	0	261,701	4.1	47,368	*
E. Thomas Chaney	0	0	606,750	9.5	109,822	1.7
Jay M. Haft	0	0	73,911	1.2	13,378	*
Joel Kanter	0	0	359,312	5.6	65,035	1.0
Richard E. Ragsdale	0	0	352,500	5.5	63,803	1.0
Arlen B. Reynolds	0	0	56,155	*	10,164	*
All directors and executive officers of SunLink as a group (consisting of 12 persons)(3)						30.9%

\* Represents beneficial ownership of less than 1%



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

- (1) Represents number of current beneficially owned SunLink shares by SunLink beneficial shareholders. Represents number of HealthMont shares currently beneficially owned by HealthMont beneficial shareholders multiplied by the anticipated exchange fraction of 0.1810.
- (2) Calculated on the basis of 6,345,157 shares of SunLink common stock estimated to be outstanding at the close of the merger, including an estimated 1,347,565 shares of SunLink common stock to be issued in the merger or in connection with obligations assumed pursuant to the merger.
- (3) Includes all current and post-merger directors and executive officers of SunLink (except for Mr. Vannuki, a current director). Mr. Burleson will replace Mr. Vannuki on the SunLink board following the completion of the merger.

**Table of Contents**

**DESCRIPTION OF SUNLINK CAPITAL STOCK**

The following summary of the terms of the capital stock of SunLink before and after the merger is not meant to be complete and is qualified by reference to SunLink's articles of incorporation and SunLink's code of regulations. Copies of SunLink's articles of incorporation and SunLink's code of regulations are incorporated by reference and will be sent to shareholders of SunLink and HealthMont upon request. See *Where You Can Find More Information* beginning on page 131.

**Authorized Capital Stock**

SunLink's authorized capital stock consists of 12,000,000 authorized shares of common stock, no par value per share, and 2,000,000 authorized shares of preferred stock. As of March 31, 2003, there were approximately 4,997,592 shares of SunLink common stock issued and outstanding, 1,016,987 shares of SunLink common stock were reserved for issuance upon the exercise of warrants, and 807,850 shares of common stock were reserved for issuance upon the exercise of options issued and outstanding pursuant to SunLink stock option plans. As of March 31, 2003, there are 458,500 shares of SunLink common stock to be issued pursuant to outstanding options that are fully vested and 1,016,987 shares of common stock to be issued pursuant to warrants that are fully vested. The lowest exercise price for such vested options and warrants is \$0.01 per share and the highest exercise price for such vested options and warrants is \$8.625 per share. No shares of preferred stock are outstanding. As of the date of this proxy statement/prospectus, SunLink estimates that, if the merger agreement is approved and the merger is consummated, it will issue approximately up to a total of 1.35 million shares of SunLink common stock to HealthMont shareholders pursuant to or in connection with the merger.

**SunLink Common Stock**

The holders of SunLink common stock are entitled to one vote for each share on all matters voted on by the shareholders, and are not entitled to cumulate votes for the election of directors. Subject to any preferences that may be applicable to any outstanding preferred stock, the holders of SunLink common stock are entitled to receive ratably such dividends, if any, as may be declared from time to time by the SunLink board of directors out of funds legally available therefor. In the event of liquidation, dissolution or winding up of SunLink, the holders of shares of SunLink common stock are entitled to share ratably in all assets remaining after payment of liabilities, subject to prior distribution rights of preferred stock, if any, then outstanding. Holders of SunLink common stock have no preemptive, conversion or other subscription rights, and there are no redemption or sinking fund provisions applicable to the SunLink common stock.

**SunLink Preferred Stock**

SunLink may issue up to 2,000,000 shares of preferred stock. The SunLink board of directors has the express authority to issue preferred stock in one or more series and to fix for each series the voting powers, full, limited or none, and the designations, preferences and relative, participating, optional or other special rights and qualifications, limitations or restrictions thereon, and the number of shares constituting any series and the designations of the series, without any further vote or action by the shareholders of SunLink. Because the terms of the preferred stock may be fixed by the SunLink board of directors without shareholder action, the preferred stock could be issued quickly with terms calculated to defeat a proposed takeover of SunLink or to make the removal of management of SunLink more difficult. Under certain circumstances, this could have the effect of decreasing the market price of the SunLink common stock.

**Certain Anti-Takeover Provisions SunLink Articles of Incorporation and Code of Regulations**

Certain provisions of the SunLink articles of incorporation and code of regulations may have the effect, either alone or in combination with each other, of making more difficult or discouraging a tender offer, takeover attempt or change in control that is opposed by SunLink's board of directors but that a shareholder might consider to be in its best interest. SunLink believes that such provisions are necessary to enable SunLink to develop its business in a manner that will foster its long-term growth without disruption caused by the threat of a

## Table of Contents

takeover not deemed by the SunLink board of directors to be in the best interests of SunLink and its shareholders. These provisions are summarized in the following paragraphs.

*Classified board of directors.* The Ohio General Corporation Law provides that a corporation's board of directors may be divided into various classes with staggered terms of office. The SunLink code of regulations provides that the SunLink board of directors is divided into two classes of directors, with the classes to be as nearly equal in number as possible. At each annual meeting of shareholders, one class of directors is elected for a two-year term.

The classification of directors has the effect of making it more difficult for shareholders to change the composition of the SunLink board of directors. At least two annual meetings of shareholders, instead of one, generally will be required to effect a change in a majority of the board of directors. Such a delay may help ensure that SunLink's directors, if confronted by a holder attempting to force a proxy contest, a tender or exchange offer, or an extraordinary corporate transaction, would have sufficient time to review the proposal as well as any available alternatives to the proposal and to act in what they believe to be the best interest of the shareholders. The classification provisions will apply to every election of directors, however, regardless of whether a change in the composition of the board of directors would be beneficial to SunLink and its shareholders and whether or not a majority of SunLink's shareholders believe that such a change would be desirable.

The classification provisions also could have the effect of discouraging a third party from initiating a proxy contest, making a tender offer or otherwise attempting to obtain control of SunLink, even though such an attempt might be beneficial to SunLink and its shareholders. The classification of the board of directors could thus increase the likelihood that incumbent directors will retain their positions. In addition, because the classification provisions may discourage accumulations of large blocks of SunLink common stock by purchasers whose objective is to take control of SunLink and remove a majority of the board of directors, the classification of the board of directors could tend to reduce the likelihood of fluctuations in the market price of the SunLink common stock that might result from accumulations of large blocks for such a purpose. Accordingly, shareholders could be deprived of certain opportunities to sell their shares of SunLink common stock at a higher market price than might otherwise be the case.

### *Number of Directors; Removal of Directors; Vacancies.*

The SunLink code of regulations provides that the number of directors may be changed from time to time either by the affirmative vote of the holders of record of two-thirds of the voting power of the SunLink common stock at a meeting of shareholders called for that purpose, or by the affirmative vote of a majority of the directors in office; provided, however, that in no event shall any class of directors contain further than three directors nor more than four directors. Any vacancies (including newly-created directorships) can be filled only by the affirmative vote of a majority of the remaining directors, whether or not they constitute a quorum of directors. Directors appointed to fill vacancies created by the resignation or termination of a director will serve the remainder of the term of the resigning or terminated director. Accordingly, the SunLink board of directors could prevent any shareholder from enlarging the SunLink board of directors and filling the new directorships with such shareholders, own nominees. Pursuant to the SunLink code of regulations, no director may be removed from the Board, prior to the expiration of such director's term of office, except by the affirmative vote of holders of SunLink securities representing two-thirds of the voting power of SunLink securities entitled to vote in the election of directors.

### *Business Conducted at Meetings; Director Nominations*

The SunLink code of regulations provide that nominations of persons for election to the SunLink board of directors and the proposal of business to be transacted by the shareholders may be made at a meeting of shareholders (A) by or at the direction of the SunLink board of directors or any

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

committee or person appointed by the board of directors or (B) by any shareholder of record of SunLink who was a shareholder of record at the time of the giving of the notice required by the code of regulations, as described below, who is entitled to vote at the meeting and who has complied with the notice procedures set forth in the code of regulations. For

## **Table of Contents**

nominations or other business to be properly brought before a meeting by a shareholder, the shareholder must have given timely notice thereof in writing to the Secretary of SunLink, such business must be a proper matter for shareholder action under the General Corporation Law of Ohio, and, if the shareholder, or the beneficial owner on whose behalf any such proposal or nomination is made solicits or participates in the solicitation of proxies in support of such proposal or nomination, the shareholder must have timely indicated such shareholder's, or such beneficial owner's, intention to do so. To be timely, a shareholder's notice must be delivered to the Secretary of SunLink at its principal executive offices not less than 50 days nor more than 75 days prior to the meeting; provided, however, that in the event that less than 60 days' notice or prior public disclosure of the date of meeting is given or made to shareholders, notice by the shareholder to be timely must be so received not later than the close of business on the tenth day following the day on which such notice of the date of the meeting was mailed or such public disclosure was made. The notice to the Secretary of SunLink must include:

certain information as to each person whom the shareholder proposes to nominate for election or reelection as a director and such person's written consent to serve as a director if elected; and

certain information as to the shareholder giving the notice and the beneficial owner, if any, on whose behalf the nomination or proposal is made, including whether either such shareholder or beneficial owner intends to solicit or participate in the solicitation of proxies in favor of such proposal or nominee or nominees.

### *Amendment of the SunLink Articles of Incorporation and Code of Regulations.*

The General Corporation Law of Ohio contains provisions requiring the affirmative vote of the holders of at least two-thirds of the voting power of SunLink securities entitled to vote in the election of directors to amend the SunLink articles of incorporation. The SunLink code of regulations may be amended or repealed by the affirmative vote of the holders of at least two-thirds of SunLink securities entitled to vote in the election of directors. These provisions make it more difficult for shareholders to make changes in the SunLink certificate of incorporation and code of regulations, including changes designed to facilitate the exercise of control over SunLink.

## **Limited Liability and Indemnification Provisions**

The SunLink code of regulations eliminates to the fullest extent now or hereafter permitted by the Ohio General Corporation Law, liability of a director or officer to SunLink or its shareholders for monetary damages for any action taken or omitted to be taken as a director or officer of SunLink in good faith, if such person:

exercised or used the same degree of care and skill as a prudent man would have exercised or used under the circumstances and the conduct of his own affairs, or

took, or admitted to take, such action in reliance upon advice of counsel for SunLink or upon statements made or information furnished by officers or employees of SunLink which he had reasonable grounds to believe or upon a financial statement of SunLink prepared by an officer or employee of SunLink in charge of its accounts or certified by public accountant or firm of public accountants, or

considered the assets to be valued at their book value or followed what he believed to be sound accounting and business practice.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

This provision is intended to afford directors and officers additional protection from, and limit their potential liability for, suits alleging a breach of duty by a director or officer. SunLink believes this provision will assist it in maintaining and securing the services of directors who are not employees of SunLink. As a result of the inclusion of this provision, SunLink shareholders may be unable to recover monetary damages from directors for actions taken by them that constitute negligence or gross negligence or that are in violation of their fiduciary duties. Although it may be possible to obtain injunctive or other equitable relief with respect to such actions, such as an injunction or rescission based on a director's breach of the duty of care, as a practical matter, equitable remedies may not be available (e.g., after a transaction has already been effected). If neither monetary damages nor equitable remedies are available to SunLink shareholders in a particular case, shareholders may not have any effective remedy against the challenged conduct.

**Table of Contents**

**COMPARISON OF SUNLINK/HEALTHMONT SHAREHOLDER RIGHTS**

As a result of the merger, holders of HealthMont common stock will receive SunLink common stock. HealthMont is a corporation incorporated under the laws of Tennessee. SunLink is a corporation incorporated under the laws of Ohio. The following is a summary comparison of material differences between the rights of a HealthMont shareholder and of a SunLink shareholder arising from the differences between the corporate laws of Ohio and those of Tennessee, and the governing instruments of the two corporations. The terms of the Tennessee Business Corporation Act, the HealthMont charter and bylaws as well as the terms of SunLink's articles of incorporation, code of regulations and the corporate laws of Ohio are more detailed than the general information provided below. Therefore, you should carefully consider the actual provisions of these laws, regulations and documents. For information on how to obtain the governing instruments of HealthMont and SunLink, see *Where You Can Find More Information* beginning on page 131. You are encouraged to obtain and read these documents.

Unless the context otherwise requires, references to shareholder or shareholders means the person(s) whose names appear(s) on a corporation's register of members and who are the legal owners of the shares concerned.

**Provisions Currently Applicable to**

**HealthMont Shareholders**

**Provisions Applicable to SunLink Shareholders**

**Voting Rights**

Under Tennessee law, each outstanding share is entitled to one vote on each matter voted on at a shareholders' meeting unless the corporate charter provides otherwise.

The SunLink code of regulations require that any instrument appointing a proxy be signed by the shareholder making the appointment. The code of regulations further dictate that the presence of a shareholder at a meeting shall not operate to revoke a proxy until notice of such revocation is given to the Corporation in writing or in open meeting.

The HealthMont bylaws provide that a shareholder may vote his or her shares in person or by proxy and may appoint a proxy to vote or otherwise act for him or her by signing a proxy or other appointment form, either personally or by his or her attorney-in-fact.

The SunLink code of regulations provide that the holders of shares entitled to exercise a majority of the voting power of the SunLink stock, whether present in person or represented by proxy, shall constitute a quorum.

The HealthMont bylaws provide that the holders of a majority of shares entitled to vote, whether present in person or by proxy, shall constitute a quorum. Such bylaws further provide that once a share is represented for any purpose at a meeting, the holder of such share is deemed present for quorum purposes for the remainder of the meeting and for any adjournment of that meeting, unless a new record date is, or must be, set for the adjourned meeting.

According to the SunLink code of regulations, if a quorum exists, all questions and business which shall come before the meeting shall be determined by the vote of the holders of a majority of the voting shares except as when a different proportion is required by law.

According to the HealthMont bylaws, if a quorum exists, action on a matter, other than the election of directors, is approved by the shareholders if the votes cast in favor of the action exceed the votes cast in opposition to such action.

Article Ninth of SunLink's articles of incorporation provides that every Ohio statute whereby the rights of shareholders are increased or diminished shall be given effect. Accordingly, by virtue of SunLink's articles of incorporation and the provisions of Ohio law



itself, and other provisions of SunLink's code of regulations, super majorities are required to effect various actions.

Under Ohio law, each shareholder is entitled to one vote on each matter properly submitted to the shareholder for their vote, consent, waiver, release, or other action, except to the extent that the voting rights of the shares held are increased, limited, or denied by the express terms of such shares.

