

17-008

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

FEB 16 2017

This Section must be completed for all projects.

Facility/Project Identification

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility Name: OSF Center for Health - Streator
Street Address: 111 Spring Street
City and Zip Code: Streator, Illinois 61364
County: LaSalle Health Service Area 2 Health Planning Area: C-02

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name: Ottawa Regional Hospital & Healthcare Center d/b/a OSF Saint Elizabeth Medical Center
Address: 1100 E. Norris Drive, Ottawa, IL 61350
Name of Registered Agent: Sister Theresa Ann Grazeau
Name of Chief Executive Officer: Ken Beutke
CEO Address: 1100 E. Norris Drive, Ottawa, IL 61350
Telephone Number: 815-433-3100

Type of Ownership of Applicant/Co-Applicant

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive ALL correspondence or inquiries)

Name: Clare Connor Ranalli
Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number: 312- 277-2964

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name: Mark Hohulin
Title: Senior Vice President Health Care Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue, Peoria, IL 61603
Telephone Number: 309-308-9656
E-mail Address: mark.e.hohulin@osfhealthare.org
Fax Number: 309-308-0531

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: OSF Center For Health - Streator			
Street Address: 111 Spring Street			
City and Zip Code: Streator 61364			
County: LaSalle	Health Service Area	2	Health Planning Area: C-02

**Applicant /Co-Applicant Identification**

**[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue, Peoria, IL 61603
Name of Registered Agent: Sister Theresa Ann Brazeau
Name of Chief Executive Officer: Kevin Schoeplein
CEO Address: 800 N.E. Glen Oak Avenue, Peoria, IL 61603
Telephone Number: (309) 655-7455

**Type of Ownership of Applicant/Co-Applicant**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

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Title: Partner
Company Name: McDermott Will & Emery
Address: 227 W. Monroe Street, Chicago, IL 60606
Telephone Number: (312) 984-3365
E-mail Address: <a href="mailto:cranalli@mwe.com">cranalli@mwe.com</a>
Fax Number: (312) 277-2964

**Additional Contact**

**[Person who is also authorized to discuss the application for permit]**

Name: Mark Hohulin
Title: Senior Vice President Healthcare Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue, Peoria, IL 61603
Telephone Number: (309) 308-9656
E-mail Address: <a href="mailto:mark.e.hohulin@osfhealthare.org">mark.e.hohulin@osfhealthare.org</a>
Fax Number: (309) 308-0531

**Post Permit Contact**

[Person to receive all correspondence subsequent to permit issuance-**THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960**

Name: Mark Hohulin
Title: Senior Vice President Health Care Analytics
Company Name: OSF Healthcare System
Address: 800 N.E. Glen Oak Avenue, Peoria, IL 61603
Telephone Number: 309-308-9656
E-mail Address: mark.e.hohulin@osfhealthare.org
Fax Number: 309-308-0531

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ottawa Regional Hospital and Health Care Center
Address of Site Owner: 800 N. E. Glen Oak, Peoria, IL 61603
Street Address or Legal Description of Site: <b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name: Ottawa Regional Hospital and Health Care Center d/b/a Saint Elizabeth Medical Center
Address: 1100 Norris Drive, Ottawa, IL 61350
<input checked="" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Organizational Relationships**

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

**APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at [www.FEMA.gov](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://www.illinoisfloodmaps.org). **This map must be in a readable format.** In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

**APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

**APPEND DOCUMENTATION AS ATTACHMENT-6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**DESCRIPTION OF PROJECT****1. Project Classification**

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

## 2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Ottawa Regional Hospital and Health Care System d/b/a Saint Elizabeth Medical Center ("Saint Elizabeth") and OSF Healthcare System ("OSF") intend to modernize some of the former HSHS St. Mary's Hospital to develop a 63,047 DGSF ambulatory health center (The OSF Center for Health-Streator or "OSF Streator Center"). Of the total GSF, 56,597 will be modernized, 4,000 will be new construction and 2,450 will be as is. It will provide approximately 34 offices for primary and specialty care physicians, anticipating general surgery, orthopedics, OB/Gyn, pediatrics, cardiology, urology and podiatry.

On 02/16/16 the Illinois HFSRB approved OSF's application for a freestanding emergency center ("FEC") in Streator, also within the former St. Mary's Hospital building. The FEC commenced operation on or around August 25, 2016.

In its application for a CON permit for the FEC, OSF informed HFSRB that it would be operating imaging, laboratory services, PT/OT/ST, nuclear medicine, infusion therapy and cardiac testing at the old hospital site along with the FEC. This did not require a CON permit because there were no categories of service and/or capital expenditures exceeding the threshold. However, now OSF plans to modernize some of the former hospital space for the OSF Streator Center, resulting in a capital expenditure of \$32,545,000.00. Seventy percent of the space on floor 1, and all of floors 2 and 4, will be gutted and rebuilt to accommodate physician offices and to modernize the areas where the previously mentioned clinical service areas ("CSAs") other than categories of service are located. The following CSAs other than categories of services that are currently in operation at the site will be modernized: imaging (other than CT and MRI), PT/OT/ST, nuclear medicine, infusion therapy, labs and cardiac testing. There will be no new services as a result of the modernization.

This is a non-substantive project under current HFSRB rules.

### Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$ 26,052.00	\$ 40,748.00	\$ 66,800.00
Site Survey and Soil Investigation	\$ 0	\$ 18,100.00	\$ 18,100.00
Site Preparation	\$ 0	\$ 150,000.00	\$ 150,000.00
Off Site Work	\$ 0	\$ 0	\$ 0
New Construction Contracts	\$ 0	\$ 4,000,000.00	\$ 4,000,000.00
Modernization Contracts	\$ 6,554,886.00	\$ 10,252,514.00	\$ 16,807,400.00
Contingencies	\$ 500,000.00	\$ 1,000,000.00	\$ 1,500,000.00
Architectural/Engineering Fees	\$ 646,503.00	\$ 1,011,197.00	\$ 1,657,700.00
Consulting and Other Fees	\$ 175,500.00	\$ 274,500.00	\$ 450,000.00
Movable or Other Equipment (not in construction contracts)	\$ 1,326,000.00	\$ 2,074,000.00	\$ 3,400,000.00
Bond Issuance Expense (project related)	\$ 242,500.00	\$ 242,500.00	\$ 485,000.00
Net Interest Expense During Construction (project related)	\$ 280,000.00	\$ 280,000.00	\$ 560,000.00
Fair Market Value of Leased Space or Equipment	\$ 0	\$ 3,450,000.00	\$ 3,450,000.00
Other Costs To Be Capitalized	\$ 0	\$ 0	\$ 0
Acquisition of Building or Other Property (excluding land)	\$ 0	\$ 0	\$ 0
<b>TOTAL USES OF FUNDS</b>	<b>\$ 9,751,441.00</b>	<b>\$ 22,793,559.00</b>	<b>\$ 32,545,000.00</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ 0	\$ 2,200,000.00	\$ 2,200,000.00
Pledges	\$ 0	\$ 0	\$ 0
Gifts and Bequests	\$ 0	\$ 0	\$ 0
Bond Issues (project related)	\$ 9,751,441.00	\$ 20,593,559.00	\$ 30,345,000.00
Mortgages	\$ 0	\$ 0	\$ 0
Leases (fair market value)	\$ 0	\$ 0	\$ 0
Governmental Appropriations	\$ 0	\$ 0	\$ 0
Grants	\$ 0	\$ 0	\$ 0
Other Funds and Sources	\$ 0	\$ 0	\$ 0
<b>TOTAL SOURCES OF FUNDS</b>	<b>\$ 9,751,441.00</b>	<b>\$ 22,793,559.00</b>	<b>\$ 32,545,000.00</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project  Yes  No  
 Purchase Price: \$ \_\_\_\_\_  
 Fair Market Value: \$ \_\_\_\_\_

The project involves the establishment of a new facility or a new category of service  
 Yes  No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$  N/A .

**Project Status and Completion Schedules**

**For facilities in which prior permits have been issued please provide the permit numbers.**

Indicate the stage of the project's architectural drawings:

None or not applicable  Preliminary  
 Schematics  Final Working

Anticipated project completion date (refer to Part 1130.140):  03/31/2019

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.  
 Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies  
 Project obligation will occur after permit issuance.

**APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**State Agency Submittals**

Are the following submittals up to date as applicable:

- Cancer Registry  
 APORS  
 All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  
 All reports regarding outstanding permits

**Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.**

**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
<b>NON REVIEWABLE</b>							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
<b>TOTAL</b>							
<b>APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>							

### Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are available**. **Include observation days in the patient day totals for each bed service**. Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME: OSF Saint Elizabeth Medical Center		CITY: Ottawa			
REPORTING PERIOD DATES: From: 01/01/2015 to:12/31/2015					
Category of Service	Authorized Beds	Admissions	Patient Days	Bed Changes	Proposed Beds
Medical/Surgical	54	1,752	5,037		54
Obstetrics	12	491	1,226		12
Pediatrics	0				0
Intensive Care	5	370	926*		5
Comprehensive Physical Rehabilitation	0				0
Acute/Chronic Mental Illness	26	1,159	5,645		26
Neonatal Intensive Care	0				0
General Long Term Care	0				0
Specialized Long Term Care	0				0
Long Term Acute Care	0				0
Other ((identify)	0				0
<b>TOTALS:</b>	<b>97</b>	<b>3,772</b>	<b>12,834</b>	<b>N/A</b>	<b>97</b>

\* 926 with transfer patient days versus just direct admits

**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of Ottawa Regional Hospital and Healthcare Center d/b/a OSF Saint Elizabeth Medical Center\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

*David A Schertz*  
 SIGNATURE  
David Schertz DAVID A. SCHERTZ  
 PRINTED NAME  
Regional CEO, OSF Healthcare System  
 PRINTED TITLE

*Ken Beutke*  
 SIGNATURE  
Ken Beutke  
 PRINTED NAME  
President, OSF Saint Elizabeth Medical Center  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 20<sup>th</sup> day of January, 2017

Notarization:  
 Subscribed and sworn to before me  
 this 20<sup>th</sup> day of January, 2017

*Tonda L. Stewart*  
 Signature of Notary

*Tonda L. Stewart*  
 Signature of Notary

Seal  
 OFFICIAL SEAL  
 TONDA L. STEWART  
 Notary Public - State of Illinois  
 My Commission Expires 8/26/2020

Seal  
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- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
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- o in the case of a sole proprietor, the individual that is the proprietor.

This Application for Permit is filed on the behalf of OSF Healthcare System\* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

*Kevin Schoeplein*  
SIGNATURE

Kevin Schoeplein  
PRINTED NAME

CEO, OSF Healthcare System  
PRINTED TITLE

*David A. Schertz*  
SIGNATURE

David Schertz DAVID A. SCHERTZ  
PRINTED NAME

Regional CEO, OSF Healthcare System  
PRINTED TITLE

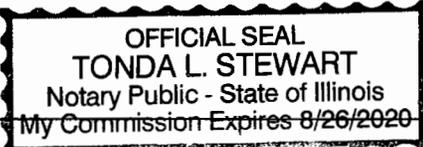
Notarization:  
Subscribed and sworn to before me  
this 13<sup>th</sup> day of February, 20 17

*Tonda L. Stewart*  
Signature of Notary

Seal   
\*Insert EXACT legal name of the applicant

Notarization:  
Subscribed and sworn to before me  
this 20<sup>th</sup> day of January, 20 17

*Tonda L. Stewart*  
Signature of Notary

Seal 

### SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

**APPEND DOCUMENTATION AS ATTACHMENT-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals **as appropriate**.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

**NOTE: Information regarding the "Purpose of the Project" will be included in the State Board Report.**

**APPEND DOCUMENTATION AS ATTACHMENT-12, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.**

**ALTERNATIVES**

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
  - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
  - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
  - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

**APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**

**Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
  - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.**

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?

**APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**PROJECT SERVICES UTILIZATION:**

**This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.**

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. **A narrative of the rationale that supports the projections must be provided.**

**A table must be provided in the following format with Attachment 15.**

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1					
YEAR 2					

**APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**UNFINISHED OR SHELL SPACE: NOT APPLICABLE – NO SHELL SPACE**

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
  - a. Requirements of governmental or certification agencies; or
  - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
  - a. Historical utilization for the area for the latest five-year period for which data are available; and
  - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**ASSURANCES: N/A**

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

**APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**O. Criterion 1110.3030 - Clinical Service Areas Other than Categories of Service**

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than Categories of Service must submit the following information:
2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Dx Imaging*	5	5
<input checked="" type="checkbox"/> Lab	1	1
<input checked="" type="checkbox"/> PT/OT	1	1
<input checked="" type="checkbox"/> Nuclear Medicine	1	1
<input checked="" type="checkbox"/> Cardiac Testing	1	1

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

PROJECT TYPE	REQUIRED REVIEW CRITERIA	
New Services or Facility or Equipment	(b) -	Need Determination - Establishment
Service Modernization XXXX	(c)(1) -	Deteriorated Facilities
		and/or
	(c)(2) -	Necessary Expansion
		PLUS
	(c)(3)(A) -	Utilization - Major Medical Equipment
		Or
	(c)(3)(B) -	Utilization - Service or Facility

**APPEND DOCUMENTATION AS ATTACHMENT-34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

- \* 2 general radiology (one of which is dedicated to nuclear medicine)
- 2 US (both are mobile)
- 1 Mammography

- 1 MRI (used for FEC patients as well as ambulatory) - area not being modernized
- 1 CT (used for FEC patients as well as ambulatory) - area not being modernized

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

**VIII. - 1120.120 - Availability of Funds N/A – See Attached Bond Rating**

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and</li> <li>2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;</li> </ol>
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;</li> <li>4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<b>TOTAL FUNDS AVAILABLE</b>		

**APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 1120.130 - Financial Viability N/A – See Attached Bond Rating**

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

**Financial Viability Waiver**

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

**APPEND DOCUMENTATION AS ATTACHMENT-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which **audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion.** When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
<b>Enter Historical and/or Projected Years:</b>				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

**APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 1120.140 - Economic Feasibility**

**This section is applicable to all projects subject to Part 1120.**

**A. Reasonableness of Financing Arrangements N/A – See Attached Bond Rating**

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
  - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
  - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

**B. Conditions of Debt Financing**

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

**C. Reasonableness of Project and Related Costs**

Read the criterion and provide the following:

- 1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)	
Contingency									
<b>TOTALS</b>									

\* Include the percentage (%) of space for circulation

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service. **Not Applicable – Service already in place.**

**E. Total Effect of the Project on Capital Costs**

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion. **None**

**APPEND DOCUMENTATION AS ATTACHMENT-39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement Not Applicable – Non Sub Project**

**SAFETY NET IMPACT STATEMENT** that describes all of the following must be submitted for **ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS**:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

**Safety Net Impact Statements shall also include all of the following:**

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

**A table in the following format must be provided as part of Attachment 43.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

<b>Medicaid (revenue)</b>			
Inpatient			
Outpatient			
<b>Total</b>			

**APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

**Charity Care information MUST be furnished for ALL projects.**

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

**Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care must be provided at cost.**

**A table in the following format must be provided for all facilities as part of Attachment 44.**

<b>CHARITY CARE</b>			
	<b>Year</b>	<b>Year</b>	<b>Year</b>
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

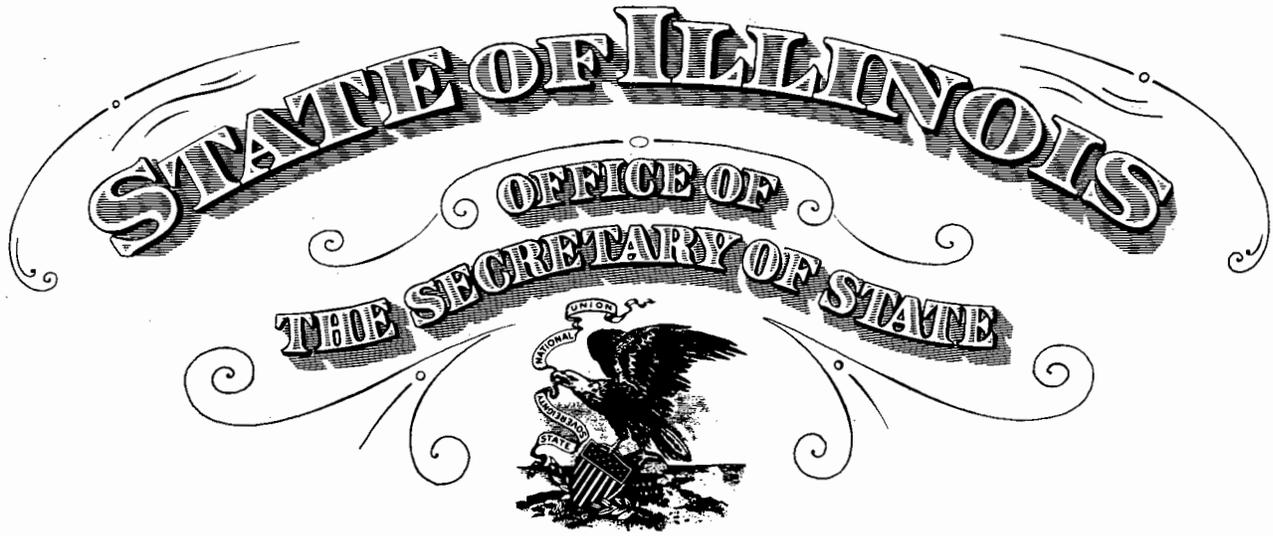
**APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	23 - 23(b)
2	Site Ownership	24 - 24(c)
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	25 - 25(a)
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	26
5	Flood Plain Requirements	27 - 27(a)
6	Historic Preservation Act Requirements	28 - 30(c)
7	Project and Sources of Funds Itemization	31
8	Obligation Document if required	N/A
9	Cost Space Requirements	32
10	Discontinuation	N/A
11	Background of the Applicant	33 - 33(k)
12	Purpose of the Project	34 - 47
13	Alternatives to the Project	48
14	Size of the Project	49
15	Project Service Utilization	50
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
19	Mergers, Consolidations and Acquisitions	N/A
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
21	Comprehensive Physical Rehabilitation	N/A
22	Acute Mental Illness	N/A
23	Neonatal Intensive Care	N/A
24	Open Heart Surgery	N/A
25	Cardiac Catheterization	N/A
26	In-Center Hemodialysis	N/A
27	Non-Hospital Based Ambulatory Surgery	N/A
28	Selected Organ Transplantation	N/A
29	Kidney Transplantation	N/A
30	Subacute Care Hospital Model	N/A
31	Children's Community-Based Health Care Center	N/A
32	Community-Based Residential Rehabilitation Center	N/A
33	Long Term Acute Care Hospital	N/A
34	Clinical Service Areas Other than Categories of Service	51
35	Freestanding Emergency Center Medical Services	N/A
	<b>Financial and Economic Feasibility:</b>	
36	Availability of Funds	52 - 52(g)
37	Financial Waiver	52 - 52(g)
38	Financial Viability	N/A
39	Economic Feasibility	53
40	Safety Net Impact Statement	N/A
41	Charity Care Information	54

**Certificate of Good Standing**

See attached for applicants OSF Healthcare System and Ottawa Regional Hospital & Healthcare Center.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

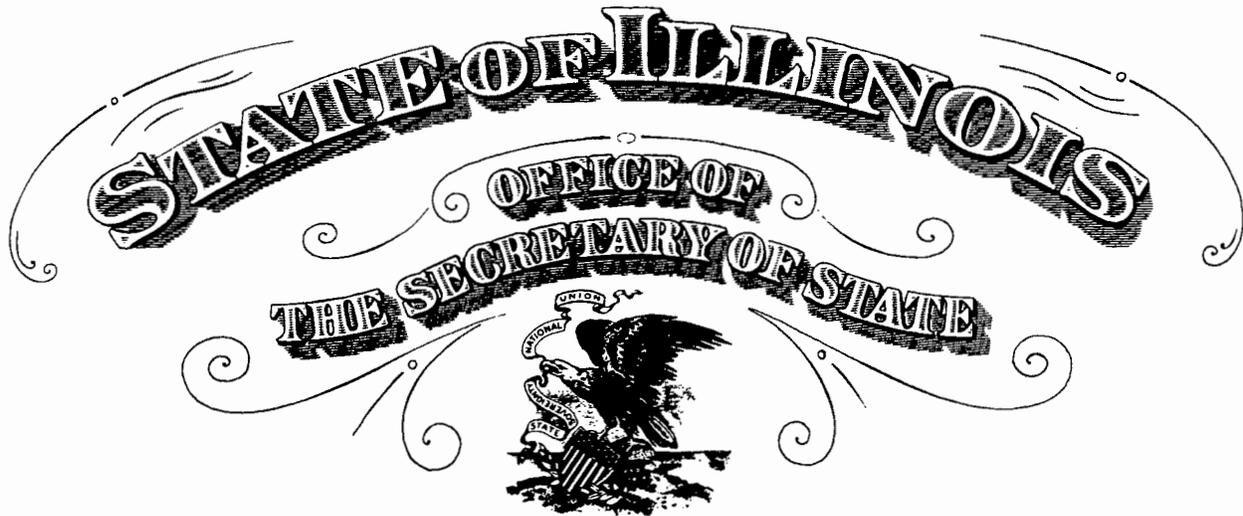
OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of OCTOBER A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 07, 1964, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of DECEMBER A.D. 2015 .***



Authentication #: 1533602930 verifiable until 12/02/2016  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

**Proof of Site Ownership**

See attached.

LASALLE COUNTY RECORDER

97 NOV 14 PM 1:54

R97-18712

**WARRANTY DEED**

(Corporation-Corporation)

Description is a Copy

Form is a Copy - page 2

COMPUTER   
PREP   
SCAN

NAME/ADDRESS OF TAXPAYER:

Community Hospital Ottawa  
1100 East Morris Dr.  
Ottawa, IL 61350

*Ray Giff / Hershel...*  
*58*

RECORDER'S STAMP

THE GRANTOR, SKYMONT CORPORATION, a Delaware Corporation, for and in consideration of TEN DOLLARS and other good and valuable consideration in hand paid CONVEYS AND WARRANTS TO COMMUNITY HOSPITAL OF OTTAWA, INC., an Illinois Not-For-Profit Corporation, the following described real estate in "as is" condition, situated in the County of LaSalle, in the State of Illinois, to-wit:

- See Exh. "A" Attached Hereto -

SUBJECT TO:

1. General real estate taxes for 1997 and thereafter;
2. Easements of record, including, but not limited to Documents 478894, 484013 and 85-00050;
3. Reciprocal Entrance Agreement recorded as Document No. 571188;
4. Matters revealed in Plat of Survey of the premises dated October 20, 1997 by Vegrzyn, Sarver & Associates;
5. Rights of the public, the State of Illinois and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highways;
6. Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.
7. Rights of the United States of America, State of Illinois, the municipality and the public in and to that part of the land lying within the bed of the Fox River; and the right of other owners of land bordering on the river in respect to the water of said river.

081173



STATE OF ILLINOIS  
REAL ESTATE TRANSFER TAX  
DEPT. OF REVENUE  
NOV 14 1997  
480.00

Tax Code No: Parts of 21-01-405-000  
21-12-201-000  
21-12-233-000

Address of Property: Route 6 and Route 71 East  
Ottawa, IL 61350

DATED this 11 day of November, 1997.

SKYMONT CORPORATION, a  
Delaware Corporation,

BY: Preston Chiaro  
PRESTON CHIARO, President

ATTEST:

Michael Stockman  
MICHAEL STOCKMAN,  
Its Secretary

STATE OF CALIFORNIA )  
COUNTY OF Los Angeles ) SS.

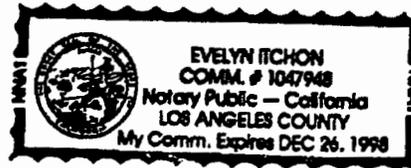
The undersigned, a Notary Public, in and for said County in the State aforesaid, DO HEREBY CERTIFY, that PRESTON CHIARO, personally known to me to be the President of SKYMONT CORPORATION, a Delaware Corporation and MICHAEL STOCKMAN, personally known to me to be the Secretary of said Corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument appeared before me this day in person and severally acknowledged that as such President and Secretary, they signed and delivered the said instrument and caused the Corporate Seal of said Corporation to be affixed thereto, pursuant to authority given by the Board of Directors of said Corporation, as their free and voluntary act, and as the free and voluntary act and deed of said Corporation, for the uses and purposes therein set forth.

