

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Galesburg Cottage Hospital			
Street Address: 695 N. Kellogg Street			
City and Zip Code: Galesburg 61401			
County: Knox	Health Service Area: 2	Health Planning Area: C-03	

Legislators

State Senator Name: Sen. Chuck Weaver
State Representative Name: Rep. Daniel Swanson

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Galesburg Hospital Corporation d/b/a Galesburg Cottage Hospital
Street Address: 695 N. Kellogg Street
City and Zip Code: Galesburg 61401
Name of Registered Agent: CT Corporation System
Registered Agent Street Address: 208 S. LaSalle St., Ste 814
Registered Agent City and Zip Code: Chicago, IL 60604
Name of Chief Executive Officer: Bob Moore
CEO Street Address: 695 N. Kellogg Street
CEO City and Zip Code: Galesburg 61401
CEO Telephone Number: (309) 345-4567

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are 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: Bob Moore
Title: CEO
Company Name: Galesburg Cottage Hospital
Address: 695 N. Kellogg Street, Galesburg, IL 61401
Telephone Number: (309) 345-4567
E-mail Address: bob_moore@quorumhealth.com
Fax Number: N/A

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Legislators

State Senator Name: Sen. Chuck Weaver
State Representative Name: Rep. Daniel Swanson

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: Quorum Health Corporation
Street Address: Address: 1573 Mallory Lane, Suite 100
City and Zip Code: Brentwood, TN 37027
Name of Registered Agent: The Corporation Trust Company
Registered Agent Street Address: 1209 Orange Street
Registered Agent City and Zip Code: Wilmington, DE 19801
Name of Chief Executive Officer: Robert Fish
CEO Street Address : 1573 Mallory Lane, Suite 100
CEO City and Zip Code: Brentwood, TN 37027
CEO Telephone Number: (615) 221-1400

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- Partnerships must provide the name of the state in which they are 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: R. Harold ("Hal") McCard
Title: Senior Vice President, General Counsel, and Secretary
Company Name: Quorum Health Corporation
Address: 1573 Mallory Lane, Brentwood, TN 37027
Telephone Number: (615) 221-3507
E-mail Address: hal_mccard@quorumhealth.com
Fax Number: (615) 221-1484

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City and Zip Code: Galesburg 61401			
County: Knox	Health Service Area: 2	Health Planning Area: C-03	

Legislators

State Senator Name: Sen. Chuck Weaver
State Representative Name: Rep. Daniel Swanson

Applicant(s) [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name: SBJ Group Inc.
Street Address: P.O. Box 427
City and Zip Code: Round Rock, Texas 78680
Name of Registered Agent: Harvard Business Services, Inc.
Registered Agent Street Address: 16192 Coastal Highway
Registered Agent City and Zip Code: Lewes 19958
Name of Chief Executive Officer: Sanjay Sharma
CEO Street Address : 3637 Lahser Road
CEO City and Zip Code: Bloomfield Hills, Michigan 48304
CEO Telephone Number: 512-796-7520

Type of Ownership of Applicants

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership
<input checked="" 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"> ○ Corporations and limited liability companies must provide an Illinois certificate of good standing. ○ Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 	
<p>APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p>	

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Sanjay Sharma
Title: President and CEO
Company Name: SBJ Group Inc.
Address: 3637 Lahser Road, Bloomfield Hills, Michigan 48304
Telephone Number: 512-796-7520
E-mail Address: sanjay@infrahealth.com
Fax Number: N/A

Additional Contact [Person who is also authorized to discuss the Application]

Name: Mark Silberman and Juan Morado, Jr.
Title: Partner
Company Name: Benesch Law
Address: 71 S. Wacker Dr., 16th Floor, Chicago, IL 60606
Telephone Number: (312) 212-4967
E-mail Address: MSilberman@beneschlaw.com JMorado@beneschlaw.com
Fax Number: (312) 212-4969

Post Exemption Contact

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

Name: Sanjay Sharma
Title: President and CEO
Company Name: SBJ Group Inc.
Address: 3637 Lahser Road, Bloomfield Hills, Michigan 48304
Telephone Number: 512-796-7520
E-mail Address: sanjay@infrahealth.com
Fax Number: N/A

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Galesburg Hospital Corporation d/b/a Galesburg Cottage Hospital
Address of Site Owner: P.O. Box 427, Round Rock, Texas 78680
Street Address or Legal Description of the Site: 695 N. Kellogg Street, Galesburg, IL 61401
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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.
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Current Operating Identity/Licensee

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

Exact Legal Name: Galesburg Hospital Corporation d/b/a Galesburg Cottage Hospital								
Address: 695 N. Kellogg Street, Galesburg, IL 61401								
<table> <tr> <td><input type="checkbox"/> Non-profit Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input checked="" type="checkbox"/> For-profit Corporation</td> <td><input type="checkbox"/> Governmental</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Company</td> <td><input type="checkbox"/> Sole Proprietorship</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other	<input type="checkbox"/>
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<input type="checkbox"/> Other	<input type="checkbox"/>							

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Galesburg Hospital Corporation d/b/a Galesburg Cottage Hospital	
Address: 695 N. Kellogg Street, Galesburg, IL 61401	
<input type="checkbox"/> Non-profit Corporation <input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ 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. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each 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.