**Table of Contents**

**Provisions Currently Applicable to**

**HealthMont Shareholders**

**Provisions Applicable to SunLink Shareholders**

**Action by written consent**

Under Tennessee law, any action required or permitted to be taken at a meeting of the shareholders may be taken without a meeting. If all shareholders entitled to vote on the action consent to taking such action without a meeting, the affirmative vote of the number of shares that would be necessary to authorize or take such action at a meeting is the act of the shareholders.

Under Ohio law, unless affirmatively prohibited by the articles of incorporation or code of regulations, any action that may be authorized or taken at a meeting of the shareholders or directors may be authorized or taken without a meeting.

The SunLink code of regulations do not specifically provide for shareholder or director action without a meeting.

The HealthMont bylaws expressly allow any action required or permitted to be taken at a meeting of the shareholders to be taken without a meeting so long as all shareholders entitled to vote on the action consent to taking such action without a meeting.

**Sources and Payment of Dividends**

Tennessee law does not require shareholders to be notified before dividends may be paid out of a corporation's capital surplus.

Under Ohio law, a corporation must notify its shareholders if a dividend is paid out of that corporation's capital surplus.

**Meetings of Shareholders**

According to the HealthMont bylaws, an annual meeting of shareholders for the purpose of electing directors and transacting other business shall be held within six (6) months of the last day of the fiscal year, or on such other date as shall be designated from time to time by the Board of Directors, the Chairman of the Board, or the President.

According to the SunLink code of regulations, an annual meeting of the shareholders for the purpose of electing directors and transacting other business shall be held during the month of October or November of each year as determined by the Board of Directors.

According to the HealthMont bylaws, a special meeting of shareholders may be called for any purpose whenever shareholders owning at least twenty (20) percent of the votes entitled to be cast on any issue proposed to be considered at a proposed special meeting sign, date, and deliver to the Secretary one (1) or more written demands for the meeting describing the purpose or purposes for which the meeting is to be held.

According to the SunLink code of regulations, a special meeting of shareholders may be called by the President or the Board of Directors and shall be called by the Secretary for any purpose whenever shareholders holding fifty (50) percent or more of all shares outstanding and entitled to vote thereat submit a written request to call such a meeting to the Secretary. Any such request for a special meeting of shareholders must state the purpose or purposes of the meeting.

According to the SunLink code of regulations, notice of each annual or special meeting must be delivered to each shareholder entitled to

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

According to the HealthMont bylaws, notice of meetings must be delivered to each shareholder entitled to vote at such meeting, and must state the date, time, place and, in the case of a special meeting, the purpose or purposes for which the meeting is to be called. Such notice must be delivered no fewer

such notice stating the time and place of, and the purpose or purposes for, such meeting. The notice must be delivered not more than sixty (60) days nor less than seven (7) days before such meeting. There are no provisions for oral notice of meetings in lieu of written notice in the

**Table of Contents**

**Provisions Currently Applicable to**

**HealthMont Shareholders**

than ten (10) days nor more than two (2) months before the date of the meeting. Notice may be in writing, or oral if reasonable under the circumstances.

Under Tennessee law, shareholders of a corporation involved in a merger have the right to demand and receive payment of the fair value of their stock in lieu of receiving the merger consideration. However, these appraisal rights are not available to holders of shares:

listed on an exchange registered under § 6 of the Securities Exchange Act of 1934; or

that are a national market system security, as defined in rules promulgated pursuant to the Securities Exchange Act of 1934, as amended.

**Provisions Applicable to SunLink Shareholders**

SunLink articles of incorporation, but the notice requirement may be waived by any shareholder by a writing evidencing such waiver either before or after the holding of such meeting.

Under Ohio law, shareholders of a corporation being merged or consolidated into a surviving or new entity are entitled to relief as dissenting shareholders, and may receive payment of the fair cash value of the shares as to which such shareholder seeks relief. Likewise, in the case of a combination or a majority share acquisition, shareholders of the acquiring corporation entitled to vote on the transaction are also entitled to relief as dissenting shareholders. A dissenting shareholder must strictly comply with the procedures set forth in Section 1701.85 of the Ohio Revised Code to be entitled to appraisal rights, or the rights may be deemed terminated or waived.

**Dissenters Rights**

**Preemptive Rights**

Under Tennessee law, shareholders of a corporation are not automatically entitled to preemptive right to acquire the corporation's unissued shares unless the corporate charter expressly provides for such right. Neither the HealthMont bylaws, nor its corporate charter provide for preemptive rights.

Under Ohio law, a shareholder is not entitled to preemptive rights to subscribe for additional issuances of stock or any security convertible into stock unless they are specifically granted in the articles of incorporation. The SunLink articles of incorporation do not provide for preemptive rights.

**Amendment of Governing Instruments**

Under Tennessee law, a corporation's bylaws may generally be amended by the board of directors unless the Tennessee Business Corporation Act, the charter or the shareholders have specified otherwise; provided, however, the shareholders may amend or repeal the bylaws regardless of whether the bylaws may also be amended or repealed by the board. Tennessee law does not set out general voting requirements for bylaw amendments. Bylaws increasing quorum or voting requirements for shareholders or directors are subject to

To amend an Ohio corporation's articles of incorporation, Ohio law requires the approval of shareholders holding two-thirds of the voting power of the corporation, or, in cases in which class voting is required, of shareholders holding two-thirds of the voting power of such class, unless the corporation's articles of incorporation provide for a greater or lesser proportion, but not less than a majority, of the voting power.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

special rules. Generally, these amendments must be passed according to the quorum and voting requirements

The SunLink articles of incorporation provide that the Articles may be amended or repealed at any meeting of shareholders called for that purpose.

**Table of Contents**

**Provisions Currently Applicable to**

**HealthMont Shareholders**

already in place or the new requirements, whichever are greater. A bylaw amendment proposed by the shareholders may not be adopted, amended or repealed by the board of directors.

The HealthMont bylaws provide that the bylaws may be amended or repealed by the affirmative vote of a majority of shareholders entitled to vote on the amendment at any annual or special meeting where notice of such action is contained in the notice of such meeting.

**Provisions Applicable to SunLink Shareholders**

Approval by the affirmative vote of the holders of record of shares entitling them to exercise at least two-thirds of the voting power is required to amend or repeal the articles of incorporation. Alternatively, the articles of incorporation may be amended or repealed without a meeting, by the written consent of holders of record of shares entitling them to exercise at least two-thirds of the voting power on such proposal.

**Shareholders Votes on Certain Transactions**

Generally, under Tennessee law, for a plan of merger or exchange to be approved:

The board of directors must recommend that the plan of merger or exchange be approved by the shareholders of the corporation; and

The shareholders entitled to vote must approve the plan.

If the board of directors determines that because of conflict of interest it should make no recommendation to the shareholders regarding their vote on the plan of merger or exchange, they must submit the plan of merger or exchange to the shareholders for approval without recommendation, and include the basis for why the plan was submitted for approval to the shareholders without any recommendation by the board.

The HealthMont bylaws do not provide for the vote of its stock with respect to adoption of a plan of merger or consolidation.

Generally, under Ohio law, unless the articles of incorporation provide for the vote of a larger portion of the stock, completion of a merger or consolidation of substantially all of a corporation's assets requires:

The approval of the board of directors of each domestic constituent corporation; and

Adoption of such merger or consolidation by the affirmative vote of the holders of shares of that corporation entitling them to exercise at least two-thirds of the voting power of the corporation or such different proportion as the articles may provide, but not less than a majority.

The SunLink articles of incorporation do not provide for the vote of a larger portion of the stock for adoption of a plan of merger or consolidation.

**Rights of Inspection**

Under the Tennessee Business Corporation Act, shareholders are entitled to inspect and copy, during regular business hours at the corporation's principal office, the minutes of shareholder meetings for

Under the Ohio General Corporation Law, any shareholder of the corporation has the right to examine certain books and records of the corporation at any reasonable time and for any reasonable and proper

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

the past three (3) years, the charter, the bylaws, the most recent annual report and certain other records of the corporation, provided the shareholder gives the corporation written notice of his or her demand at least five business days before the date on which he or she wishes to inspect and copy the records.

purpose upon written demand stating the specific purpose thereof. The books and records which the shareholder is entitled to inspect and make copies or extracts thereof include:

articles of incorporation and code of regulations;

**Table of Contents**

**Provisions Currently Applicable to**

**HealthMont Shareholders**

Additionally, a shareholder who makes a demand in good faith, for a proper purpose, and describes with reasonable particularity his or her purpose, may also, upon five days' written notice, inspect and copy:

accounting records of the corporation;

the records of shareholders and excerpts from minutes of any meeting of the corporation's board of directors;

records of any action of a committee of the corporation's board of directors;

minutes of any meeting of the shareholders of the corporation; and

records of action taken by the shareholders or board of directors without a meeting.

The HealthMont bylaws do not address shareholder rights with respect to inspection of corporate records.

**Provisions Applicable to SunLink Shareholders**

books and records of account;

minutes of the corporation;

records of shareholders; and

voting trust agreements if any on file with the corporation.

The SunLink articles of incorporation have no provision with respect to inspection of corporate records.

**Cumulative Voting**

Under Tennessee law, shareholders do not have the right to cumulate their votes for directors unless the charter so provides.

The HealthMont bylaws are silent regarding cumulative voting.

Under Ohio law, unless the articles of incorporation provide otherwise, each shareholder has the right to vote cumulatively in the election of directors if certain notice requirements are satisfied.

The SunLink articles of incorporation provide that no SunLink shareholder shall have the right to vote cumulatively in the election of directors of the Corporation.



**Standard of Conduct for Directors**

Tennessee law states that a director shall discharge all duties as a director, including duties as a member of a committee in good faith, with the care an ordinarily prudent person in a like position would exercise under similar circumstances, and in a manner the director reasonably believes to be in the best interests of the corporation.

In discharging the director's duties, a director is entitled to rely on information, opinions, reports, or statements, including financial statements and other financial data, if prepared or presented by

Ohio law states that a director shall perform the director's duties as a director, including the duties as a member of any committee of the directors upon which the director may serve, in good faith, in a manner the director reasonably believes to be in or not opposed to the best interests of the corporation, and with the care that an ordinarily prudent person in a like position would use under similar circumstances.

In performing the director's duties, a director is entitled to rely on information, opinions, reports or

---

**Table of Contents**

**Provisions Currently Applicable to**

**HealthMont Shareholders**

one or more officers or employees of the corporation (or a subsidiary of the corporation) whom the director reasonably believes to be reliable and competent in the matters presented;

legal counsel, public accountants, or other persons as to matters the director reasonably believes are within the person's professional or expert competence; or

a committee of the board of directors of which he is not a member, if the director reasonably believes the committee merits confidence.

Under the Tennessee Business Corporation Act, a director is not acting in good faith if the director has knowledge concerning the matter in question that makes reliance otherwise permitted under Tennessee's standard of care for directors unwarranted.

**Provisions Applicable to SunLink Shareholders**

statements, including financial statements and other financial data if prepared or presented by

one or more officers or employees of the corporation (or a subsidiary of the corporation) whom the director reasonably believes to be reliable and competent in the matters presented;

legal counsel, public accountants, or other persons as to matters the director reasonably believes are within the person's professional or expert competence; or

a committee of the board of directors of which he is not a member, if the director reasonably believes the committee merits confidence.

A director shall not be found to have violated the director's duties as described above unless it is proved by clear and convincing evidence that the director has not met the standard of care described above.

**Classification, Number and Election of the Board of Directors**

The HealthMont bylaws do not provide for different classes of directors for the corporation.

Tennessee law dictates that a board of directors must consist of one or more individuals as prescribed in accordance with the corporation's charter or bylaws. The charter or bylaws may provide that the board of directors has power to fix or change the number of directors, including an increase or decrease in the number of directors. Absent such a provision, however, only the shareholders may fix or change the number of directors, except where the charter or bylaws establish

Ohio law permits the articles of incorporation or code of regulations of a corporation to provide for the classification of directors into either of two or three classes consisting of not less than three directors each, and that the terms of office of the several classes need not be uniform, except that no term shall exceed three years from the date of such director's election and until such director's successor is elected.

The SunLink articles of incorporation provide for six directors of the corporation, divided into two classes of directors, with each class

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

a variable range for the size of the board of directors by fixing a minimum or maximum number of directors.

consisting of three members. Each class of directors are to be elected at the annual meeting of shareholders for two year terms on alternate years.

The HealthMont bylaws provide that the number of directors shall be fixed from time to time by the Board of Directors; provided, however, that at no time shall the number be fixed at less than one or more than ten. The bylaws also dictate that directors shall be elected at the annual meeting of shareholders by a plurality of the votes cast by shareholders entitled to vote in the election, except in the case of the filling of vacancies. Each director, including a

The SunLink articles of incorporation provide that the number of authorized directors and the number of directors in each class may be changed either by the affirmative vote of the holders of record of two-thirds of the voting power of the corporation at a meeting of shareholders called for that purpose and for the purpose of election of directors, or by the affirmative vote of a majority of the directors in office; provided

## **Table of Contents**

### **Provisions Currently Applicable to**

#### **HealthMont Shareholders**

director elected to fill a vacancy, shall hold office until the next annual meeting of shareholders and until his or her successor is elected and qualified, or until his or her earlier death, resignation, or removal.

#### **Provisions Applicable to SunLink Shareholders**

that in no event that any class shall contain fewer than three directors, nor more than four directors.

### **Removal of Directors**

According to Tennessee law, shareholders may remove one or more directors with or without cause unless the charter provides that directors may be removed only for cause, and that any or all of the directors may be removed for cause by a vote of a majority of the entire board of directors, if so provided by the corporate charter.

The HealthMont bylaws prescribe that one or more directors may be removed with or without cause by a vote of the shareholders or with cause by a vote of a majority of the number of directors then prescribed.

Under Ohio law, shareholders may remove one or more directors without assignment of any cause, by the vote of the holders of a majority of the voting power entitling them to elect directors in place of those to be removed, unless the articles of incorporation or the code of regulations expressly provide otherwise, except that, unless all the directors, or all the directors of a particular class are removed, no individual director will be removed if the votes of a sufficient number of shares are cast against the director's removal that, if cumulatively voted at an election of all the directors, or all the directors of a particular class, as the case may be, would be sufficient to elect at least one director.

The SunLink articles of incorporation prescribe that no director may be removed prior to the expiration of such director's term of office except by the affirmative vote of the holders of two-thirds of the voting power of SunLink entitled to vote in the election of directors.