Given under my hand and official seal, this 11th day of November, 1997.

Evelyn Tichon  
NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY:

LAWRENCE W. BAXTER, P.C.  
Attorney At Law  
417 West Madison Street  
Ottawa, IL 61350  
Phone: (815) 433-0363



## SKYMONT CORPORATION

EXH. "A"

Part of the South Half of Section 1 and part of the North Half of Section 12 all lying South of the South right of way line of U. S. Route 6 and Illinois Route 71 in Township 33 North, Range 3 East of the Third Principal Meridian, described as follows:

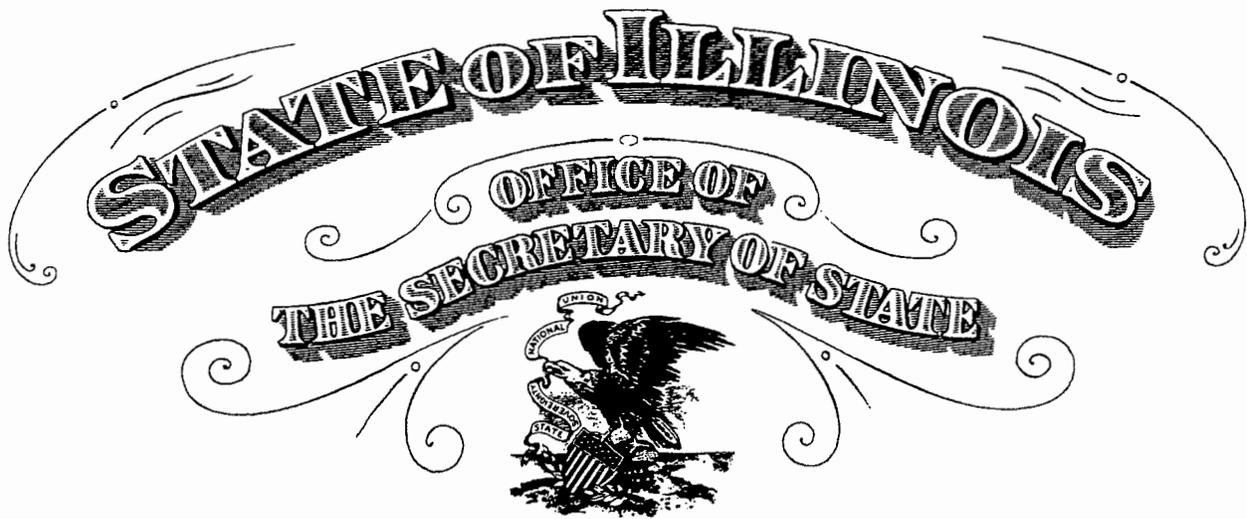
Commencing at the Northeast corner of the Northeast Quarter of said Section 12, thence West 1008.42 feet along the North line of the Northeast Quarter of said Section 12 to it's intersection with the Southerly right of way line of said U. S. Route 6 and Illinois Route 71, The True Point of Beginning, thence South 52 degrees 56 minutes 42 seconds East 325.66 feet along said Southerly right of way line to a point, thence South 37 degrees 03 minutes 18 seconds West 55.0 feet along said Southerly right of way line to a point, thence South 52 degrees 56 minutes 42 seconds East 70.47 feet along said Southerly right of way line to a point, thence South 43 degrees 48 minutes 07 seconds West 294.51 feet to a point, thence North 46 degrees 11 minutes 53 seconds West 100.0 feet to a point, thence South 43 degrees 48 minutes 07 seconds West 231.66 feet to a point on the Northerly right of way line of the former Chicago, Rock Island, and Pacific Railroad, thence North 74 degrees 42 minutes 06 seconds West 1644.30 feet along the Northerly right of way line of said Chicago, Rock Island, and Pacific Railroad to a point, thence North 0 degrees 55 minutes 30 seconds West 159.32 feet to a point on the South line of the Southwest Quarter of said Section 1, thence North 89 degrees 59 minutes 58 seconds West 27.2 feet to the East water's edge of the Fox River, thence Northerly along said East water's edge to a point on the South line of the East end marina property, thence North 88 degrees 59 minutes 34 seconds East 278.04 feet along said South line to the Southeast corner of the said East end marina property, thence North 23 degrees 23 minutes 27 seconds East 618.44 feet along the East line of the said East end marina property to a point on the Southerly right of way line of said U. S. Route 6 and Illinois Route 71, said Point being on a 1522.02 foot radius curve to the right, thence Southeastly 679.61 feet along said curve right of way line whose chord bears South 65 degrees 43 minutes 29 seconds East 673.98 feet to a point, thence South 57 degrees 43 minutes 31 seconds East 360.0 feet along said Southerly right of way line to a point, thence South 52 degrees 56 minutes 42 seconds East 391.14 feet along said Southerly right of way line to the Point of Beginning, all situated in the City of Ottawa, situated in

LA SALLE COUNTY, ILLINOIS.

**Operating Entity  
Certificate of Good Standing**

See attached.

OSF Saint Elizabeth Medical Center is a registered business name of Ottawa Regional Hospital & Health Center.



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

OTTAWA REGIONAL HOSPITAL & HEALTHCARE CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 07, 1964, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of DECEMBER A.D. 2015 .**

*Jesse White*

SECRETARY OF STATE

Authentication #: 1533602930 verifiable until 12/02/2016  
Authenticate at: <http://www.cyberdriveillinois.com>

**Organization Chart  
(for CON purpose)**

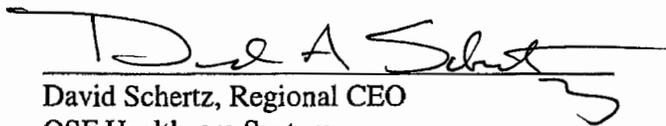
OSF Healthcare System,  
an Illinois NFP



Ottawa Regional Hospital & Healthcare  
Center d/b/a  
OSF Saint Elizabeth Medical Center

**Flood Plain Map**

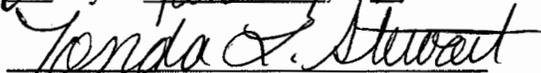
To the best of my knowledge, 111 Spring Street is not in a flood plain area.



David Schertz, Regional CEO  
OSF Healthcare System

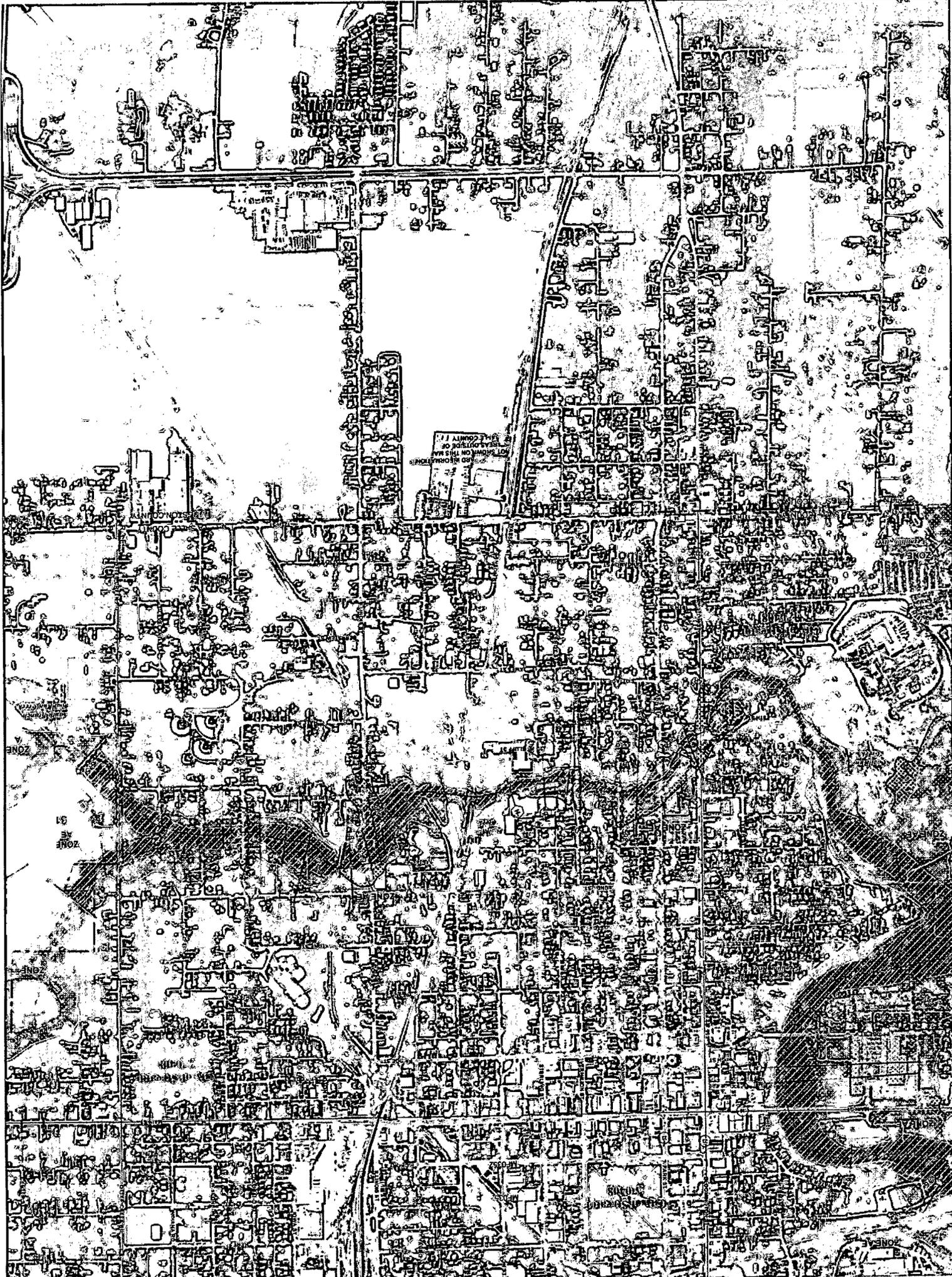
Subscribed and sworn to before me this

30<sup>th</sup> day of January, 2017



Notary Public





NOT SHOWN ON THIS MAP  
AND NEIGHBORHOOD  
IN COUNTY !!

ZONE  
31

## Historic Preservation Agency Letter

# McDermott Will & Emery

Boston Brussels Chicago Düsseldorf Frankfurt Houston London Los Angeles Miami  
Milan Munich New York Orange County Paris Rome Seoul Silicon Valley Washington, D.C.  
Strategic alliance with MWE China Law Offices (Shanghai)

Clare Connor Ranalli  
Attorney at Law  
cranalli@mwe.com  
+1 312 984 3365

February 8, 2017

**VIA FEDERAL EXPRESS**  
**tracking # 7783 8535 6450**

Rachel Leibowitz, Ph.D.  
Illinois Historic Preservation Agency  
1 Old State Capitol Plaza  
Springfield, Illinois 62701-1512

**Re: Illinois Certificate of Need ("CON") Clearance Letter Request**

Dear Dr. Leibowitz:

We represent OSF Healthcare System (the "Applicant") in pursuing a CON from the Health Facilities & Services Review Board to modernize the former St. Mary's hospital building located at 111 Spring Street in Streator, Illinois. The building to be modernized was built in 1963. The Illinois State Agency Historic Resources Preservation Act, 20 ILCS 34201/1 et seq. (the "Act"), provides that written notice of a proposed undertaking shall be given to the Director of the Illinois Historic Preservation Agency ("HPA") either by a State agency or a recipient of its funds, licenses or permits when the proposed undertaking might affect historic, architectural or archaeological resources. In addition, the CON application process requires a letter from HPA regarding any construction project's impact on possible architecturally significant or historical structure.

Enclosed is the information necessary for the HPA to conduct a review of the Project to determine whether any historic, architectural or archaeological sites might be impacted by the Project. Specifically, we provide the following information to you for review:

1. General project description and address: The project will modernize interior space within an existing building in order to accommodate physician offices and a focus on ambulatory care.
2. Topographic or metropolitan map showing the general location of the project: See attached.
3. Photographs of any standing buildings/structure within the project area: See enclosed.
4. Address for building/structures, if present: none other than the subject previous hospital building at 111 Spring Street in Streator, Illinois.

