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: Illinois Valley Community Hospital		
Street Address: 925 West Street		
City and Zip Code: Peru 61354		
County: LaSalle	Health Service Area: II	Health Planning Area: C-2

Legislators

State Senator Name: Sue Rezin
State Representative Name: Lance Yednock

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

Exact Legal Name: SMP Illinois Region Health System
Street Address: 600 East First Street
City and Zip Code: Spring Valley 61362
Name of Registered Agent: Timothy A. Muntz
Registered Agent Street Address: 600 East First Street
Registered Agent City and Zip Code: Spring Valley, IL 61362
Name of Chief Executive Officer: Timothy A. Muntz
CEO Street Address: 600 East 1st Street
CEO City and Zip Code: Spring Valley 61362
CEO Telephone Number: 815-664-1372

Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ 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: Timothy A. Muntz
Title: President & CEO
Company Name: SMP Illinois Region Health System
Address: 600 East First Street, Spring Valley, IL 61362
Telephone Number: 815-664-1372
E-mail Address: tmuntz@aboutsmh.org
Fax Number: 815-664-1335

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

Name: Roy M. Bossen
Title: Attorney
Company Name: Hinshaw & Culbertson LLP
Address: 151 North Franklin, Suite 2500, Chicago, IL 60606
Telephone Number: 312-704-3067
E-mail Address: rbossen@hinshawlaw.com
Fax Number: 312-704-3001

Applicant Information. (Refer to Part 1130.220.)

Exact Legal Name: St. Margaret's Hospital
Street Address: 600 E. First Street
City and Zip Code: Spring Valley, Illinois 61362
Name of Registered Agent: Timothy A. Muntz
Registered Agent Street Address: 600 E. First Street
Registered Agent City and Zip Code: Spring Valley, Illinois 61362
Name of Chief Executive Officer: Timothy A. Muntz
CEO Street Address: 600 E. First Street
CEO City and Zip Code: Spring Valley, Illinois 61362
CEO Telephone Number: 815.664.1372

Type of Ownership of Applicant

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ 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: Timothy A. Muntz
Title: President & CEO
Company Name: SMP Illinois Region Health System
Address: 600 East First Street, Spring Valley, Illinois 61362
Telephone Number: 815.664.1372
E-mail Address: tmuntz@aboutsmh.org
Fax Number: 815.664.1335

Additional Contact. (Person who is also authorized to discuss the Application)

Name: Roy M. Bossen
Title: Attorney
Company Name: Hinshaw & Culbertson LLP
Address: 151 N. Franklin Street, Suite 2500, Chicago, Illinois 60606
Telephone Number: 312.704.3067
E-mail Address: rbossen@hinshawlaw.com
Fax Number: 312.704.3001

Applicant Information. (Refer to Part 1130.220.)

Exact Legal Name: Sisters of Mary of the Presentation Health System
Street Address: 1202 Page Dr.
City and Zip Code: Fargo, ND 58103
Name of Registered Agent: Aaron K. Alton
Registered Agent Street Address: 1202 Page Dr.
Registered Agent City and Zip Code: Fargo, ND 58103
Name of Chief Executive Officer: Aaron K. Alton
CEO Street Address: 1202 Page Dr.
CEO City and Zip Code: Fargo, ND 58103
CEO Telephone Number: 701-237-9290

Type of Ownership of Applicant

☒ Non-profit Corporation	☐ Partnership	
☐ For-profit Corporation	☐ Governmental	
☐ Limited Liability Company	☐ Sole Proprietorship	☐ 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: Aaron K. Alton
Title: President & CEO
Company Name: Sisters of Mary of the Presentation Health System
Address: 1202 Page Dr. Fargo, ND 58103
Telephone Number: 701-237-9290
E-mail Address: aaron.alton@smphs.org
Fax Number: 701-235-0906

Additional Contact. (Person who is also authorized to discuss the Application)

Name: Roy M. Bossen
Title: Attorney
Company Name: Hinshaw & Culbertson LLP
Address: 151 N. Franklin Street, Suite 2500, Chicago, Illinois 60606
Telephone Number: 312.704.3067
E-mail Address: rbossen@hinshawlaw.com
Fax Number: 312.704.3001

Applicant Information. (Refer to Part 1130.220.)

Exact Legal Name: IV HealthCorp, Inc.
Street Address: 925 West Street
City and Zip Code: Peru, Illinois 61354
Name of Registered Agent: Tommy W. Hobbs
Registered Agent Street Address: 925 West Street
Registered Agent City and Zip Code: Peru, Illinois 61354
Name of Chief Executive Officer: Tommy Hobbs
CEO Street Address: 925 West Street
CEO City and Zip Code: Peru, Illinois
CEO Telephone Number: (815) 780-3500

Type of Ownership of Applicant

☒ Non-profit Corporation ☐ Partnership
☐ For-profit Corporation ☐ Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ 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: Tommy Hobbs
Title: Chief Executive Officer
Company Name: Illinois Valley Community Hospital
Address: 925 West Street, Peru, Illinois 61354
Telephone Number: 815.780.3500
E-mail Address: Tommy.Hobbs@ivch.org
Fax Number: (815) 224-6745

Additional Contact. (Person who is also authorized to discuss the Application)

Name: Thomas Fahey
Title: Attorney
Company Name: Nixon Peabody LLP
Address: 70 W. Madison Street, Suite 3500, Chicago, Illinois 60602
Telephone Number: 312.977.4376
E-mail Address: tmfahey@nixonpeabody.com
Fax Number: 844.558.3821

Applicant Information. (Refer to Part 1130.220.)

Exact Legal Name: Illinois Valley Community Hospital
Street Address: 925 West Street
City and Zip Code: Peru, Illinois 61354
Name of Registered Agent: Richard James Martuzzo
Registered Agent Street Address: 1565 Illinois Street
Registered Agent City and Zip Code: LaSalle, Illinois 61301
Name of Chief Executive Officer: Tommy Hobbs
CEO Street Address: 925 West Street
CEO City and Zip Code: Peru, Illinois 61354
CEO Telephone Number: 815.780.3500

Type of Ownership of Applicant

☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐ 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: Tommy Hobbs
Title: Chief Executive Officer
Company Name: Illinois Valley Community Hospital
Address: 925 West Street, Peru, Illinois 61354
Telephone Number: 815.780.3600
E-mail Address: Tommy.Hobbs@ivch.org
Fax Number: (815) 224-6745

Additional Contact. (Person who is also authorized to discuss the Application)

Name: Thomas Fahey
Title: Attorney
Company Name: Nixon Peabody LLP
Address: 70 W. Madison Street, Suite 3500, Chicago, Illinois 60602
Telephone Number: 312.977.4376
E-mail Address: tmfahey@nixonpeabody.com
Fax Number: 844.558.3821

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: Timothy A. Muntz
Title: President & CEO
Company Name: SMP Illinois Region Health System and St. Margaret's Hospital
Address: 600 East First Street, Spring Valley, IL 61362
Telephone Number: 815-664-1372
E-mail Address: tmuntz@aboutsmh.org
Fax Number: 815-664-1335

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Illinois Valley Community Hospital
Address of Site Owner: 925 West Street, Peru, IL 61354
Street Address or Legal Description of the Site: **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: Illinois Valley Community Hospital	
Address: 925 West Street, Peru, IL 61354	
☒ Non-profit Corporation	☐ Partnership
☐ For-profit Corporation	☐ Governmental
☐ Limited Liability Company	☐ Sole Proprietorship ☐
Other	

Operating Identity/Licensee after the Project is Complete

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

Exact Legal Name: Illinois Valley Community Hospital

Address: 925 West Street, Peru, IL 61354

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- 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.

Sisters of Mary of the Presentation Health System ("SMP Health System") is the sole member of a newly created regional system, SMP Illinois Region Health System. Following the proposed affiliation by and among SMP Health System, St. Margaret's Hospital, IV HealthCorp, Inc., Illinois Valley Community Hospital, and Illinois Valley Community Hospital Foundation, SMP Illinois Region Health System will be the sole member of IV Health Corp, Inc., the parent corporation of Illinois Valley Community Hospital and, thus, Illinois Valley Community Hospital will undergo a change of ownership as it will then be controlled by the SMP Illinois Region Health System.

For further information, please see attachment 4A.

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: $_____

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):

December 31, 2020 or as soon thereafter as all closing conditions are satisfied.

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 [***Not applicable***]

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:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Sisters of Mary of the Presentation Health 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 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.