### **Vacancies on the Board of Directors**

The HealthMont bylaws prescribe that any vacancy occurring in any office for any reason may be filled by the Board of Directors or by an officer having the power of appointment with respect to the office in question.

In addressing vacancies, the SunLink articles of incorporation provide that the remaining directors, though not less than a majority of the whole authorized number of directors, may, by the vote of a majority of their number, fill any vacancy in the Board of Directors however arising. The articles of incorporation also prescribe that any person elected to fill a vacancy in the Board of Directors shall hold office until the expiration of the term of office for the class to which he is elected and until his successor is elected and qualified.

### **Qualification of Directors**

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

The HealthMont bylaws do not address qualification requirements for directors.

The SunLink articles of incorporation provide that directors of the corporation need not be shareholders of the corporation.

**Table of Contents**

**Provisions Currently Applicable to**

**HealthMont Shareholders**

Tennessee law permits a corporation to indemnify an individual made a party to a proceeding because he is or was a director against liability incurred in the proceeding if he conducted himself in good faith and reasonably believed in the case of conduct in his official capacity with the corporation, that his conduct was in its best interest, and in all other cases, that his conduct was at least not opposed to the corporation's best interests, and in the case of any criminal proceeding, he had no reasonable cause to believe his conduct was unlawful.

The HealthMont bylaws provide that the corporation shall indemnify each director and officer of the corporation, or any person who may have served at the request of the corporation's Board of Directors or its President as a director or officer of another corporation to the full extent allowed by the laws of the State of Tennessee. The corporation may indemnify and advance expenses to any employee or agent of the corporation who is not a director or officer, if the Board of Directors determines that doing so is in the best interest of the corporation.

**Provisions Applicable to SunLink Shareholders**

**Liability of Directors and Officers**

Ohio law states that a director shall be liable for any action that the director takes or fails to take only if it is proved by clear and convincing evidence in a court of competent jurisdiction that the director's action or failure to act involved an act or omission undertaken with deliberate intent to cause injury to the corporation or undertaken with reckless disregard for the best interest of the corporation.

The SunLink articles of incorporation provides that no person shall be liable to the corporation for any loss or damage suffered by it on account of any action taken or omitted to be taken by such person as a director or officer in good faith, if such person:

exercised the same degree of care and skill as a reasonably prudent person in like position in similar circumstances in the conduct of his own affairs;

took, or omitted to take, such action in reliance upon advice of counsel for the corporation or upon statements made or information provided by officers or employees of the corporation which he had reasonable grounds to believe or upon a financial statement of the corporation prepared by an officer or employee of the corporation in charge of its accounts or certified by a public accountant or firm of public accountants; or

considered the assets to be of their book value or followed what he believed to be sound accounting and business practice.

The SunLink articles of incorporation provide for the indemnification of directors, officers, employees, and agents acting in their official capacities for the corporation or serving at the request of the corporation against expenses incurred in connection with actions, suits or proceedings arising from their conduct in such capacity provided that such director, officer, employee or agent was acting in good faith

and in a manner he reasonably believed to be in, or not opposed to, the best interests of the corporation. Additionally, with respect to any matter the subject of a criminal action, suit or proceeding, the corporation will indemnify such director, officer,

**Table of Contents**

**Provisions Currently Applicable to**

**HealthMont Shareholders**

employee or agent if he had no reasonable cause to believe that his conduct was unlawful.

The SunLink articles of incorporation further provide that any indemnification as described above, unless otherwise ordered by a court, shall be made by the corporation only as authorized in the specific case upon a determination that indemnification of the director, trustee, officer, employee, or agent is proper in the circumstances because such person has met the applicable standard of conduct as set forth in the articles of incorporation.

**Provisions Applicable to SunLink Shareholders**

**Committees**

The HealthMont bylaws prescribe that the Board of Directors may designate one or more committees of the Board of Directors, each such committee consisting of one or more directors.

The SunLink articles of incorporation prescribe that the Board of Directors may designate one or more committees of the Board of Directors, each such committee consisting of three or more directors.

**Shareholders Suits**

Under Tennessee law, a shareholder may initiate a derivative action to enforce a right of a corporation if the corporation fails to enforce the right itself only if that person held shares of the corporation when the transaction complained of occurred or he obtained such shares through transfer by operation of law from one who was a shareholder at that time. If the court finds that the derivative proceeding was commenced without reasonable cause, it may require the plaintiff to pay any defendant's reasonable expenses (including attorneys fees) incurred in defending the proceeding.

Under Ohio law, shareholder derivative suits are governed by Rule 23.1 of the Ohio Rules of Civil Procedure. Pursuant to such Rule, a shareholder may initiate a derivative action to enforce a right of a corporation if the corporation fails to enforce the right itself, but the derivative action may not be maintained if it appears that the plaintiff does not fairly and adequately represent the interests of the shareholders similarly situated in enforcing the right of the corporation.

**Business Combinations and Majority Share Acquisitions**

The Tennessee Business Combination Act provides that a party owning shares equal to 10% or more of the voting power of any class or series of the then outstanding voting stock of a resident domestic corporation is an interested shareholder. An interested shareholder also includes a party that is an affiliate or associate of a resident domestic corporation, as defined in the Tennessee Business Combination Act. HealthMont is currently a resident domestic

Chapter 1704 of the Ohio General Corporation Law prohibits, for a three-year period, an interested shareholder from engaging in a wide range of business combinations similar to those prohibited by the Tennessee Business Combination Act. However, Chapter 1704 restrictions do not apply under certain circumstances, including, but not limited to, situations where the corporation, by action of its shareholders holding at least 66<sup>2</sup>/<sub>3</sub>% of the voting power of the



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

corporation within the meaning of such act. An interested shareholder cannot engage in a business combination with the resident domestic corporation unless the combination:

corporation, adopts an amendment to its articles of incorporation specifying that Chapter 1704 shall not be applicable to the Corporation.

Takes place at least five years after the interested shareholder first acquired 10% or

The SunLink articles of incorporation do not provide that Chapter 1704 of the Ohio General Corporation Law will not be applicable to SunLink.

**Table of Contents**

**Provisions Currently Applicable to**

**HealthMont Shareholders**

more of the voting power of any class or series of the then outstanding voting stock of the resident domestic corporation; and

either is approved by at least two-thirds of the non-interested voting shares of the resident domestic corporation or satisfies fairness conditions specified in the Tennessee Business Combination Act.

These provisions of the Tennessee Business Corporation Act apply unless one of two events occur:

such business combination or the transaction which resulted in the shareholder becoming an interested shareholder is approved by such resident domestic corporation's board of directors prior to such interested shareholder's share acquisition date; or

the resident corporation enacts a charter amendment or bylaw to remove itself entirely from the Tennessee Business Combination Act. Such charter amendment or bylaw must be approved by a majority of the shareholders who have held shares for more than one year before the vote on such amendment or bylaw. In addition, the charter amendment or bylaw cannot become operative until two years after the vote.

HealthMont has not adopted a charter amendment or bylaw to remove itself from the Tennessee Business Combination Act.

**Provisions Applicable to SunLink Shareholders**

Section 1701.83 of the Ohio Revised Code sets forth procedural requirements relating to combinations and majority share acquisitions of Ohio corporations. A combination is a transaction, other than a merger or consolidation, in which the voting shares of a corporation are issued or transferred in exchange in whole or in part for the transfer to such corporation or its subsidiaries of all or substantially all the assets of one or more corporations. A majority share acquisition involves the acquisition of shares of a corporation entitling the holder of the shares to exercise a majority of the voting power in the election of directors of such corporation by another corporation in exchange in whole or in part for the issuance or transfer of its voting shares.

Section 1701.83 states that the shareholders of an acquiring corporation must approve a combination or majority share acquisition if:

the articles of incorporation or regulations of the acquiring corporation require such transaction to be authorized by its shareholders; or

such transaction involves the issuance or transfer by the acquiring corporation of such number of its shares as entitle the holders to exercise one-sixth or more of the voting power of the corporation in the election of directors immediately after the consummation of the transaction.

The combination or majority share acquisition must be approved at a shareholders meeting by the affirmative vote of the holders of two-thirds of the shares of the acquiring corporation entitled to vote on such proposal or such different proportion as the articles of incorporation provide, but not less than a majority. SunLink's articles of incorporation do not provide for a different proportion. Notice of the shareholders meeting must be given to all shareholders and must be accompanied by a summary of the terms of the proposed combination or

majority share acquisition.

**Table of Contents**

**Control Share Acquisitions**

Under Tennessee law, the Tennessee Control Share Acquisition Act is applicable to a corporation only by an express declaration in such corporation's charter or bylaws indicating that control share acquisitions of that corporation are governed by the Tennessee Control Share Acquisition Act.

The HealthMont bylaws do not provide for the applicability of the Tennessee Control Share Acquisition Act.

Under Section 1701.831 of the Ohio Revised Code, unless the articles of incorporation or code of regulations of a corporation otherwise provide, any control share acquisition of an issuing public corporation can only be made with the prior approval of the corporation's shareholders. A control share acquisition is defined as any acquisition of stock of a corporation that, when added to all other stock of that corporation owned by the acquiring person, would enable that person to exercise levels of voting power in any of the following ranges: at least one-fifth but less than one-third; at least one-third but less than a majority, or; a majority or more.

The SunLink articles of incorporation expressly provide that the provisions of Section 1701.831 of the Ohio Revised Code shall not apply to control share acquisitions of SunLink's stock.

**Table of Contents**

**TRANSFER AGENT AND REGISTRAR**

The transfer agent and registrar for SunLink common stock is Wachovia Bank, N.A. For all shareholder inquiries, please call Wachovia's Shareholder Services Department at 1-800-829-8432.

**LEGAL MATTERS**

SunLink's and HealthMont's obligation to consummate the merger is conditioned on receipt of an opinion of Stokes Bartholomew Evans & Petree, P.A. of Nashville, Tennessee, dated as of the date of the merger, to the effect that, for United States federal income tax purposes, the merger will be treated as a reorganization within the meaning of Section 368(a) of the Internal Revenue Code and SunLink and HealthMont each will be a party to the reorganization, and HealthMont shareholders will not recognize gain or loss on the conversion of their HealthMont shares pursuant to the merger except with respect to any cash received in lieu of fractional shares. Smith, Gambrell & Russell, LLP has provided an opinion to SunLink as to the validity of the shares of common stock to be issued in the merger by SunLink. Howard E. Turner, a director of SunLink, is a partner in Smith, Gambrell & Russell, LLP and beneficially owns 219,707 shares of SunLink, including 20,185 shares that may be acquired pursuant to the exercise of options or warrants exercisable within sixty days of March 31, 2003.

**EXPERTS**

The consolidated financial statements and the related consolidated financial statement schedule incorporated in this joint proxy statement/prospectus by reference from SunLink's Annual Report on Form 10-K for the year ended June 30, 2002 have been audited by Deloitte & Touche LLP, independent auditors, as stated in their reports, which are incorporated herein by reference, and have been so incorporated in reliance upon the reports of such firm given upon their authority as experts in accounting and auditing.

The consolidated financial statements of HealthMont, Inc. as of March 31, 2001 and 2002, and for each of the years in the two-year period ended March 31, 2002, have been included herein and in the registration statement in reliance upon the report of KPMG LLP, independent accountants, appearing elsewhere herein, and upon the authority of said firm as experts in accounting and auditing. The audit report covering the March 31, 2001 and 2002 consolidated financial statements refers to a change in HealthMont's method of accounting for the impairment or disposal of long-lived assets.

**WHERE YOU CAN FIND MORE INFORMATION**

SunLink has filed a registration statement on Form S-4 to register with the SEC the SunLink common stock to be issued to HealthMont shareholders in the merger. This joint proxy statement/prospectus is a part of that registration statement and constitutes a prospectus of SunLink in addition to being a proxy statement of both SunLink and HealthMont for their respective special meetings. As allowed by SEC rules, this joint proxy statement/prospectus does not contain all the information you can find in the registration statement or the exhibits to the registration statement. You can obtain the additional information in the registration statement and the exhibits to the registration statement by contacting SunLink at the address and telephone number listed below.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In addition, SunLink files annual, quarterly and special reports, proxy statements and other information with the SEC under the Exchange Act. Please call the SEC at 1-800-SEC-0330 for further information on the public reference rooms. You may read and copy this information at the following locations of the SEC:

Public Reference Room

450 Fifth Street, N.W.

Room 1024

Washington, D.C. 20549

131

**Table of Contents**

You also may obtain copies of this information by mail from the Public Reference Section of the SEC, 450 Fifth Street, N.W., Room 1024, Washington, D.C. 20549, at prescribed rates. The SEC also maintains an Internet world wide web site that contains reports, proxy statements and other information about issuers, like SunLink, who file electronically with the SEC. The address of that site is <http://www.sec.gov>.

The SEC allows SunLink to incorporate by reference certain information in this document so long as copies of the documents containing such information are delivered to you. This means that SunLink can disclose important information to you by referring you to another document filed separately with the SEC. The information incorporated by reference is considered to be a part of this document, except for any information that is superseded by information that is included directly in this document.

This document incorporates by reference the documents listed below that SunLink previously filed with the SEC. They contain important information about SunLink and its financial condition. Such documents are included in the separately bound **Annex F** delivered to you with this joint proxy statement/prospectus.

**SunLink SEC Filings**

**(File No. 001-12607)**

**Description or Period/As of Date**

Annual Report on Form 10-K	Year ended June 30, 2002
Quarterly Report on Form 10-Q	Quarter ended December 31, 2002
Quarterly Report on Form 10-Q	Quarter ended September 30, 2002
Current Report on Form 8-K	October 15, 2002
Current Report on Form 8-K	February 6, 2003
Current Report on Form 8-K	March 26, 2003
Proxy Statement	For the SunLink annual meeting of shareholders held November 22, 2002
Registration Statement on Form 8-A, dated December 23, 1996	Description of SunLink common stock contained therein and any amendment filed for the purpose of updating that description

You can obtain additional copies of any of the documents incorporated by reference in this document through SunLink, or from the SEC through the SEC's web site at the address described above. Documents incorporated by reference are available from SunLink, without charge, excluding any exhibits to those documents, unless the exhibit is specifically incorporated by reference as an exhibit in this document. You can obtain additional copies of documents incorporated by reference in this document by requesting them in writing or by telephone from SunLink at the following address:

SunLink Health Systems, Inc.

900 Circle 75 Parkway, Suite 1300

Atlanta, Georgia 30339

*If you would like to request additional documents from SunLink, please do so by , 2003 in order to receive them before the special meeting of SunLink shareholders.*

**Table of Contents**

All information contained in this joint proxy statement/prospectus with respect to HealthMont was supplied by HealthMont, and all information contained in this joint proxy statement/prospectus or incorporated herein by reference with respect to SunLink was supplied by SunLink.