U.S. practice conducted through McDermott Will & Emery LLP.

227 West Monroe Street Chicago, Illinois 60606-5096 Telephone: +1 312 372 2000 Facsimile: +1 312 984 7700 www.mwe.com

DM\_US 79712308-1.095943.0011

Rachel Leibowitz, Ph.D.  
February 8, 2017  
Page 2

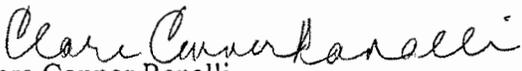
Upon review of the information provided in this letter, kindly forward confirmation to my attention indicating whether, in the HPA's opinion, the Project will have any impact on a historical or architecturally significant building or structures.

To our knowledge, there are no historical buildings in the area.

Thank you for your consideration. If you have questions, please contact me at (312) 984-3365.

Sincerely,

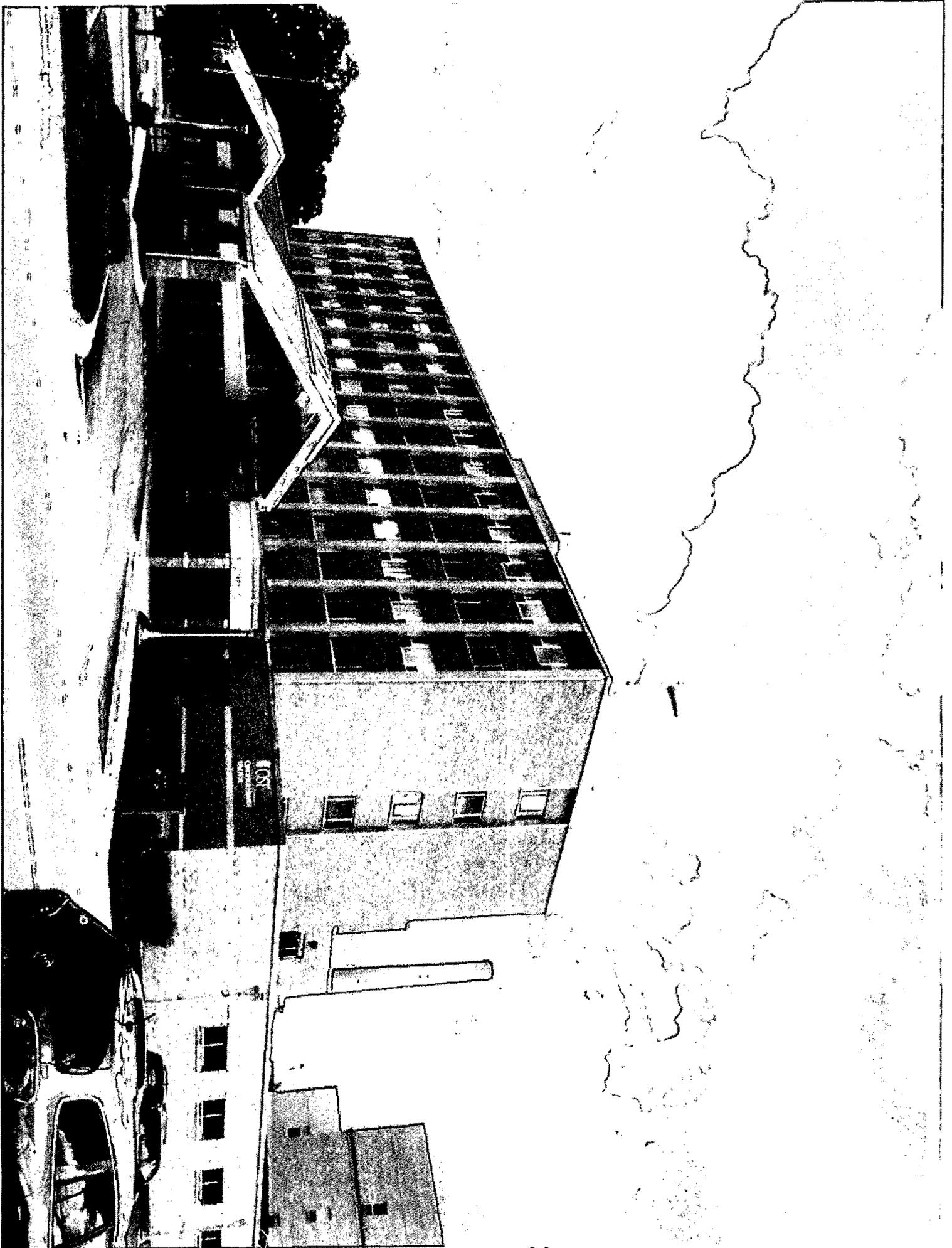
McDermott Will & Emery

  
Clare Connor Ranalli

Enclosures







## Itemization of Project Costs

	Detail
<b>Moveable Equipment:</b>	
CT Scanner	\$2,000,000
IT Equipment:	\$1,000,000
Furnishings, Artwork, Misc.:	\$ 400,000
	<b>\$3,400,000 sub total</b>
 <b>Other Costs to be Capitalized:</b>	
South Parking Lot (new)	\$ 800,000
North Parking Lot (revised)	\$ 630,000
	<b>\$1,430,000 sub total</b>
 <b>Pre-Planning:</b>	
Programming	\$ 17,500
Alternate Site Facility Assessment	\$ 9,500
MEPFP Assessment of Existing Facility	\$ 39,800
	<b>\$ 66,800 sub total</b>
<b>Site Survey</b>	<b>\$ 18,100 sub total</b>
<b>Site Preparation</b>	<b>\$ 150,000 sub total</b>
<b>Modernization:</b>	<b>\$16,807,400 sub total</b>
<b>New Construction:</b>	<b>\$ 4,000,000 sub total</b>
 <b>Consulting Fees:</b>	
CON Consultants	\$ 125,000
Commissioning	\$ 215,000
OSF Project Management Fees	\$ 110,000
	<b>\$ 450,000 sub total</b>
 <b>A/E Fees:</b>	 <b>\$1,657,700 sub total</b>
<b>Contingency:</b>	<b>\$1,500,000 sub total</b>
<b>Cash and Securities:</b>	<b>\$2,200,000 sub total</b>
<b>Bond Issuance:</b>	<b>\$ 485,000 sub total</b>
<b>Interest:</b>	<b>\$ 560,000 sub total</b>
<b>TOTAL</b>	<b>\$32,545,000</b>

No itemization for architecture engineering fees, or contingencies.

## Cost Space Requirements

### Reviewable

Dept/Area*	Cost	GSF		Amount of Proposed total GSF that is:			
		Exist.	Prop.	New Cust.	Mod	As Is*	Vacated
<b>Clinical</b>							
Imaging	3,710,497	9,220	9,220	0	9,220	0	0
Lab	1,064,857	2,646	2,646	0	2,646	0	0
PT/OT	3,752,669	9,325	9,325	0	9,325	0	0
Cardiac Dx	603,660	1,500	1,500	0	1,500	0	0
Infusion Therapy	619,758	1,540	1,540	0	1,540	0	0
CT/MRI	0	2,450	2,450	0	0	2,450	0
<b>TOTAL CLINICAL</b>	<b>9,751,441</b>	<b>26,681</b>	<b>26,681</b>	<b>0</b>	<b>24,231</b>	<b>2,450</b>	<b>0</b>

### Non-Reviewable/Project Related

Non-Clinical	Cost	GSF		Amount of Proposed total GSF that is:			
		Exist.	Prop.	New Cust.	Mod	As Is	Vacated
Medical Offices	13,922,763	0	22,224	0	22,224	0	0
Lobby/Public	6,693,852	6,670	10,670	4,000	6,670	0	0
Community Education	1,628,319	0	2,597	0	2,597	0	0
Cafe	548,625	0	875	0	875	0	0
<b>TOTAL NON-CLINICAL</b>	<b>22,793,559</b>	<b>6,670</b>	<b>36,366</b>	<b>4,000</b>	<b>32,366</b>	<b>0</b>	<b>0</b>
<b>TOTAL PROJECT</b>	<b>32,545,000</b>	<b>33,351</b>	<b>63,047</b>	<b>4,000</b>	<b>56,597</b>	<b>2,450</b>	<b>0</b>

\* The CT and MRI area, which is 2,450 GSF, is not being modernized.

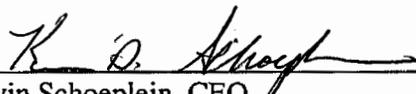
## Background

1110.230

Attached are copies of the licenses/certifications for other hospitals owned by the applicant OSF Healthcare System.

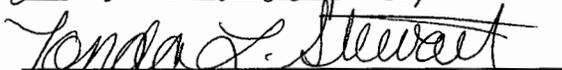
No adverse action has been taken against the facilities over the past three (3) years.

HFSRB and IDPH are authorized to access documents necessary to verify information submitted, including official, licensing or certification records of Illinois or other states or records of certification agencies.



Kevin Schoepflein, CEO  
OSF Healthcare System

Subscribed and sworn to before me this  
13<sup>th</sup> day of February, 2017



Notary Public





**Illinois Department of  
PUBLIC HEALTH**

HF110396

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D.,J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
4/11/2017		0005439
<b>Critical Access Hospital</b>		
Effective: 04/12/2016		

OSF Holy Family Medical Center  
1000 West Harlem Avenue  
Monmouth, IL 61462

Exp. Date 4/11/2017  
Lic Number 0005439  
Date Printed 3/7/2016

OSF Holy Family Medical Center  
1000 West Harlem Avenue  
Monmouth, IL 61462

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FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF112033

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**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRES DATE 12/31/2017	CATEGORY	LIC NUMBER 0002675
<b>General Hospital</b>		
Effective: 01/01/2017		

St. Mary Medical Center  
3333 North Seminary Street  
Galesburg, IL 61401

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Exp. Date 12/31/2017

Lic Number 0002675

Date Printed 10/26/2016

St. Mary Medical Center

3333 North Seminary Street  
Galesburg, IL 61401

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**Illinois Department of  
PUBLIC HEALTH**

HF111629

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**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
10/31/2017		0005942
<b>General Hospital</b>		
Effective: 11/01/2016		

Exp. Date 10/31/2017  
Lic Number 0005942

Date Printed 8/29/2016

OSF Saint Anthony's Health Center  
1 Saint Anthony's Way  
2nd campus at 915 East 5th street  
Alton, IL 62002

OSF Saint Anthony's Health Center  
1 Saint Anthony's Way  
2nd campus at 915 East 5th street  
Alton, IL 62002

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**Illinois Department of  
PUBLIC HEALTH**

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**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2017		0002253
<b>General Hospital</b>		
Effective: 01/01/2017		

**Saint Anthony Medical Center**  
**5666 East State Street**  
**Rockford, IL 61108**

Exp. Date 12/31/2017

Lic Number 0002253

Date Printed 10/26/2016

**Saint Anthony Medical Center**  
**5666 East State Street**  
**Rockford, IL 61108**

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FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF111995

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**Nirav D. Shah, M.D.,J.D.**  
Director

issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
12/6/2017		0005819
<b>Critical Access Hospital</b>		
Effective: 12/07/2016		

Exp. Date 12/6/2017

Lic Number 0005819

Date Printed 10/26/2016

Mendota Community Hospital  
dba OSF Saint Paul Medical Center  
1401 East 12th Street

Mendota, IL 61342

Mendota Community Hospital  
dba OSF Saint Paul Medical Center  
1401 East 12th Street  
Mendota, IL 61342

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**Illinois Department of  
PUBLIC HEALTH**



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The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations, and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE <b>5/14/2017</b>	CATEGORY <b>General Hospital</b>	ID NUMBER <b>0005520</b>
<b>Effective: 05/15/2016</b>		

**Ottawa Regional Hospital & Healthcare Center  
dba OSF, Saint Elizabeth Medical Center  
1100 E. Norris Drive**

**Ottawa, IL 61350**

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Exp. Date 5/14/2017  
Lic Number 0005520

Date Printed 4/7/2016

**Ottawa Regional Hospital & Healthcare  
dba OSF Saint Elizabeth Medical Cent  
1100 E. Norris Drive  
Ottawa, IL 61350**

FEE RECEIPT NO.