Narrative Description

In the space below, provide a brief narrative description of the change of ownership. 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.

The applicant, SBJ Group Inc. proposes to acquire Galesburg Hospital Corporation (“GHC”) d/b/a Galesburg Cottage Hospital located at 695 N. Kellogg St., Galesburg, Illinois from Quorum Health Corporation (“Quorum”).

The facility has been historically owned by GHC, a wholly-owned subsidiary of Quorum, a publicly-traded company. On April 7, 2020, Quorum and certain of its subsidiaries (including GHC) filed voluntary petitions under Chapter 11 of the United States Bankruptcy Code with the Bankruptcy Court for the District of Delaware to implement a negotiated financial restructuring (the “Restructuring”). Once the Restructuring is approved by the bankruptcy court, Quorum will emerge from bankruptcy. As a result of the emergence from bankruptcy, Quorum’s ownership will change and Quincy Health, LLC will become the new owner of Quorum. Quincy Health, LLC is a newly formed entity that, at emergence, will be funded and owned by certain parties who held unsecured claims in Quorum prior to the Restructuring and by certain equity commitment parties as part of the Restructuring in accordance with the Plan of Reorganization, Restructuring Support Agreement and Equity Commitment Agreement, which is included in Exemption application E-017-20.

Exemption application E-017-20 was filed pursuant to the aforementioned restructuring. Regardless of restructuring, at the time this COE application is considered, the intention remains to transfer ownership of GHC and Galesburg Cottage Hospital to SBJ Group Inc. In the event, either party does not wish to proceed with the transaction, SBJ Group Inc. will relinquish its COE permit for the change of ownership of the facility to SBJ Group Inc. as described in this application and required by this Board’s rules.

The facility will continue to exist and serve patients thereafter. The change of ownership is expected to bring greater financial stability to a distressed community hospital enabling it to continue to provide essential healthcare services to Illinois residents, particularly during the COVID-19 crisis and into the future. SBJ Group Inc. will continue to conduct business at the same location under the same operating license and will seek to improve quality access to care for this community.

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: \$__FMV_____

Fair Market Value: \$__ Land Acquisition included in stock purchase price.

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes No **X** . If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): July 31, 2020

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 being deemed incomplete.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of*:

Galesburg Hospital Corporation d/b/a Galesburg Cottage Hospital

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 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 fee required for this application is sent herewith or will be paid upon request.

 5/1/2020
SIGNATURE

Martin D. Smith
PRINTED NAME

Director, Executive Vice President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

 5/1/2020
SIGNATURE

R. Harold McCard
PRINTED NAME

Director, Senior Vice President & Secretary
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition

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- 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 is filed on the behalf of*:

Quorum Health Corporation

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 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 fee required for this application is sent herewith or will be paid upon request.

 5/1/2020

 SIGNATURE

Martin D. Smith

 PRINTED NAME
 Executive Vice President & Chief
 Operating Officer

 PRINTED TITLE

 5/1/2020

 SIGNATURE

R. Harold McCard

 PRINTED NAME
 Senior Vice President, General Counsel
 & Secretary

 PRINTED TITLE

Notarization:
 Subscribed and sworn to before me
 this ____ day of _____

Signature of Notary

Seal

Notarization:
 Subscribed and sworn to before me
 this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

DocuSign Envelope ID: AC780687-E5D5-4A60-A9B2-7D9060D9D86A

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 is filed on the behalf of SBJ Group Inc.

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 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 fee required for this application is sent herewith or will be paid upon request.

DocuSigned by:
Sanjay Sharma 5/1/2020

 5/1/2020

SIGNATURE

SIGNATURE

Sanjay Sharma
PRINTED NAME

Mathew Chacko
PRINTED NAME

President and CEO
PRINTED TITLE

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Signature of Notary

Seal

Seal

*Insert the EXACT legal name of the applicant

SECTION II. BACKGROUND.**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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
4. 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.**
5. If, during a given calendar year, an applicant submits more than one Application, 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 that the information was 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.

SECTION III. CHANGE OF OWNERSHIP (CHOW)**Transaction Type. Check the Following that Applies to the Transaction:**

- Purchase resulting in the issuance of a license to an entity different from current licensee.
- Lease resulting in the issuance of a license to an entity different from current licensee.
- Stock transfer resulting in the issuance of a license to a different entity from current licensee.
- Stock transfer resulting in no change from current licensee.
- Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee.
- Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee.
- Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity.
- Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets.
- Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility.
- Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee.
- Change of ownership among related persons resulting in a license being issued to an entity different from the current licensee
- Change of ownership among related persons that does not result in a license being issued to an entity different from the current licensee.
- Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets and explain in "Narrative Description."