Sister Suzanne Stahl
SIGNATURE

Sr. Suzanne Stahl
PRINTED NAME

Chairperson of the Board
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28th day of September, 2020

Janet E. Gerszewski
Signature of Notary

Seal

JANET E. GERSZEWSKI
Notary Public
State of North Dakota
My Commission Expires Nov. 22, 2022

SIGNATURE

Aaron K. Alton
PRINTED NAME

President and Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 28th day of September, 2020

Janet E. Gerszewski
Signature of Notary

Seal

JANET E. GERSZEWSKI
Notary Public
State of North Dakota
My Commission Expires Nov. 22, 2022

*Insert the EXACT Title of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of St. Margaret's 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.

Joyce T. McCullough
SIGNATURE

Joyce T. McCullough
PRINTED NAME

Chairperson of the Board
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of September 2020

Bonnie L. Marusich
Signature of Notary

Seal

BONNIE L MARUSICH
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 30, 2021

Timothy A. Muntz
SIGNATURE

Timothy A. Muntz
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of September 2020

Bonnie L. Marusich
Signature of Notary

Seal

BONNIE L MARUSICH
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 30, 2021

*Insert the EXACT legal name of the applicant
St. Margaret's Hospital

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of SMP Illinois Region Health 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 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.

Joyce T. McCullough
SIGNATURE

Joyce T. McCullough
PRINTED NAME

Chairperson of the Board
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of September 2020

Bonnie L. Marusich
Signature of Notary

Seal

BONNIE L MARUSICH
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 30, 2021

Timothy A. Muntz
SIGNATURE

Timothy A. Muntz
PRINTED NAME

President & CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of September 2020

Bonnie L. Marusich
Signature of Notary

Seal

BONNIE L MARUSICH
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 30, 2021

*Insert the EXACT legal name of the applicant
SMP Illinois Region Health System

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of IV HealthCorp, 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.

SIGNATURE

James Loveland
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1ST day of OCTOBER 2020

Signature of Notary

Seal

KRISTINE MATSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 17, 2021

SIGNATURE

Tommy Hobbs
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1ST day of OCTOBER 2020

Signature of Notary

Seal

KRISTINE MATSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 17, 2021

*Insert the EXACT legal name of the applicant
IV HealthCorp, Inc.

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- in the case of a corporation, any two of its officers or members of its Board of Directors;
- 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);
- 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);
- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Illinois Valley Community 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.

SIGNATURE

James Loveland
PRINTED NAME

President
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of OCTOBER 2020

Signature of Notary

Seal

KRISTINE MATSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 17, 2021

SIGNATURE

Tommy Hobbs
PRINTED NAME

Chief Executive Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of OCTOBER 2020

Signature of Notary

Seal

KRISTINE MATSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 17, 2021

*Insert the EXACT legal name of the applicant
Illinois Valley Community Hospital

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."

To effect the Affiliation, SMP Illinois Region Health System was organized as an Illinois not-for-profit corporation on June 4, 2019. SMP Illinois Region Health System's sole member is Sisters of Mary of the Presentation Health System. Upon the closing of the Affiliation, SMP Illinois Region Health System will act as a "parent company" to IV HealthCorp, Inc. and St. Margaret's Hospital (as the sole member of both of them) and will indirectly control Illinois Valley Community Hospital and various affiliates of IV HealthCorp, Inc. and of St. Margaret's Hospital.

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
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	21
2	Site Ownership	27
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	29
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32
	4A – Narrative Description	33
5	Background of the Applicant	35
6	Change of Ownership	38
7	Charity Care Information	56

ATTACHMENT 1
Applicants

Copies of the following Applicants' certificates of good standing follow this page.

- SMP Illinois Region Health System
- St. Margaret's Hospital (hospital licensee)
- Sisters of Mary of the Presentation Health System
- IV HealthCorp, Inc. (pre-closing sole member of Illinois Valley Community Hospital)
- Illinois Valley Community Hospital (hospital licensee)

File Number 7173-547-8

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

SMP ILLINOIS REGION HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 04, 2019, 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* 23RD *day of* SEPTEMBER *A.D.* 2020 .

Authentication #: 2026702332 verifiable until 09/23/2021
Authenticate at: http://www.cyberdrive.illinois.com

Jesse White
SECRETARY OF STATE

File Number 0961-499-1

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

ST. MARGARET'S HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 19, 1905, 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* 23RD *day of* SEPTEMBER *A.D.* 2020 .

Authentication #: 2026702338 verifiable until 09/23/2021
Authenticate at: http://www.cyberdrive.illinois.com

Jesse White
SECRETARY OF STATE

State of North Dakota
SECRETARY OF STATE

Certificate of Good Standing
of
SISTERS OF MARY OF THE PRESENTATION HEALTH SYSTEM

SOS Control ID#: 0000025730

Certificate #: 019016116 - 1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

SISTERS OF MARY OF THE PRESENTATION HEALTH SYSTEM

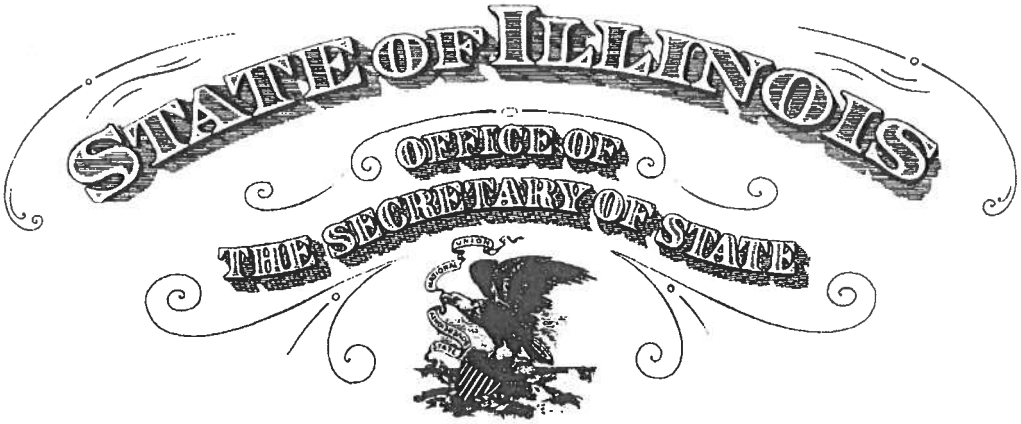
a Corporation - Nonprofit - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective August 11, 1980. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

DATE: September 23, 2020

Alvin A. Jaeger
Secretary of State

File Number 5441-289-4



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

IV HEALTHCORP, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 16, 1986, 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.

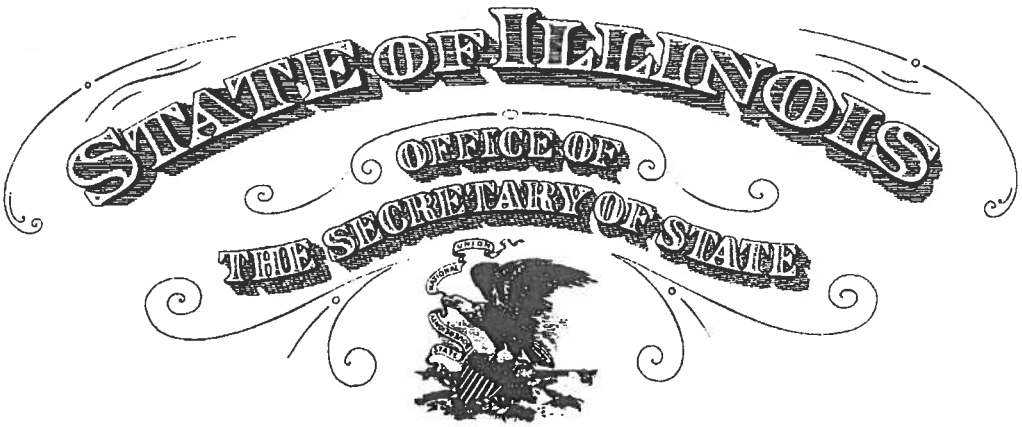
Authentication #: 2027502906 verifiable until 10/01/2021
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* OCTOBER *A.D.* 2020 .

Jesse White

SECRETARY OF STATE

File Number 5079-042-8



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

ILLINOIS VALLEY COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 1975, 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* 1ST *day of* OCTOBER *A.D.* 2020 .

Authentication #: 2027502930 verifiable until 10/01/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

ATTACHMENT 2
Site Ownership after the Project is Complete

Proof of Ownership of Illinois Valley Community Hospital follows this page.

Illinois Valley Community Hospital
925 West Street, Peru, Illinois 61354
Phone 815-223-3300 • Fax 815-223-3394
www.ivch.org

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

Dear Ms. Avery:

I hereby attest that the site of Illinois Valley Community Hospital, located at 925 West Street in Peru, Illinois, is owned by Illinois Valley Community Hospital.