**Illinois Department of  
PUBLIC HEALTH**

HF112029

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	LC NUMBER
12/31/2017		0002394
<b>General Hospital</b>		
<b>Effective: 01/01/2017</b>		

**Saint Francis Medical Center**  
**530 North East Glen Oak Avenue**  
**Peoria, IL 61637**

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**Illinois Department of  
PUBLIC HEALTH**

HF110193

**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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**Nirav D. Shah, M.D., J.D.**  
**Director**

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
03/02/2017		0005264
<b>General Hospital</b>		
Effective: 03/03/2016		

**Saint James Hospital**  
**2500 West Reynolds Street**  
**Pontiac, IL 61764**

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Exp. Date 03/02/2017

Lic Number 0005264

Date Printed 02/09/2016

Saint James Hospital

2500 West Reynolds Street  
Pontiac, IL 61764

**FEE RECEIPT NO.**



**Illinois Department of  
PUBLIC HEALTH**

HF112030

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**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2017		0002535
<b>General Hospital</b>		
Effective: 01/01/2017		

**St. Joseph Medical Center  
2200 East Washington Street  
Bloomington, IL 61701**

Exp. Date 12/31/2017  
Lic Number 0002535

Date Printed 10/26/2016

St. Joseph Medical Center  
2200 East Washington Street  
Bloomington, IL 61701

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**Illinois Department of  
PUBLIC HEALTH**

HF110192

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**LICENSE, PERMIT, CERTIFICATION, REGISTRATION**

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**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
03/31/2017		0005926
<b>Critical Access Hospital</b>		
Effective: 04/01/2016		

Exp. Date 03/31/2017

Lic Number 0005926

Date Printed 02/09/2016

**OSF Saint Luke Medical Center**  
1051 West South Street  
P.O. Box 747  
Kewanee, IL 61443

**OSF Saint Luke Medical Center**  
1051 West South Street  
P.O. Box 747  
Kewanee, IL 61443

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**Illinois Department of  
PUBLIC HEALTH**

HF111516

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**LICENSE PERMIT CERTIFICATION REGISTRATION**

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

**Nirav D. Shah, M.D., J.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	L.C. NUMBER
8/8/2017		22006
<b>Free Standing Emergency Center</b>		
Licensed Beds: 6		

Exp. Date 8/8/2017

Lic Number 22006

Date Printed 8/12/2016

OSF Saint Elizabeth Med Ctr Freestanding Emergency Cen  
111 Spring Street  
Streator, IL 61364

OSF Saint Elizabeth Med Ctr Freestan  
111 Spring Street  
Streator, IL 61364

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FEE RECEIPT NO.

## Purpose

1110.230

1. The project will provide health services that improve the health of the market area population to be served by offering physician (primary care and specialists) offices for preventive and focused care to the community of Streator. The offices will be located in the former St. Mary's hospital building in modernized space.

Currently located in the building, and fully operational are lab, PT/OT/ST, cardiac testing, infusion therapy services (e.g. blood transfusion, hydration, injections, vaccines, iv medication, etc.), nuclear medicine (one camera) and imaging services. The areas where these services are located will be changed and some (lab, PT/OT/ST, imaging other than CT and MRI areas, nuclear medicine and cardiac testing) will be modernized to better accommodate an ambulatory care setting versus the former acute care hospital setting. The former hospital discontinued and donated its physical plant and equipment to the applicants. OSF continued to operate the services to provide continuity of care to the community and to compliment the urgent care services it provided at the site until the FEC was licensed. These services, particularly imaging and infusion services, compliment the FEC. The continued operation of the clinical service areas other than categories of service did not require a CON permit, since no capital expenditure was involved and the FMV of the donated space/equipment was under the threshold. However, the planned modernization requires a capital expenditure over the CON threshold. The operation of a FEC did require a permit and one was obtained. The FEC opened in August of 2016. It is not a part of this modernization project for the OSF Center for Health-Streator, but is contiguous to it.

The consolidation of physician offices, outpatient clinical services and the FEC in one location will make it very convenient and cost effective for residents to access them. Without these services residents would have to travel to OSF St. Elizabeth's Ottawa, 20 minutes away, for similar services.

## Purpose

1120.130

2. The market area is the community of Streator, Illinois (see attached).
3. The problem to be addressed is the reduction in available services caused by the closure of St. Mary's in Streator.
4. None.
5. The project will improve outcomes by ensuring basic outpatient medical care and services are both available in the community and easy for residents to access.
6. The goal is to provide better access to ambulatory care for residents of Streator by modernizing the former hospital building to make it appropriate for the provision of solely outpatient clinical services and physician offices, and to consolidate these services with the freestanding emergency center located there.

61364  
61377  
61369  
61350  
61319  
60470  
61325

General markets to be served based on primary zip codes served at the former St. Mary's Hospital emergency department (see attached).

HSHS St. Mary's Hospital  
 ED Utilization by Zip Code  
 Source: IHA Compdata

Zip Codes	FY2012	FY2013	FY2014	FY2015Q3A
<b>HSHS ST MARY'S HOSPITAL - STREATOR</b>	<b>12,197</b>	<b>12,095</b>	<b>11,779</b>	<b>11,652</b>
61364-STREATOR	9,922	9,932	9,834	9,815
61377-WENONA	343	317	270	260
61369-TOLUCA	268	277	266	227
61350-OTTAWA	198	206	170	169
61319-CORNELL	94	110	124	109
60470-RANSOM	114	112	112	87
61325-GRAND RIDGE	85	101	93	60
61760-MINONK	89	47	66	52
61333-LONG POINT	84	71	66	60
61341-MARSEILLES	77	56	64	59
61311-ANCONA	74	66	56	68
61740-FLANAGAN	58	42	40	83
60420-DWIGHT	70	57	39	32
61334-LOSTANT	40	41	38	27
61313-BLACKSTONE	33	36	37	37
61321-DANA	30	28	33	13
61358-RUTLAND	68	47	32	28
61370-TONICA	36	25	23	24
61301-LA SALLE	19	19	21	19
61348-OGLESBY	22	20	19	19
61375-VARNA	27	22	18	13
61764-PONTIAC	28	17	15	21
61540-LACON	3	2	14	11
60460-ODELL	3	9	12	11
61360-SENECA	13	20	12	17
61332-LEONORE	17	11	11	13
61354-PERU	20	10	11	11
61704-BLOOMINGTON	3	6	11	7
61326-GRANVILLE	5	6	8	3
61537-HENRY	2	3	6	4
61336-MAGNOLIA	20	15	6	7
34685-PALM HARBOR	-	-	5	-
60563-NAPERVILLE	2	-	5	-
60505-AURORA	-	4	5	1
60437-KINSMAN	3	5	4	-
62526-DECATUR	-	1	4	-
60632-CHICAGO	-	2	4	-
60435-JOLIET	2	7	4	3
(blank)	-	-	4	1
61362-SPRING VALLEY	3	7	4	5
61753-LEXINGTON	-	5	3	9
61570-WASHBURN	2	2	3	1
60432-JOLIET	4	1	3	4
61726-CHENOA	3	4	3	4
61611-EAST PEORIA	10	8	3	-
60637-CHICAGO	1	-	3	-
60444-MAZON	2	1	3	-
61605-PEORIA	1	4	3	11
61614-PEORIA	2	-	3	1

61261-LYNDON	-	-	2	-
76201-DENTON	-	-	2	-
38401-COLUMBIA	-	-	2	-
53081-SHEBOYGAN	-	-	2	-
61634-PEORIA	6	1	2	-
61516-BENSON	-	3	2	1
56031-FAIRMONT	-	-	2	1
67354-MOUND VALLEY	-	-	2	-
60621-CHICAGO	-	7	2	-
60551-SHERIDAN	3	3	2	5
60431-JOLIET	4	3	2	4
61546-MANITO	1	-	2	1
33534-GIBSONTON	-	-	2	-
60450-MORRIS	3	9	2	1
60447-MINOOKA	-	1	2	-
61801-URBANA	-	-	2	-
60510-BATAVIA	-	-	2	-
60042-ISLAND LAKE	-	-	2	-
61342-MENDOTA	6	4	2	8
61356-PRINCETON	4	1	2	4
60628-CHICAGO	-	4	2	3
60619-CHICAGO	6	1	2	3
61108-ROCKFORD	-	-	2	5
52245-IOWA CITY	-	-	2	-
61761-NORMAL	9	8	2	3
77493-KATY	-	-	1	-
37862-SEVIERVILLE	-	-	1	-
52060-MAQUOKETA	-	-	1	-
60970-WATSEKA	4	-	1	-
35754-LACEYS SPRING	-	-	1	-
44241-STREETSBORO	-	-	1	-
61526-EDELSTEIN	-	-	1	-
61530-EUREKA	1	-	1	-
33604-TAMPA	-	-	1	-
61329-LADD	1	-	1	-
60920-CAMPUS	1	-	1	-
61744-GRIDLEY	1	-	1	-
61338-MANLIUS	-	-	1	-
54963-OMRO	-	-	1	-
63434-BETHEL	-	-	1	-
33024-HOLLYWOOD	-	-	1	-
23505-NORFOLK	-	-	1	-
30132-DALLAS	-	-	1	-
85226-CHANDLER	-	1	1	-
34202-BRADENTON	-	-	1	-
61359-SEATONVILLE	1	-	1	-
45239-CINCINNATI	-	-	1	-
61344-MINERAL	-	-	1	-
62849-IUKA	-	-	1	-
17552-MOUNT JOY	-	-	1	-
65802-SPRINGFIELD	-	1	1	-
61335-MC NABB	3	-	1	1
76542-KILLEEN	-	-	1	-
77518-BACLIFF	-	1	1	-
31316-LUDOWICI	-	-	1	-

61602-PEORIA	-	-	1	-
62568-TAYLORVILLE	-	-	1	-
64656-LUDLOW	-	-	1	-
23188-WILLIAMSBURG	-	-	1	4
74116-TULSA	-	-	1	-
68046-PAPILLION	-	-	1	-
33134-MIAMI	-	-	1	-
53934-FRIENDSHIP	-	-	1	-
40204-LOUISVILLE	-	-	1	-
66801-EMPORIA	-	-	1	-
46517-ELKHART	-	-	1	-
61721-ARMINGTON	-	-	1	-
60911-ASHKUM	-	-	1	-
61722-ARROWSMITH	-	-	1	-
48366-LAKEVILLE	-	-	1	-
61728-COLFAX	-	-	1	-
46845-FORT WAYNE	-	-	1	-
61769-SAUNEMIN	-	1	1	5
33018-HIALEAH	-	-	1	-
46202-INDIANAPOLIS	-	-	1	-
12208-ALBANY	-	-	1	-
61363-STANDARD	-	-	1	-
80214-DENVER	-	-	1	-
61547-MAPLETON	-	-	1	-
33415-WEST PALM BEACH	-	-	1	-
65020-CAMDENTON	-	-	1	-
75851-LOVELADY	-	-	1	-
97526-GRANTS PASS	-	-	1	-
61239-CARBON CLIFF	-	-	1	-
65591-MONTREAL	-	-	1	-
28080-IRON STATION	-	-	1	-
33852-LAKE PLACID	-	1	1	-
85143-SAN TAN VALLEY	-	-	1	-
82009-CHEYENNE	-	-	1	-
61028-ELIZABETH	-	-	1	3
61814-BISMARCK	-	-	1	-
25082-FRAZIERS BOTTOM	-	-	1	-
78550-HARLINGEN	1	-	1	-
78065-POTEET	-	-	1	-
85207-MESA	-	-	1	-
61917-BROCTON	-	-	1	-
53115-DELAVAN	-	-	1	-
60074-PALATINE	-	-	1	-
60020-FOX LAKE	-	-	1	-
60586-PLAINFIELD	-	2	1	3
61821-CHAMPAIGN	-	-	1	-
60615-CHICAGO	1	1	1	-
60525-LA GRANGE	-	-	1	-
60624-CHICAGO	-	-	1	1
60115-DEKALB	-	-	1	-
60446-ROMEUVILLE	-	-	1	-
60140-HAMPSHIRE	-	-	1	-
60636-CHICAGO	-	-	1	-
60531-LELAND	1	-	1	-
60652-CHICAGO	2	-	1	4