1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
3. READ the applicable review criteria outlined below and **submit the required documentation (key terms) for the criteria:**

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	X
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X

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1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	X
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

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

SECTION IV.CHARITY CARE INFORMATION

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 7.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

APPEND DOCUMENTATION AS ATTACHMENT 7, 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 included attachments:

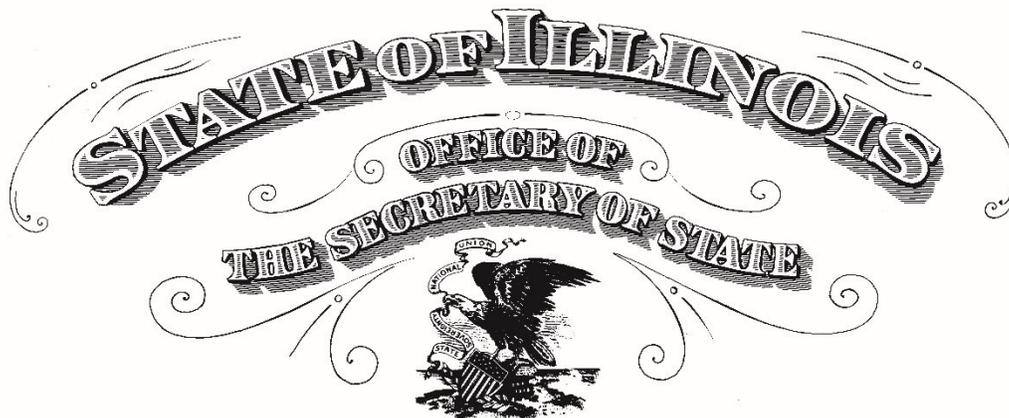
INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	16-19
2	Site Ownership	20-22
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	23-24
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	25-27
5	Background of the Applicant	28-31
6	Change of Ownership	32-46
7	Charity Care Information	47-50

ATTACHMENT 1
TYPE OF OWNERSHIP OF APPLICANTS

Included with this attachment are:

1. The Certificate of Good Standing for the applicant facility.
2. The Certificate of Good Standing for Quorum Health Corporation.
3. The Certificate of Good Standing for SBJ Group Inc.

File Number 6337-215-3



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

GALESBURG HOSPITAL CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 27, 2004, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS 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 3RD day of APRIL A.D. 2020 .



Authentication #: 2009405238 verifiable until 04/03/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUORUM HEALTH CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5792308 8300
SR# 20181195758
You may verify this certificate online at corp.delaware.gov/authver.shtml

Handwritten signature of Jeffrey W. Bullock in black ink.

Jeffrey W. Bullock, Secretary of State

Authentication: 202188010
Date: 02-21-18

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SBJ GROUP INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SBJ GROUP INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JULY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7538368 8300

SR# 20203169780

You may verify this certificate online at corp.delaware.gov/authver.shtml

Handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202831416

Date: 04-27-20

ATTACHMENT 2
SITE OWNERSHIP

The site ownership will transfer to SBJ Group Inc. following the transaction. Attached is a attestation of Sanjay Sharma, one of the applicants attesting to site ownership following the closing of the transaction between Quorum Health Corporation to SBJ Group Inc. Additionally included is a attestation from Quorum Health Corporation attesting to site ownership of the applicant facility prior to the transaction .

May 1, 2020

Courtney Avery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As representative of SBJ Group Inc., I, Sanjay Sharma, hereby attest that through the stock purchase of Galesburg Cottage Hospital located at 695 N. Kellogg, Street, Galesburg, Illinois 61401, that ownership of the site will transfer from Quorum Health Corporation to SBJ Group Inc.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Sanjay Sharma
President and CEO
SBJ Group Inc.

Attestation of Site Ownership

The undersigned is an authorized representative of the applicant Quorum Health Corporation and hereby attests that the site of each of the following licensed facilities is owned by the Quorum affiliated entity identified below.