Sincerely,

Tommy Hobbs
Chief Executive Officer

Notarized: State of Illinois, County of LaSalle

Subscribed and sworn before me this 25th day of Sept, 2020.

Kristine Matson
Notary Public

My commission expires: 2-17-2021

KRISTINE MATSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 17, 2021

ATTACHMENT 3
Operating Identity

Illinois Valley Community Hospital is the current licensee and operator of Illinois Valley Community Hospital. Upon the closing of the transaction, it will continue to be the licensee and operator of the hospital.

Copies of the documents listed below follow this page.

- Illinois Valley Community Hospital's general acute care hospital license; and
- Illinois Valley Community Hospital's certificate of good standing.

HF 119285

Illinois Department of PUBLIC HEALTH

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.

Ngozi O. Ezike, M.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2020		0003418

General Hospital

Effective: 01/01/2020

Illinois Valley Community Hospital
925 West Street
Peru, IL 61354

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 12/31/2020
Lic Number 0003418

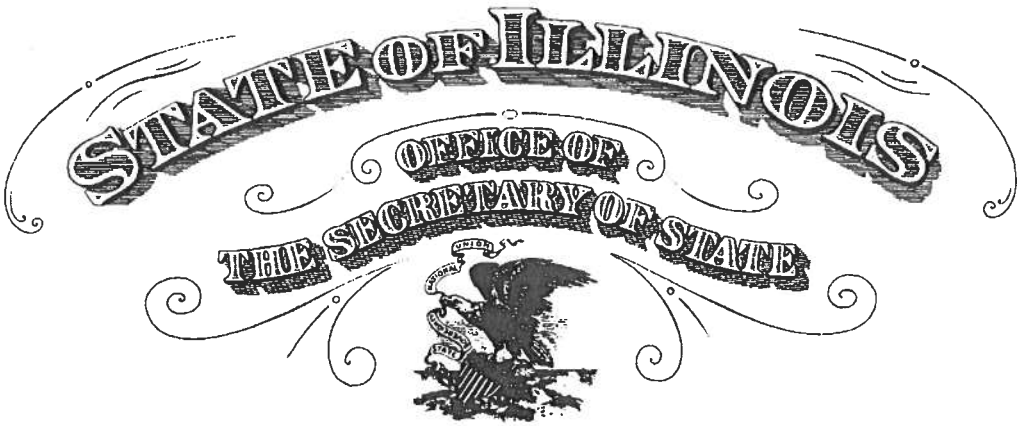
Date Printed 11/14/2019

Illinois Valley Community Hospital

925 West Street
Peru, IL 61354

FEE RECEIPT NO.

File Number 5079-042-8



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

ILLINOIS VALLEY COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 09, 1975, 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.

Authentication #: 2027502930 verifiable until 10/01/2021
Authenticate at: http://www.cyberdriveillinois.com

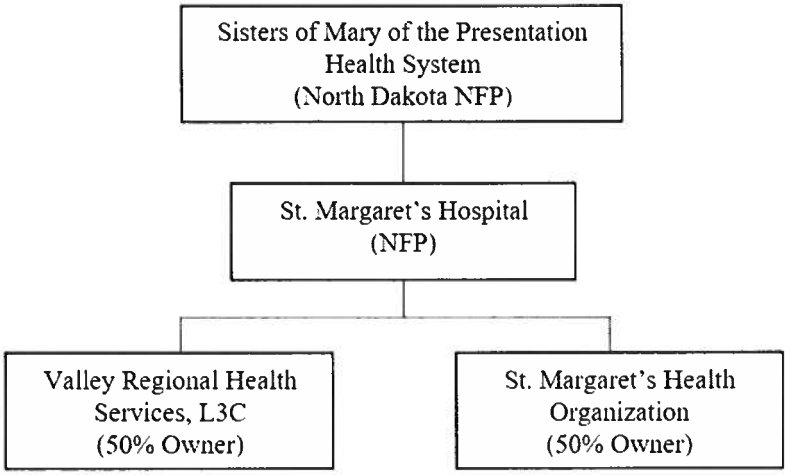
In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 1ST *day of* OCTOBER *A.D.* 2020 .

Jesse White

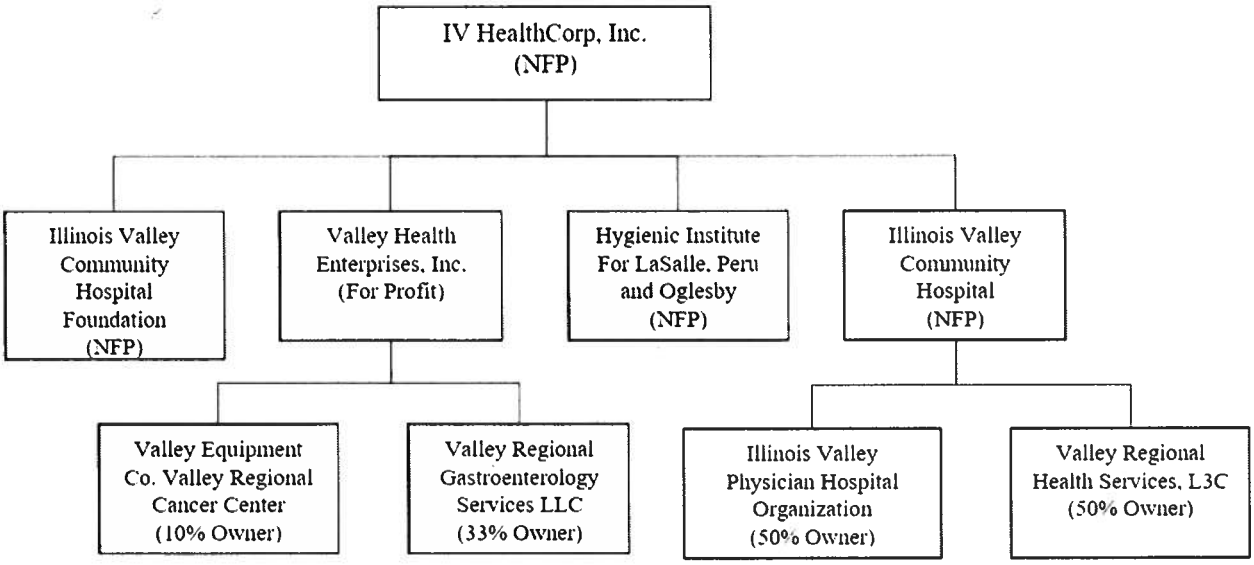
SECRETARY OF STATE

ATTACHMENT 4
Organizational Relationships

St. Margaret's Hospital's Pre-Affiliation Organization Chart:



IV HealthCorp's and Illinois Valley Community Hospital's Pre-Affiliation Organization Chart:



Attachment 4A
Narrative Description

St. Margaret's Hospital (Co-Applicant)

St. Margaret's Hospital, an Illinois not-for-profit corporation doing business as St. Margaret's Health, is a Sec. 501(c)(3) organization which owns and operates a 44 licensed bed hospital in Spring Valley, Illinois. The sole member of St. Margaret's Hospital is currently (i.e., before the Affiliation) Sisters of Mary of the Presentation Health System, a North Dakota nonprofit corporation also described in Sec. 501(c)(3) ("SMP Health System").

To effect the proposed Affiliation, SMP Illinois Region Health System was organized as an Illinois not-for-profit corporation on June 4, 2019. It has been recognized as a Sec. 501(c)(3) organization. The sole member of SMP Illinois Region Health System is SMP Health System.

Illinois Valley Community Hospital (Co-Applicant)

Illinois Valley Community Hospital, an Illinois not-for-profit corporation described in Sec. 501(c)(3) ("IVCH"), owns and operates a 49 licensed bed hospital in neighboring Peru, Illinois with facilities in Peru, LaSalle and Oglesby, Illinois. The sole member of Illinois Valley Community Hospital is IV HealthCorp, Inc., an Illinois not-for-profit corporation also described in Sec. 501(c)(3) ("IV HealthCorp").