60089-BUFFALO GROVE	-	-	1	3
60653-CHICAGO	-	-	1	-
65775-WEST PLAINS	-	1	1	-
60804-CICERO	-	1	1	-
61565-SPARLAND	-	2	1	-
62675-PETERSBURG	-	-	1	-
60614-CHICAGO	-	-	1	-
61554-PEKIN	5	4	1	3
60103-BARTLETT	-	-	1	-
60518-EARLVILLE	4	1	1	5
60481-WILMINGTON	-	4	1	-
62617-BATH	-	-	1	-
48917-LANSING	-	-	1	-
61373-UTICA	2	5	1	4
60964-SAINT ANNE	-	-	1	-
60560-YORKVILLE	2	1	1	1
65536-LEBANON	-	2	1	-
61523-CHILLICOTHE	-	-	1	-
60433-JOLIET	5	3	1	-
61603-PEORIA	-	1	1	1
60441-LOCKPORT	-	1	1	-
61615-PEORIA	1	-	1	-
77084-HOUSTON	-	2	1	-
61103-ROCKFORD	-	-	1	-
60601-CHICAGO	-	-	1	-
61109-ROCKFORD	-	-	1	-
89131-LAS VEGAS	-	-	1	-
61244-EAST MOLINE	-	-	1	-
60545-PLANO	1	1	1	-
60408-BRAIDWOOD	2	-	1	3
46321-MUNSTER	-	-	1	-
52778-WILTON	-	-	1	-
60099-ZION	-	-	1	-
60426-HARVEY	1	2	1	-
60112-CORTLAND	-	-	1	-
38128-MEMPHIS	2	-	1	-
60475-STEGER	-	-	1	-
47805-TERRE HAUTE	-	-	1	-
60506-AURORA	-	1	1	3
61550-MORTON	-	1	1	-
61008-BELVIDERE	2	-	1	-
66614-TOPEKA	-	-	1	-
60424-GARDNER	2	-	1	3
62549-MT ZION	-	-	1	1
60961-REDDICK	-	1	1	-
63108-SAINT LOUIS	-	-	1	-
61866-RANTOUL	-	-	1	-
63135-SAINT LOUIS	-	-	1	-
61738-EL PASO	3	1	1	-
65203-COLUMBIA	-	-	1	-
61705-BLOOMINGTON	2	-	1	1
49426-HUDSONVILLE	-	1	-	-
61340-MARK	-	-	-	1
37725-DANDRIDGE	-	-	-	3
76148-FORT WORTH	2	-	-	-

39465-PETAL	-	2	-	-
94526-DANVILLE	-	-	-	1
62520-DAWSON	-	3	-	-
33304-FORT LAUDERDALE	1	-	-	-
74048-NOWATA	-	-	-	1
78233-SAN ANTONIO	1	-	-	-
85008-PHOENIX	-	-	-	1
80305-BOULDER	-	2	-	-
39574-SAUCIER	-	2	-	-
43050-MOUNT VERNON	1	-	-	-
46221-INDIANAPOLIS	-	1	-	-
60168-SCHAUMBURG	1	-	-	-
54745-HOLCOMBE	-	-	-	1
44857-NORWALK	-	1	-	-
38357-MICHIE	-	2	-	-
50315-DES MOINES	-	-	-	1
73119-OKLAHOMA CITY	-	-	-	1
60934-EMINGTON	-	-	-	1
46075-WHITESTOWN	1	1	-	-
48307-ROCHESTER	1	-	-	-
61104-ROCKFORD	-	1	-	1
60913-BONFIELD	-	1	-	-
41653-PRESTONSBURG	-	1	-	1
61561-ROANOKE	-	1	-	-
54646-NECEDAH	-	1	-	-
61560-PUTNAM	1	1	-	-
65483-HOUSTON	2	-	-	-
55117-SAINT PAUL	-	1	-	-
74019-CLAREMORE	1	-	-	-
11226-BROOKLYN	-	-	-	1
33619-TAMPA	1	-	-	-
61729-CONGERVILLE	1	-	-	-
87401-FARMINGTON	-	-	-	1
61310-AMBOY	-	1	-	-
61064-POLO	1	-	-	1
61748-HUDSON	-	1	-	-
37810-MOHAWK	1	-	-	-
61314-BUDA	1	-	-	-
67341-DENNIS	-	1	-	-
85301-GLENDALE	-	1	-	-
46151-MARTINSVILLE	-	1	-	-
02740-NEW BEDFORD	1	-	-	-
62667-MODESTO	-	1	-	-
37722-COSBY	1	-	-	1
74501-MCALESTER	-	-	-	1
60929-CULLOM	1	1	-	-
85023-PHOENIX	-	-	-	1
33634-TAMPA	-	-	-	1
91321-NEWHALL	-	-	-	1
01930-GLOUCESTER	-	1	-	-
33565-PLANT CITY	-	1	-	-
43035-LEWIS CENTER	-	3	-	-
00778-GURABO	-	1	-	-
53913-BARABOO	-	-	-	1
61337-MALDEN	-	2	-	-

52404-CEDAR RAPIDS	3	-	-	-
32656-KEYSTONE HEIGHTS	1	-	-	-
61743-GRAYMONT	-	2	-	-
46933-GAS CITY	-	-	-	1
62501-ARGENTA	1	-	-	-
16735-KANE	-	1	-	-
62532-ELWIN	1	-	-	-
34436-FLORAL CITY	-	1	-	-
60919-CABERY	-	-	-	1
53949-MONTELO	-	-	-	3
61421-BRADFORD	-	1	-	-
33461-LAKE WORTH	1	-	-	-
60479-VERONA	1	1	-	-
86409-KINGMAN	-	-	-	1
61727-CLINTON	-	1	-	-
51358-RUTHVEN	1	-	-	-
60949-LUDLOW	-	-	-	1
95482-UKIAH	-	-	-	1
60952-MELVIN	-	3	-	-
55792-VIRGINIA	3	-	-	-
61877-SIDNEY	-	-	-	1
55734-EVELETH	-	-	-	1
61937-LOVINGTON	-	-	-	1
61633-PEORIA	1	-	-	-
37379-SODDY DAISY	-	1	-	-
62999-ZEIGLER	1	-	-	-
45066-SPRINGBORO	-	1	-	-
34143-IMMOKALEE	1	-	-	-
61368-TISKILWA	1	-	-	-
53210-MILWAUKEE	2	1	-	-
33890-ZOLFO SPRINGS	-	1	-	-
74110-TULSA	-	-	-	1
98349-LAKEBAY	-	-	-	1
65109-JEFFERSON CITY	1	-	-	-
55311-OSSEO	-	5	-	-
33801-LAKELAND	1	-	-	-
43213-COLUMBUS	-	-	-	3
43004-BLACKLICK	1	-	-	-
47901-LAFAYEITE	3	-	-	-
53029-HARTLAND	1	-	-	-
36869-PHENIX CITY	-	1	-	-
92102-SAN DIEGO	-	-	-	1
60938-GILMAN	1	-	-	1
84737-HURRICANE	-	1	-	1
61361-SHEFFIELD	-	1	-	1
34480-OCALA	-	1	-	-
32043-GREEN COVE SPRINGS	1	-	-	-
52733-CLINTON	-	1	-	-
65265-MEXICO	-	2	-	-
23669-HAMPTON	-	1	-	-
61454-LOMAX	-	1	-	-
77586-SEABROOK	1	-	-	-
33071-POMPANO BEACH	1	-	-	-
38108-MEMPHIS	-	-	-	3
61601-PEORIA	2	1	-	-

47715-EVANSVILLE	-	-	-	3
52531-ALBIA	-	2	-	-
61316-CEDAR POINT	1	1	-	-
80503-LONGMONT	1	-	-	-
47111-CHARLESTOWN	1	-	-	-
72626-COTTER	-	-	-	1
33981-PORT CHARLOTTE	-	1	-	-
40422-DANVILLE	1	-	-	-
41701-HAZARD	3	-	-	-
62896-WEST FRANKFORT	-	-	-	1
48509-BURTON	-	1	-	-
21702-FREDERICK	1	-	-	-
54612-ARCADIA	-	1	-	-
72634-FLIPPIN	-	-	-	1
47882-SULLIVAN	-	1	-	-
48858-MOUNT PLEASANT	-	1	-	-
32693-TRENTON	1	-	-	-
85022-PHOENIX	1	-	-	-
37201-NASHVILLE	-	1	-	-
57105-SIOUX FALLS	-	-	-	1
01001-AGAWAM	-	1	-	-
61607-PEORIA	1	-	-	-
31525-BRUNSWJCK	1	-	-	-
63857-KENNETT	1	-	-	-
98579-ROCHESTER	1	-	-	-
32246-JACKSONVILLE	1	-	-	-
61324-ELDENA	2	-	-	-
90242-DOWNEY	1	-	-	-
32607-GAINESVILLE	-	-	-	1
65613-BOLIVAR	-	-	-	1
56721-EAST GRAND FORKS	-	-	-	1
54902-OSHKOSH	-	1	-	-
61759-MINIER	-	1	-	-
61802-URBANA	-	1	-	-
48657-SANFORD	-	1	-	-
43054-NEW ALBANY	1	-	-	-
61322-DEPUE	-	1	-	-
44203-BARBERTON	1	-	-	-
61842-FARMER CITY	-	1	-	-
49107-BUCHANAN	-	1	-	-
63463-PHILADELPHIA	-	1	-	-
56324-DALTON	1	-	-	-
55071-SAINT PAUL PARK	1	-	-	-
75208-DALLAS	1	-	-	-
85653-MARANA	-	1	-	-
75244-DALLAS	1	-	-	-
47841-CLAY CITY	1	-	-	-
58201-GRAND FORKS	-	-	-	1
56278-ORTONVILLE	1	-	-	-
86303-PRESCOTI	2	-	-	-
72451-PARAGOULD	1	-	-	-
61327-HENNEPIN	-	2	-	-
61650-PEORIA	-	2	-	-
46241-INDIANAPOLIS	1	-	-	-
61639-PEORIA	1	-	-	-

33405-WEST PALM BEACH	1	-	-	-
64097-WELLINGTON	-	2	-	-
62816-BONNIE	-	3	-	-
52549-CINCINNATI	1	-	-	-
68048-PLATTSMOUTH	-	1	-	-
44618-DALTON	-	1	-	-
52411-CEDAR RAPIDS	1	-	-	-
46958-MEXICO	1	-	-	-
53538-FORT ATKINSON	1	-	-	-
95628-FAIR OAKS	-	-	-	3
60670-CHICAGO	2	-	-	-
14433-CLYDE	-	-	-	1
61345-NEPONSET	1	-	-	-
63623-BELLEVUE	4	-	-	-
68111-OMAHA	-	1	-	-
63164-SAINT LOUIS	2	-	-	-
64850-NEOSHO	1	-	-	-
71726-CHIDESTER	-	1	-	-
96743-KAMUELA	1	-	-	-
89156-LAS VEGAS	-	1	-	-
62518-CHESTNUT	-	-	-	3
33975-LABELLE	-	1	-	-
61541-LA ROSE	3	2	-	1
93063-SIMI VALLEY	-	1	-	-
60958-PEMBROKE TOWNSHIP	1	-	-	-
60617-CHICAGO	1	1	-	-
61367-SUBLETTE	-	-	-	1
52732-CLINTON	1	-	-	-
60630-CHICAGO	-	1	-	-
60453-OAK LAWN	2	3	-	-
61101-ROCKFORD	1	1	-	-
60915-BRADLEY	1	1	-	-
62702-SPRINGFIELD	-	1	-	-
48911-LANSING	-	1	-	-
62418-BROWNSTOWN	-	2	-	-
61820-CHAMPAIGN	-	2	-	-
60523-OAK BROOK	1	-	-	-
46324-HAMMOND	3	-	-	-
60538-MONTGOMERY	2	-	-	-
60474-SOUTH WILMINGTON	1	-	-	-
60558-WESTERN SPRINGS	-	1	-	-
78665-ROUND ROCK	1	-	-	-
61264-MILAN	1	-	-	1
61701-BLOOMINGTON	1	5	-	1
61450-LA HARPE	1	-	-	-
60403-CREST HILL	1	1	-	-
52333-SOLON	1	-	-	-
76137-FORT WORTH	1	-	-	-
60516-DOWNERS GROVE	-	1	-	-
30741-ROSSVILLE	-	-	-	1
60633-CHICAGO	2	-	-	-
98203-EVERETT	1	-	-	-
60124-ELGIN	-	-	-	3
61378-WEST BROOKLYN	-	-	-	3
60532-LISLE	1	-	-	-

