#E-052-20
ORIGINAL



# 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: | Palos Health Surgery Center |
| Street Address: | 15300 West Avenue |
| City and Zip Code: | Orland Park, IL 60462 |
| County: Cook | Health Service Area: 7 — Health Planning Area: A-04 |

### Legislators

| |
|---|
| State Senator Name: Senator Bill Cunningham, 18th Senate District |
| State Representative Name: Representative Fran Hurley, 35th Legislative District |

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

| | |
|---|---|
| Exact Legal Name: | Northwestern Memorial HealthCare |
| Street Address: | 251 East Huron Street |
| City and Zip Code: | Chicago, IL 60611 |
| Name of Registered Agent: | Danae Prousis |
| Registered Agent Street Address: | 211 East Ontario Street Suite 1800 |
| Registered Agent City and Zip Code: | Chicago, IL 60611 |
| Name of Chief Executive Officer: | Dean M. Harrison |
| CEO Street Address: | 251 East Huron Street |
| CEO City and Zip Code: | Chicago, IL 60611 |
| CEO Telephone Number: | 312-926-3007 |

### 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: | Bridget Orth |
| Title: | Director, Regulatory Planning |
| Company Name: | Northwestern Memorial HealthCare |
| Address: | 211 East Ontario Street, Suite 1750, Chicago, IL 60611 |
| Telephone Number: | 312-926-8650 |
| E-mail Address: | borth@nm.org |
| Fax Number: | 312-926-0373 |

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

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### Legislators

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|---|
| State Senator Name: Senator Bill Cunningham, 18th Senate District |
| State Representative Name: Representative Fran Hurley, 35th Legislative District |

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

| | |
|---|---|
| Exact Legal Name: | The St. George Corporation |
| Street Address: | 12251 South 80th Avenue |
| City and Zip Code: | Palos Heights, IL 60463 |
| Name of Registered Agent: | Leona Gibbons |
| Registered Agent Street Address: | 12251 South 80th Avenue |
| Registered Agent City and Zip Code: | Palos Heights, IL 60463 |
| Name of Chief Executive Officer: | Terrence Moisan, M.D. |
| CEO Street Address: | 12251 South 80th Avenue |
| CEO City and Zip Code: | Palos Heights, IL 60463 |
| CEO Telephone Number: | 708-923-4000 |

### Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
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- ☐ Governmental
- ☐ Sole Proprietorship
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| Title: | Director, Regulatory Planning |
| Company Name: | Northwestern Memorial HealthCare |
| Address: | 211 East Ontario Street, Suite 1750, Chicago, IL 60611 |
| Telephone Number: | 312-926-8650 |
| E-mail Address: | borth@nm.org |
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## SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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| County: Cook | Health Service Area: | 7 | Health Planning Area: A-04 |

### Legislators

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|---|---|
| State Senator Name: | Senator Bill Cunningham, 18th Senate District |
| State Representative Name: | Representative Fran Hurley, 35th Legislative District |

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

| | |
|---|---|
| Exact Legal Name: | Palos Community Hospital |
| Street Address: | 12251 South 80th Avenue |
| City and Zip Code: | Palos Heights, IL 60463 |
| Name of Registered Agent: | Leona Gibbons |
| Registered Agent Street Address: | 12251 South 80th Avenue |
| Registered Agent City and Zip Code: | Palos Heights, IL 60463 |
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### Primary Contact [Person to receive ALL correspondence or inquiries]

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|---|---|
| Name: | Bridget Orth |
| Title: | Director, Regulatory Planning |
| Company Name: | Northwestern Memorial HealthCare |
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| Telephone Number: | 312-926-8650 |
| E-mail Address: | borth@nm.org |
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# ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

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

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### Facility/Project Identification

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| County: Cook | Health Service Area: 7 | Health Planning Area: A-04 |

### Legislators

| |
|---|
| State Senator Name: Senator Bill Cunningham, 18th Senate District |
| State Representative Name: Representative Fran Hurley, 35th Legislative District |

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

| | |
|---|---|
| Exact Legal Name: | Palos Health Surgery Center, LLC |
| Street Address: | 15300 W. Avenue |
| City and Zip Code: | Orland Park, IL 60462 |
| Name of Registered Agent: | CT Corporation |
| Registered Agent Street Address: | 208 S. LaSalle St. Ste 814 |
| Registered Agent City and Zip Code: | Chicago, IL 60604 |
| Name of Chief Executive Officer: | Managed LLC- United Surgical Partners Chicago Inc. |
| CEO Street Address: | 15305 Dallas Parkway, Suite 1600 – LB 28 |
| CEO City and Zip Code: | Addison, TX 75001 |
| CEO Telephone Number: | 972-713-3500 |

### 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]

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|---|---|
| Name: | Bridget Orth |
| Title: | Director, Regulatory Planning |
| Company Name: | Northwestern Memorial HealthCare |
| Address: | 211 East Ontario Street, Suite 1750, Chicago, IL 60611 |
| Telephone Number: | 312-926-8650 |
| E-mail Address: | borth@nm.org |
| Fax Number: | 312-926-0373 |

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

| | |
|---|---|
| Name: | Danae K. Prousis |
| Title: | Senior Vice President and General Counsel |
| Company Name: | Northwestern Memorial HealthCare |
| Address: | 211 East Ontario Street, Suite 1800, Chicago, IL 60611 |
| Telephone Number: | 312-695-6609 |
| E-mail Address: | dprousis@nm.org |
| Fax Number: | |

**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: | Bridget Orth |
| Title: | Director, Regulatory Planning |
| Company Name: | Northwestern Memorial HealthCare |
| Address: | 251 East Ontario Street, Suite 1750, Chicago, IL 60611 |
| Telephone Number: | 312-926-8650 |
| E-mail Address: | borth@nm.org |
| Fax Number: | 312-926-0373 |

**Site Ownership after the Project is Complete**
[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Palos Community Hospital
Address of Site Owner: 12251 South 80th Avenue, Palos Heights, IL 60463
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: Palos Health Surgery Center, LLC
Address: 15300 West Avenue, Orland Park, IL 60462

- ☐ Non-profit Corporation
- ☒ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ 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: Palos Health Surgery Center, LLC

Address: 15300 West Avenue, Orland Park, IL 60462

- ☐ 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.