<u>Facility</u>	<u>Site Owner</u>
Crossroads Community Hospital 8 Doctors Park Rd, Mt. Vernon, Illinois	National Health Care of Mt. Vernon, Inc. 1573 Mallory Lane, Ste 100, Brentwood, TN
Galesburg Cottage Hospital 695 N. Kellogg St., Galesburg, Illinois	Galesburg Hospital Corporation 1573 Mallory Lane, Ste 100, Brentwood, TN
Gateway Regional Medical Center 2100 Madison Ave, Granite City, Illinois	Granite City Illinois Hospital Company LLC 1573 Mallory Lane, Ste 100, Brentwood, TN
Heartland Regional Medical Center 3333 W DeYoung St, Marion, Illinois	Marion Hospital Corporation 1573 Mallory Lane, Ste 100, Brentwood, TN
Red Bud Regional Hospital 325 Spring Street, Red Bud, Illinois	Red Bud Illinois Hospital Company, LLC 1573 Mallory Lane, Ste 100, Brentwood, TN
Vista Medical Center East 1324 N Sheridan Rd, Waukegan, Illinois	Waukegan Illinois Hospital Company, LLC 1573 Mallory Lane, Ste 100, Brentwood, TN
Edwardsville Ambulatory Surgery Center 12 Ginger Creek Parkway, Glen Carbon, Illinois	Granite City Illinois Hospital Company LLC 1573 Mallory Lane, Ste 100, Brentwood, TN
Lindenhurst Surgery Center 1050 Red Oak Lane, Lindenhurst, Illinois	Waukegan Illinois Hospital Company, LLC 1573 Mallory Lane, Ste 100, Brentwood, TN
Lindenhurst Freestanding Emergency Center 1050 Red Oak Lane, Lindenhurst, Illinois	Waukegan Illinois Hospital Company, LLC 1573 Mallory Lane, Ste 100, Brentwood, TN



Martin Smith
Executive Vice President & Chief Operating Officer
Quorum Health Corporation

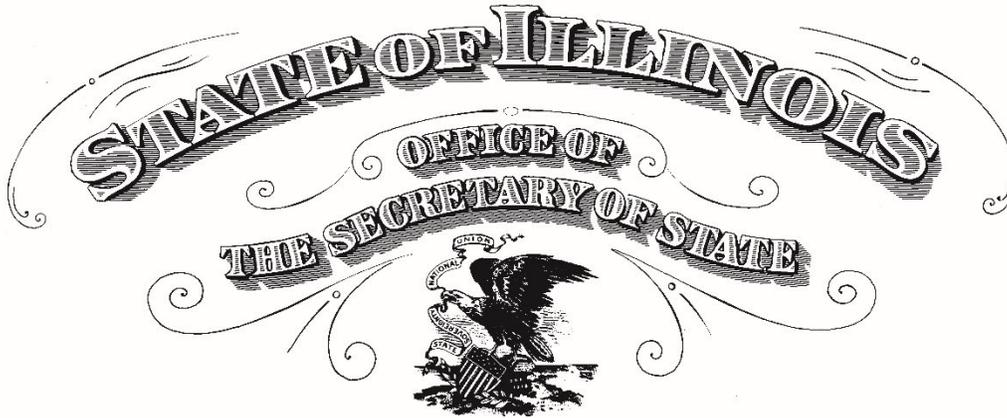
5/1/2020

Dated

ATTACHMENT 3
OPERATING ENTITY/LICENSEE

The licensee of the applicant facility will remain the same after the transaction. Included with this Attachment is the licensee's Certificate of Good Standing. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational chart included with Attachment 4.

File Number 6337-215-3



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

GALESBURG HOSPITAL CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 27, 2004, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS 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 3RD day of APRIL A.D. 2020 .



Authentication #: 2009405238 verifiable until 04/03/2021
Authenticate at: <http://www.cyberdriveillinois.com>

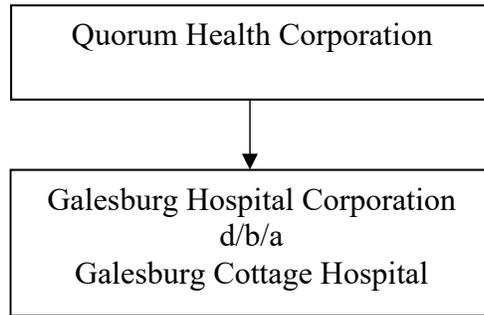
Jesse White

SECRETARY OF STATE

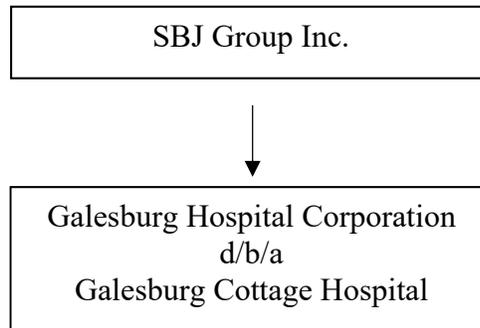
ATTACHMENT 4
ORGANIZATIONAL RELATIONSHIPS

The facility is owned by the applicant Galesburg Hospital Corporation, which is currently a wholly-owned subsidiary of Quorum Health Corporation. As a result of the proposed transaction, Galesburg Hospital Corporation will be wholly owned by SBJ Group Inc. Current and proposed organizational charts are included with this Attachment. All direct owners of a 5% or more interest in the applicant facility are identified in the organizational charts.

Pre-Transaction Organizational Chart



Post-Transaction Organizational Chart



ATTACHMENT 5
BACKGROUND OF THE APPLICANTS

- 1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.**

Included with this Attachment is the applicants' verification that SBJ Group Inc. has no ownership interest in any other healthcare facilities in Illinois. A list of Illinois health care facilities owned by Quorum is also include with this Attachment.