60407-BRACEVILLE	-	1	-	-
60548-SANDWICH	-	2	-	-
60490-BOLINGBROOK	1	-	-	-
60415-CHICAGO RIDGE	-	-	-	1
60549-SERENA	1	-	-	4
23456-VIRGINIA BEACH	-	1	-	-
55379-SHAKOPEE	1	-	-	-
60634-CHICAGO	-	1	-	-
60402-BERWYN	-	1	-	1
61480-STRONGHURST	-	1	-	-
30044-LAWRENCEVILLE	-	1	-	-
60552-SOMONAUK	2	1	-	-
60556-WATERMAN	1	-	-	-
61021-DIXON	2	-	-	1
46135-GREENCASTLE	-	1	-	-
62024-EAST ALTON	-	2	-	-
62558-PAWNEE	-	-	-	3
62025-EDWARDSVILLE	-	1	-	-
60178-SYCAMORE	1	-	-	-
62035-GODFREY	-	1	-	-
62674-PALMYRA	1	-	-	-
62050-HILL VIEW	-	-	-	1
60404-SHOREWOOD	1	-	-	1
62087-SOUTH ROXANA	-	-	-	1
61571-WASHINGTON	1	1	-	3
60559-WESTMONT	-	-	-	3
34668-PORT RICHEY	1	-	-	-
60639-CHICAGO	-	1	-	-
60016-DES PLAINES	1	-	-	-
60640-CHICAGO	1	-	-	-
62644-HAVANA	1	1	-	-
60416-COAL CITY	5	1	-	1
60188-CAROL STREAM	-	1	-	-
61032-FREEPORT	-	1	-	-
60487-TINLEY PARK	-	1	-	1
60641-CHICAGO	-	1	-	-
60610-CHICAGO	-	1	-	-
61853-MAHOMET	-	-	-	1
60501-SUMMIT ARGO	1	-	-	-
62069-MOUNT OLIVE	1	-	-	-
61318-COMPTON	-	1	-	-
62092-WHITE HALL	-	-	-	1
60623-CHICAGO	-	1	-	-
60644-CHICAGO	1	-	-	-
60181-VILLA PARK	-	1	-	-
62234-COLLINSVILLE	-	-	-	1
61734-DELAVAN	-	1	-	1
62269-O FALLON	3	3	-	-
60555-WARRENVILLE	-	1	-	-
62363-PITTSFIELD	-	-	-	1
61616-PEORIA HEIGHTS	1	-	-	-
60646-CHICAGO	-	-	-	1
61544-LONDON MILLS	1	-	-	-
62704-SPRINGFIELD	1	-	-	-
46227-INDIANAPOLIS	-	-	-	1

62864-MOUNT VERNON	1	-	-	-
53158-PLEASANT PRAIRIE	1	-	-	-
60651-CHICAGO	-	1	-	-
60521-HINSDALE	-	-	-	1
60S61-DARIEN	-	-	-	1
30075-ROSWELL	-	1	-	-
60618-CHICAGO	1	-	-	-
60007-ELK GROVE VILLAGE	1	-	-	-
60707-ELMWOOD PARK	1	-	-	-
60452-OAK FOREST	2	-	-	-
60142-HUNTLEY	1	-	-	-
62656-LINCOLN	2	1	-	1
63130-SAINT LOUIS	1	-	-	-
39503-GULFPORT	1	3	-	-
92058-OCEANSIDE	-	-	-	1
60451-NEW LENOX	-	2	-	-
60056-MOUNT PROSPECT	-	-	-	1
62561-RIVERTON	-	1	-	-
60134-GENEVA	-	1	-	-
61606-PEORIA	-	1	-	-
62966-MURPHYSBORO	-	3	-	-
60101-ADDISON	-	1	-	-
60527-WILLOWBROOK	-	1	-	-
60410-CHANNAHON	1	1	-	-
65807-SPRINGFIELD	-	1	-	-
60457-HICKORY HILLS	-	1	-	-
02038-FRANKLIN	1	-	-	-
60585-PLAINFIELD	-	-	-	1
40222-LOUISVILLE	-	1	-	-
89135-LAS VEGAS	-	1	-	-
60827-RIVERDALE	1	-	-	-
60543-OSWEGO	1	2	-	-
60657-CHICAGO	2	-	-	-
52730-CAMANCHE	-	-	-	1
60436-JOLIET	1	2	-	-
60018-DES PLAINES	-	1	-	-
61739-FAIRBURY	1	2	-	1
61755-MACKINAW	-	1	-	4
60440-BOLINGBROOK	-	1	-	-
62420-CASEY	1	-	-	-
62225-SCOTT AIR FORCE BASE	-	1	-	-
60185-WEST CHICAGO	-	2	-	-
62521-DECATUR	-	1	-	-
60190-WINFIELD	-	-	-	3
61520-CANTON	-	-	-	1
60467-ORLAND PARK	-	2	-	-
62703-SPRINGFIELD	1	-	-	-
60471-RICHTON PARK	1	-	-	-
61604-PEORIA	-	2	-	-
50023-ANKENY	-	1	-	-
60607-CHICAGO	-	-	-	1
60537-MILLINGTON	-	-	-	1
42211-CADIZ	-	-	-	1
60567-NAPERVILLE	-	1	-	-
62297-WALSH	1	-	-	-

60901-KANKAKEE	-	1	-	1
96734-KAILUA	-	1	-	-
61317-CHERRY	1	-	-	-
60443-MATTESON	1	-	-	-
62447-NEOGA	1	-	-	-
60491-HOMER GLEN	-	-	-	1
47630-NEWBURGH	-	1	-	-
60914-BOURBONNAIS	-	1	-	-
74012-BROKEN ARROW	-	1	-	1
62812-BENTON	-	1	-	-
46303-CEDAR LAKE	1	-	-	-
62832-DU QUOIN	-	1	-	-
60302-OAK PARK	-	1	-	-
77630-ORANGE	-	1	-	-
60921-CHATSWORTH	-	-	-	1
47274-SEYMOUR	1	-	-	-
49047-DOWAGIAC	1	-	-	-
49112-EDWARDSBURG	1	-	-	-
53219-MILWAUKEE	-	1	-	-
55330-ELK RIVER	2	1	-	-
60625-CHICAGO	-	-	-	1
62681-RUSHVILLE	-	3	-	-
60605-CHICAGO	-	1	-	-
60073-ROUND LAKE	-	-	-	1
65101-JEFFERSON CITY	-	-	-	1
60423-FRANKFORT	1	1	-	-
60941-HERSCHER	1	-	-	-
60608-CHICAGO	2	-	-	-
60119-ELBURN	1	-	-	-
62612-ASHLAND	-	1	-	-
30189-WOODSTOCK	-	1	-	-
60169-HOFFMAN ESTATES	-	-	-	-
46394-WHITING	1	-	-	-
61443-KEWANEE	1	1	-	-
49423-HOLLAND	-	1	-	-
62080-RAMSEY	-	1	-	-
60156-LAKE IN THE HILLS	-	-	-	1
60540-NAPERVILLE	2	4	-	-
61073-ROSCOE	-	-	-	4
62650-JACKSONVILLE	-	-	-	1
60629-CHICAGO	5	-	-	1
60110-CARPENTERSVILLE	-	1	-	-
60048-LIBERTYVILLE	-	1	-	-
62226-BELLEVILLE	-	3	-	-
Grand Total	12,197	12,095	11,779	11,652

## Alternatives

1120.130

### **Alternative 1**

Offer/extend services at Saint Elizabeth' Medical Center in Ottawa, IL. There is not room within existing Saint Elizabeth buildings to expand to the extent necessary, so a new building would be required at an approximate cost of \$30,000,000.00. In addition, land cost might be required. However, this alternative would not, by definition, improve access to care in Streator. Also, some of the services such as imaging (MRI) serve the FEC, and so this alternative had very little appeal. It was rejected.

### **Alternative 2**

Build a new building in Streator to provide outpatient services, and relocate the FEC. Approximate cost – \$35-40,000,000.00. This option was explored, but the newer of the hospital buildings is in good shape and well located. The FEC is already there, licensed and operational. This alternative was rejected because the most efficient option is to modernize the former hospital building to accommodate physician office space, and to modernize space for existing CSAs other than categories of service already offered by OSF at the current location.

## Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Clinical Dx Imaging Mammography/General/US (US is mobile)	9,220	900-1800 DGSF	6 units = 1,537 per unit	Yes
Lab	2,646	N/A	N/A	N/A
CT/MRI	2,450	1,800 per unit	2 units	Yes
PT/OT/ST	9,325	N/A	N/A	N/A
Cardiac Dx	1,500	N/A	N/A	N/A
Nuclear Medicine	In Imaging	1,600 DGSF	See Imaging	Yes
Infusion Area	1,540	1,600 DGSF	1,540	Yes
Non-Clinical Medical Office	22,224	N/A	N/A	N/A
Non Clinical – Lobby and Amenities	14,142	N/A	N/A	N/A
<b>TOTAL*</b>	<b>63,047</b>			

The space is existing space. The primary modernization activity will include 1<sup>st</sup>, 2<sup>nd</sup> and 4<sup>th</sup> floor renovation (gut rehab on 2<sup>nd</sup> floor and 4<sup>th</sup> floor, and 70% of 1<sup>st</sup> floor) and a modest addition in front. Utilizing the existing former hospital space is an efficient and economical way to proceed, and provides the best access to a number of services in one, familiar location for area residents.

\* CT and MRI in imaging are not being modernized. However, the total project size is presented above.

## PROJECT SERVICES UTILIZATION

UTILIZATION				
DEPARTMENT	HISTORICAL UTILIZATION*	PROJECTED UTILIZATION CY19	STATE STANDARD	MET STANDARD?
General Radiology	7,174	10,000	8000 procedures	Yes
CT	2,761	3,000	7000 visits	Yes
MRI	996	1,250	2500 procedures	Yes
US	1,853	3,000	3100 visits	Yes**
Mammography	4,760	5,000	5000 visits	Yes
Nuclear Medicine	797	1,500	2,000	Yes

(NOTE: The imaging equipment is used for both ambulatory patients to OSF Streator Center and the licensed FEC at the same location. The CT and MRI areas are not being modernized.)

General Radiology – 2 pieces of equipment

\*\*US – 2 – both mobile

Mammography - 1

CT – 1

MRI – 1

Nuclear Medicine – 1 camera

There are no utilization standards for the clinical services other than categories of service being offered, but see Attachment 34 for 2016 utilization information for PT/OT/ST, lab or infusion/cardiac testing.

\*The hospital has offered ambulatory care at the former hospital site since January of 2016, when it assumed the building after HSHS St. Mary's discontinued. The procedures/visits are for 2016. It did so in unmodernized space, with no physician offices and the FEC not being in operation. The projections are based on increased utilization due to the FEC and physician offices, and OSF expects an entirely different utilization and patient usage after it "opens" as the OSF Streator Center. See Attachment-34 for more specific utilization information.

## CSAs Other than Categories of Service

1110.3030

The only CSAs to be modernized are diagnostic imaging (excluding MRI/CT), lab, cardiac testing, infusion therapy and PT/OT/ST. Of these, the only that HFSRB has standards for is Dx Imaging.

There are and will be two general radiology machines, one mammography machine, two mobile ultrasounds and one nuclear medicine camera. This equipment exists currently at the site and is not being expanded.

The lab and PT/OT/ST will be utilized based on historical utilization of the old hospital and current utilization. The lab and imaging services currently and will support the FEC also.

From January 4, 2016 through December 31, 2016, when OSF began treating patients at the location, it has seen:

18,319 lab draws;

24,275 PT/OT visits (including cardiac rehab);

7,174 general radiology procedures;

1,853 US procedures;

4,760 mammography visits;

996 MRI procedures;

2,761 CT visits;

797 nuclear medicine visits (one camera);

2,042 infusion therapy procedures..

Part of the planned modernization includes build out of physician offices to be located at the OSF Streator Center. The expectation is that utilization of the outpatient services offered at the site will be enhanced by the location of and practice of physicians at the site.

**Availability of Funds  
Financial Viability Waiver**

N/A – See attached proof of Bond Rating of A or better.