Affiliation and the Role of SMP Illinois Region Health System (Co-Applicant)

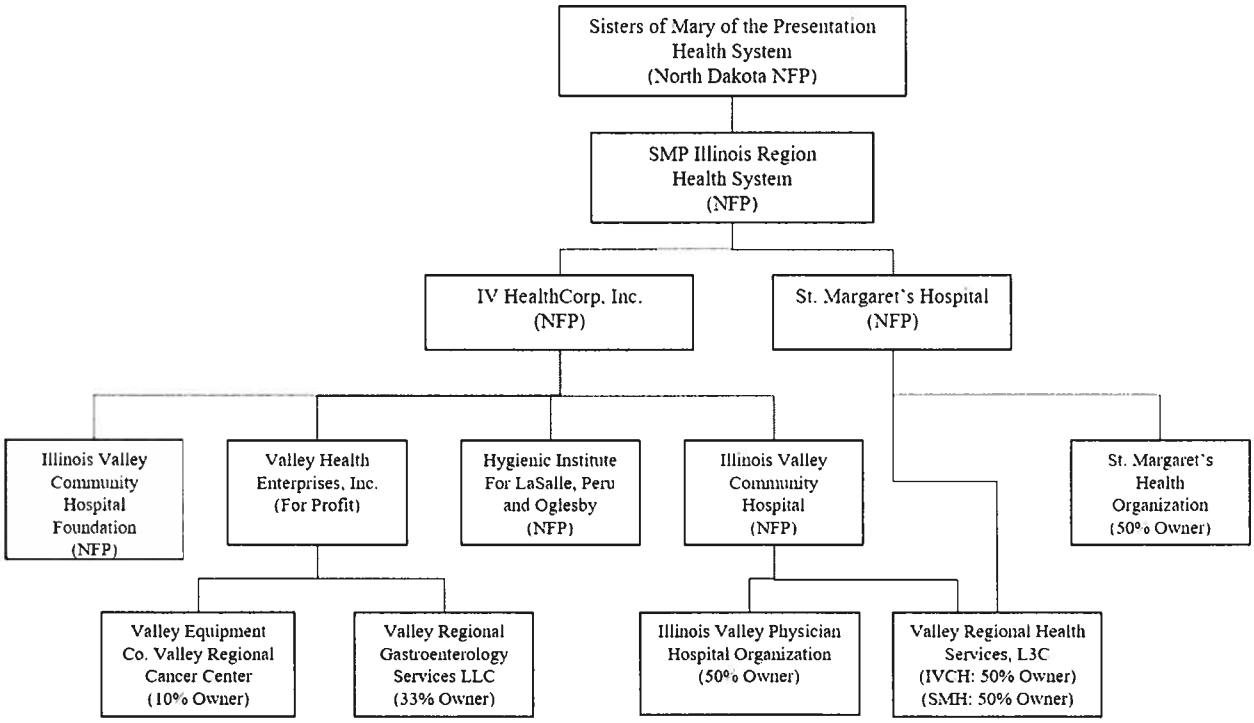
SMP Health System, St. Margaret's Hospital, IV HealthCorp, IVCH, and Illinois Valley Community Hospital Foundation intend to enter into an Affiliation Agreement in October 2020. Pursuant to the Affiliation Agreement and subject to approval of this Certificate of Exemption application, SMP Illinois Region Health System will become the sole member of St. Margaret's Hospital and IV Health Corp, the parent corporation of IVCH (the "Affiliation"). The Affiliation is scheduled to close December 31, 2020 or as soon thereafter as all closing conditions have been satisfied. As the sole member of both IV Health Corp and St. Margaret's Hospital, SMP Illinois Region Health System will act as a "parent company" to IV HealthCorp and St. Margaret's Hospital and will indirectly control IVCH and various affiliates/subsidiaries of IV HealthCorp and of St. Margaret's Hospital. An abbreviated, post-Affiliation organizational chart is included below.

To better ensure that SMP Illinois Region Health System can accomplish the charitable healthcare, religious, scientific and educational purposes for which it was organized, upon the effective date of the proposed Affiliation, the Articles of Incorporation and Bylaws of IV HealthCorp and St. Margaret's Hospital will be amended to substitute SMP Illinois Region Health System as the sole member of each corporation, vested with extensive reserve powers over each corporation and indirect reserve powers over each corporation's affiliates/subsidiaries.

In furtherance of its charitable healthcare, religious, scientific and educational purposes, SMP Illinois Region Health System will perform the following for IV HealthCorp, Inc., Illinois Valley Community Hospital, St. Margaret's Hospital and their affiliates/subsidiaries:

- Provide policy and direction, including long-range, strategic and financial planning;
- Assist in the development of strategic plans, management objectives, and capital and operating budgets;
- Develop new charitable activities;
- Coordinate governmental relations activities;
- Coordinate and manage the acquisition, erection, support, maintenance and equipping by its affiliates and itself of healthcare facilities;
- Foster and promote contributions for and on behalf of their charitable activities.

Post-Affiliation Organizational Chart:



ATTACHMENT 5
Background of Applicant

SMP Illinois Region Health System

1. Applicant, SMP Illinois Region Health System, either owns and/or operates the following facilities (with applicable certification and licensing information, if applicable).

None.

2. A corporate officer or director, LLC members, partner, or owners of at least 5% of SMP Illinois Region Health System currently owns or operates the following health care facilities in Illinois.

None.

3. SMP Illinois Region Health System, by its representatives' signatures to its Certification page of this Application, certifies that neither Medicare, Medicaid, nor any State or Federal regulatory authority has taken any adverse action against any facility that Applicant owns or operates, either directly or indirectly, during the 3 years before the filing of this Application; and

4. SMP Illinois Region Health System, by its representatives' signatures to its Certification page of this Application, authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access documentation (including official records of IDPH or other State agencies, the licensing or certification records of other states, when applicable, and the records of nationally recognized accreditation organizations) necessary to verify any documentation or information Applicants submitted in this Application.

St. Margaret's Hospital

1. Applicant, St. Margaret's Hospital, either owns and/or operates the following facilities (with applicable certification and licensing information, if applicable).

St. Margaret's Hospital
License No. 0002576.
Medicare No. 14-0143.

2. A corporate officer or director, LLC members, partner, or owners of at least 5% of St. Margaret's Hospital currently owns or operates the following health care facilities in Illinois.

None.

3. St. Margaret's Hospital, by its representatives' signatures to its Certification page of this Application, certifies that neither Medicare, Medicaid, nor any State or Federal regulatory authority has taken any adverse action against any facility that Applicant owns or operates, either directly or indirectly, during the 3 years before the filing of this Application; and

4. St. Margaret's Hospital, by its representatives' signatures to its Certification page of this Application, authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access documentation (including official records of IDPH or other State agencies, the licensing or certification records of other states, when applicable, and the records of nationally recognized accreditation organizations) necessary to verify any documentation or information Applicants submitted in this Application.

Sisters of Mary of the Presentation Health System

1. Applicant, Sisters of Mary of the Presentation Health System, either owns and/or operates the following facilities (with applicable certification and licensing information, if applicable).

None.

2. A corporate officer or director, LLC members, partner, or owners of at least 5% of Sisters of Mary of the Presentation Health System currently owns or operates the following health care facilities in Illinois.

None.

3. Sisters of Mary of the Presentation Health System, by its representatives' signatures to its Certification page of this Application, certifies that neither Medicare, Medicaid, nor any State or Federal regulatory authority has taken any adverse action against any facility that Applicant owns or operates, either directly or indirectly, during the 3 years before the filing of this Application; and

4. Sisters of Mary of the Presentation Health System, by its representatives' signatures to its Certification page of this Application, authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access documentation (including official records of IDPH or other State agencies, the licensing or certification records of other states, when applicable, and the records of nationally recognized accreditation organizations) necessary to verify any documentation or information Applicants submitted in this Application.

IV HealthCorp, Inc.

1. Applicant, IV HealthCorp, Inc., either owns and/or operates the following facilities (with applicable certification and licensing information, if applicable).

None.

2. A corporate officer or director, LLC members, partner, or owners of at least 5% of IV HealthCorp, Inc. currently owns or operates the following health care facilities in Illinois.

None.

3. IV HealthCorp, Inc., by its representatives' signatures to its Certification page of this Application, certifies that neither Medicare, Medicaid, nor any State or

Federal regulatory authority has taken any adverse action against any facility that Applicant owns or operates, either directly or indirectly, during the 3 years before the filing of this Application; and

4. IV HealthCorp, Inc., by its representatives' signatures to its Certification page of this Application, authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access documentation (including official records of IDPH or other State agencies, the licensing or certification records of other states, when applicable, and the records of nationally recognized accreditation organizations) necessary to verify any documentation or information Applicants submitted in this Application.

Illinois Valley Community Hospital

1. Applicant, Illinois Valley Community Hospital, either owns and/or operates the following facilities (with applicable certification and licensing information, if applicable).

Illinois Valley Community Hospital
License No. 0003418.
Medicare No. 14-0234.

2. A corporate officer or director, LLC members, partner, or owners of at least 5% of Illinois Valley Community Hospital currently owns or operates the following health care facilities in Illinois.

None.