Northwestern Memorial HealthCare (NMHC) and Palos Health seek approval of this Certificate of Exemption (COE) to allow for the NMHC system to combine with the Palos Health system which will result in a single integrated health system operating under the name "Northwestern Medicine" that supports NMHC's and Palos Health's common and unifying vision for value and quality in health care. If approved, the proposed transaction will allow for the creation of a combined health system that would support significant improvements in health care delivery and outcomes and would preserve NMHC's and Palos Health's investments in the communities served by both health systems. The proposed transaction will create a strong and effective long-term relationship between NMHC and Palos Health and will ensure continued achievement of both systems' charitable missions.

In the proposed transaction, NMHC will become the sole corporate member of Palos Community Hospital (PCH). In connection with such change in corporate member, NMHC will have the power and authority to govern, direct, and oversee the property, funds, business, and affairs of PCH and, indirectly, will have certain rights with respect to Palos Health Surgery Center, LLC—an ambulatory surgery center joint venture among PCH (50.5% ownership), Loyola University Medical Center (48.5% ownership), and USP Chicago, Inc. (1% ownership). The transaction will constitute a direct change of control of PCH and an indirect change of control of Palos Health Surgery Center, LLC and therefore a change of ownership of the licensees (as defined in 77 IAC §1130.140).

The licensees include the following existing health care facilities (as defined in 77 I AC §1130.140):

- Palos Community Hospital
- Palos Heath Surgery Center, LLC

The proposed transaction, in and of itself will not affect any of the licensees' status as the licensee/operating entity of the existing health care facilities named above. In addition, the transaction will not, in and of itself, effect a transfer, conveyance or change in the ownership of any Palos Health joint venture or NMHC joint venture to any other person.

## 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: $__See ATTACHMENT-6_____

Fair Market Value: $__See ATTACHMENT-6_____

## 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): ___April 1, 2021_____

## 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:

- 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**

**Northwestern Memorial HealthCare***

**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

Dean M. Harrison
PRINTED NAME

President and CEO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of OCTOBER 2020

Signature of Notary

Seal

OFFICIAL SEAL
MARY H SAVAIANO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/15/24

SIGNATURE

John A. Orsini
PRINTED NAME

Senior Vice President and CFO
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 12th day of OCTOBER 2020

Signature of Notary

Seal

OFFICIAL SEAL
MARY H SAVAIANO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/15/24

*Insert the EXACT legal name 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** _____

**__The St. George 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.**

| | |
|---|---|
| _____ | _____ |
| SIGNATURE | SIGNATURE |
| Terrence Moisan, M.D. _____ | Donald R. Dixon_____ |
| PRINTED NAME | PRINTED NAME |
| Chief Executive Officer_____ | Corporate Secretary_____ |
| PRINTED TITLE | PRINTED TITLE |
| Notarization: | Notarization: |
| Subscribed and sworn to before me | Subscribed and sworn to before me |
| this 7 day of OCTOBER 2020 | this 7 day of OCTOBER 2020 |
| _____ | _____ |
| Signature of Notary | Signature of Notary |
| Seal | Seal |

OFFICIAL SEAL
TERESE A DOUGHERTY
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:01/23/22

OFFICIAL SEAL
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NOTARY PUBLIC - STATE OF ILLINOIS
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- 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** _____

**__Palos 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 | SIGNATURE |
| Terrence Moisan, M.D. _____<br>PRINTED NAME | Donald R. Dixon_____<br>PRINTED NAME |
| Chief Executive Officer_____<br>PRINTED TITLE | Corporate Secretary_____<br>PRINTED TITLE |
| Notarization:<br>Subscribed and sworn to before me<br>this 7 day of OCTOBER 2020 | Notarization:<br>Subscribed and sworn to before me<br>this 7 day of OCTOBER 2020 |
| Signature of Notary | Signature of Notary |
| Seal<br>OFFICIAL SEAL<br>TERESE A DOUGHERTY<br>NOTARY PUBLIC - STATE OF ILLINOIS<br>MY COMMISSION EXPIRES:01/23/22 | Seal<br>OFFICIAL SEAL<br>TERESE A DOUGHERTY<br>NOTARY PUBLIC - STATE OF ILLINOIS<br>MY COMMISSION EXPIRES:01/23/22 |

*Insert the EXACT legal name of the applicant

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- 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** _____

**__Palos Health Surgery Center, LLC** _____

_____*

**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 | SIGNATURE |
| Tim Brosnan<br>PRINTED NAME | Trish Heerlein<br>PRINTED NAME |
| Board of Managers<br>PRINTED TITLE | Board of Managers<br>PRINTED TITLE |
| Notarization:<br>Subscribed and sworn to before me<br>this 8 day of OCTOBER 2020 | Notarization:<br>Subscribed and sworn to before me<br>this 18 day of OCTOBER 2020 |
| Signature of Notary | Signature of Notary |
| Seal<br>OFFICIAL SEAL<br>TERESE A DOUGHERTY<br>NOTARY PUBLIC - STATE OF ILLINOIS<br>MY COMMISSION EXPIRES:01/23/22 | Seal<br>OFFICIAL SEAL<br>TERESE A DOUGHERTY<br>NOTARY PUBLIC - STATE OF ILLINOIS<br>MY COMMISSION EXPIRES:01/23/22 |

*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 | |
| 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.**