**You should rely only on the information contained or incorporated by reference in this joint proxy statement/prospectus to vote on the proposals to SunLink's shareholders in connection with the merger. We have not authorized anyone to provide you with information that is different from what is contained in this joint proxy statement/prospectus. This joint proxy statement/prospectus is dated April 25, 2003. You should not assume that the information contained in this joint proxy statement/prospectus is accurate as of any date other than such date, and neither the mailing of this joint proxy statement/prospectus to shareholders nor the issuance of SunLink common stock in the merger shall create any implication to the contrary.**



**Table of Contents**

**INDEX TO HEALTHMONT FINANCIAL STATEMENTS AND DATA**

**Audited**

Report of KPMG LLP, Independent Auditors	F-2
Consolidated Balance Sheets March 31, 2001 and 2002	F-3
Consolidated Statements of Operations Years ended March 31, 2001 and 2002	F-4
Consolidated Statements of Stockholders Equity Years ended March 31, 2001 and 2002	F-5
Consolidated Statements of Cash Flows Years ended March 31, 2001 and 2002	F-6
Notes to Consolidated Financial Statements	F-8

**Unaudited**

Consolidated Balance Sheets December 31, 2001 and 2002	F-21
Consolidated Statements of Operations Nine Months ended December 31, 2001 and 2002	F-22
Consolidated Statements of Cash Flows Nine Months ended December 31, 2001 and 2002	F-23
Notes to Unaudited Consolidated Financial Statements	F-24
Initial HealthMont Hospitals and Callaway Historical Financial Data	F-33
HealthMont Selected Quarterly Financial Data	F-38

**Table of Contents**

**Independent Auditors Report**

The Board of Directors

HealthMont, Inc.:

We have audited the accompanying consolidated balance sheets of HealthMont, Inc. and subsidiaries (the Company), as of March 31, 2001 and 2002 and the related consolidated statements of operations, stockholders' equity and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of HealthMont, Inc. and subsidiaries as of March 31, 2001 and 2002 and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

As discussed in Note 13 to the consolidated financial statements, effective April 1, 2002, the Company changed its method of accounting for the impairment or disposal of long-lived assets.

/s/ KPMG LLP

Nashville, Tennessee

August 21, 2002, except for Note 13 which is as of March 24, 2003

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Consolidated Balance Sheets****March 31, 2001 and 2002****(Dollars and shares in Thousands)**

	<u>2001</u>	<u>2002</u>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 2,570	\$ 362
Patient accounts receivable, net of allowance for doubtful accounts of \$2,293 and \$796 at March 31, 2001 and 2002, respectively	7,167	3,261
Inventory	1,322	505
Prepaid expenses and other current assets	1,152	1,236
Assets of discontinued operation	2,058	3,659
	<u>14,269</u>	<u>9,023</u>
Total current assets	14,269	9,023
Property and equipment, net	16,309	10,989
Notes receivable and other assets	1,199	1,246
	<u>31,777</u>	<u>21,258</u>
Total assets	\$ 31,777	\$ 21,258
<b>Liabilities and Stockholders Equity</b>		
Current liabilities:		
Current portion of capital lease obligations	\$ 52	\$ 207
Current portion of long-term debt	461	461
Revolving loan agreement	4,569	3,428
Accounts payable and accrued expenses	7,530	4,442
Estimated third-party payor settlements	1,650	536
Liabilities of discontinued operation	756	1,891
	<u>15,018</u>	<u>10,965</u>
Total current liabilities	15,018	10,965
Capital lease obligations, excluding current portion	3,074	667
Long-term debt, excluding current portion	6,042	4,667
Common stock put warrants	261	261
Other long-term liabilities	119	90
	<u>24,514</u>	<u>16,650</u>
Total liabilities	24,514	16,650
Stockholders equity:		
Preferred stock, \$.01 par value, 100,000 shares authorized; no shares issued and outstanding		
Common stock, \$.01 par value, 100,000 shares authorized; 7,117 and 7,117 shares issued and outstanding at March 31, 2001 and 2002, respectively	71	71

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Additional paid-in capital	8,960	8,888
Common stock warrants		191
Accumulated deficit	(1,530)	(4,396)
Stock subscriptions receivable	(238)	(146)
	<u>          </u>	<u>          </u>
Total stockholders' equity	7,263	4,608
	<u>          </u>	<u>          </u>
Commitments and contingencies		
Total liabilities and stockholders' equity	\$ 31,777	\$ 21,258
	<u>          </u>	<u>          </u>

See accompanying notes to consolidated financial statements.

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Consolidated Statements of Operations****Years ended March 31, 2001 and 2002****(Dollars and shares in thousands, except per share information)**

	<u>2001</u>	<u>2002</u>
Revenues:		
Net patient service revenue	\$ 31,806	\$ 66,734
Other revenue	439	779
	<u>32,245</u>	<u>67,513</u>
Expenses:		
Salaries and benefits	16,406	32,465
Professional fees	4,822	11,377
Supplies	3,872	7,298
Provision for doubtful accounts	3,236	6,663
General and administrative	1,451	2,266
Other	2,807	5,321
Depreciation and amortization	311	865
Interest	1,049	1,900
Loss on sale of assets		1,259
	<u>33,954</u>	<u>69,414</u>
Loss from continuing operations before income taxes	(1,709)	(1,901)
Income taxes	119	4
	<u>(1,828)</u>	<u>(1,905)</u>
Income (loss) from discontinued operations, net of income tax expense of \$24 and \$0 in 2001 and 2002, respectively	298	(961)
Net Loss	<u>\$ (1,530)</u>	<u>\$ (2,866)</u>
Net income (loss) per common share:		
Continuing Operations:		
Basic and diluted	\$ (0.26)	\$ (0.27)
Discontinued Operations:		
Basic and diluted	\$ 0.04	\$ (0.14)
Net loss per common shares:		
Basic and diluted	\$ (0.21)	\$ (0.40)
Weighted average number of common shares and dilutive common share equivalents outstanding:		
Basic and diluted	7,117	7,117

See accompanying notes to consolidated financial statements.

F-4

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Consolidated Statements of Stockholders Equity**

Years ended March 31, 2001 and 2002

(Dollars and shares in thousands)

	<u>Common Stock</u>	<u>Additional Paid-in Capital</u>	<u>Common Stock Warrants</u>	<u>Accumulated Deficit</u>	<u>Stock Subscriptions Receivable</u>	<u>Total Stockholders Equity</u>
Balance as of April 1, 2000	\$					
Issuance of 7,117 shares of common stock, net	71	8,960			(265)	8,766
Payments on stock subscriptions receivable					27	27
Net loss				(1,530)		(1,530)
Balance as of March 31, 2001	71	8,960		(1,530)	(238)	7,263
Payments on stock subscriptions receivable					20	20
Cancellation of stock subscriptions receivable		(72)			72	
Issuance of common stock warrants			191			191
Net loss				(2,866)		(2,866)
Balance as of March 31, 2002	\$ 71	8,888	191	(4,396)	(146)	4,608

See accompanying notes to consolidated financial statements.

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Consolidated Statements of Cash Flows****March 31, 2001 and 2002****(Dollars in thousands)**

	<u>2001</u>	<u>2002</u>
Cash flows from operating activities:		
Net loss from continuing operations	\$ (1,828)	\$ (1,905)
Adjustments to reconcile net loss from continuing operations to net cash used in operating activities:		
Depreciation and amortization	311	865
Amortization of deferred financing costs	92	356
Amortization of debt discount	51	86
Provision for doubtful accounts	3,236	6,663
Deferred Income Taxes	(465)	465
Loss on disposal of long-lived assets	0	1,259
Changes in operating assets and liabilities, net of acquisitions and dispositions:		
Patient accounts receivable	(3,595)	(7,803)
Inventory	(70)	(93)
Prepaid expenses and other current assets	(897)	(784)
Notes receivable and other assets	(751)	(906)
Accounts payable and accrued expenses	1,584	1,181
Estimated third-party payor settlements	374	(48)
Other long-term liabilities	(3)	(29)
	<u>(1,961)</u>	<u>(693)</u>
Net cash used in operating activities		
Cash flows from investing activities:		
Purchase of property and equipment	(497)	(317)
Proceeds from disposals of property and equipment	0	0
Proceeds from the sale of hospitals	0	4,200
Cash paid for acquisitions, net of cash acquired	(14,322)	0
	<u>(14,819)</u>	<u>3,883</u>
Net cash (used in) provided by investing activities		
Cash flows from financing activities:		
Proceeds from issuance of long-term debt	6,900	0
Repayment of long-term debt	(187)	(1,461)
Borrowings (payments) on revolving line of credit, net	4,569	(1,914)
Repayment of capital lease obligations	(13)	(312)
Issuance of common stock, net	8,766	0
Payment of deferred financing costs	(512)	(306)
Payments received on stock subscriptions receivable	27	20
	<u>19,550</u>	<u>(3,973)</u>
Net cash provided by (used in) financing activities		



Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Net cash used in discontinued operation	(200)	(1,425)
Net increase (decrease) in cash	2,570	(2,208)
Cash and cash equivalents at beginning of year	0	2,570
Cash and cash equivalents at end of year	\$ 2,570	\$ 362

See accompanying notes to consolidated financial statements.

F-6

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Consolidated Statements of Cash Flows (Continued)****Years ended March 31, 2001 and 2002****(Dollars in thousands)**

	<u>2001</u>	<u>2002</u>
Supplemental disclosure of cash flow information:		
Cash paid during the period for interest	\$ 747	\$ 1,481
Cash paid during the period for income taxes	431	317
Noncash investing and financing activities:		
Assets and liabilities assumed in hospital acquisitions:		
Receivables	7,277	
Inventory	1,456	
Prepaid expense and other assets	(126)	
Property and equipment	16,798	
Accounts payable and accrued expenses	(6,279)	
Estimated third-party payor settlements	(1,543)	
Capital lease obligations	(3,139)	
Other long-term liabilities	(122)	
Assets and liabilities sold in hospital dispositions:		
Receivables		(5,046)
Inventory		(909)
Prepaid expense and other assets		(1,006)
Property and equipment		(6,438)
Accounts payable and accrued expenses		4,268
Estimated third-party payor settlements		1,067
Capital lease obligations		3,864
Issuance of common stock warrants	(261)	(191)
Property and equipment acquired with capital lease obligations		2,697
Cancellation of stock subscriptions receivable		72

See accompanying notes to consolidated financial statements.

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements**

**March 31, 2001 and 2002**

**(Dollars and shares in thousands, except per share information)**

**(1) Organization and Summary of Significant Accounting Policies**

***(a) Organization and Description of Business***

HealthMont, Inc. (the Company) operates acute care hospitals throughout the United States. The Company was formed on February 15, 2000 to capitalize on opportunities to be the principal provider of quality, cost-effective health care services in the non-urban communities in which it operates. The initial capital contribution occurred on August 31, 2000 concurrent with the acquisition of the Company's first four hospitals. Accordingly, the Company's operations began on September 1, 2000. The Company's hospitals offer a wide range of inpatient and outpatient medical and surgical services and also provide other health care services, including general and geriatric psychiatry, rehabilitation, and occupational medicine. As part of developing a community health care delivery system, the Company's hospitals also operate satellite clinics. All of the Company's hospitals are accredited by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Osteopathic Association (AOA) or both.

The Company acquired its fifth hospital effective January 1, 2001, and accordingly, operated five acute care hospitals located in four states as of March 31, 2001. On February 28, 2002, the Company sold the Woodland Park and Eastmoreland facilities for a cash payment of \$4,200.

***(b) Principles of Consolidation***

The consolidated financial statements include the financial statements of HealthMont, Inc. and all wholly owned subsidiaries. All significant intercompany transactions and balances have been eliminated in consolidation.

***(c) Use of Estimates***

Management of the Company has made a number of estimates and assumptions relating to the reporting of assets and liabilities and the disclosure of contingent assets and liabilities and the reported amounts of revenues and expenses to prepare these consolidated financial statements in conformity with accounting principles generally accepted in the United States of America. Actual results could differ from those estimates.

*(d) Cash and Cash Equivalents*

The Company considers all highly liquid investments with maturities of three months or less when purchased to be cash equivalents.

*(e) Patient Accounts Receivable*

Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and patients, net of allowances for doubtful accounts and contractual adjustments. The Company's estimate of the allowance for doubtful accounts is based primarily on the Company's historical collection experience for each type of payor. The allowance amount is computed by applying allowance percentages to amounts included in specific payor and aging categories of patient accounts receivable. The Medicare and Medicaid regulations and various managed care contracts under which contractual adjustments must be calculated are complex and are subject to interpretation and adjustment. The Company estimates the allowance for contractual adjustments on a payor-specific basis based on historical payment percentages. These calculations are adjusted monthly based on actual payment history.

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements (Continued)**

**March 31, 2001 and 2002**

**(Dollars and shares in thousands, except per share information)**

***(f) Inventory***

Inventory is composed primarily of drugs and medical supplies and is stated at the lower of cost, determined on a first-in, first-out basis, or market.

***(g) Property and Equipment***

Property and equipment are recorded at cost. Routine maintenance and repairs are charged to expense as incurred. Expenditures for major improvements that extend useful lives or increase values are capitalized. Assets under capital leases are stated at the present value of the minimum lease payments. Depreciation is computed on a straight-line basis over the estimated useful life of each class of depreciable assets as follows: land improvements 10 years; buildings and improvements 20 to 40 years; equipment and fixtures 4 to 10 years. Assets under capital leases are amortized using the straight-line method over the shorter of the lease term or estimated useful life of the asset. Such amortization is included in depreciation and amortization in the accompanying consolidated financial statements.

***(h) Other Assets***

Other assets consist primarily of deferred financing costs, a deposit on the capital lease related to Woodland Park Hospital, and various vendor deposits. Deferred financing costs incurred in conjunction with the Company's credit agreements are being amortized on a straight-line basis over the lives of the agreements. Gross deferred financing costs were \$512 and \$1,009 at March 31, 2001 and 2002, respectively. Accumulated amortization was \$92 and \$448 at March 31, 2001 and 2002, respectively.

***(i) Impairment of Long-Lived Assets***

The Company accounts for long-lived assets in accordance with the provisions of Statement of Financial Accounting Standards (SFAS) No. 121, *Accounting for the Impairment of Long-Lived Assets and for Long-Lived Assets to Be Disposed Of*. This Statement requires that long-lived assets

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

and certain identifiable intangibles be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell. As of March 31, 2001 and 2002, the Company does not have any assets to be disposed of.