3. Illinois Valley Community Hospital, by its representatives' signatures to its Certification page of this Application, certifies that neither Medicare, Medicaid, nor any State or Federal regulatory authority has taken any adverse action against any facility that Applicant owns or operates, either directly or indirectly, during the 3 years before the filing of this Application; and

4. Illinois Valley Community Hospital, by its representatives' signatures to its Certification page of this Application, authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health to access documentation (including official records of IDPH or other State agencies, the licensing or certification records of other states, when applicable, and the records of nationally recognized accreditation organizations) necessary to verify any documentation or information Applicants submitted in this Application.

ATTACHMENT 6
1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility

1130.520(b)(1)(A) – Name of the Parties:

SMP Illinois Region Health System
St. Margaret's Hospital
Illinois Valley Community Hospital
IV HealthCorp, Inc.

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.

St. Margaret's Hospital was founded in 1903 and currently has approximately 764 employees. The current corporate member of St. Margaret's Hospital is SMP Health System, a not-for-profit Catholic health system sponsored by Sisters of Mary of the Presentation Health System. The SMP Health System, through St. Margaret's Hospital, has been providing hospital services in the Spring Valley area for over a hundred years. It is because of this commitment to the Spring Valley area and the surrounding communities that SMP Illinois Region Health System, St. Margaret's Hospital, Illinois Valley Community Hospital, and IV HealthCorp, Inc. intend to affiliate.

IVHealthCorp, Inc.is an Illinois not-for-profit corporation, and is the sole corporate member of Illinois Valley Community Hospital, among other Illinois Valley entities. Illinois Valley Community Hospital has also over a hundred years of committed service to the Illinois Valley region. It operates a 49 bed licensed facility in Peru, Illinois, and has approximately 560 employees.

No adverse action has been taken against either of St. Margaret's Hospital, SMP Health System, IV HealthCorp, Inc. or Illinois Valley Community Hospital within three (3) years preceding the filing of this application.

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

To effect the Affiliation, SMP Illinois Region Health System was organized as an Illinois not-for-profit corporation on June 4, 2019. SMP Illinois Region Health System's sole member is Sisters of Mary of the Presentation Health System. SMP Illinois Region Health System will act as a "parent company" to IV HealthCorp, Inc. and St. Margaret's Hospital (as the sole member of both of them) and will indirectly

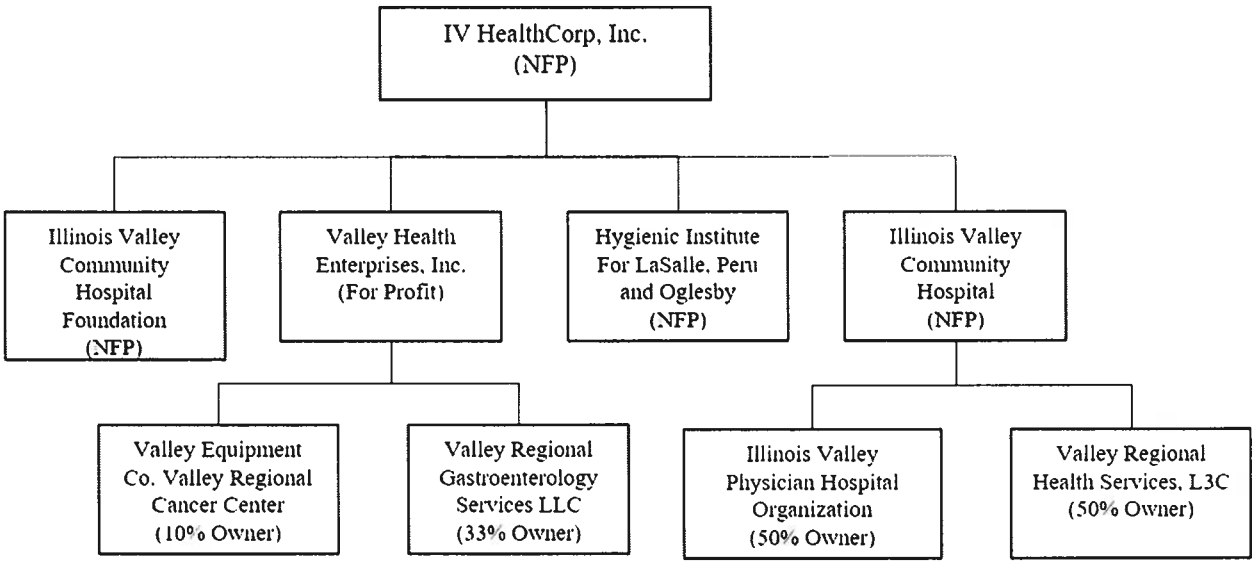
control Illinois Valley Community Hospital and various affiliates of IV HealthCorp, Inc. and of St. Margaret's Hospital.

1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction

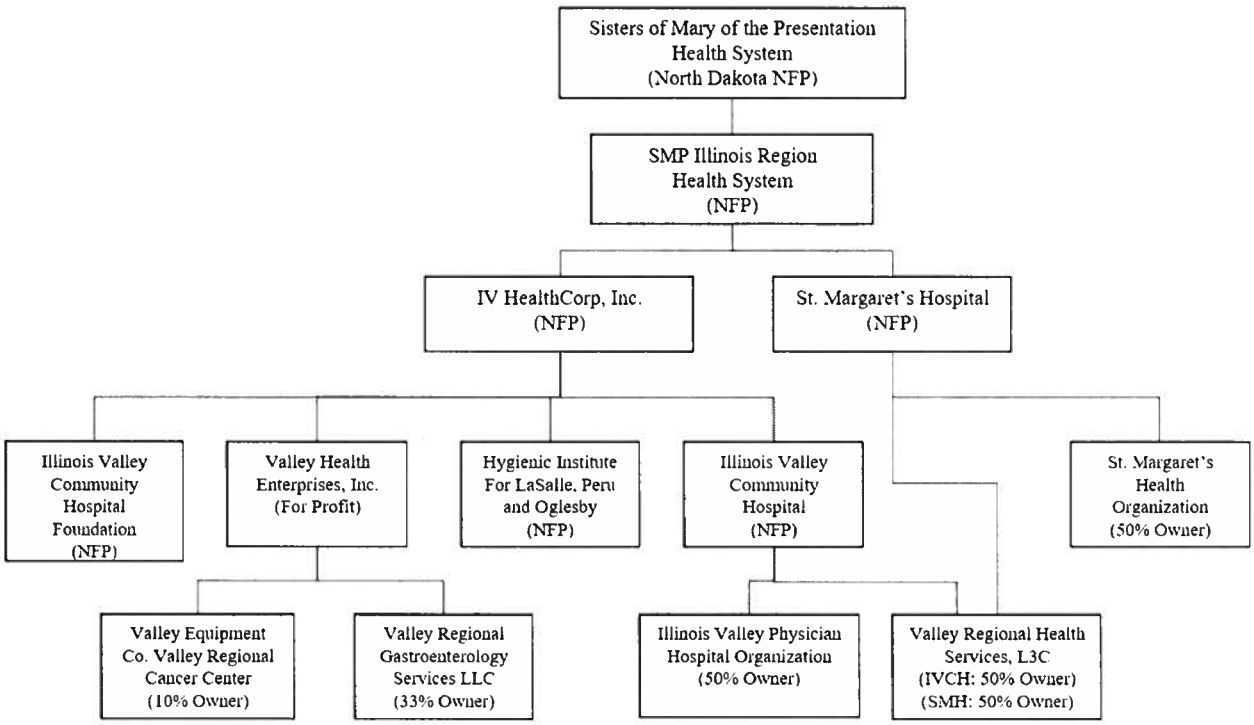
Illinois Valley Community Hospital will remain the licensed entity following the transaction.

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.

The sole member of Illinois Valley Community Hospital is currently IV HealthCorp, Inc., an Illinois not-for-profit corporation also described in Sec. 501(c)(3). IV HealthCorp, Inc. has no members. A pre-affiliation, pictorial listing of IV HealthCorp, Inc. and its affiliates/subsidiaries is as follows:



Immediately after the Affiliation, IV HealthCorp, Inc. will still be the sole member of Illinois Valley Community Hospital. However, SMP Illinois Region Health System will become the sole member of IV HealthCorp, Inc. A post-affiliation, pictorial listing of Sisters of Mary of the Presentation Health System and the various IVCH and St. Margaret's entities which it will control, directly or indirectly, is as follows:



1130.520(b)(1)(F) - Fair market value of assets to be transferred.

The fair market value of IVCH is $14,116,639. This figure reflects the FY 2019 Net Assets of IVCH as reported on the audited consolidated financial statement of IV HealthCorp, Inc. It represents a snapshot of the Net Asset value which is subject to changes over time based on fluctuations in the data in the ordinary and non-ordinary course of business.