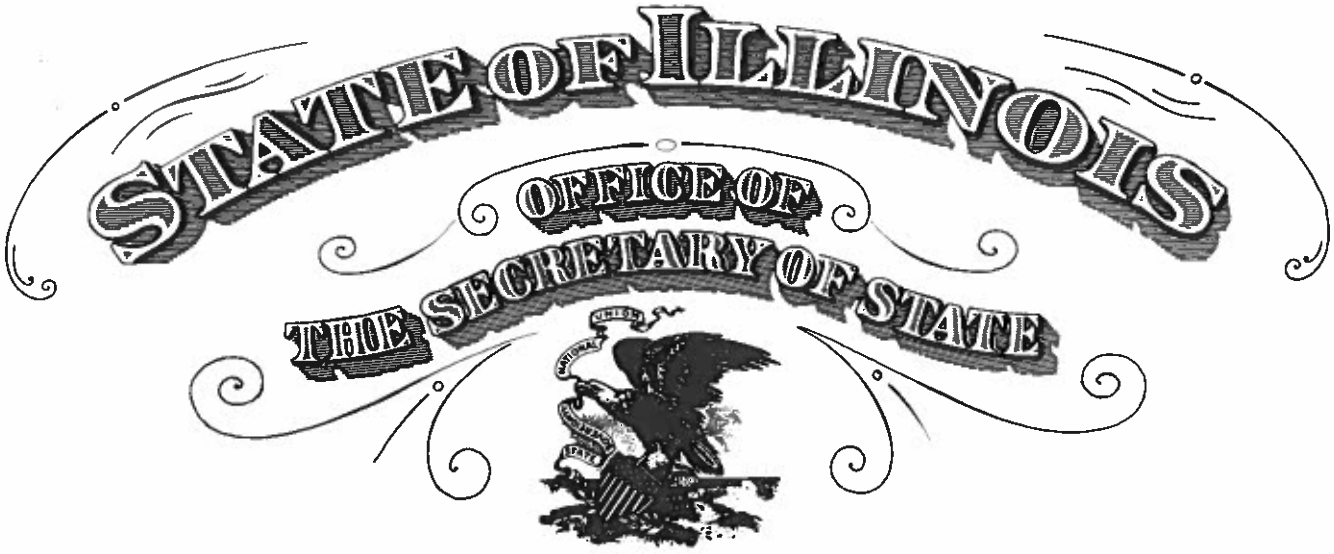
After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

## INDEX OF ATTACHMENTS


| ATTACHMENT NO. | | PAGES |
|---|---|---|
| 1 | Applicant Identification including Certificate of Good Standing | 19-22 |
| 2 | Site Ownership | 23-27 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | N/A |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 28-30 |
| 5 | Background of the Applicant | 31-32 |
| 6 | Change of Ownership | 33-37 |
| 7 | Charity Care Information | 38 |

#E-052-20

*File Number* 5257-740-3




## *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*

NORTHWESTERN MEMORIAL HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 30, 1981, 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* 17TH *day of* SEPTEMBER *A.D.* 2020 .

Authentication #: 2026102502 verifiable until 09/17/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

**ATTACHMENT-1**

#E-052-20

*File Number* 6114-192-8

## *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*

THE ST. GEORGE CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 10, 2000, 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 #: 2026102522 verifiable until 09/17/2021
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* 17TH *day of* SEPTEMBER *A.D.* 2020 .

Jesse White

SECRETARY OF STATE



**ATTACHMENT-1**

#E-052-20

*File Number* 2564-757-2

## *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*

PALOS COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 02, 1938, 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* 17TH *day of* SEPTEMBER *A.D.* 2020 .

Authentication #: 2026102560 verifiable until 09/17/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE



**ATTACHMENT-1**

#E-052-20

*File Number* 0599516-7

## *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*

PALOS HEALTH SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 22, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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* 17TH *day of* SEPTEMBER *A.D.* 2020 .

Authentication #: 2026102572 verifiable until 09/17/2021
Authenticate at: http://www.cyberdriveillinois.com

Jesse White
SECRETARY OF STATE

**ATTACHMENT-1**

**WARRANTY DEED**

==========

**GRANTOR, PALOS COMMUNITY HOSPITAL, an Illinois Corporation, formerly known as ST. GEORGE CORPORATION, D/B/A PALOS COMMUNITY HOSPITAL,** a corporation created and existing under and by virtue of the laws of the State of Illinois and duly authorized to transact business in the State of Illinois, for and in consideration of Ten Dollars ($10.00) and other good and valuable consideration in hand paid, and pursuant to authority given by the Board of Directors of said corporation **CONVEYS and WARRANTS** to the **GRANTEE, THE ST. GEORGE CORPORATION,** a corporation created and existing under and by virtue of the Laws of the State of Illinois having its principal office in the City of Palos Heights, and State of Illinois, the following described real estate situated in the County of Cook in the State of Illinois, to-wit:

00730219

6105/0174 33 001 Page 1 of 4

2000-09-19 15:23:40

Cook County Recorder 27.50

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
BRIDGEVIEW OFFICE

THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Tax No: 27-16-103-001

Known As: 15300 West Avenue, Orland Park, Illinois 60467

Address of Grantee: 12251 South 80th Avenue, Palos Heights, Illinois 60463

SUBJECT TO: (1) Real estate taxes for the year 1999 and subsequent years; (2) Covenants, conditions, restrictions and easements apparent or of record; (3) All applicable zoning laws and ordinances;

hereby releasing and waiving all rights under and by virtue of Homestead Exemption Laws of the State of Illinois.

Dated: September 15, 2000

PALOS COMMUNITY HOSPITAL, an Illinois Corporation, formerly known as ST. GEORGE CORPORATION, D/B/A PALOS COMMUNITY HOSPITAL

BY: Sister Margaret Wright
Sister Margaret Wright, President

ATTEST: Sister Anna Doyle
Sister Anna Doyle, Secretary

STATE OF ILLINOIS )
) SS
COUNTY OF C O O K )

00730219

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that Sister Margaret Wright, personally known to me to be the President and Sister Anna Doyle, personally known to me to the Secretary of the PALOS COMMUNITY HOSPITAL, an Illinois Corporation, formerly known as ST. GEORGE CORPORATION, D/B/A PALOS COMMUNITY HOSPITAL, corporation, and personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and severally acknowledged that as such President and Secretary, they signed and delivered the said instrument as President and Secretary of said corporation, and caused the corporate seal of said corporation to be affixed thereto, pursuant to authority, given by the Board of Directors of said corporation as their free and voluntary act, and as the free and voluntary act and deed of said corporation, for the uses and purposes therein set forth.

Given under my hand and notary seal, this 18th day of September, 2000.

"OFFICIAL SEAL"
NANCY K. NAVARRO
Notary Public, State of Illinois
My Commission Expires 6/10/2002

Nancy K. Navarro
Notary Public

My commission expires 6/10/2002

This deed is [illegible] for tax pursuant to C. 1.0, Sec. 1001, [illegible]
Date: Sept. 15, 2000

==========

Prepared by: Thomas F. Courtney, 7000 West 127th Street, Palos Heights, Illinois 60463

Mail tax bill to: St. George Corporation, 12252 South 80th Avenue, Palos Heights, Illinois 60463

Return to: BOX 49

MAIL TO

Requested By: carolbarnes, Printed: 2/15/2019 3:42 PM

00730219

**ASSIGNMENT**

The undersigned, PALOS COMMUNITY HOSPITAL, an Illinois Corporation, formerly known as ST. GEORGE CORPORATION, D/B/A PALOS COMMUNITY HOSPITAL, hereby assigns all of it right, title and interest in and to Chicago Title Insurance Company Owners Title Insurance Policy No. 68-68-160, dated June 16, 1982, to ST. GEORGE CORPORATION, an Illinois Corporation.