### *(j) Net Patient Service Revenue*

Patient service revenue is recorded based on established billing rates minus estimated contractual adjustments. Revenue is recorded during the period the health care services are provided, based upon the estimated amounts due from the patients and third-party payers, including Federal and state agencies, managed care health plans, commercial insurance companies and employers. The contractual adjustments for Medicare and Medicaid contractual allowances are based primarily on prospective

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements (Continued)**

**March 31, 2001 and 2002**

**(Dollars and shares in thousands, except per share information)**

payment systems. Contractual adjustments for retrospectively cost-based revenues, which were more prevalent in earlier periods, are estimated based on historical and current factors and are adjusted in future periods when settlements of filed cost reports are received. Estimates of contractual adjustments under managed care health plans are based upon the payment terms specified in the related contractual agreement. Managed care agreements contractual payment terms are generally based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The Company is not aware of any material claims, disputes, or unsettled matters with third party payors except as recorded in these consolidated financial statements. There were no material settlements with third party payors during the fiscal years ended March 31, 2001 and 2002 which resulted in a material financial effect.

**(k) Income Taxes**

Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized as income in the period that includes the enactment date.

**(l) Stock Option Plan**

The Company applies the intrinsic value-based method of accounting prescribed by Accounting Principles Board (APB) Opinion No. 25, *Accounting for Stock Issued to Employees*, and related interpretations including FASB Interpretation No. 44, *Accounting for Certain Transactions Involving Stock Compensation an Interpretation of APB Opinion No. 25*, issued in March 2000, to account for its fixed plan stock options. Under this method, compensation expense is recorded on the date of grant only if the current market price of the underlying stock exceeded the exercise price. SFAS No. 123, *Accounting for Stock-Based Compensation*, established accounting and disclosure requirements using a fair value-based method of accounting for stock-based employee compensation plans. As allowed by SFAS No. 123, the Company has elected to continue to apply the intrinsic value-based method of accounting described above, and has adopted the disclosure requirements of SFAS No. 123.

*(m) Loss Per Share*

Basic loss per common share is computed based on the weighted average shares outstanding and excludes any potential dilution. Diluted loss per common share was the same as basic loss per common share for the period presented since the effect of any potentially dilutive securities is excluded as they are anti-dilutive because of the Company's net losses.

F-10



**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements (Continued)**

**March 31, 2001 and 2002**

**(Dollars and shares in thousands, except per share information)**

**(n) *Comprehensive Income (Loss)***

Comprehensive income (loss) generally includes all changes to equity during a period excluding those resulting from investments by stockholders and distributions to stockholders. Comprehensive loss was the same as net loss for the periods presented.

**(2) *Net Patient Service Revenue***

The Company has agreements with third-party payors that provide for payments to the Company at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

**(a) *Medicare***

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services related to Medicare beneficiaries are paid based on a lower of cost or Tefra reimbursement method. Effective August 1, 2000, the Medicare program implemented a prospective payment system for hospital outpatient services known as the Ambulatory Payment Classification (APC) system. Under the APC system, outpatient services are classified into an APC category based on the CPT-4 Code for the service provided and payment for the APC category is determined using prospectively determined Federal payment rates adjusted for regional wage differences. The Company is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Company and audit thereof by the Medicare fiscal intermediary. The Company's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Company.

**(b) *Medicaid***

The Company operates under Medicaid programs in four states, which generally provide that inpatient services rendered to Medicaid beneficiaries are paid at prospectively determined rates per day for a covered period of days. Certain outpatient services related to Medicaid are reimbursed based upon a provider prospective system (PPS fee schedule). Final reimbursement rates and amounts for these services will be

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

determined after submission of annual cost reports by the Company and audits by third-party intermediaries. Other outpatient services are reimbursed based on a fee schedule.

*(c) Other*

The Company has also entered into payment agreements with certain insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Company under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Final determination of amounts earned under the Medicare, Medicaid, and other third-party payor programs often occur in subsequent years because of audits by the programs, rights of appeal and the application of numerous technical provisions. While the ultimate collection cannot be determined at this time, management is of the opinion that the final determination of the amounts earned will not have a material adverse effect on the Company's consolidated financial position, results of operations, or liquidity.

F-11

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Consolidated Financial Statements (Continued)****March 31, 2001 and 2002****(Dollars and shares in thousands, except per share information)****(d) Business and Credit Concentrations**

In the course of providing health care services through its inpatient and outpatient care facilities, the Company grants credit to patients and generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies (e.g., Medicare, Medicaid, Blue Cross, health maintenance organizations, preferred provider organizations and commercial insurance policies).

As of March 31, 2001 and 2002, the Company had net receivables from Medicare of \$1,529 and \$1,098, respectively, and from Medicaid of \$598 and \$757, respectively. Approximately 47% and 45% of net patient service revenues are from participation in the Medicare and state sponsored Medicaid programs for the years ended March 31, 2001 and 2002, respectively.

**(3) Acquisitions and Dispositions**

During the year ended March 31, 2001, the Company acquired the following hospitals:

<u>Hospital</u>	<u>Effective date</u>	<u>Location</u>
Dolly Vinsant Memorial Hospital	September 1, 2000	San Benito, Texas
Eastmoreland Hospital	September 1, 2000	Portland, Oregon
Memorial Hospital of Adel	September 1, 2000	Adel, Georgia
Woodland Park Hospital	September 1, 2000	Portland, Oregon
Callaway Community Hospital	January 1, 2001	Fulton, Missouri

The Company has acquired hospitals primarily in exchange for cash and assumption of associated liabilities for a total purchase price of \$25,405, which included \$14,322 in cash and the assumption of \$11,083 of liabilities.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

The acquisitions were accounted for as purchases and the accompanying consolidated financial statements include the results of their operations from the respective dates of the acquisitions.

During the year ended March 31, 2002, the Company sold the following hospitals:

<u>Hospital</u>	<u>Effective date</u>	<u>Location</u>
Eastmoreland Hospital	February 28, 2002	Portland, Oregon
Woodland Park Hospital	February 28, 2002	Portland, Oregon

The following unaudited pro forma results of operation for the years ended March 31, 2001 and 2002 give effect to the above acquisitions and dispositions, as well as the subsequent disposition of Dolly Vinsant Memorial Hospital (see note 13), as if the respective transactions had occurred as of April 1, 2000. The unaudited pro forma results are not necessarily indicative of what actually might have occurred if the acquisitions and dispositions had been completed as of April 1, 2000. In addition, they are not intended to be a projection of future results of operations and do not reflect any of the synergies that might be achieved in hospital operations.

	<u>2001</u>	<u>2002</u>
Net revenues	\$ 26,031	\$ 28,208
Net (loss) income attributable to common stockholders	(2,220)	517
Pro forma net (loss) income per share basic and diluted	(0.31)	0.07

F-12

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Consolidated Financial Statements (Continued)****March 31, 2001 and 2002****(Dollars and shares in thousands, except per share information)****(4) Property and Equipment**

A summary of property and equipment as of March 31, 2001 and 2002 is as follows:

	<u>2001</u>	<u>2002</u>
Land	\$ 4,026	\$ 2,093
Building and improvements	10,302	6,695
Equipment and fixtures	2,280	2,960
Construction in progress	11	12
	<u>16,619</u>	<u>11,760</u>
Less accumulated depreciation and amortization	310	771
	<u>\$ 16,309</u>	<u>\$ 10,989</u>

Included in buildings and improvements and equipment and fixtures are buildings and equipment held under capital leases of \$3,106 and \$984 as of March 31, 2001 and 2002, respectively. Related accumulated amortization was \$81 and \$136 as of March 31, 2001 and 2002, respectively.

**(5) Lease Obligations**

The Company leases various equipment under leases that have been capitalized. In addition, the Company leases other various equipment under noncancellable operating leases. A summary of future minimum lease payments due under the operating leases and the present value of future minimum lease payments for the capitalized leases as of March 31, 2002 are as follows:

Capital	Operating
---------	-----------

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Year ending March 31,		
2003	\$ 255	\$ 230
2004	222	207
2005	220	183
2006	220	81
2007	77	
Thereafter		
	994	\$ 701
Less interest at rates ranging from 4.4% to 15%	120	
Capital lease obligations	874	
Less current portion	207	
Capital lease obligations, excluding current portion	\$ 667	

Lease expense for continuing operations was approximately \$516 and \$796 for the years ended March 31, 2001 and 2002, respectively.

---

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Consolidated Financial Statements (Continued)****March 31, 2001 and 2002****(Dollars and shares in thousands, except per share information)****(6) Revolving Loan Agreement**

On August 31, 2000, the Company entered into a revolving loan agreement with Heller Healthcare Finance, Inc. ( Heller ) for an amount up to \$8,000 for general corporate purposes, including working capital. All of the receipts of the Company are required to be deposited with Heller as payments on the revolving loan, and operations expenses are drawn directly out of the revolving loan facility. Although the revolving loan is for an amount up to \$8,000, the amount available at any given time is based upon several factors, including the liquidity, as defined, of the patient accounts receivable. As of March 31, 2001 and 2002, the Company had no availability on its revolver. As of March 31, 2001 and 2002, the Company had borrowings under the revolving loan of \$4,569 and \$3,428, respectively, bearing interest at prime plus 1.5% (6.25% as of March 31, 2002), with the total borrowings due in August 2003. The revolving loan is secured by the personal property of the Company and letters of credit guaranteed by certain shareholders. In compliance with the Emerging Issues Task Force (EITF) Issue No. 95-22, *Balance Sheet Classification of Borrowings Outstanding Under Revolving Credit Agreements that Include Both a Subjective Acceleration Clause and a Lock-Box Arrangement*, the revolving loan agreement is classified as short-term debt in the accompanying consolidated financial statements. The agreement also requires the Company to maintain compliance with certain financial covenants and ratios. At March 31, 2002, the Company was in compliance with those financial covenants.

**(7) Long-Term Debt**

On August 31, 2000, the Company entered into a \$5,000 mortgage loan agreement with Heller to provide funding for acquisitions of health care facilities. As of March 31, 2001 and 2002, the Company had borrowings under the mortgage loan of \$4,833 and \$3,500, respectively, bearing interest at prime plus 2.0% (6.75% as of March 31, 2002), payable in quarterly principal installments of approximately \$83 plus interest, with the remaining unpaid balance of \$3,083 due in August 2003. The mortgage loan is secured by the real and leased property of the Company. The agreement includes significant covenants that, among other things, restrict the Company's ability to dispose of assets, incur additional indebtedness, pay dividends on or repurchase the Company's securities, merge or consolidate, and engage in transactions with affiliates. The agreement also requires the Company to maintain compliance with certain financial covenants and ratios. At March 31, 2002, the Company was in compliance with those financial covenants.

A common stock put warrant was issued to Heller in conjunction with the \$5,000 mortgage loan and the revolving loan agreement (note 6). The warrant includes a put-option feature which allows the holder to put the instrument back to the Company for a cash settlement equal to fair market value, as determined by independent appraisals, of the warrant shares. Accordingly, the estimated fair value of such warrant, as determined using the Black Scholes model, has been recorded in the accompanying financial statements as a liability and discount on the related debt in accordance with EITF Issue No. 00-19, *Accounting for Derivative Financial Instruments Indexed to, and Potentially Settled in, a Company's Own Stock*. The discount is being amortized through charges to interest expense using the straight-line method over the life of the facility. As of March 31, 2001 and 2002, the unamortized discount was \$210 and \$124, respectively.

On December 31, 2000, the Company entered into a \$1,900 mortgage loan agreement with Heller for the purchase of Callaway Community Hospital. As of March 31, 2001 and 2002, the Company had borrowings under the mortgage loan of \$1,880 and \$1,752, respectively, bearing interest at prime plus 2.0% (6.75% as of March 31, 2002), payable in quarterly principal installments of approximately \$32 plus interest, with the remaining unpaid balance of \$1,560 due in August 2003. The mortgage loan is secured by the real and leased property of the Company.

F-14



**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Consolidated Financial Statements (Continued)****March 31, 2001 and 2002****(Dollars and shares in thousands, except per share information)**

The aggregate maturities of long-term debt (cash obligations) as of March 31, 2002 are as follows:

2003	\$	461
2004		4,791
2005		
2006		
2007		
Thereafter		
		<hr/>
	\$	5,252
		<hr/>

**(8) Stockholders Equity****(a) Stock Options**

In October 2000, the Company adopted a stock option plan (the Plan) pursuant to which the Company has reserved 825 shares of common stock for stock option grants to directors, key employees and shareholders with exercise prices equal to the estimated fair market value of the Company's common stock on the date of grant. Stock options generally vest ratably over a period of five years and are exercisable for ten years from grant date. Stock options that were granted to non-employee directors vested 100% at grant date.

As of March 31, 2001 and 2002, there were approximately 625 and 440 shares, respectively, available for grant under the Plan.

The per share weighted-average fair value of stock options granted during the years ended March 31, 2001 and 2002 was \$1.24 and \$1.43, respectively, using the Black Scholes option-pricing model with the following assumptions:

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

	<u>2001</u>	<u>2002</u>
Expected volatility	52.2%	57.1%
Risk-free interest rates	4.9%	5.3%
Expected lives, in years	10	10
Expected dividend yield		

The Company applies the intrinsic value method as defined by APB Opinion No. 25 in accounting for its Plan and, accordingly, no compensation cost has been recognized for its stock options in the accompanying consolidated financial statements. Had the Company determined compensation cost based on the fair value at the grant date for its stock options under SFAS No. 123, the Company's net loss and net loss per common share would have been as follows:

	<u>Net loss</u>	<u>Basic and diluted loss per common share</u>
2001:		
As reported	\$ (1,530)	\$ (0.21)
Pro forma	(1,617)	(0.23)
2002:		
As reported	\$ (2,866)	\$ (0.40)
Pro forma	(2,940)	(0.41)

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Consolidated Financial Statements (Continued)****March 31, 2001 and 2002****(Dollars and shares in thousands, except per share information)**

Stock option activity is as follows:

	<b>Number of shares</b>	<b>Weighted- average exercise price</b>
	<u>          </u>	<u>          </u>
Balance as of April 1, 2000		
Granted	213	1.82
Forfeited	(13)	1.82
	<u>          </u>	<u>          </u>
Balance as of March 31, 2001	200	1.82
Granted	315	2.71
Forfeited	(129)	2.30
	<u>          </u>	<u>          </u>
Balance as of March 31, 2002	386	2.39
	<u>          </u>	<u>          </u>

As of March 31, 2001 and 2002, the number of options exercisable was 70 and 112 and the weighted-average exercise price was \$1.82 and \$2.39, respectively. As of March 31, 2002, the range of exercise prices and weighted-average remaining contractual life of outstanding options was \$1.82 \$2.75 and 9 years, respectively.