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)]

N/A

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

There are no outstanding projects for which permits have been issued by Illinois Health Facilities and Services Review Board for St. Margaret's Hospital or SMP

Illinois Region Health System. Additionally, neither IV HealthCorp, Inc. nor Illinois Valley Community Hospital have outstanding projects for which permits have been issued.

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.

The IVCH Charity Care Policy in effect in 2020 will stay in effect for at least two years post-Closing of the Affiliation.

1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community

The proposed Affiliation will lead to the creation of a new integrated and vibrant local health care system. The new health system will:

- Preserve and enhance health care in the communities served by St. Margaret's Hospital and IVCH;
- Promote greater access to and improved coordination of health care services to the community served;
- Leverage the strengths of two established providers to ensure access to high quality cost-effective health care;
- Integrate and strengthen clinical programs;
- Increase efficiency and eliminate duplication of administrative services and redundant costs;
- Ensure local access to strong network of physicians and ambulatory clinics;
- Assess opportunities to provide new services in the area; and
- Evaluate plans to consolidate service lines across the sites.

Each hospital is running at less than half capacity for inpatient beds. IVCH's average inpatient census has declined from 18.9 to 16.7 from fiscal year 2017 through fiscal year 2019, which in fiscal year 2019 translates to 34% occupancy. St. Margaret's Hospital's inpatient census average for the same period went from 17.7 to 16.9, with an occupancy rate of 38% in fiscal year 2019. IVCH is licensed for 49 beds, while St. Margaret's Hospital is licensed for 44 beds. The consolidation of service lines across the two sites would result in operational efficiencies, ensuring local access to high quality cost-effective health care. At this time, SMP Illinois Region Health System is reviewing, and will continue to review, alternatives presented by consultants with respect to consolidation of services across the sites.

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.

Currently, IVCH is experiencing significant cashflow problems and is running through its reserves quickly. It is already in default under its bond covenants, and soon will have problems meeting other financial metrics. IVCH has experienced operating losses of in excess of $2,000,000 in fiscal year 2017 and in excess of $5,900,000 in both fiscal year 2018 and fiscal year 2019. Clearly, this is not sustainable. At the same time, St. Margaret's Hospital has gone from an operating income in excess of $2,000,000 in fiscal year 2017 to an operating loss of approximately $3,100,000 in fiscal year 2019.

SMP Illinois Region Health System is engaging in a comprehensive review of hospital operations at both facilities. That review will conclude after the change of ownership is complete. As part of that review, it will seek to identify operational changes that would result in cost savings while also improving services to its patients. These operational changes could include the consolidation of services across the sites. If such changes require approval of the Illinois Health Facilities Service Review Board, the hospitals will seek permission from the Illinois Health Facilities Service Review Board prior to making any such changes. To the extent that cost savings are identified and realized, the parent organization that operates both hospitals will reduce the cost of care for the communities as it finds appropriate.

St. Margaret Hospital's total revenue increased slightly from approximately $84,500,000 in fiscal year 2017 to approximately $86,800,00 in fiscal year 2019, whereas IVCH's total revenue has declined from approximately $86,000,000 in fiscal year 2017 to approximately $83,300,000 in fiscal year 2019. While review has begun to maximize efficiencies and determine which services may be consolidated, preliminarily projections show savings in year one post-consolidation will be approximately $1,000,000 and in year three approximately $4,700,000. Eliminating redundancy in clinic operations could result in an additional $600,000 savings in year one and approximately $2,500,000 in year three post-consolidation.

1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control.

IVCH's Quality Assurance and Performance Improvement Plan is enclosed as Exhibit A to this Attachment 6.

1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body.

a. *Reorganization of SMP Illinois Region Health System.*

At and as of the Closing of the Affiliation, the Articles of Incorporation and Bylaws of SMP Illinois Region Health System will be amended and restated. Pursuant thereto, for the five (5) year period commencing as of the Closing Date, SMP Illinois Region Health System's Board of Directors will have between six (6) and eleven (11) members and will include the President & CEO of SMP Illinois Region Health System in a voting, *ex-officio* capacity. The remaining members of the Board of Directors will be composed, as follows: sixty percent (60%) will be representatives of the SMP Parties and forty percent (40%) will be representatives of the IV Parties. After said five (5) year period, all SMP Illinois Region Health System Board members shall be appointed by Sisters of Mary of the Presentation Health System, in its sole discretion, without reference to community or predecessor hospital affiliation. At and as of the Closing, SMP Illinois Region Health System will become the sole member of St. Margaret's Hospital and IV HealthCorp, Inc. Any subsequent corporate restructuring involving IV HealthCorp, Inc., Illinois Valley Community Hospital, St. Margaret's Hospital or their affiliates/subsidiaries will be in the sole discretion of Sisters of Mary of the Presentation Health System.

b. *Reorganization of IV HealthCorp, Inc.*

Post-Closing, the IV HealthCorp, Inc. Board of Directors shall be reduced in size, composed of individuals chosen by SMP Illinois Region Health System and be responsible only for matters as set forth by SMP Illinois Region Health System. At the discretion of Sisters of Mary of the Presentation Health System, IV HealthCorp, Inc. may be dissolved at any point in the future, with SMP Illinois Region Health System becoming the sole member of Illinois Valley Community Hospital, Illinois Valley Community Hospital Foundation and possibly certain affiliates/subsidiaries thereof, as determined by and in the sole discretion of Sisters of Mary of the Presentation Health System.

c. *Reorganization of Illinois Valley Community Hospital.*

Post-Closing, the Illinois Valley Community Hospital Board of Directors shall be reduced in size, composed of individuals chosen by SMP Illinois Region Health System and be responsible for credentialing, quality assurance and other matters as set forth by SMP Illinois Region Health System.

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.

After the closing of the Affiliation, SMP Illinois Region Health System intends to continue with its comprehensive review of all services provided at each hospital

and each community served by the new system. Recommendations from this review will be reviewed by the applicable hospital boards and SMP Illinois Region Health System. To the extent that the review identifies changes in services or staffing, or additional investments in physical plants, the SMP Illinois Region Health System board, through the individual hospital boards, will determine which changes or investments are in the best interest of the communities served, and implement changes as it determines appropriate. If such changes require approval of the Illinois Health Facilities Service Review Board, the hospitals will seek permission from the Illinois Health Facilities Service Review Board prior to making any such changes.

EXHIBIT A
IVCH's Quality Assurance and Performance Improvement Plan

IVCH

Quality Assurance and Performance Improvement Plan

FY 2021

1

SUBJECT: **QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN**

ANNUAL REVIEW MONTH: _____

RESPONSIBLE FOR REVIEW: Quality Management Director

INTRODUCTION

The Quality Assurance and Performance Improvement Plan (the Plan) is a description of the organizational, multidisciplinary, and systematic performance improvement function designed to support the Mission, Vision and Values of IV Health Corporation (IVHC). IVHC includes: Illinois Valley Community Hospital, IVCH Medical Group, Hygienic Institute, and Family Home Medical Equipment. The Performance Improvement Communication Process may be found in (Attachment A). The intent of the Plan is to identify the organization's systematic approach to improving and sustaining its performance through the prioritization, design, implementation, monitoring, and analysis of performance improvement initiatives. Moreover, the Plan is an ongoing program that demonstrates measurable improvement in indicators for which there is evidence that they will improve patient outcomes, and identify and reduce medical errors. In accordance with the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (COPs) and the vision of the organization established expectations include but are not limited to:

1. Providing a safe environment for patients, visitors, and staff,
2. Performing patient care services in a timely and efficient manner,
3. Participation of all staff in Performance Improvement activities.

Mission: Illinois Valley Community Hospital is dedicated to providing exceptional care through a commitment to clinical excellence and compassion for every patient, every day.

Vision: By constantly exceeding expectations, Illinois Valley Community Hospital will be known as the place where patients want to receive care, physicians want to practice and employees want to work.

Standards of Service Excellence: These standards address Attitude, Image, Communication, Confidentiality, Teamwork, Privacy, Safety/Awareness, Sense of Ownership/Accountability, Professional Growth and Diversity.

PURPOSE

The purpose of the Plan is to promote delivery of the highest quality, safest, efficient, and cost-effective care possible. This plan is for the use of all staff to continually monitor and improve the processes they perform, with the goal to improve the quality of care, improve client/staff/visitors safety, and control and reduce costs.

AUTHORITY AND ACCOUNTABILITY

The Quality Assurance and Performance Improvement (QAPI) Committee maintains overall responsibility for the implementation of the Plan. The QAPI Committee provides support and authority to both administrative and clinical professional leaders and appropriate committees or teams in their endeavors to provide optimal patient care and improve patient safety and improve other hospital operations.