Dated: September 18th, 2000

PALOS COMMUNITY HOSPITAL, an Illinois Corporation, formerly known as ST. GEORGE CORPORATION, D/B/A PALOS COMMUNITY HOSPITAL

By: Sister Margaret Wright
Sister Margaret Wright, President

00730219

STATEMENT FOR BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois Corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate in Illinois.

Dated Sept. 15, 20 00 Signature: _____
Grantor or Agent

Subscribed and sworn to before me
this 15th day of September, 20 00

_____
Notary Public

The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois Corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate in Illinois.

Dated Sept. 15, 20 00 Signature: _____
Grantee or Agent

Subscribed and sworn to before me
this 15th day of September 20 00

"OFFICIAL SEAL"
MICHELLE L. BONK
COMMISSION EXPIRES 03/02/03

_____
Notary Public

NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

COUNTY CLERK'S STAMP

1803322048
1 of 1

FINAL PLAT

# PALOS HEALTH ORLAND PARK SUBDIVISION

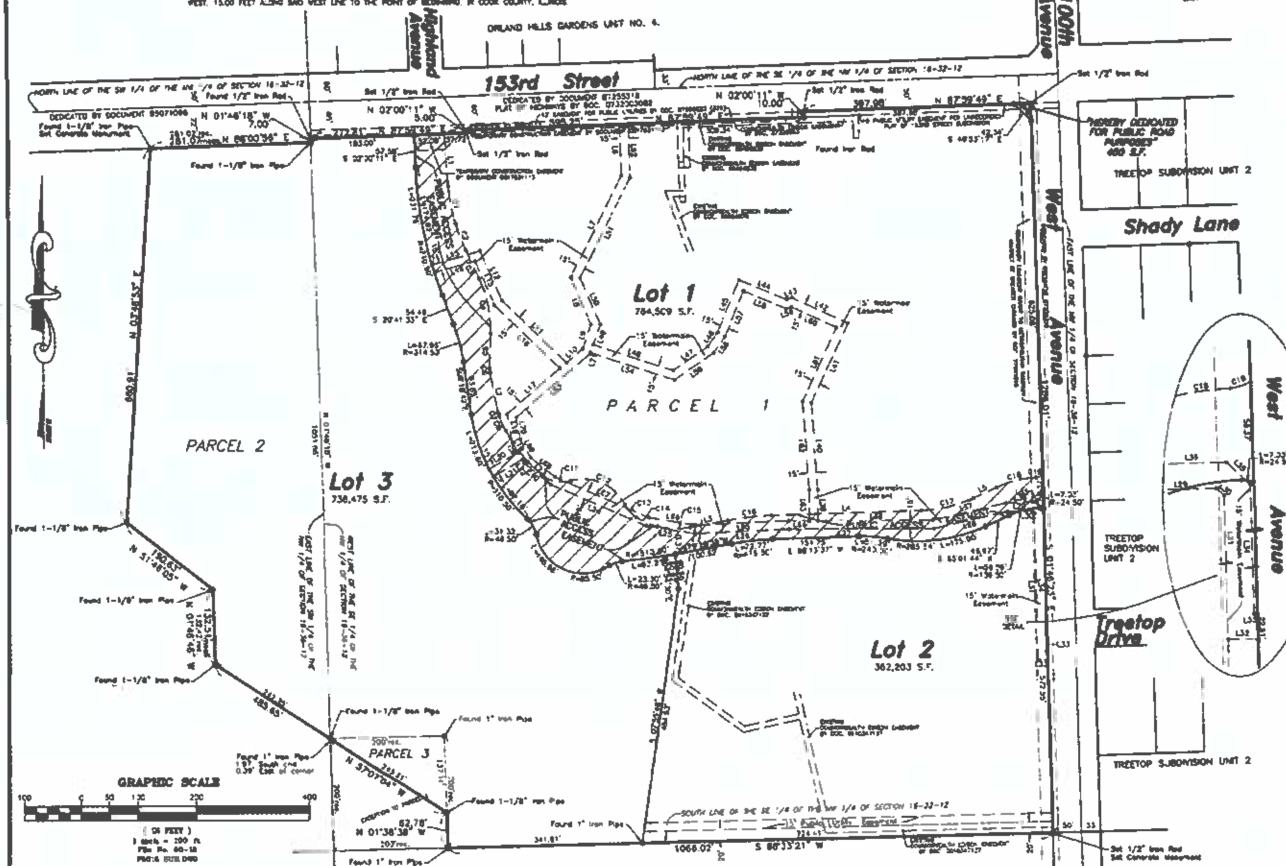
BEING A SUBDIVISION OF

THE PREMISES COMMONLY KNOWN AS:
15300 WEST AVENUE
ORLAND PARK, ILLINOIS
PARCEL AREA = 42.783 ACRES
(1,863,637 S.F.)
PIN'S: 27-16-103-004
27-16-103-005
27-16-102-001
27-16-103-002