## CREDIT OPINION

6 September 2016

New Issue

Rate this Research 

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## OSF Healthcare System, IL

New Issue – Moody's Assigns A2 to OSF Healthcare System's (IL) Ser. 2016; Outlook Stable

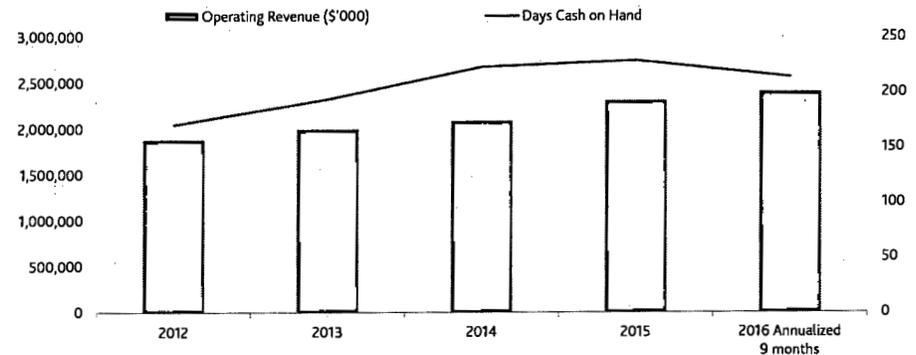
### Summary Rating Rationale

Moody's Investors Service assigns an A2 to OSF Healthcare System's \$114 million of proposed Series 2016 fixed rate bonds to be issued by the Illinois Finance Authority. The bonds are expected to mature in 2039. The A2 on approximately \$950 million of outstanding debt is affirmed. The outlook is stable.

The A2 is based on OSF's large presence as a multi-site system in northern, central, and southern Illinois, leading market position in the largest market, and strong and liquid investment position. OSF's challenges include higher-than-average direct leverage, sizable indirect obligations, competition in most markets, and variable operating performance.

### Exhibit 1

#### Good Liquidity During Period of Revenue Growth



Source: Moody's Investors Service

### Credit Strengths

- » Large, multi-site system in northern, central, and southern Illinois with close to \$2.5 billion in revenue, supported by investments in physicians and facilities and progressive IT capabilities
- » Leading market position and regional referral draw for OSF's flagship location in Peoria
- » Very good and liquid investment position with 214 days cash on hand at June 30, 2016
- » Manageable debt structure risks with over 300% monthly liquidity-to-demand debt

### Credit Challenges

- » Strong competition in largest markets with competitors owned or closely affiliated with larger parent organizations
- » High leverage with relatively high 4.2 times debt-to-cashflow and 49% direct debt-to-revenue and moderate 111% cash-to-direct debt
- » Sizable indirect debt, including operating lease and pension obligations, driving modest 68% cash-to-comprehensive debt
- » History of variable operating cashflow margins, including decline in FY2016 following two years of improvement

### Rating Outlook

The stable outlook reflects expectations that OSF's operating and strategic investments will stabilize margins. The outlook incorporates an assumption of no incremental leverage and manageable capital spending levels, which should drive investment growth levels and balance sheet deleveraging.

### Factors that Could Lead to an Upgrade

- » Significant reduction in balance sheet leverage, including pension obligation
- » Reduction in operating leverage (debt-to-cashflow and debt-to-revenue)
- » Sustained improvement in operating cashflow margin

### Factors that Could Lead to a Downgrade

- » Materially dilutive acquisition or merger
- » Prolonged decline in margins
- » Meaningful increase in leverage

This publication does not announce a credit rating action. For any credit ratings referenced in this publication, please see the ratings tab on the issuer/entity page on [www.moodys.com](http://www.moodys.com) for the most updated credit rating action information and rating history.

## Key Indicators

Exhibit 2

### OSF Healthcare System, IL

	2012	2013	2014	2015	2016 Annualized 9 months
Operating Revenue (\$'000)	1,884,151	1,994,993	2,087,700	2,308,548	2,400,397
3 Year Operating Revenue CAGR (%)	6.5	7.6	5.6	7.0	6.4
Operating Cash Flow Margin (%)	7.8	5.8	8.9	10.0	8.3
PM: Medicare (%)	44.6	44.1	45.3	45.7	N/A
PM: Medicaid (%)	15.9	15.3	18.1	20.0	N/A
Days Cash on Hand	171	194	223	229	214
Unrestricted Cash and Investments to Total Debt (%)	93.7	115.6	130.0	114.9	111.4
Total Debt to Cash Flow (x)	4.2	4.6	3.4	3.8	4.2

Based on OSF Healthcare System and Subsidiaries, audits ended September 30; fiscal year 2016 reflects unaudited nine months ended June 30 annualized  
 Non-recurring items or adjustments: All years exclude gifts and investment income from operating revenue and reclassify net settlement of derivatives to operating expenses; FY15  
 excludes \$10.6 million of prior period supplemental Medicaid payments  
 Investment returns normalized at 6% prior to FY 2015 and 5% in FY 2015 and beyond  
 Source: Moody's Investors Service

## Recent Developments

Recent developments are incorporated into the Detailed Rating Considerations section.

## Detailed Rating Considerations

### Market Position: Large Multi-Site System Operating in Competitive Markets

Over the last several years, OSF has been consolidating and integrating clinical and support areas to reduce variation, improve quality, and improve productivity and reduce costs. The system's flagship hospital in Peoria has benefitted from significant investments with increased volumes from a broader regional service area and higher acuity. OSF completed the installation of an electronic medical record (EMR) system several years ago, which allows more advanced predictive analysis. The system has invested heavily in care coordinators in most regions to support population health management. These strategies are allowing OSF to take on more shared savings and risk arrangements with payers.

OSF continues to make investments in facilities and physicians to compete in competitive markets. Most of OSF's competitors are owned or closely aligned with large healthcare systems. OSF has maintained a strong leading market position in the Peoria market. The system's second largest market in Rockford is very competitive with two other providers, both of which are part of Wisconsin-based systems that are investing in upgrading facilities. OSF's capital investment in Rockford, discussed below, will enhance its competitive position in the market.

### Operating Performance, Balance Sheet and Capital Plans: Variable Margins But Very Good Liquidity

Following two years of improved performance through FY 2015, the system reported a decline nine months year-to-date FY 2016. Adjusted for the items noted below, OSF had a 8.3% operating cashflow margin year-to-date FY 2016, compared with 10% for full FY 2015. Volume growth in 2016 has been strong, driving same-facility revenue growth of 4%. OSF has also benefitted from Medicaid expansion and supplemental payments. The operating decline was primarily due to a large increase in contractual allowances related to prior year revenue following the installation of a new software to estimate receivables collections, increased pharmaceutical costs and a reserve related to estimated losses under the Medicare NextGen ACO payment model. Performance by region is mixed. The Peoria area has been strong due to volume growth, especially in more profitable regional referrals and ambulatory services. Rockford has experienced sizable losses, more recently due to the contractual adjustments noted above. Some of the smaller hospitals experienced losses, including newly acquired Alton.

The system's operating and strategic initiatives should help the system mitigate challenges affecting FY 2016. OSF is in the third year of a 4-year cost reduction program and reports achieving over \$140 million in improvements to date. Major initiatives include reimbursement opportunities, productivity improvement, and supplies.

Capital spending is increasing in FY 2016 but at manageable levels relative to cashflow. Spending is projected at approximately \$190 million and \$170 million in FY 2016 and FY 2017, respectively, averaging 1.6 times depreciation expense, and will be funded with bond proceeds from the Series 2015 offering and cashflow. The largest project is a \$85 million bed pavilion in the Rockford market.

#### LIQUIDITY

OSF's liquidity is very good with 214 days cash on hand at June 30, 2016. While capital spending is increasing, it is under current operating cashflow levels, which should allow the system at least to maintain liquidity. OSF maintains a conservative and liquid asset allocation with 72% invested in cash and fixed income at FYE 2015. OSF has been negatively affected by high Medicaid receivables.

#### Debt Structure and Legal Covenants: High Direct and Indirect Leverage

OSF has higher than average balance sheet and operating leverage including a high 4.2 times debt-to-cashflow and moderate 111% cash-to-direct debt based on annualized year-to-date FY 2016 results. Maximum annual debt service coverage is below average at 4.0 times. No incremental leverage is expected at this time.

#### DEBT STRUCTURE

Debt structure risks are manageable with over 300% monthly liquidity-to-demand debt. Demand debt, including bank provided letters of credit and private placements, are diversified among banks and commitment periods. OSF has ample room under financial covenants, which include 1.1 times debt service coverage and 75 or 80 days cash on hand, depending on whether covenants apply to banks or insurer.

#### DEBT-RELATED DERIVATIVES

As of June 30, 2016 OSF is a party to numerous interest rate swap agreements with a total notional amount of \$457 million, including an interest rate lock related to the Series 2016 bonds, which will be terminated in conjunction with the Series 2016 bond issuance. As of June 30, 2016, the cumulative mark to market valuation of the swaps was a negative \$76 million (based on management data). The fixed payer swaps are insured by Assured Guaranty. Collateral posting is not required unless Assured's rating falls below A3 or the equivalent by at least one rating agency; the system has not had to post collateral.

#### PENSIONS AND OPEB

OSF's pension plan is a Church plan and, therefore, not subject to ERISA requirements. The plan was frozen in March 2011. The system's philosophy has been to fund at pension expense levels. However, compared with other health systems, the pension obligation is large at \$349 million at FYE 2015 (60% funded), despite a decline following a \$50 million contribution last year. Combined with operating leases, cash-to-comprehensive debt is moderate at 68% for fiscal year 2015. In May 2016, litigation was filed challenging OSF's Church plan status. Given uncertainties regarding the outcome of this litigation, the rating does not incorporate any potential funding requirements.

#### Management and Governance

OSF has been migrating from a holding company model to a consolidated and integrated model, which we view favorably in allowing more effective and timely execution of operating and strategic initiatives. Most recently, the system's physician enterprise was consolidated into one multi-specialty group as of January 2016. The system has a disciplined approach to capital spending which is tied to cashflow generation at the individual hospitals.

#### Legal Security

Legal security for the bonds is a security interest in the Unrestricted Receivables of the Members of the Obligated Group, which make up most of the system. Members of the Obligated Group include OSF Healthcare System (which includes most system hospitals), Ottawa Regional Hospital & Healthcare Center, Ottawa Regional Hospital Foundation, Saint Anthony's Physician Group (Alton) and the OSF Multi-Specialty Group. Saint Anthony's Physician Group will withdraw from the obligated group since all virtually practitioners and assets have been moved to the OSF Multi-Specialty Group.

### Use of Proceeds

Proceeds of the Series 2016 bonds will be primarily used to refund certain maturities of the Series 2010A bonds.

### Obligor Profile

OSF Healthcare System operates eleven acute care hospitals and a large multi-specialty physician group. Ten of the system's hospitals are located in Illinois; OSF also owns a small critical access hospital in the Upper Peninsula of Michigan. The System's largest hospital, OSF Saint Francis Medical Center in Peoria, Illinois, is a 609-licensed bed tertiary care teaching center.

### Methodology

The principal methodology used in this rating was Not-For-Profit Healthcare Rating Methodology published in November 2015. Please see the Ratings Methodologies page on [www.moody.com](http://www.moody.com) for a copy of this methodology.

### Ratings

Exhibit 3

#### OSF Healthcare System

Issue	Rating
Revenue Bonds, Series 2016	A2
Rating Type	Underlying LT
Sale Amount	\$113,610,000
Expected Sale Date	09/15/2016
Rating Description	Revenue: Other

Source: Moody's Investors Service

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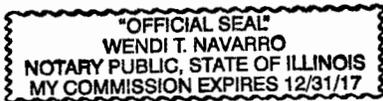
**Economic Feasibility**

The selected form of debt financing will be at the lowest cost available, or if not it will be more advantageous due to other terms, such as pre-payment privileges, term of the loan or other reasons.

*Dawn Trompeter*  
CFO, OSF Saint Elizabeth Medical Center

Subscribed and sworn to before me this  
24 day of January, 2017.

*Wendi Navarro*  
Notary Public



## Charity Care

	SEMC			System		
	2013	2014	2015	2013	2014	2015
Net Revenue	63,540,771	64,037,594	71,727,912	1,823,570,000	1,800,620,959	1,917,020,581
Amount of Charity Care (charges)	7,600,592	6,133,211	3,837,719	353,591,840	221,417,876	123,694,713
Cost of Charity Care	2,758,255	1,832,603	1,038,475	74,049,916	45,062,165	24,351,000