SCOPE

The Plan encompasses all services, programs, and departments of IVHC as they strive to assess and improve those managerial, clinical and support processes that most affect patient outcomes and safety, with particular emphasis on those that are high-risk, problem prone, prompted by reliable data or suggestive of undesirable trends, affect a large percentage of patients, and place patients at risk if:

- Not performed well;
- Performed when not indicated;
- Not performed when indicated; and/or
- Have been, or are likely to be, problematic.

Leaders determine the importance of the processes selected for improvement in relation to the mission and available resources through strategic planning, as well as concerns of individuals served, their families, staff, payers, reform/legislation initiatives, regulatory and accreditation agencies and other customers.

OBJECTIVE

The Hospital Leadership provides resources through the Quality Management Department to facilitate a successful Quality Assurance and Performance Improvement (QAPI) program. The QAPI culture throughout IVHC encourages each and every employee to identify opportunities for improvement. The objectives of this program are as follows:

1. To improve the quality of patient care through assessment and evaluation of the functions, processes and outcomes, utilizing identified measures of performance;

2. To aggregate the results of measures of performance and to analyze the results

using statistical tools and techniques to identify trends and patterns that do not meet standards, expectations, and/or desirable outcomes set by hospital leadership;

3. To communicate performance improvement activities, findings, actions and the effectiveness of improvement strategies by establishing specific reporting formats and timeframes to clinical and support staff, the QAPI Committee, Quality Assurance and Patient Safety (QAPS) Committee, Board of Directors and others as required by policy and regulatory/accreditation standards;

4. To set expectations for performance improvement by defining the roles of the QAPI Committee, medical staff leaders, other department leaders, and employees;

5. To reduce malpractice and general liability claims by establishing operational linkages and sharing information as appropriate amongst the Environment of Care Committee, Grievance Committee, Infection Control Committee, the Medical Executive Committee, Quality Assurance and Patient Safety Committee, and the Board of Directors as well as other administrative offices as appropriate;

6. To increase organization-wide involvement in the QAPI Program establishing multidisciplinary performance improvement teams where appropriate to assess and improve processes;

7. To assist in evaluating the quality of services provided by outside contract services by requiring regular performance measurement reports from those services.

The Hospital Leadership provides resources through the Quality Management Department to facilitate a successful QAPI program. IVHC has adopted a non-punitive or "Just Culture" and encourages each and every employee to report near-miss, suspected and actual medical/health care incidents, and should do so without the fear of reprisal in relationship to their employment. The objectives of this program are as follows:

1. To periodically survey staff on the culture of safety and staff willingness to report errors. A culture of patient safety is encouraged. Components of our culture include our staff, processes/technology, communication, and attitude. The "Just Culture" model is a component of our culture of safety. The concept that risk events occur, in part, due to a breakdown in systems or processes is supported;

2. To query patients in regard to their perception of the safety of the hospital environment and care;

3. To put in place interventions for prevention of hospital acquired conditions;

4. To educate staff on patient safety topics, including our culture of safety during the orientation period;

5. To ensure patient informational materials include, but are not limited to, brochures in inpatient and ambulatory surgery packets, brochures in waiting areas and posted information. Patients/families are encouraged to report patient care or safety concerns to staff, the Department Manager, the Patient Representative, or Hospital Administration;

6. To encourage consistency in processes and procedures;

7. To support staff on compliance with the facility performance goals;

8. To incorporate patient safety expectations into performance expectations,

9. To assist in informing patients, and when appropriate their families of unanticipated outcomes of care;

10. To ensure policies & procedures are in place to keep patients safe and meet their needs in areas, such as, the environment of care, infection prevention and control; medication management; emergency management; information management; human resources; the provision of care, treatment, and services; patient rights and responsibilities; life safety, and waived testing.

Services Role

11. To ensure department leaders follow up with staff when risk events occur. Human Resources policies and The Just Culture Model provide guidance. Just Culture refers to an environment of shared accountability. The Just Culture includes three types of behavior:

- Human error - Inadvertent action, a mistake, doing something other than what should have been done. Examples may include a data entry error, a math error, and a mislabeling error. Follow up may include staff education, a review policy/procedure, and/or verbal counseling.
- At risk behavior - A choice that increases risk because it is not recognized or because it is believed to be justified. An example of at risk behavior includes labeling a specimen at the nurse' station rather than in the presence of the patient. Coaching and the development of a corrective action plan with a written warning are encouraged.
- Reckless behavior - A choices to consciously disregard a risk that is substantial and unjustifiable. An example of reckless behavior is at risk behavior that has been previously coached, repeated failure to identify a

patient prior to a procedures, and obvious disregard of patient safety. Disciplinary action, up to, and including termination are encouraged.

RESPONSIBILITIES

While performance improvement and patient safety is the responsibility of every employee of IVHC, Hospital leadership is responsible for fostering the Plan's implementation and monitoring its progress. Responsibilities by function areas are delineated below:

Quality Assurance and Patient Safety Committee assists the Board of Directors (BOD) in overseeing and ensuring the quality of clinical care, patient safety and customer service provided throughout Illinois Valley Health Corporation by:

1. Reviewing and recommending multi-year Strategic Quality Plan with short and long-term improvement measures;

2. Reviewing and recommending quality and safety related policies and standards;

3. Approving and monitoring a dashboard of key performance indicators compared to organizational goals and industry benchmarks;

4. Reviewing serious reportable events and root cause analyses; if appropriate, recommend corrective action;

5. Monitoring summary reports of hospital and medical staff Quality Assurance and Patient Safety activities;

6. Reviewing management's corrective action plans with regard to negative variances and serious errors;

7. Overseeing compliance with quality and safety related accreditation standards;

8. Making recommendations to the BOD on matters related to quality of care, patient safety, customer service and organizational culture.

The QAPI Committee which includes the following representatives Chief Executive Officer, Chief Nursing Officer, Director of Labor and Delivery Services, Director of Pharmacy, Director of Medical/Surgical/ICU Floors, Chief Financial Officer, Performance Improvement Specialist and Quality Management Director. Ad hoc members will be represented when necessary.

1. Reviews and approves or amends procedures and systems for measuring, gathering, analyzing, and using information under the QAPI Program;

2. Sets standards, expectations, and desirable outcomes for performance indicators;

3. Reviews and responds to QAPI performance data and reviews the status of QAPI Teams;

4. Reviews the effectiveness of the QAPI Program and authorizes the necessary resources and/or changes in organizational structure, systems and staff to improve program performance;

5. Assures that all employees are educated in performance improvement principles and methods to allow them to support and encourage necessary organizational change;

6. Assures that all leadership positions support the performance improvement process.

7. Reviews results and recommendations for improvement from morbidity and mortality reviews, of the Grievance, Environment of Care, and Infection Control Committees.

Medical Staff Leaders and Administrative Staff:

1. Develop performance indicators relevant to the services provided, aggregate and analyze the results, take actions to improve performance when indicated, and monitor the effectiveness of actions taken;

2. Develop a peer review process to ensure that all clinical professionals meet the required licensure and/or certification requirements and that duties and responsibilities are performed in accordance with standards and expectations set by clinical leadership and are based on nationally recognized best practices;

3. Take a leadership role in improving processes for the clinical services being managed;

4. Ensure that findings, conclusions, recommendations, and actions taken to improve the performance of clinical services are implemented or communicated to the appropriate responsible staff;

Department Leaders:

1. Develop performance indicators relevant to the services provided, aggregate and analyze the results, take actions to improve performance and patient safety when indicated, and monitor the effectiveness of actions taken;

2. Ensure that findings, conclusions, recommendations, and actions taken to improve service/department/office performance and patient safety are implemented and communicated to the appropriate responsible staff;

Quality Management Department:

1. Provides resources for an ongoing, systematic process to track the evaluation of the quality and appropriateness of patient care and other hospital operations;

2. Develops and utilizes standardized data gathering, display and formats for reporting performance improvement and patient safety data that is timely, accurate, and accessible;

3. Establishes mechanisms for data collection, data organization, and data presentation to support the performance improvement and patient safety programs;

4. Assures the communication of results of the monitoring and evaluation process to the QAPI Committee, to the Quality Assurance and Patient Safety Committee and Board of Directors;

5. Provides staff support directly and through designees to the PI/PS teams;

6. QAPS regarding data, information, and support available to assist with the required monitoring and evaluation activities;

7. Provides assistance for performance improvement teams, which may include preparation of reports, tabulation of findings, presentation of analysis, and the gathering of data required to monitor the effectiveness of PI/PS improvement strategies;

8. Provides reports for the annual review of the QAPI and QAPS Programs;

9. Maintains appropriate documentation of QAPI and QAPS activities;

10. Acts as liaison with external agencies requesting information on performance improvement activities and/or other appropriate data;

11. Develops QAPI and QAPS program guidelines and presents information about QAPI and methodologies that best fit with the performance initiative being

implemented at new employee orientation as an ongoing program that shows measureable improvement that will improve patient care outcomes.