PARCEL 1: THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, EXCEPT A TRACT OF LAND DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF THE SOUTHEAST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 16; THENCE EAST ALONG THE SOUTH LINE OF SAID SOUTHEAST QUARTER, A DISTANCE OF 200 FEET; THENCE NORTH ALONG A LINE PARALLEL WITH THE WEST LINE OF SAID SOUTHEAST QUARTER A DISTANCE OF 200 FEET; THENCE WEST ALONG A LINE PARALLEL WITH THE SOUTH LINE OF SAID SOUTHEAST QUARTER A DISTANCE OF 200 FEET; THENCE SOUTH ALONG THE WEST LINE OF SAID SOUTHEAST QUARTER A DISTANCE OF 200 FEET TO THE PLACE OF BEGINNING; ALSO EXCEPTING THAT PART OF THE NORTHWEST QUARTER OF SAID SECTION 16 DESCRIBED AS FOLLOWS: BEGINNING AT A POINT OF INTERSECTION OF THE WEST LINE OF THE EAST HALF OF SAID NORTHWEST QUARTER OF SECTION 16 AND THE SOUTH RIGHT OF WAY LINE OF 153RD STREET, ACCORDING TO DOCUMENT NO. 87256318 RECORDED MAY 12, 1987; THENCE EASTERLY ALONG THE SOUTH LINE OF SAID 153RD STREET HAVING AN ILLINOIS EAST ZONE GRID BEARING OF NORTH 88 DEGREES 01 MINUTE 35 SECONDS EAST, A DISTANCE OF 846.05 FEET; THENCE SOUTH 01 DEGREE 46 MINUTES 14 SECONDS EAST, 10.00 FEET TO A POINT ON A LINE 60.00 FEET SOUTH OF, MEASURED PERPENDICULAR TO AND PARALLEL WITH THE NORTH LINE OF THE SOUTH HALF OF SAID NORTHWEST QUARTER; THENCE SOUTH 88 DEGREES 01 MINUTE 35 SECONDS WEST, 585.25 FEET ALONG SAID PARALLEL LINE; THENCE SOUTH 01 DEGREE 46 MINUTES 14 SECONDS EAST, 5.00 FEET TO A POINT 65.00 FEET SOUTH OF, MEASURED PERPENDICULAR TO AND PARALLEL WITH SAID NORTH LINE; THENCE SOUTH 88 DEGREES 01 MINUTE 35 SECONDS WEST, 272.75 FEET ALONG SAID PARALLEL LINE TO A POINT ON SAID WEST LINE OF THE EAST HALF OF THE NORTHWEST QUARTER; THENCE NORTH 01 DEGREE 46 MINUTES 14 SECONDS WEST, 15.00 FEET ALONG SAID WEST LINE TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PARCEL 2: THAT PART OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE INTERSECTION OF THE SOUTH RIGHT OF WAY LINE OF 153RD STREET PER DOCUMENT 95071086 WITH THE EAST LINE OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 16; THENCE SOUTH 01 DEGREE 46 MINUTES 18 SECONDS EAST, ALONG SAID EAST LINE, 1601.96 FEET; THENCE NORTH 57 DEGREES 06 MINUTES 44 SECONDS WEST, 247.38 FEET; THENCE NORTH 01 DEGREE 46 MINUTES 18 SECONDS WEST, 132.42 FEET; THENCE NORTH 51 DEGREES 45 MINUTES 40 SECONDS WEST, 190.58 FEET; THENCE NORTH 33 DEGREES 49 MINUTES 03 SECONDS EAST, 660.91 FEET TO SAID SOUTH RIGHT OF WAY LINE; THENCE NORTH 87 DEGREES 56 MINUTES 48 SECONDS EAST ALONG SAID SOUTH RIGHT OF WAY LINE, 281.62 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

PARCEL 3: THAT PART OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT THE INTERSECTION OF THE SOUTH RIGHT OF WAY LINE OF 153RD STREET PER DOCUMENT 95071086 WITH THE EAST LINE OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SAID SECTION 16; THENCE SOUTH 01 DEGREE 46 MINUTES 18 SECONDS EAST, ALONG SAID EAST LINE, 1051.96 FEET TO THE POINT OF BEGINNING; THENCE NORTH 88 DEGREES 34 MINUTES 40 SECONDS EAST, 200.45 FEET; THENCE SOUTH 01 DEGREE 38 MINUTES 38 SECONDS EAST, 137.15 FEET; THENCE NORTH 57 DEGREES 06 MINUTES 44 SECONDS WEST, 243.31 FEET TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.




*OWNERS CERTIFICATE*
STATE OF ILLINOIS )
COUNTY OF COOK ) S.S.

WE, ST. GEORGE CORPORATION, OWNER OF PART OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPTS THIS PLAT OF SUBDIVISION, ESTABLISHES THE MINIMUM BUILDING RESTRICTION LINES, DEDICATES THE ROADS, STREETS, ALLEYS, WALKS, AND OTHER AREAS INDICATED THEREON TO THE PUBLIC USE; AND ESTABLISHES ANY OTHER EASEMENTS SHOWN THEREON.

PRESIDENT: [signature] ASST. SECRETARY: [signature]
ADDRESS: [illegible]

*NOTARY'S CERTIFICATE*
STATE OF ILLINOIS )
COUNTY OF COOK ) S.S.

I, THE UNDERSIGNED, A NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THAT [illegible], PERSONALLY KNOWN TO ME TO BE THE PRESIDENT OF THE ST. GEORGE CORPORATION, AND [illegible], PERSONALLY KNOWN TO ME TO BE THE SECRETARY OF SAID CORPORATION AND PERSONALLY KNOWN TO ME TO BE THE SAME PERSONS WHOSE NAMES ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT, APPEARED BEFORE ME THIS DAY IN PERSON AND SEVERALLY ACKNOWLEDGED THAT AS SUCH PRESIDENT AND SECRETARY, THEY SIGNED AND DELIVERED THE SAID INSTRUMENT AND CAUSED THE CORPORATE SEAL OF SAID CORPORATION TO BE AFFIXED THERETO, PURSUANT TO AUTHORITY GIVEN BY THE BOARD OF TRUSTEES OF SAID CORPORATION, AS THEIR FREE AND VOLUNTARY ACT, AND AS THE FREE AND VOLUNTARY ACT AND DEED OF SAID CORPORATION, FOR THE USES AND PURPOSES THEREIN SET FORTH.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, THIS [illegible] DAY OF [illegible] A.D. 20

NOTARY PUBLIC: [signature]
COMMISSION EXPIRES: [illegible]

*VILLAGE PRESIDENT CERTIFICATE*
STATE OF ILLINOIS)
COUNTY OF COOK) S.S.

APPROVED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF ORLAND PARK, COOK COUNTY, ILLINOIS THIS ____ DAY OF ____, A.D. 20__

BY: [signature]
VILLAGE PRESIDENT

ATTEST: [signature]
VILLAGE CLERK

*VILLAGE TREASURER/COLLECTOR*

I CERTIFY THAT THERE ARE NO DELINQUENT OR CURRENT UNPAID SPECIAL ASSESSMENTS ON THE PROPERTY SHOWN ON THIS PLAT.