- 2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.**

Other than the facilities listed in paragraph 1 above, no health care facilities are currently owned or operated in Illinois by any of the applicants identified in the organizational charts included in Attachment 4 and their respective corporate officers or directors.

- 3. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application. Please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.**

Included with this Attachment is the applicants' verification of no adverse action during the three years prior to the filing of the application.

- 4. 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.**

Included with this attachment is the applicants' authorization permitting HFSRB and IDPH access to any documents necessary to verify the information submitted.

- 5. If, during a given calendar year, an applicant submits more than one Application, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion.**

Quorum Hospital Corporation filed Exemption application #017-20 on April 14, 2020. In that application Quorum Hospital Corporation provided documentation to fulfill the information requirements for this section.

Quorum Health Corporation's affiliated Illinois health care facilities are:

A. Hospitals

Crossroads Community Hospital
8 Doctors Park Rd
Mount. Vernon, Illinois
General Hospital License #0003947

Galesburg Cottage Hospital
695 N Kellogg St
Galesburg, Illinois
General Hospital License #0005330

Gateway Regional Medical Center
2100 Madison Ave
Granite City, Illinois
General Hospital License #0005223

Heartland Regional Medical Center
3333 W DeYoung St
Marion, Illinois
General Hospital License #0005298

Red Bud Regional Hospital
325 Spring Street
Red Bud, Illinois
Critical Access Hospital License #0005199

Union County Hospital
517 North Main Street
Anna, Illinois
Critical Access Hospital License #0005421

Vista Medical Center East
1324 N Sheridan Rd
Waukegan, Illinois
General Hospital License #0005397

B. Ambulatory Surgical Treatment Centers

Edwardsville Ambulatory Surgery Center
12 Ginger Creek Parkway
Glen Carbon, Illinois
ASTC License #7002504

Lindenhurst Surgery Center
1050 Red Oak Lane
Lindenhurst, Illinois
ASTC License #7003168

Monroe County Surgical Center
501 Hamacher St
Waterloo, Illinois
ASTC License #7003194

C. Other Facilities

Lindenhurst Freestanding Emergency Center
1050 Red Oak Lane
Lindenhurst, Illinois
Freestanding Emergency Center License #22004

Red Bud Regional Care
350 W. South 1st Street
Red Bud, Illinois
Long Term Care Facility License #6007751

May 1, 2020

Courtney Avery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As representative of SBJ Group Inc., I, Sanjay Sharma, give authorization to the Health Facilities and Services Review Board and the Illinois Department of Public Health (IDPH) to access documents necessary to verify the information submitted including, but not limited to: official records of IDPH or other state agencies, the licensing or certification records of other states, and the records of nationally recognized accreditation organizations.

I further verify that, SBJ Group Inc. owns no other healthcare facilities and has had no adverse action in the past three (3) years.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Sanjay Sharma
President and CEO
SBJ Group Inc.

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Ms. Avery:

On behalf of the applicant facility and Quorum Health Corporation (“Quorum”), I hereby certify that no adverse action has been taken against the applicant facility or any other Illinois facility owned, operated and/or controlled by Quorum during the three years prior to the filing of this application for change of ownership.

The applicants affirm that all Quorum owned Illinois health care facilities are identified in this application and that no other health care facilities are currently owned or operated in Illinois by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the applicant facility.

The applicants hereby permit the Illinois Health Facilities and Services Review Board and Illinois Department of Public Health (“IDPH”) to have access to any documents necessary to verify the information submitted in the application for change of ownership of the facility including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification records of other states, when applicable; and (iii) the records of nationally recognized accreditation organizations.

Respectfully submitted,



Martin Smith
Executive Vice President & Chief Operating Officer
Quorum Health Corporation

Dated: May 1, 2020

ATTACHMENT 6
CHANGE OF OWNERSHIP

Section 1130.520(b)(1)(A) - Names of the parties

- a. Galesburg Hospital Corporation d/b/a Galesburg Cottage Hospital
- b. Quorum Health Corporation
- c. SBJ Group Inc.

Section 1130.520(b)(1)(B) - Background of the parties

We have included the applicants' certification of no adverse action within three years preceding the filing of the application. In addition, each of the applicants, by their signatures to the Certification pages of this application, attest that they are fit, willing, able, and have the qualifications, background, and character to adequately provide a proper standard of health service for the community.

SBJ Group Inc., which is led by its President and CEO Sanjay Sharma, has the exact type of background and necessary experience that will benefit the facility and surrounding community. Sanjay Sharma and his son Sanyam Sharma most recently led the turnaround of Pontiac General Hospital in Pontiac Michigan, another community hospital that gives patients from the community access to health technologies that provide quality diagnosis of illness and injury and treatment for those conditions.