All IVCH Employees:

1. Communicate ideas for improving hospital processes and operations to the appropriate department leader or the Quality Management Department;

2. Participate in performance improvement teams and performance improvement activities as assigned;

3. Complete all required training related to the IVCH QAPI Program.

CONFIDENTIALITY

Confidentiality is essential to QAPI process. This organization maintains full compliance with the Health Care Quality Improvement Act of 1986. The Medical Executive Committee has passed a resolution authorizing the Quality Management Director, or designee the authority to perform and/or conduct the QAPI processes and protect the process from outside review. These processes include but are not limited to: gathering of data, screening information, correspondence, work product, reporting, recommendations and communication within or outside of the organization. A breach of confidentiality is considered an extremely serious violation of professional ethics and organizational protocol and subject to disciplinary action.

APPRAISAL

The QAPI Program will be evaluated annually for effectiveness in achieving the objectives and goals of the program.

REFERENCES:

United States Center for Medicare and Medicaid Services, Conditions of Participation (see Interpretive Guidelines link on hospital intranet under Organizational Effectiveness).

ADOPTION

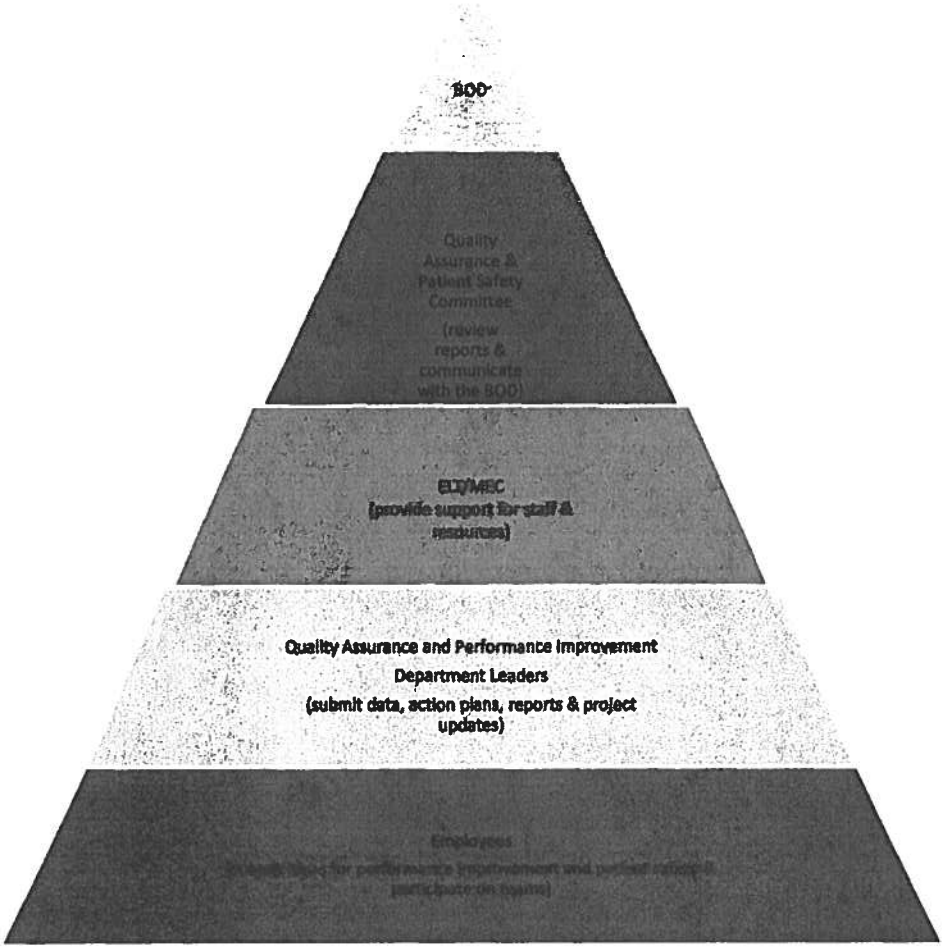
This Program has been reviewed and approved by:

Chief Executive Officer	7/29/2020 Date
President, Medical Staff	7/30/2020 Date
President, Board of Directors	7/29/20 Date

10

ATTACHMENT A

PERFORMANCE IMPROVEMENT COMMUNICATION PROCESS



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ATTACHMENT 7
Charity Care Information

For St. Margaret's Hospital (from audit reports):

	FY2017	FY2018	FY2019
Net Patient Revenue	$82,864,414	$84,676,946	$85,714,901
Charity Charges	$3,010,636	$2,782,404	$3,107,462
Charity Costs	$1,038,000	$1,012,000	$1,095,000
Ratios of Charity Cost to Net Patient Revenue	1.25%	1.20%	1.28%

For Illinois Valley Community Hospital (from audit reports)

	FY2017	FY2018	FY2019
Net Patient Revenue	$80,998,367	$82,759,478	$80,357,622
Charity Charges	$959,394	$1,017,800	$959,152
Charity Costs	$306,000	$339,000	$322,000
Ratios of Charity Cost to Net Patient Revenue	0.38%	0.41%	0.40%

#E-047-20

Illinois Valley Community Hospital
925 West Street, Peru, Illinois 61354
Phone 815-223-3300 • Fax 815-223-3394
www.ivch.org

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

Dear Ms. Avery:

I hereby attest that the site of Illinois Valley Community Hospital, located at 925 West Street in Peru, Illinois, is owned by Illinois Valley Community Hospital.

Sincerely,

Tommy Hobbs
Chief Executive Officer

Notarized: State of Illinois, County of LaSalle

Subscribed and sworn before me this 25th day of Sept, 2020.

Kristine Matson
Notary Public

My commission expires: 2-17-2021

KRISTINE MATSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 17, 2021

#E-047-20

Illinois Valley Community Hospital
925 West Street, Peru, Illinois 61354
Phone 815-223-3300 • Fax 815-223-3394
www.ivch.org

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

Dear Ms. Avery:

On behalf of IV HealthCorp, Inc. ("HealthCorp"), I am submitting this letter to certify to the Illinois Health Facilities and Services Review Board ("HFSRB") that:

1. HealthCorp has not had any adverse action (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by it during the three year period immediately prior to the filing of a Certificate of Exemption ("IVCH COE") application relating to the change of control of IVCH, and
2. HealthCorp authorizes the HFSRB and the Illinois Department of Public Health ("IDPH") to access information to verify documentation or information submitted by HealthCorp in connection with the COE filing requirements or to obtain any documentation or information which HFSRB or IDPH finds pertinent to the IVCH COE application.

Sincerely,

Tommy Hobbs
Chief Executive Officer

Notarized: State of Illinois, County of LaSalle

Subscribed and sworn before me this 25th day of Sept., 2020.

KRISTINE MATSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 17, 2021

Notary
My commission expires: 2-17-2021

#E-047-20

Illinois Valley Community Hospital
925 West Street, Peru, Illinois 61354
Phone 815-223-3300 • Fax 815-223-3394
www.ivch.org

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

Dear Ms. Avery:

On behalf of Illinois Valley Community Hospital ("IVCH"), I am submitting this letter to certify to the Illinois Health Facilities and Services Review Board ("HFSRB") that:

1. IVCH has not had any adverse action (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by it during the three year period immediately prior to the filing of a Certificate of Exemption ("COE") application relating to the change of control of IVCH, and
2. IVCH authorizes the HFSRB and the Illinois Department of Public Health ("IDPH") to access information to verify documentation or information submitted by IVCH in connection with the COE filing requirements or to obtain any documentation or information which HFSRB or IDPH finds pertinent to the IVCH COE application.

Sincerely,

Tommy Hobbs
Chief Executive Officer

Notarized: State of Illinois, County of LaSalle

KRISTINE MATSON
Official Seal
Notary Public – State of Illinois
My Commission Expires Feb 17, 2021

Subscribed and sworn before me this 25th day of Sept., 2020.

Kristine Matson
Notary
My commission expires: 2-17-2021

#E-047-20

NIXON PEABODY LLP
ATTORNEYS AT LAW

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Chicago, IL 60602-4224
(312) 977-4400

October 8, 2020

Illinois Health Facilities and Services Review
Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: COE Application for Illinois Valley Community Hospital

To Whom It May Concern:

Please find attached one original and one copy of the Change of Ownership Exemption Application for the change of control of Illinois Valley Community Hospital. Please contact me if there are any questions.

Sincerely,

Ethan Domsten

Ethan Domsten
Associate