DATE: 12/20/17
[signature]
VILLAGE COLLECTOR

*SURVEYORS CERTIFICATE*
STATE OF ILLINOIS )
COUNTY OF LAKE ) S.S.

I, BRYAN J. LEE OF R.E. ALLEN AND ASSOCIATES, LTD., HEREBY CERTIFIES THE I HAVE SURVEYED AND RESUBDIVIDED THE ABOVE PROPERTY AS SHOWN HEREON.

I FURTHER CERTIFY THAT NONE OF THE PROPERTY SHOWN HEREON IS SUBJECT TO FLOOD RISK AS PORTRAYED ON FLOOD INSURANCE RATE MAP, COMMUNITY PANEL NO. 17031C0701J, EFFECTIVE DATE AUGUST 19, 2008.

I FURTHER CERTIFY THAT THE PROPERTY SHOWN HEREON IS WITHIN THE VILLAGE OF ORLAND PARK, ILLINOIS, WHICH AS ADOPTED A COMPREHENSIVE PLAN AND IS EXERCISING THE SPECIAL POWER AUTHORIZED BY DIVISION 12 OF ARTICLE 11 OF THE ILLINOIS MUNICIPAL CODE.

WE FURTHER CERTIFY THAT 1/2" REBAR OR RAILROAD SPIKES WILL BE SET AT ALL PROPERTY CORNERS IN ACCORDANCE WITH THE ORLAND PARK LAND DEVELOPMENT CODE (ORDINANCE 2094 AS AMENDED) WHEN THE FINAL GRADING HAS BEEN COMPLETED.

WE FURTHER AUTHORIZE THE VILLAGE OF ORLAND PARK, ITS REPRESENTATIVE OR DESIGNEE TO RECORD THIS PLAT WITH THE RECORDERS OFFICE OF COOK COUNTY, ILLINOIS.

DATED AT GRAYSLAKE, ILLINOIS THIS 27TH DAY OF OCTOBER A.D. 20 17.
R.E. ALLEN AND ASSOCIATES, LTD.
PROFESSIONAL DESIGN FIRM LICENSE NO. 184-002732

[signature]
BRYAN J. LEE
ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 3616
LICENSE EXPIRES 11-30-18

*OWNERS CERTIFICATE*
STATE OF ILLINOIS )
COUNTY OF COOK ) S.S.

WE, VILLAGE OF ORLAND PARK, OWNER OF PART OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPTS THIS PLAT OF SUBDIVISION; ESTABLISHES THE MINIMUM BUILDING RESTRICTION LINES, DEDICATES THE ROADS, STREETS, ALLEYS, WALKS, AND OTHER AREAS INDICATED THEREON TO THE PUBLIC USE; AND ESTABLISHES ANY OTHER EASEMENTS SHOWN THEREON.

PRESIDENT: [signature] CLERK: [signature]
ADDRESS: ____

*NOTARY'S CERTIFICATE*
STATE OF ILLINOIS )
COUNTY OF COOK ) S.S.

I, THE UNDERSIGNED, A NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THAT KEITH PEKAU, PERSONALLY KNOWN TO ME TO BE THE VILLAGE PRESIDENT OF THE VILLAGE OF ORLAND PARK, AN ILLINOIS MUNICIPAL CORPORATION, AND JOHN C. MEHALEK, PERSONALLY KNOWN TO ME TO BE THE VILLAGE CLERK OF SAID CORPORATION, AND PERSONALLY KNOWN TO ME TO BE THE SAME PERSONS WHOSE NAMES ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT, APPEARED BEFORE ME THIS DAY IN PERSON AND SEVERALLY ACKNOWLEDGED THAT AS SUCH VILLAGE PRESIDENT AND VILLAGE CLERK, THEY SIGNED AND DELIVERED THE SAID INSTRUMENT AND CAUSED THE CORPORATE SEAL OF SAID CORPORATION TO BE AFFIXED THERETO, PURSUANT TO AUTHORITY GIVEN BY THE BOARD OF TRUSTEES OF SAID CORPORATION, AS THEIR FREE AND VOLUNTARY ACT, AND AS THE FREE AND VOLUNTARY ACT AND DEED OF SAID CORPORATION, FOR THE USES AND PURPOSES THEREIN SET FORTH.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, THIS 22nd DAY OF January A.D. 2018.

NOTARY PUBLIC: [signature]
COMMISSION EXPIRES: 1/27/18

*COOK COUNTY HIGHWAY DEPARTMENT CERTIFICATE*
STATE OF ILLINOIS
COUNTY OF COOK S.S.

THIS PLAT HAS BEEN APPROVED BY THE COOK COUNTY HIGHWAY DEPARTMENT WITH RESPECT TO ROADWAY ACCESS PURSUANT TO 765 ILCS 205/2. HOWEVER, A HIGHWAY PERMIT, CONFORMING TO THE STANDARDS OF THE COOK COUNTY HIGHWAY DEPARTMENT IS REQUIRED BY THE OWNER OF THE PROPERTY FOR THIS ACCESS.

[signature]
COOK COUNTY SUPERINTENDENT OF HIGHWAYS

*ENGINEERS CERTIFICATE*
STATE OF ILLINOIS )
COUNTY OF COOK ) S.S.

TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE DRAINAGE OF SURFACE WATERS WILL NOT BE CHANGED BY THE CONSTRUCTION OF THIS SUBDIVISION OR ANY PART THEREOF, OR, IF SUCH SURFACE WATER DRAINAGE WILL BE CHANGED, REASONABLE PROVISION HAS BEEN MADE FOR COLLECTION AND DIVERSION OF SURFACE WATERS INTO PUBLIC AREAS, OR DRAINS WHICH THE OWNER HAS A RIGHT TO USE, AND THAT SUCH SURFACE WATERS WILL BE PLANNED FOR IN ACCORDANCE WITH GENERALLY ACCEPTED ENGINEERING PRACTICES SO AS TO REDUCE THE LIKELIHOOD OF DAMAGE TO THE ADJOINING PROPERTY BECAUSE OF THE CONSTRUCTION OF THE SUBDIVISION.

OWNER: ____ [signature]
REGISTERED PROFESSIONAL ENGINEER
NAME: ____ NAME: R. SINNOTT
DATE: ____ FIRM: ERIKSSON
DATE: 12/1/17

*SURVEYOR'S AUTHORIZATION TO RECORD*
STATE OF ILLINOIS )
COUNTY OF LAKE ) S.S.