***(b) Common Stock Put Warrants***

In connection with the \$5,000 mortgage loan and the revolving loan discussed in notes 6 and 7, the Company issued a put warrant to purchase up to 145 shares of common stock at \$.004 per share. The warrant expires August 31, 2005 (note 7).

***(c) Common Stock Warrants***

In connection with obtaining several letters of credit (LOCs) from a financial institution, certain key officers and Board members of the Company pledged personal assets to secure the LOCs, and the Company issued stock warrants to these individuals to purchase up to 660 shares of common stock at \$1.25 per share. The warrants expire March 31, 2005. The fair value of such warrants, as determined using the Black Scholes model, has been recorded in the accompanying financial statements as permanent equity and deferred loan costs in accordance with EITF No. 00-19, *Accounting for Derivative Financial Instruments Indexed to, and Potentially Settled in, a Company's Own Stock*.

**(9) Retirement Plan**

The Company sponsors a 401(k) plan for its employees. All employees who have been employed at least six months and are at least 20½ years of age are eligible for the plan. The Company may match employee contributions at the discretion of the Board of Directors. There was no 401(k) plan expense for the years ended March 31, 2001 or 2002.

Table of Contents**HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Consolidated Financial Statements (Continued)****March 31, 2001 and 2002****(Dollars and shares in thousands, except per share information)****(10) Income Taxes**

The components of income tax expense for the years ended March 31, 2001 and 2002 are as follows:

	<u>Current</u>	<u>Deferred</u>	<u>Total</u>
2001:			
Federal	\$ 461	\$ (415)	\$ 46
State	148	(50)	98
	<u>\$ 609</u>	<u>\$ (465)</u>	<u>\$ 144</u>
2002:			
Federal	(461)	415	(46)
State	0	50	50
	<u>\$ (461)</u>	<u>\$ 465</u>	<u>\$ 4</u>

The actual income tax expense differs from the expected tax benefit (computed by applying the U.S. federal corporate income tax rate of 34% to earnings before income taxes) as a result of the following:

	<u>2001</u>	<u>2002</u>
Computed expected tax benefit	\$ (471)	\$ (973)
Increase in income taxes resulting from:		
Non deductible expenses	33	14
State income taxes, net of federal income tax benefit	64	33
Change in valuation allowance related to federal deferred tax assets	525	937
Other	(7)	(7)
	<u>\$ 144</u>	<u>\$ 4</u>

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

The tax effects of temporary differences that give rise to significant portions of the deferred tax asset as of March 31, 2001 and 2002, are presented below:

	<u>2001</u>	<u>2002</u>
Deferred tax assets:		
Allowance for doubtful accounts	\$ 948	\$ 527
Accrued vacation	129	12
Net operating loss carryforward	65	1,572
	<u>          </u>	<u>          </u>
Deferred tax assets	1,142	2,111
Less valuation allowance	(647)	(1,667)
	<u>          </u>	<u>          </u>
Net deferred tax assets	495	444
Deferred tax liability property and equipment, principally due to differences in depreciation	30	444
	<u>          </u>	<u>          </u>
Net deferred tax asset	<u>\$ 465</u>	<u>\$</u>

In assessing the realizability of deferred tax assets, management considers whether it is more likely than not that some portion or all of the deferred tax assets will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements (Continued)**

**March 31, 2001 and 2002**

**(Dollars and shares in thousands, except per share information)**

temporary differences become deductible. Management considers the scheduled reversal of deferred tax liabilities, projected future taxable income, and tax planning strategies in making this assessment. Based upon the cumulative loss history of the Company, management cannot conclude that it is not more likely than not the Company will realize the benefits of these deductible differences at March 31, 2002, and as a result has established an allowance for the net tax assets.

At March 31, 2002, the Company has net operating loss carryforwards for federal income tax purposes of \$4,066 and state net operating losses of approximately \$2,517 which are available to offset future taxable income. The state net operating losses begin to expire in 2016, and the federal net operating losses expire in 2022.

**(11) Contingencies**

The Company is subject to various claims and legal actions which arise in the ordinary course of business, certain of which could be material. In the opinion of management, the ultimate resolution of such matters will be adequately covered by insurance and will not have a material adverse effect on the Company's consolidated financial position, results of operations or liquidity.

In August 1996, Congress approved the Health Insurance Portability and Accountability Act of 1996 (Act). Under the Act, the federal government was given substantial resources and authority for the completion of fraud and abuse investigations, and the Act has established substantial fines and penalties for offenders. Management continues to implement policies, procedures and a compliance overview organizational structure to enforce and monitor compliance with this Act and other government statutes and regulations. The Company's compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time. While the outcome cannot be determined at this time, management is of the opinion that liability, if any, from such reviews will not have a material adverse effect on the Company's consolidated financial position, results of operations, or liquidity.

**(12) Events Subsequent to the Date of the Independent Auditors' Report (Unaudited)**

**(a) Liquidity**

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

The Company has incurred operating losses and has experienced cash flow difficulties. At September 30, 2002 the Company was in violation of certain financial covenants related to its credit facility. The Company has obtained an amendment from Heller, the lender under the revolving credit line, to remedy the covenant violations. At December 31, 2002, as a result of the amendment obtained from Heller, HealthMont was in compliance with such financial covenants. In addition, the Company is pursuing additional sources of capital and an equity infusion and/or the potential sale of the Company (see note 12(b)). Management has also reduced administrative staff and closed the corporate offices in an attempt to reduce corporate overhead.

### *(b) Proposed Merger*

The Company executed an Agreement and Plan of Merger and related agreements, dated as of October 15, 2002, as amended on March 24, 2003, with SunLink and a wholly-owned subsidiary of SunLink (collectively referred to as the Merger Agreement ). Pursuant to the Merger Agreement the Company will combine with SunLink through the merger of the Company with and into SunLink s wholly-owned



**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Consolidated Financial Statements (Continued)**

**March 31, 2001 and 2002**

**(Dollars and shares in thousands, except per share information)**

subsidiary. Each share of Company common stock outstanding at the time of the merger will be converted into the right to receive a certain number of shares of SunLink common stock, as set forth in the Merger Agreement. The March 24, 2003 amendment to the Merger Agreement, among other things, (i) eliminated certain financial covenants; (ii) provided an extension of the deadline for the closing of the merger set forth in the Merger Agreement from January 31, 2003 to June 30, 2003; (iii) increased fees and expenses payable upon certain terminations of the Merger Agreement; and (iv) effectively reduced the exchange ratio for the merger from .1849 to .1810.

In connection with the March 24, 2003 amendment to the Merger Agreement, the Company entered into a \$1.1 million loan agreement with SunLink. In connection therewith, the Company issued to SunLink warrants to purchase 135,000 shares of Company common stock at \$0.01 per share. Finally, the Company entered into a management agreement with SunLink pursuant to which SunLink currently manages the Company's hospitals in Adel, Georgia and Fulton, Missouri.

**(13) Discontinued Operations Subsequent to March 31, 2002**

On March 24, 2003, as a condition to the \$1.1 million loan from SunLink, the Company divested its interest in the Dolly Vinsant Memorial Hospital in San Benito, Texas. This divestiture was completed through the distribution of all of the outstanding shares of the Company's wholly-owned subsidiary, HealthMont of Texas, Inc. (the parent company of HealthMont of Texas I, LLC, the owner and operator of the hospital) to Timothy S. Hill, the Company's chief executive officer, in exchange for 250,000 shares of the Company's common stock owned by Mr. Hill. In addition, the Company, as part of the redemption, paid Mr. Hill an amount equal to 25% of the fair market value of the HealthMont of Texas shares, approximately \$25 thousand. Immediately prior to the completion of the divestiture, the Company made a commitment to HealthMont of Texas in the form of a \$275 thousand promissory note, payable generally at the closing of the merger.

The accompanying consolidated financial statements have been revised to reflect the Vinsant hospital as a discontinued operation for all periods presented in accordance with SFAS No. 144, Accounting for the Impairment or Disposal of Long-Lived Assets.

SFAS No. 144 provides a single accounting model for long-lived assets to be disposed of. SFAS No. 144 also changes the criteria for classifying an asset as held for sale; and broadens the scope of businesses to be disposed of that qualify for reporting as discontinued operations and changes the timing of recognizing losses on such operations. The Company adopted SFAS No. 144 on April 1, 2002.

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In accordance with SFAS No. 144, long-lived assets, such as property, plant, and equipment, and purchased intangibles subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of an asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. Assets to be disposed of are separately presented in the balance sheet and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer depreciated. The assets and liabilities of a disposed group classified as held for sale are presented separately in the appropriate asset and liability sections of the balance sheet.

F-19

**Table of Contents**

Prior to the adoption of SFAS No. 144, the Company accounted for long-lived assets, including the disposal of two hospitals in the year ended March 31, 2002, in accordance with SFAS No. 121, *Accounting for Impairment of Long-Lived Assets and for Long-Lived Assets to be Disposed Of*. Accordingly, the disposals during the year ended March 31, 2002 are not presented as discontinued operations in the accompanying consolidated financial statements.

The carrying amounts of the major classes of assets and liabilities included as part of the disposal group for the Vinsant hospital at March 31, 2001 and March 31, 2002 are as follows:

	<u>2001</u>	<u>2002</u>
Total current assets	\$ 1,347	1,875
Property and equipment, net	684	1,757
Total assets	2,058	3,659
Total current liabilities	756	1,279
Total liabilities	756	1,891

The operating results of the Vinsant hospital for the years ended March 31, 2001 and 2002 are as follows:

	<u>2001</u>	<u>2002</u>
Net operating revenues	5,077	8,317
Income (loss) before income taxes	322	(961)

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Consolidated Balance Sheets****December 31, 2001 and 2002****(Dollars and shares in thousands, except per share information)****(Unaudited)**

	<u>2001</u>	<u>2002</u>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 1,209	\$ 910
Patient accounts receivable, net of allowance for doubtful accounts of \$3,576 and \$1,003 at December 31, 2001 and 2002, respectively	8,228	2,843
Inventory	1,372	631
Prepaid expenses and other current assets	1,772	1,661
Assets of discontinued operation	2,453	2,216
	<u>15,034</u>	<u>8,261</u>
Total current assets	15,034	8,261
Property and equipment, net	18,520	10,940
Notes receivable and other assets	1,224	806
	<u>34,778</u>	<u>20,007</u>
Total assets	\$ 34,778	\$ 20,007
<b>Liabilities and Stockholders Equity</b>		
Current liabilities:		
Current portion of capital lease obligations	\$ 297	\$ 271
Current portion of long-term debt	461	461
Revolving loan agreement	5,479	4,147
Accounts payable and accrued expenses	8,533	5,712
Estimated third-party payor settlements	1,506	(282)
Liabilities of discontinued operation	1,153	1,923
	<u>17,429</u>	<u>12,232</u>
Total current liabilities	17,429	12,232
Capital lease obligations, excluding current portion	4,429	912
Long-term debt, excluding current portion	5,761	4,387
Common stock put warrants	261	261
Other long-term liabilities	155	490
	<u>28,035</u>	<u>18,282</u>
Total liabilities	\$ 28,035	\$ 18,282

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Stockholders' equity:		
Preferred stock, \$.01 par value, 100,000 shares authorized; no shares issued and outstanding		
Common stock, \$.01 par value, 100,000 shares authorized; 7,117 and 6,632 shares issued and outstanding at		
December 31, 2001 and 2002, respectively	71	67
Additional paid-in capital	8,960	8,816
Common stock warrants		191
Accumulated deficit	(2,070)	(7,276)
Stock subscriptions receivable	(218)	(73)
	<u>        </u>	<u>        </u>
Total stockholders' equity	6,743	1,725
	<u>        </u>	<u>        </u>
Commitments and contingencies		
Total liabilities and stockholders' equity	\$ 34,778	\$ 20,007
	<u>        </u>	<u>        </u>

See accompanying notes to unaudited consolidated financial statements.

Table of Contents

## HEALTHMONT, INC. AND SUBSIDIARIES

## Consolidated Statements of Operations

Nine months ended December 31, 2001 and 2002

(Dollars and shares in thousands, except per share information)

(Unaudited)

	<u>2001</u>	<u>2002</u>
Revenues:		
Net patient service revenue	\$ 52,918	\$ 21,491
Other revenue	532	272
	<u>53,450</u>	<u>21,763</u>
Net operating revenues		
Expenses:		
Salaries and benefits	24,948	10,145
Professional fees	8,882	2,940
Supplies	5,722	2,267
Provision for doubtful accounts	5,538	1,837
General and administrative	1,748	1,596
Other	4,221	2,417
Depreciation and amortization	686	539
Interest	1,530	1,020
Loss on sale of assets		368
	<u>53,275</u>	<u>23,129</u>
Income (loss) from continuing operations before income taxes	175	(1,366)
Income taxes		
	<u>175</u>	<u>(1,366)</u>
Income (Loss) from continuing operations		
Loss from discontinued operations, net of taxes	(715)	(1,515)
	<u>(540)</u>	<u>(2,881)</u>
Net Loss		
Net income (loss) per common share:		
Continuing operations:		
Basic and diluted	\$ 0.02	\$ (0.21)
Discontinued operations:		
Basic and diluted	\$ (0.10)	\$ (0.23)
Net loss per common share:		

Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Basic and diluted	\$ (0.08)	\$ (0.43)
Weighted average number of common shares outstanding:		
Basic and diluted	7,117	6,632

See accompanying notes to unaudited consolidated financial statements.