Since taking over Pontiac General Hospital in 2016, the independent organization has increased service lines at the facility with a focus on providing cost effective, high quality care to the community while identifying gaps that exist for treatment of patients. Under the Sharmas' leadership the hospital's workforce has grown by more than 25 percent, service offerings have increased, and over \$5 million dollars have been invested in various capital improvements. Recognizing the needs of their community and the fact that Michigan has an unmet need for additional psychiatric beds in the state, Pontiac General Hospital recently announced a \$8 million dollar project to increase the psychiatric services offered at the facility.

SBJ Group Inc. intends to bring this type of dedication and successful track record to the Galesburg community.”

Section 1130.520(b)(1)(C) - Structure of the transaction

The applicant, SBJ Group Inc. proposes to acquire Galesburg Hospital Corporation (“GHC”) d/b/a Galesburg Cottage Hospital located at 695 N. Kellogg St., Galesburg, Illinois from Quorum Health Corporation (“Quorum”) through a stock purchase agreement.

The facility has been historically owned by GHC, which is a wholly-owned subsidiary of Quorum, a publicly-traded company. On April 7, 2020, Quorum and certain of its subsidiaries (including GHC) filed voluntary petitions under Chapter 11 of the United States Bankruptcy Code with the Bankruptcy Court for the District of Delaware to implement a negotiated financial restructuring (the “Restructuring”). Once the Restructuring is approved by the bankruptcy court, Quorum will emerge from bankruptcy. As a result of the emergence from bankruptcy, Quorum’s ownership will change and Quincy Health, LLC will become the new owner of Quorum. Quincy Health, LLC is a newly formed entity that, at emergence, will be funded and owned by certain parties who held unsecured claims in Quorum prior to the Restructuring and by certain equity commitment parties as part of the Restructuring in accordance with the Plan of Reorganization, Restructuring Support Agreement and Equity Commitment Agreement, which is included in Exemption application E-017-20 in Attachment 6, pages 35-47.

Exemption application E-017-20 was filed pursuant to the aforementioned restructuring. Regardless of restructuring, at the time this COE application is considered, the intention remains to transfer ownership of GHC and Galesburg Cottage Hospital to SBJ Group Inc. In the event, either party does not wish to proceed with the transaction, SBJ Group Inc. will relinquish its COE permit for the change of ownership of the facility to SBJ Group Inc. as described in this application and required by this Board’s rules.

The facility will continue to exist and serve patients thereafter. The change of ownership is expected to bring greater financial stability to a distressed community hospital enabling it to continue to provide essential healthcare services to Illinois residents, particularly during the COVID-19 crisis and into the future. SBJ Group Inc. will continue to conduct business at the same location under the same operating license and will seek to improve quality access to care for this community.

Section 1130.520(b)(1)(D) - Entity to be Licensed After Transaction

“Name of the person who will be licensed or certified entity after the transaction”

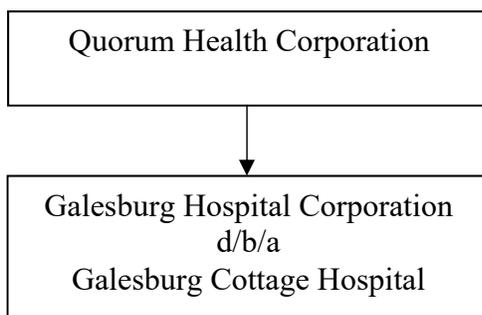
There will be no change in the licensed entity as a consequence of the proposed transaction. The licensee will remain Galesburg Hospital Corporation d/b/a Galesburg Cottage Hospital.

Section 1130.520(b)(1)(E) - List of ownership

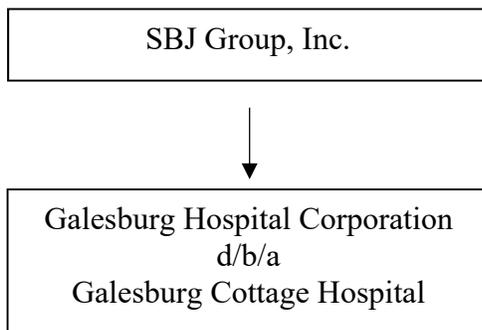
“List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.”

Organizational charts showing the current interest structure of the applicant facility and the post-change ownership interest are shown below.

Pre-Transaction Organizational Chart



Post-Transaction Organizational Chart



Section 1130.520(b)(1)(F) - Fair Market Value of the Transaction

“Fair market value of assets to be transferred.”

The purchase price of \$1,000,000 plus the amount of Net Working Capital as of April 20, 2020 (estimated at \$800,000 as of April 20, 2020) is based on an arm’s length transaction and represents the fair market value of the outstanding stock being transferred.

Section 1130.520(b)(1)(G) - Purchase Price

“The purchase price or other forms of consideration to be provided for those assets.”

The purchase price for 100% of the outstanding stock of Galesburg Hospital Corporation is \$1,000,000 plus the amount of Net Working Capital as of April 20, 2020 (estimated at \$800,000 as of April 20, 2020).