I, BRYAN J. LEE, A ILLINOIS PROFESSIONAL LAND SURVEYOR NO. 3616, DO HEREBY GRANT PERMISSION TO ____ TO RECORD THIS PLAT AND PROVIDE THIS SURVEYOR A RECORDED COPY OF THE SAME.
DATED AT GRAYSLAKE, ILLINOIS, THIS 27TH DAY OF OCTOBER A.D. 20 17

[signature]
ILLINOIS PROFESSIONAL LAND SURVEYOR 35-3516
MY LICENSE EXPIRES 11-30-18
PROFESSIONAL DESIGN FIRM NO. 184-002732

IN ACCORDANCE WITH PUBLIC ACT 88-1239, THIS PLAT HAS BEEN SUBMITTED FOR RECORDING BY
NAME: [illegible]
ADDRESS: 15040 S. RAVINIA AVE., SUITE 10
CITY, STATE: ORLAND PARK, IL 60462

*OWNERS CERTIFICATE*
STATE OF ILLINOIS )
COUNTY OF COOK ) S.S.

WE, PALOS COMMUNITY HOSPITAL, OWNER OF PART OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPTS THIS PLAT OF SUBDIVISION, ESTABLISHES THE MINIMUM BUILDING RESTRICTION LINES, DEDICATES THE ROADS, STREETS, ALLEYS, WALKS, AND OTHER AREAS INDICATED THEREON TO THE PUBLIC USE, AND ESTABLISHES ANY OTHER EASEMENTS SHOWN THEREON.

PRESIDENT: [signature] SECRETARY: [signature]
ADDRESS: 12251 S. 80th Avenue
Palos Heights, IL 60463

*NOTARY'S CERTIFICATE*
STATE OF ILLINOIS )
COUNTY OF COOK ) S.S.

I, THE UNDERSIGNED, A NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE AFORESAID, DO HEREBY CERTIFY THAT ____, PERSONALLY KNOWN TO ME TO BE THE PRESIDENT OF THE PALOS COMMUNITY HOSPITAL, AND ____ PERSONALLY KNOWN TO ME TO BE THE SECRETARY OF SAID CORPORATION AND PERSONALLY KNOWN TO ME TO BE THE SAME PERSONS WHOSE NAMES ARE SUBSCRIBED TO THE FOREGOING INSTRUMENT, APPEARED BEFORE ME THIS DAY IN PERSON AND SEVERALLY ACKNOWLEDGED THAT AS SUCH PRESIDENT AND SECRETARY, THEY SIGNED AND DELIVERED THE SAID INSTRUMENT AND CAUSED THE CORPORATE SEAL OF SAID CORPORATION TO BE AFFIXED THERETO, PURSUANT TO AUTHORITY GIVEN BY THE BOARD OF TRUSTEES OF SAID CORPORATION, AS THEIR FREE AND VOLUNTARY ACT, AND AS THE FREE AND VOLUNTARY ACT AND DEED OF SAID CORPORATION, FOR THE USES AND PURPOSES THEREIN SET FORTH.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, THIS [illegible] DAY OF [illegible] A.D. 2017.

NOTARY PUBLIC: [signature]
COMMISSION EXPIRES: [illegible]

PUBLIC UTILITY AND DRAINAGE EASEMENT PROVISIONS
[illegible]

PUBLIC UTILITY AND DRAINAGE EASEMENT PROVISIONS
[illegible]

PUBLIC ACCESS EASEMENT FOR INGRESS AND EGRESS
[illegible]

CURVE TABLE

| CURVE | LENGTH | RADIUS |
|---|---|---|
| C1 | 66.78 | 318.00 |
| C2 | 50.58 | 331.54 |
| C3 | 56.10 | 2340.12 |
| C4 | 98.54 | 220.50 |
| C5 | 90.86 | 1169.00 |
| C6 | 7.36 | 25.73 |
| C7 | 4.42 | 27.50 |
| C8 | 27.85 | 244.50 |
| C9 | 87.58 | 244.50 |
| C10 | 38.09 | 244.50 |
| C11 | 37.89 | 54.50 |
| C12 | 172.83 | 92.50 |
| C13 | 30.04 | 34.50 |
| C14 | 40.24 | 129.50 |
| C15 | 57.09 | 128.50 |
| C16 | 79.10 | 318.50 |
| C17 | 83.73 | 231.50 |
| C18 | 73.79 | 133.50 |
| C19 | 15.14 | 38.56 |

LINE TABLE

| LINE | LENGTH | BEARING |
|---|---|---|
| [illegible] | [illegible] | [illegible] |

Daniel D. Orr (RO)
Jan. 30, 18

FIELDWORK COMPLETED: 03-20-2017
CLIENT NAME: Eriksson Engineering Associates, LTD.
ADDRESS: 145 Commerce Drive, Suite A
Grayslake, IL 60030

NOTES:
PLAT IS VOID if the impressed Surveyors Seal does not appear.
Only those Building Lines or Easements shown on a Recorded Subdivision Plat or from a Recorded Document are shown hereon; check local ordinances before building.
Compare your description and site markings with this plat and AT ONCE report any discrepancies which you may find.

| NO. | DATE | DESCRIPTION | BY |
|---|---|---|---|
| 4 | 12-23-17 | REVIEW COMMENTS | B.J.L. |
| 3 | 09-12-17 | REVIEW COMMENTS | B.J.L. |
| 2 | 07-11-17 | MISC REVISIONS | B.J.L. |
| 1 | 08-30-17 | ORIGINAL ISSUE | B.J.L. |