F-22

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Consolidated Statements of Cash Flows****Nine months ended December 31, 2001 and 2002****(Dollars in thousands)****(Unaudited)**

	<u>2001</u>	<u>2002</u>
Cash flows from operating activities:		
Net income (loss) from continuing operations	\$ 175	\$ (1,366)
Adjustments to reconcile net income (loss) to net cash provided by operating activities:		
Depreciation and amortization	686	539
Amortization of deferred financing costs	289	290
Provision for doubtful accounts	5,538	1,837
Amortization of debt discount	65	65
Gain on disposal of property and equipment		89
Loss on disposal of long-lived assets		1,197
Changes in operating assets and liabilities, net of dispositions:		
Patient accounts receivable	(6,599)	(1,419)
Inventory	(50)	(126)
Prepaid expenses and other current assets	(620)	(425)
Notes receivable and other assets	(134)	171
Accounts payable and accrued expenses	1,004	593
Estimated third-party payor settlements	(144)	(818)
Other long-term liabilities	36	86
	<u>246</u>	<u>713</u>
Net cash provided by operating activities		
Cash flows from investing activities:		
Purchase of property and equipment	(1,187)	(1,303)
Proceeds from disposals of property and equipment		15
	<u>(1,187)</u>	<u>(1,288)</u>
Net cash used in investing activities		
Cash flows from financing activities:		
Repayment of long-term debt	(346)	(345)
Borrowings on revolving line of credit, net	910	719
Repayment of capital lease obligations	(110)	(182)
Payment of financing costs	(180)	(20)
Payments received on stock subscriptions receivable	20	
	<u>294</u>	<u>172</u>
Net cash provided by financing activities		



Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

Net cash (used in) provided by discontinued operation	(714)	952
Net (decrease) increase in cash	(1,361)	549
Cash and cash equivalents at beginning of period	2,570	361
	<u>          </u>	<u>          </u>
Cash and cash equivalents at end of period	\$ 1,209	\$ 910
	<u>          </u>	<u>          </u>
Supplemental disclosure of cash flow information:		
Cash paid during the period for interest	\$ 1,195	\$ 714
Cash paid during the period for income taxes		

See accompanying notes to unaudited consolidated financial statements.

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Unaudited Consolidated Financial Statements**

**Nine months ended December 31, 2001 and 2002**

**(Dollars in thousands)**

**(1) Organization, Basis of Presentation and New Accounting Pronouncements**

***(a) Organization and Description of Business***

HealthMont, Inc. (the Company) operates acute care hospitals throughout the United States. The Company was formed on February 15, 2000 to capitalize on opportunities to be the principal provider of quality, cost-effective health care services in the non-urban communities in which it operates. The initial capital contribution occurred on August 31, 2000 concurrent with the acquisition of the Company's first four hospitals. Accordingly, the Company's operations began on September 1, 2000. The Company's hospitals offer a wide range of inpatient and outpatient medical and surgical services and also provide other health care services, including general and geriatric psychiatry, rehabilitation, and occupational medicine. As part of developing a community health care delivery system, the Company's hospitals also operate satellite clinics. All of the Company's hospitals are accredited by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Osteopathic Association (AOA) or both.

***(b) Basis of Presentation***

The accompanying unaudited consolidated financial statements have been prepared in accordance with generally accepted accounting principles for interim financial reporting and in accordance with Rule 10-01 of Regulation S-X. In the opinion of management, the unaudited interim consolidated financial statements contained in this report reflect all adjustments, consisting of only normal recurring accruals, which are necessary for a fair presentation of the financial position and the results of operations for the interim periods presented. The results of operations for any interim period are not necessarily indicative of results for the full year.

These consolidated financial statements, footnote disclosures and other information should be read in conjunction with the consolidated financial statements and the notes for the years ended March 31, 2001 and 2002.

***(c) New Accounting Pronouncements***

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In April 2002, the FASB issued SFAS No. 145, *Rescission of FASB Statements No. 4, 44 and 64, Amendment of FASB Statement No. 13, and Technical Corrections*. SFAS No. 145 amended existing guidance on reporting gains and losses on the extinguishment of debt to prohibit the classification of the gain or loss as extraordinary. SFAS No. 145 also amended SFAS No. 13 to require sale-leaseback accounting for certain lease modifications that have economic effects similar to sale-leaseback transactions. The provisions of the Statement related to the rescission of Statement No. 4 is applied in fiscal years beginning after May 15, 2002. Earlier application of these provisions is encouraged. The provisions of the Statement related to Statement No. 13 were effective for transactions occurring after May 15, 2002, with early application encouraged. The adoption of SFAS No. 145 is not expected to have a material effect on the Company's Consolidated financial statements.

In June 2002, the FASB issued SFAS No. 146, *Accounting for Costs Associated with Exit or Disposal Activities*. SFAS No. 146 addresses financial accounting and reporting for costs associated with exit or disposal activities and nullifies Emerging Issues Task Force (EITF) Issue 94-3, *Liability Recognition for Certain Employee Termination Benefits and Other Costs to Exit an Activity*. The provisions of this

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Unaudited Consolidated Financial Statements (Continued)**

**Nine months ended December 31, 2001 and 2002**

**(Dollars in thousands)**

Statement are effective for exit or disposal activities that are initiated after December 31, 2002, with early application encouraged. The adoption of SFAS No. 146 is not expected to have a material effect on the Company's financial statements.

In November 2002, the FASB issued Interpretation No. 45, *Guarantor's Accounting and Disclosure Requirements for Guarantees, Including Indirect Guarantees of Indebtedness to Others, an interpretation of FASB Statements No. 5, 57 and 107 and a rescission of FASB Interpretation No. 34*. This Interpretation elaborates on the disclosures to be made by a guarantor in its interim and annual financial statements about its obligations under guarantees issued. The Interpretation also clarifies that a guarantor is required to recognize, at inception of a guarantee, a liability for the fair value of the obligation undertaken. The initial recognition and measurement provisions of the Interpretation are applicable to guarantees issued or modified after December 31, 2002 and are not expected to have a material effect on the Company's consolidated financial statements as no such guarantees currently exist. The disclosure requirements are effective for financial statements of interim and annual periods ending after December 15, 2002.

In December 2002, the FASB issued SFAS No. 148, *Accounting for Stock-Based Compensation - Transition and Disclosure, an amendment of FASB Statement No. 123*. This Statement amends FASB Statement No. 123, *Accounting for Stock-Based Compensation*, to provide alternative methods of transition for a voluntary change to the fair value method of accounting for stock-based employee compensation. In addition, this Statement amends the disclosure requirements of Statement No. 123 to require prominent disclosures in both annual and interim financial statements. Certain of the disclosure modifications are required for fiscal years ending after December 15, 2002.

In January 2003, the FASB issued Interpretation No. 46, *Consolidation of Variable Interest Entities, an interpretation of ARB No. 51*. This Interpretation addresses the consolidation by business enterprises of variable interest entities as defined in the Interpretation. The Interpretation applies immediately to variable interests in variable interest entities created after January 31, 2003, and to variable interests in variable interest entities obtained after January 31, 2003. For nonpublic enterprises, such as the Company, with a variable interest in a variable interest entity created before February 1, 2003, the Interpretation is applied to the enterprise no later than the end of the first annual reporting period beginning after June 15, 2003. The application of this Interpretation is not expected to have a material effect on the Company's financial statements. The Interpretation requires certain disclosures in financial statements issued after January 31, 2003 if it is reasonably possible that the Company will consolidate or disclose information about variable interest entities when the Interpretation becomes effective. No such disclosures are necessary.

**(d) Principles of Consolidation**

The consolidated financial statements include the financial statements of HealthMont, Inc. and all wholly owned subsidiaries. All significant intercompany transactions and balances have been eliminated in consolidation.



**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Unaudited Consolidated Financial Statements (Continued)**

**Nine months ended December 31, 2001 and 2002**

**(Dollars in thousands)**

***(e) Use of Estimates***

Management of the Company has made a number of estimates and assumptions relating to the reporting of assets and liabilities and the disclosure of contingent assets and liabilities and the reported amounts of revenues and expenses to prepare these consolidated financial statements in conformity with accounting principles generally accepted in the United States of America. Actual results could differ from those estimates.

***(f) Cash and Cash Equivalents***

The Company considers all highly liquid investments with maturities of three months or less when purchased to be cash equivalents.

***(g) Patient Accounts Receivable***

Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and patients, net of allowances for doubtful accounts and contractual adjustments. The Company's estimate of the allowance for doubtful accounts is based primarily on its historical collection experience for each type of payor. The allowance amount is computed by applying allowance percentages to amounts included in specific payor and aging categories of patient accounts receivable. The Medicare and Medicaid regulations and various managed care contracts under which contractual adjustments must be calculated are complex and are subject to interpretation and adjustment. The Company estimates the allowance for contractual adjustments on a payor-specific basis based on historical payment percentages. These calculations are adjusted monthly based on actual payment history.

***(h) Inventory***

Inventory is composed primarily of drugs and medical supplies and is stated at the lower of cost, determined on a first-in, first-out basis, or market.

*(i) Property and Equipment*

Property and equipment are recorded at cost. Routine maintenance and repairs are charged to expense as incurred. Expenditures for major improvements that extend useful lives or increase values are capitalized. Assets under capital leases are stated at the present value of the minimum lease payments. Depreciation is computed on a straight-line basis over the estimated useful life of each class of depreciable assets as follows: land improvements 10 years; buildings and improvements 20 to 40 years; equipment and fixtures 4 to 10 years. Assets under capital leases are amortized using the straight-line method over the shorter of the lease term or estimated useful life of the asset. Such amortization is included in depreciation and amortization in the accompanying consolidated financial statements.

*(j) Other Assets*

Other assets consist primarily of deferred financing costs, a deposit on the capital lease, and various vendor deposits. Deferred financing costs incurred in conjunction with the Company's credit agreements are being amortized on a straight-line basis over the lives of the agreements.

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Unaudited Consolidated Financial Statements (Continued)****Nine months ended December 31, 2001 and 2002****(Dollars in thousands)*****(k) Impairment of Long-Lived Assets***

The Company adopted Statement of Accounting Standard (SFAS) No. 144, *Accounting for the Impairment or Disposal of Long-Lived Assets*, as of April 1, 2002. Prior to the adoption of SFAS No. 144, the Company accounted for long-lived assets in accordance with the provisions of SFAS No. 121, *Accounting for the Impairment of Long-Lived Assets and for Long-Lived Assets to Be Disposed Of*. SFAS No. 144 requires that long-lived assets and certain identifiable intangibles be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable.

Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. The estimates of these future cash flows are based on assumptions and projections believed by management to be reasonable and supportable. They require management's subjective judgments and take into account assumptions about patient volumes, changes in payor mix, revenue and expense growth rates and changes in legislation and other payor payment patterns. These assumptions may vary by facility. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell.

On October 15, 2002, the Company executed an agreement and plan of merger whereby the Company would be sold to SunLink Health Systems, Inc. (SunLink). On March 24, 2003, such plan was amended and as a condition of the amendment, the Company also divested itself of the Dolly Vinsant Memorial Hospital (Dolly Vinsant). The HealthMont Board approved an agreement whereby Dolly Vinsant was sold to Timothy S. Hill, the chief executive officer of the Company. The sale price of Dolly Vinsant is detailed as follows:

250,000 shares of HealthMont common stock surrendered	\$100
Cash paid to Mr. Hill	(25)
Note payable to HealthMont of Texas, Inc	(275)
Severance forgiveness by Mr. Hill	425
Capital leases assumed	654
Working capital	(417)



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In September 2002, the Company recognized an impairment of approximately \$1.2 million and classified the Vinsant hospital as an asset held for sale. In addition, the operations and cash flows for Dolly Vinsant are classified as discontinued operations in the consolidated statements of operations and cash flows for the nine months ended December 31, 2001 and 2002 in accordance with the requirements of SFAS No. 144. (Note 7.)

F-27

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Unaudited Consolidated Financial Statements (Continued)**

**Nine months ended December 31, 2001 and 2002**

**(Dollars in thousands)**

***(l) Net Patient Service Revenue***

Patient service revenue is recorded based on established billing rates minus estimated contractual adjustments. Revenue is recorded during the period the health care services are provided, based upon the estimated amounts due from the patients and third-party payors, including Federal and state agencies, managed care health plans, commercial insurance companies and employers. The contractual adjustments for Medicare and Medicaid contractual allowances are based primarily on prospective payment systems. Contractual adjustments for retrospectively cost-based revenues, which were more prevalent in earlier periods, are estimated based on historical and current factors and are adjusted in future periods when settlements of filed cost reports are received. Estimates of contractual adjustments under managed care health plans are based upon the payment terms specified in the related contractual agreement. Managed care agreements' contractual payment terms are generally based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The Company is not aware of any material claims, disputes, or unsettled matters with third party payors except as recorded in these consolidated financial statements. There were no material settlements with third party payors during the nine months ended December 31, 2001 and 2002 which resulted in a material financial effect.

***(m) Income Taxes***

Income taxes are accounted for under the asset and liability method. Deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized as income in the period that includes the enactment date.

***(n) Stock Option Plan***

## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

The Company applies the intrinsic value-based method of accounting prescribed by Accounting Principles Board (APB) Opinion No. 25, *Accounting for Stock Issued to Employees*, and related interpretations including FASB Interpretation No. 44, *Accounting for Certain Transactions Involving Stock Compensation an Interpretation of APB Opinion No. 25*, issued in March 2000, to account for its fixed plan stock options. Under this method, compensation expense is recorded on the date of grant only if the current market price of the underlying stock exceeded the exercise price. SFAS No. 123, *Accounting for Stock-Based Compensation*, established accounting and disclosure requirements using a fair value-based method of accounting for stock-based employee compensation plans. As allowed by SFAS No. 123, the Company has elected to continue to apply the intrinsic value-based method of accounting described above, and has adopted the disclosure requirements of SFAS No. 123.

F-28

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Unaudited Consolidated Financial Statements (Continued)**

**Nine months ended December 31, 2001 and 2002**

**(Dollars in thousands)**

**(2) Net Patient Service Revenue**

The Company has agreements with third-party payors that provide for payments to the Company at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

**(a) Medicare**

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services related to Medicare beneficiaries are paid based on a lower of cost or Tefra reimbursement method. Effective August 1, 2000, the Medicare program implemented a prospective payment system for hospital outpatient services known as the Ambulatory Payment Classification (APC) system. Under the APC system, outpatient services are classified into an APC category based on the CPT-4 Code for the service provided and payment for the APC category is determined using prospectively determined Federal payment rates adjusted for regional wage differences. The Company is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Company and audit thereof by the Medicare fiscal intermediary. The Company's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization under contract with the Company.

**(b) Medicaid**

The Company operates under Medicaid programs in four states, which generally provide that inpatient services rendered to Medicaid beneficiaries are paid at prospectively determined rates per day for a covered period of days. Certain outpatient services related to Medicaid are reimbursed based upon a provider prospective system (PPS fee schedule). Final reimbursement rates and amounts for these services will be determined after submission of annual cost reports by the Company and audits by third-party intermediaries. Other outpatient services are reimbursed based on a fee schedule.

**(c) Other**

The Company has also entered into payment agreements with certain insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Company under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Final determination of amounts earned under the Medicare, Medicaid, and other third-party payor programs often occur in subsequent years because of audits by the programs, rights of appeal and the application of numerous technical provisions. While the ultimate collection cannot be determined at this time, management is of the opinion that the final determination of the amounts earned will not have a material adverse effect on the Company's consolidated financial position, results of operations, or liquidity.