Section 1130.520(b)(2) - Outstanding Permits

“Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section”

In accordance with 77 Ill. Admin. Code 1130.520, the applicants, by their signatures to the Certification pages of this application, affirm that any projects for which permits have been issued by the Review Board have been completed or will be completed or altered in accordance with the provisions of 77 Ill. Admin. Code 1130.520.

Section 1130.520(b)(3) - Hospital Charity Care

“If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction”

Please see the attached letter.

May 1, 2020

Courtney Avery
Board Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

As representative of SBJ Group Inc., I, Sanjay Sharma, affirm that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction for a two-year period following the change of ownership transaction.

I hereby certify this is true and based upon my personal knowledge under penalty of perjury and in accordance with 735 ILCS 5/1-109.

Sincerely,



Sanjay Sharma
President and CEO
SBJ Group Inc.

Section 1130.520(b)(4) - Anticipated Cost Savings for the Community and Facility

“A statement as to the anticipated benefits of the proposed changes in ownership to the community”

This transaction is expected to bring greater financial stability to a distressed community health care facility enabling it to continue to provide essential healthcare services to Illinois residents, particularly during the COVID-19 crisis and into the future. Having successful historical experience with the acquisition, operation, and improvement of other distressed community hospitals, this should prove to advance the principles of the HFSRB program, to increase access to quality care for underserved communities. Moreover, SBJ Group Inc. will continue to assess the needs of the community with an openness to adjustment of services as will best meet the needs of the hospital and the community it serves.

Section 1130.520(b)(5) - Anticipated Cost Savings for the Community and Facility

“The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership”

SBJ Group Inc. sees the opportunity for operational improvements that will enable the community and the facility to benefit from these efficiencies. As an anecdotal example, the experience this ownership team has had in the operation of another facility in Pontiac, MI shows that hospital’s workforce has experienced significant growth of more than 25 percent, service line offerings have increased, and over \$5 million dollars have been invested in various capital improvements. Recognizing the needs of their community and the fact that Michigan has an unmet need for additional psychiatric beds in the state, Pontiac General Hospital recently announced a \$8 million dollar project to increase the psychiatric services offered at the facility.

Moreover, SBJ Group Inc. recognizes that there is ample opportunity for reinvestment within the community and the facility. This is part of what made this an attractive opportunity for a group looking to operate and improve upon distressed community hospitals.

Section 1130.520(b)(6) - Quality Improvement Plan

“A description of the facility's quality improvement program mechanism that will be utilized to assure quality control”

The applicant facility's quality improvement program mechanism will not change as a result of the proposed transaction.

Section 1130.520(b)(7) - Facility Governing Body

“A description of the selection process that the acquiring entity will use to select the facility's governing body”

A governing board for the facility will be chosen by the existing Board of Directors of SBJ Group, Inc.

Section 1130.520(b)(9)- Summary of Proposed Changes Within 24 Months

“A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.”

The applicants are undertaking this project with the intent of operating the hospital and doing so for the benefit of the community. The applicants are not undertaking this with specific anticipated changes to the scope of services or levels of care currently provided at the facility that would occur within 24-months related to the proposed transaction, but will continue to assess and evaluate the needs of the community throughout and would reserve the right to pursue any changes that would best serve the needs of the community. In the event that there are necessary or recommended changes to the services to be provided, SBJ Group Inc. will adhere to the requisite CON requirements and will submit the necessary applications for any modification of services to be considered.

ATTACHMENT 7

CHARITY CARE INFORMATION

The amount of charity care for the last three years provided by each of Quorum Health Corporation's affiliated Illinois hospitals and ambulatory surgical treatment centers are included in the tables below. SBJ Group Inc. is unable show charity care as defined by the Health Facilities and Services Review Board as they do not own facilities in Illinois. However, they maintain a strong commitment to serving the under and uninsured population in the community without regard to their ability to pay for those services.

CROSSROADS COMMUNITY HOSPITAL, Mt. Vernon			
	2016	2017	2018
Net Patient Revenue (\$)	43,087,842	42,975,140	47,837,708
Amount of Charity Care (charges)	1.2% of net patient revenue	0.5% of net patient revenue	0.2% of net patient revenue
Cost of Charity Care (\$)	536,244	204,594	92,907

GALESBURG COTTAGE HOSPITAL, Galesburg			
	2016	2017	2018
Net Patient Revenue (\$)	64,576,277	63,910,368	58,072,814
Amount of Charity Care (charges)	0.5% of net patient revenue	0.1% of net patient revenue	0.1% of net patient revenue
Cost of Charity Care (\$)	309,753	38,924	32,584

GATEWAY REGIONAL MEDICAL CENTER, Granite City			
	2016	2017	2018
Net Patient Revenue (\$)	124,186,704	131,930,854	119,853,104
Amount of Charity Care (charges)	0.6% of net patient revenue	0.2% of net patient revenue	0.6% of net patient revenue
Cost of Charity Care (\$)	743,461	318,364	662,943

HEARTLAND REGIONAL MEDICAL CENTER, Marion			
	2016	2017	2018
Net Patient Revenue (\$)	106,229,851	107,493,477	122,956,140
Amount of Charity Care (charges)	1.2% of net patient revenue	1.1% of net patient revenue	1.1% of net patient revenue
Cost of Charity Care (\$)	1,307,347	1,223,011	72,702

RED BUD REGIONAL HOSPITAL, Red Bud			
	2016	2017	2018
Net Patient Revenue (\$)	23,915,249	25,232,661	28,080,998
Amount of Charity Care (charges)	0.9% of net patient revenue	0.3% of net patient revenue	0.3% of net patient revenue
Cost of Charity Care (\$)	208,815	80,088	90,677

UNION COUNTY HOSPITAL, Anna			
	2016	2017	2018
Net Patient Revenue (\$)	25,484,168	24,855,974	23,749,436
Amount of Charity Care (charges)	0.6% of net patient revenue	0.3% of net patient revenue	0.3% of net patient revenue
Cost of Charity Care (\$)	140,648	77,416	65,422

VISTA MEDICAL CENTER, Waukegan			
	2016	2017	2018
Net Patient Revenue (\$)	177,771,693	171,104,147	189,423,688
Amount of Charity Care (charges)	0.6% of net patient revenue	0.5% of net patient revenue	0.3% of net patient revenue
Cost of Charity Care (\$)	988,548	886,957	550,384

LINDENHURST SURGERY CENTER, Lindenhurst			
	2016	2017	2018
Net Patient Revenue (\$)	6,647,037	5,705,523	3,655,308
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care (\$)	0	0	0

EDWARDSVILLE AMBULATORY SURGERY CENTER, Glen Carbon			
	2016	2017	2018
Net Patient Revenue (\$)	2,077,101	9,449,802	9,375,547
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care (\$)	0	0	0

MONROE COUNTY SURGICAL CENTER, Waterloo			
	2016	2017	2018
Net Patient Revenue (\$)	838,982	1,259,556	1,227,717
Amount of Charity Care (charges)	0	0	0
Cost of Charity Care (\$)	0	0	0

The above charity care information is from the 2016, 2017 and 2018 Hospital Profiles and ASTC Profiles for each facility. The individual hospital charity care is not separately audited. Quorum Health Corporation's Form 10-K filed with the U.S. Securities and Exchange Commission for the year ended December 31, 2018 contains the following statement on charity care:

Charity Care

In the ordinary course of business, the Company provides services to patients who are financially unable to pay for hospital care. The related charges for those patients who are financially unable to pay that otherwise do not qualify for reimbursement from a governmental program are classified as charity care. The Company determines amounts that qualify for charity care primarily based on the patient's household income relative to the poverty level guidelines established by the federal government. The Company's policy is to not pursue collections for such amounts; therefore, the related charges are recorded in operating revenues at the standard billing rates and fully offset in contractual allowances. The Company's gross amounts of charity care revenues were \$33.0 million, \$34.0 million and \$34.6 million for the years ended December 31, 2018, 2017 and 2016, respectively.

The Company estimates the cost of providing charity care services utilizing a ratio of cost to gross charges and applying this ratio to the gross charges associated with providing care to charity patients for the period. The estimated costs of providing charity care services was \$5.5 million, \$5.6 million and \$5.7 million for the years ended December 31, 2018, 2017 and 2016, respectively. To the extent the Company receives reimbursement from any of the various governmental assistance programs to subsidize its care of indigent patients, the Company excludes the charges for such patients from the cost of care provided under its charity care program.

Quorum Health Corporation Revenue by Payor Source

The following table provides a summary of Quorum Health Corporation's net operating revenues for the years ended December 31, 2018, 2017 and 2016, by payor source (dollars in thousands):

	Year Ended December 31,					
	2018		2017		2016	
	\$ Amount	% of Total	\$ Amount	% of Total	\$ Amount	% of Total
Medicare	\$ 532,097	28.3%	\$ 613,846	29.6%	\$ 629,303	29.4%
Medicaid	352,111	18.7%	417,656	20.2%	430,609	20.1%
Managed care and commercial plans	754,572	40.2%	788,943	38.1%	813,565	38.0%
Self-pay and self-pay after insurance	157,435	8.4%	154,402	7.4%	159,914	7.6%
Non-patient	82,374	4.4%	97,323	4.7%	105,076	4.9%
Total net operating revenues	\$1,878,589	100.0%	\$2,072,170	100.0%	\$2,138,467	100.0%

Source: Quorum Health Corporation, Form 10-K filing with U.S. Securities and Exchange Commission for Fiscal Year ended December 31, 2018.

INDEX OF ATTACHMENTS		
ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	16-19
2	Site Ownership	20-22
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	23-24
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	25-27
5	Background of the Applicant	28-31
6	Change of Ownership	32-46
7	Charity Care Information	47-50