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Unaudited Consolidated Financial Statements (Continued)****Nine months ended December 31, 2001 and 2002****(Dollars in thousands)*****(d) Business and Credit Concentrations***

In the course of providing health care services through its inpatient and outpatient care facilities, the Company grants credit to patients and generally does not require collateral or other security in extending credit; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans or policies (e.g., Medicare, Medicaid, Blue Cross, health maintenance organizations, preferred provider organizations and commercial insurance policies).

**(3) Property and Equipment**

A summary of property and equipment as of December 31, 2001 and 2002 is as follows:

	<u>2001</u>	<u>2002</u>
Land	\$ 5,857	2,093
Building and improvements	8,993	6,744
Equipment and fixtures	4,567	3,350
Construction in progress	84	28
	<u>19,501</u>	<u>12,215</u>
Less accumulated depreciation and amortization	981	1,275
	<u>\$ 18,520</u>	<u>10,940</u>

**(4) Contingencies**

The Company is subject to various claims and legal actions, which arise in the ordinary course of business, certain of which could be material. In the opinion of management, the ultimate resolution of such matters will be adequately covered by insurance and will not have a material adverse effect on the Company's consolidated financial position, results of operations or liquidity.

In August 1996, Congress approved the Health Insurance Portability and Accountability Act of 1996 ( Act ). Under the Act, the federal government was given substantial resources and authority for the completion of fraud and abuse investigations, and the Act has established substantial fines and penalties for offenders. Management continues to implement policies, procedures and a compliance overview organizational structure to enforce and monitor compliance with this Act and other government statutes and regulations. The Company s compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions unknown or unasserted at this time. While the outcome cannot be determined at this time, management is of the opinion that liability, if any, from such reviews will not have a material adverse effect on the Company s consolidated financial position, results of operations, or liquidity.

**(5) Operations**

The Company has incurred losses for the years ended March 31, 2001 and 2002 and the nine months ended December 31, 2002 and has experienced cash flow difficulties. As a result, the Company has pursued additional sources of capital, an equity infusion and/or the potential sale of the Company. Management also has reduced administrative staff and closed the corporate offices in order to reduce corporate overhead.

**Table of Contents**

**HEALTHMONT, INC. AND SUBSIDIARIES**

**Notes to Unaudited Consolidated Financial Statements (Continued)**

**Nine months ended December 31, 2001 and 2002**

**(Dollars in thousands)**

**(6) Proposed Merger**

The Company executed an Agreement and Plan of Merge and related agreements, dated as of October 15, 2002, as amended on March 24, 2003, with SunLink and a wholly-owned subsidiary of SunLink (collectively referred to as the Merger Agreement). Pursuant to the Merger Agreement the Company will combine with Sun-Link through the merger of the Company with and into SunLink's wholly-owned subsidiary. Each share of Company common stock outstanding at the time of the merger will be converted into the right to receive a certain number of shares of SunLink common stock, as set forth in the Merger Agreement. The March 24, 2003 amendment to the Merger Agreement, among other things, (i) eliminated certain financial covenants; (ii) provided an extension of the deadline for the closing of the merger set forth in the Merger Agreement from January 31, 2003 to June 30, 2003; (iii) increased fees and expenses payable upon certain terminations of the Merger Agreement; and (iv) effectively reduced the exchange ratio for the merger from .1849 to .1810.

In connection with the March 24, 2003 amendment to the Merger Agreement, the Company entered into a \$1.1 million loan agreement with SunLink which included issuing warrants to SunLink to purchase 135,000 shares of Company common stock at \$0.01 per share. Further, as a condition to the \$1.1 million loan from SunLink, the Company divested its interest in the Dolly Vinsant Memorial Hospital in San Benito, Texas. In addition, the Company entered into a management agreement with SunLink pursuant to which SunLink currently manages the Company's hospitals in Adel, Georgia and Fulton, Missouri.

**(7) Discontinued Operations**

As a condition initially to the completion of the Merger Agreement the Company was required to divest itself of Dolly Vinsant prior to the amendment to the Merger Agreement on March 24, 2003. This divestiture was completed through the distribution of all of the outstanding shares of the Company's wholly-owned subsidiary, HealthMont of Texas, Inc. (the parent company of HealthMont of Texas I, LLC, the owner and operator of Dolly Vinsant) to Timothy S. Hill, the Company's chief executive officer, in exchange for: (i) 250,000 shares of the Company's common stock owned by Mr. Hill; and (ii) a cash payment to Mr. Hill equal to 25% of the fair market value of the HealthMont of Texas shares, initially determined to be \$25 thousand. Immediately prior to completion of the divestiture, the Company made a \$275 thousand commitment to HealthMont of Texas in the form of a note payable. In addition, Mr. Hill forgave approximately \$425 thousand of severance and benefits he was entitled to under a severance agreement with HealthMont.



## Edgar Filing: SUNLINK HEALTH SYSTEMS INC - Form S-4/A

In accordance with the provisions of SFAS 144, *Accounting for the Impairment or Disposal of Long-lived Assets*, upon approval on October 15, 2002, by the HealthMont Board of Directors of the merger agreement and a plan to dispose of Dolly Vinsant, the Company classified Dolly Vinsant as a long-lived asset held for sale. SFAS 144 provides that a long-lived asset classified as held for sale should be measured at the lower of its carrying amount or fair value less cost to sell. As a result, the Company recorded impairment on Dolly Vinsant of approximately \$1.2 million. Also, in accordance with the provisions of SFAS 144, the net assets, operating results and cash flows of Dolly Vinsant have been segregated from the Company's continuing operations in the accompanying consolidated balance sheet as of December 31, 2001 and 2002, and the consolidated statements of operations and of cash flows for the nine months ended December 31, 2001 and 2002.

F-31

**Table of Contents****HEALTHMONT, INC. AND SUBSIDIARIES****Notes to Unaudited Consolidated Financial Statements (Continued)****Nine months ended December 31, 2001 and 2002****(Dollars in thousands)**

The revenues of Dolly Vinsant were approximately \$5.9 million and \$ 6.8 million, for the nine months ended December 31, 2001 and 2002, respectively. The pretax loss of Dolly Vinsant was approximately \$1 million and \$ 1.8 million, for the nine months ended December 31, 2001 and 2002, respectively.

Assets and liabilities of Dolly Vinsant are as follows:

	<b>December 31, 2001</b>	<b>December 31, 2002</b>
	<u>          </u>	<u>          </u>
Current assets	\$ 1,036	\$ 1,661
Property and equipment	1,417	555
	<u>          </u>	<u>          </u>
<b>Assets of Dolly Vinsant</b>	<b>\$ 2,453</b>	<b>\$ 2,216</b>
	<u>          </u>	<u>          </u>
Current liabilities	\$ 715	\$ 1,441
Long-term liabilities	438	482
	<u>          </u>	<u>          </u>
<b>Liabilities of Dolly Vinsant</b>	<b>\$ 1,153</b>	<b>\$ 1,923</b>
	<u>          </u>	<u>          </u>

F-32

**Table of Contents****Initial HealthMont Hospitals and Callaway Historical Financial Data**

Since the historical consolidated financial statements for HealthMont only include the Initial HealthMont Hospitals from September 1, 2000 and Callaway from January 1, 2001, the Initial HealthMont Hospitals and Callaway historical financial data presented includes the unaudited statements of revenues over direct expenses for the Initial HealthMont Hospitals for the fiscal year ended March 31, 2000 and for the five months ended August 31, 2000 and the fiscal year end March 31, 2002 and the nine months ended December 31, 2001 for Callaway.

For purposes of the historical financial data, all interest expense and management fees have been excluded from the Initial HealthMont Hospitals and Callaway. In addition, any costs related to the sale of Eastmoreland and Woodland have been excluded.

HealthMont is unable to provide information related to cash flows of each hospital because it does not have access to the balance sheets for these hospitals for the periods in question.

All amounts in thousands

(unaudited)

**Memorial Hospital of Adel**

	<b>Fiscal Year Ended March 31, 2000</b>	<b>Five Months Ended August 31, 2000</b>
	<u>                    </u>	<u>                    </u>
Net revenues	\$ 17,151	\$ 6,637
Salaries, wages and benefits	7,437	3,207
Provisions for bad debts	2,272	970
Supplies	1,991	950
Purchased services	514	278
Other operating expenses	1,923	1,132
Rent and lease expenses	341	143
Depreciation and amortization	525	235
	<u>                    </u>	<u>                    </u>
Direct operating expenses	15,003	6,915
Net revenues over (under) direct operating expenses	\$ 2,148	\$ (278)
	<u>                    </u>	<u>                    </u>

**Table of Contents****Initial HealthMont Hospitals and Callaway Historical Financial Data**

All amounts in thousands

(unaudited)

**Dolly Vinsant Memorial Hospital**

	<b>Fiscal Year Ended March 31, 2000</b>	<b>Five Months Ended August 31, 2000</b>
	<u>                    </u>	<u>                    </u>
Net revenues	\$ 8,769	\$ 2,926
Salaries, wages and benefits	3,889	1,503
Provisions for bad debts	1,191	505
Supplies	1,473	518
Purchased services	665	277
Other operating expenses	1,134	473
Rent and lease expenses	80	24
Depreciation and amortization	658	297
	<u>                    </u>	<u>                    </u>
Direct operating expenses	9,090	3,597
Net revenues under direct operating expenses	\$ (321)	\$ (671)
	<u>                    </u>	<u>                    </u>

F-34

**Table of Contents****Initial HealthMont Hospitals and Callaway Historical Financial Data**

All amounts in thousands

(unaudited)

**Eastmoreland Hospital**

	<b>Fiscal Year Ended March 31, 2000</b>	<b>Five Months Ended August 31, 2000</b>
Net revenues	\$ 16,899	\$ 6,978
Salaries, wages and benefits	9,431	4,005
Provisions for bad debts	760	380
Supplies	2,131	944
Purchased services	1,592	631
Other operating expenses	1,981	991
Rent and lease expenses	159	71
Depreciation and amortization	282	126
<b>Direct operating expenses</b>	<b>16,336</b>	<b>7,148</b>
Net revenues over (under) direct operating expenses	\$ 563	\$ (170)

F-35

**Table of Contents****Initial HealthMont Hospitals and Callaway Historical Financial Data**

All amounts in thousands

(unaudited)

**Woodland Park Hospital**

	<b>Fiscal Year Ended March 31, 2000</b>	<b>Five Months Ended August 31, 2000</b>
	<u>                    </u>	<u>                    </u>
Net revenues	\$ 18,985	\$ 8,093
Salaries, wages and benefits	11,638	4,742
Provisions for bad debts	2,510	730
Supplies	2,152	929
Purchased services	1,713	689
Other operating expenses	1,564	987
Rent and lease expenses	177	105
Depreciation and amortization	600	230
	<u>                    </u>	<u>                    </u>
Direct operating expenses	20,354	8,412
Net revenues under direct operating expenses	\$ (1,369)	\$ (319)
	<u>                    </u>	<u>                    </u>

F-36

**Table of Contents****Initial HealthMont Hospitals and Callaway Historical Financial Data**

All amounts in thousands

(unaudited)

**Callaway Community Hospital**

	<b>Fiscal Year Ended March 31, 2000</b>	<b>Nine Months Ended December 31, 2000</b>
	<u>                    </u>	<u>                    </u>
Net revenues	\$ 11,172	\$ 7,198
Salaries, wages and benefits	4,605	3,372
Provisions for bad debts	1,026	311
Supplies	830	636
Purchased services	2,038	1,539
Other operating expenses	1,312	979
Rent and lease expense	249	174
Depreciation and amortization	479	312
	<u>                    </u>	<u>                    </u>
Direct operating expenses	10,539	7,323
Net revenues over (under) direct operating expenses	\$ 633	\$ (125)
	<u>                    </u>	<u>                    </u>

F-37

**Table of Contents****HealthMont****Selected Quarterly Financial Data****(All amounts in thousands except per share amounts)****(Unaudited)**

		<u>Fourth Quarter</u>	<u>Third Quarter</u>	<u>Second Quarter</u>	<u>First Quarter</u>
Net revenues	Year Ended March 31, 2002	\$ 16,517	\$ 19,986	\$ 19,730	\$ 19,597
	Year Ended March 31, 2001	17,794	14,908	4,620	
Net loss	Year Ended March 31, 2002	\$ (2,325)	\$ (278)	\$ (241)	\$ (22)
	Year Ended March 31, 2001	(1,051)	(58)	(421)	
Net loss per common share	Year Ended March 31, 2002	(0.33)	(0.04)	(0.03)	(0.00)
	Year Ended March 31, 2001	(0.14)	(0.01)	(0.06)	
Weighted average number of common shares and dilutive common share equivalents outstanding:					
Basic and diluted	Year Ended March 31, 2002	7,117	7,117	7,117	7,117
Basic and diluted	Year Ended March 31, 2001	7,117	7,117	7,117	

F-38



**AGREEMENT AND PLAN OF MERGER**

by and among

**SUNLINK HEALTH SYSTEMS, INC.,**

**HM ACQUISITION CORP.**

and

**HEALTHMONT, INC.**

dated as of

October 15, 2002

**Table of Contents**

**TABLE OF CONTENTS**

ARTICLE I THE MERGER			A-2
	Section 1.1	The Merger	A-2
	Section 1.2	Effective Time	A-2
	Section 1.3	Closing	A-2
	Section 1.4	Directors and Officers of the Surviving Corporation	A-2
	Section 1.5	Subsequent Actions	A-2
	Section 1.6	Other Agreements	A-3
ARTICLE II CONVERSION OF SECURITIES			A-3
	Section 2.1	Conversion of Capital Stock	A-3
	Section 2.2	Exchange of Certificates	A-5
ARTICLE III REPRESENTATIONS AND WARRANTIES OF THE COMPANY			A-7
	Section 3.1	Organization; Qualification; Charter Documents	A-7
	Section 3.2	Subsidiaries and Affiliates	A-7
	Section 3.3	Capitalization	A-8
	Section 3.4	Authorization; Validity of Agreement; Company Action	A-9
	Section 3.5	Board Approvals; Takeover Statutes	A-9
	Section 3.6	Vote Required	A-9
	Section 3.7	Consents and Approvals; No Violations	A-9
	Section 3.8	Financial Statements and Financial Disclosure	A-10
	Section 3.9	No Undisclosed Liabilities	A-11
	Section 3.10	Absence of Certain Changes	A-11
	Section 3.11	Litigation	A-13
	Section 3.12	Employee Benefit Plans	A-13
	Section 3.13	Tax Matters; Government Benefits	A-13