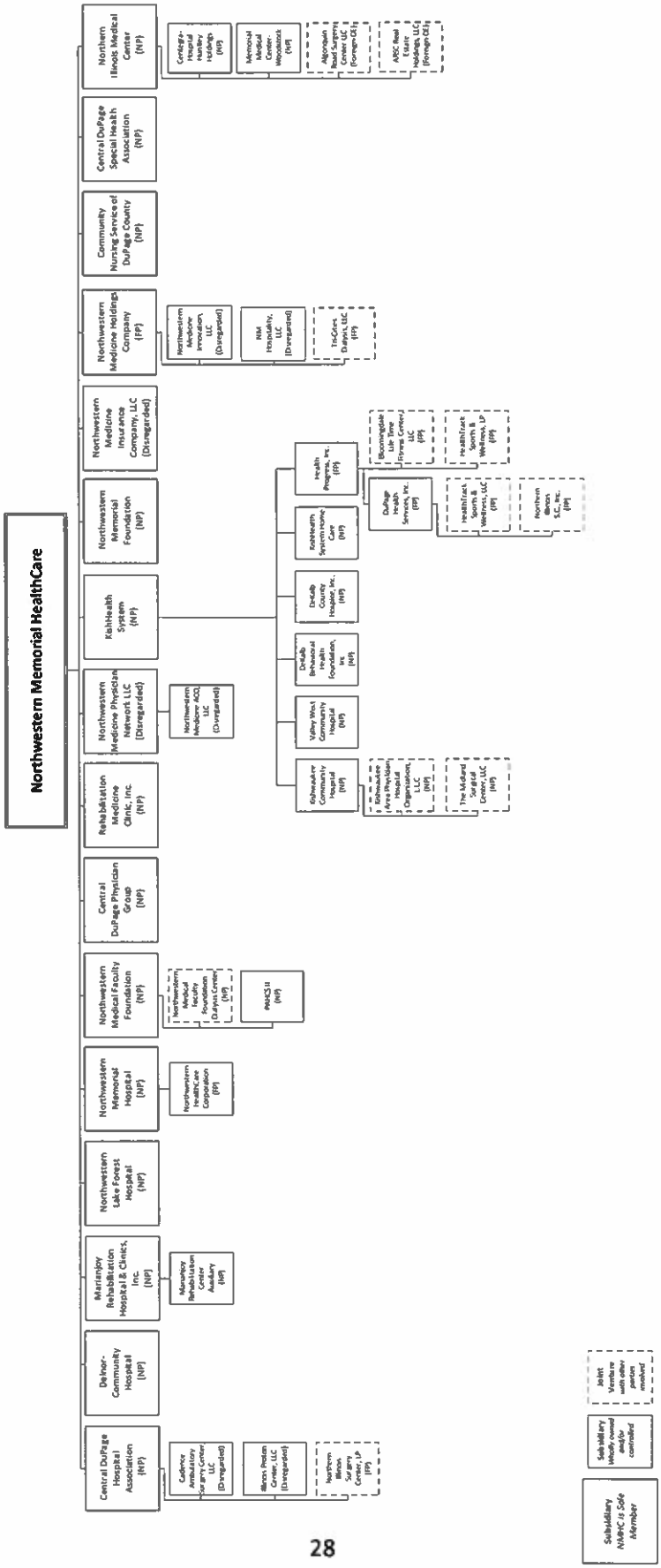
ATTACHMENT 2

R.E. ALLEN & ASSOCIATES, LTD.
1015 N. CORPORATE CIRCLE, SUITE C
GRAYSLAKE, ILLINOIS 60030
PHONE: 847-223-0914 FAX: 847-223-7980

#E-052-20

Effective October 1, 2020

# Northwestern Memorial HealthCare

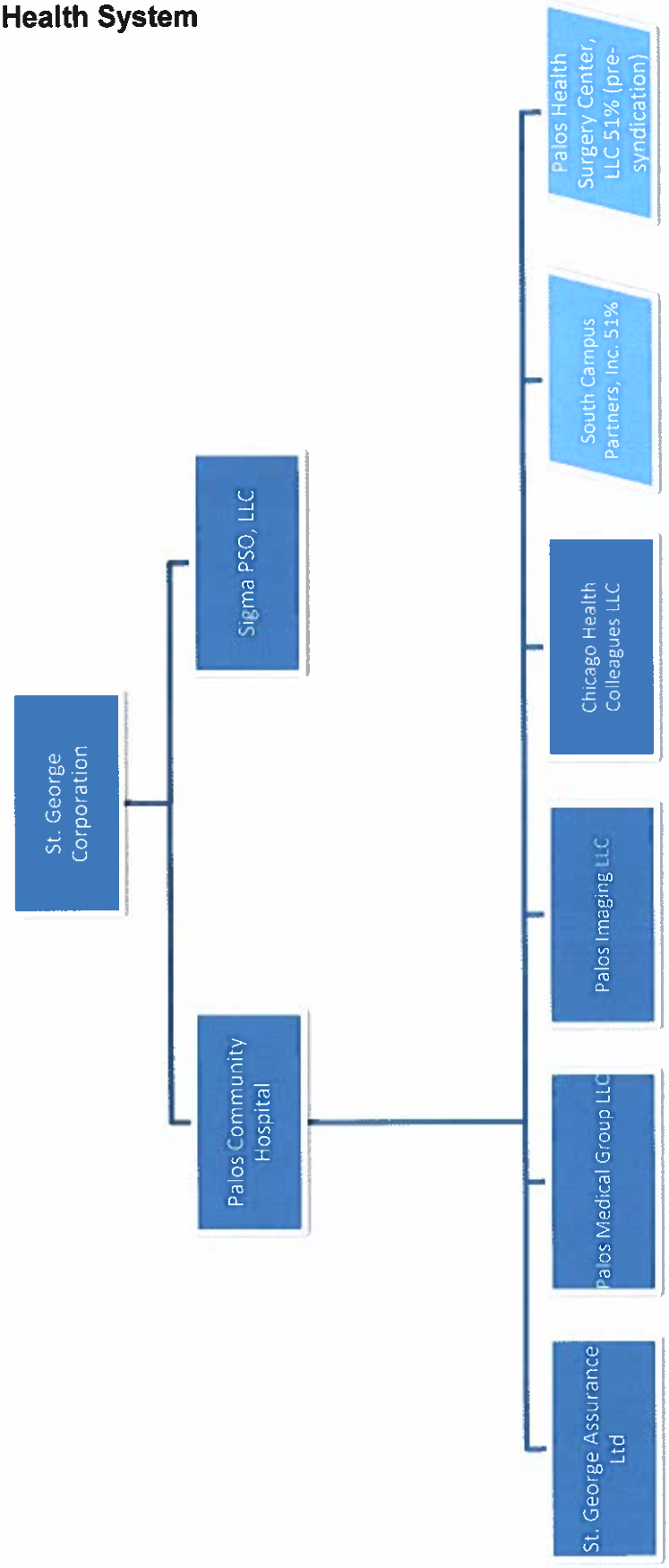




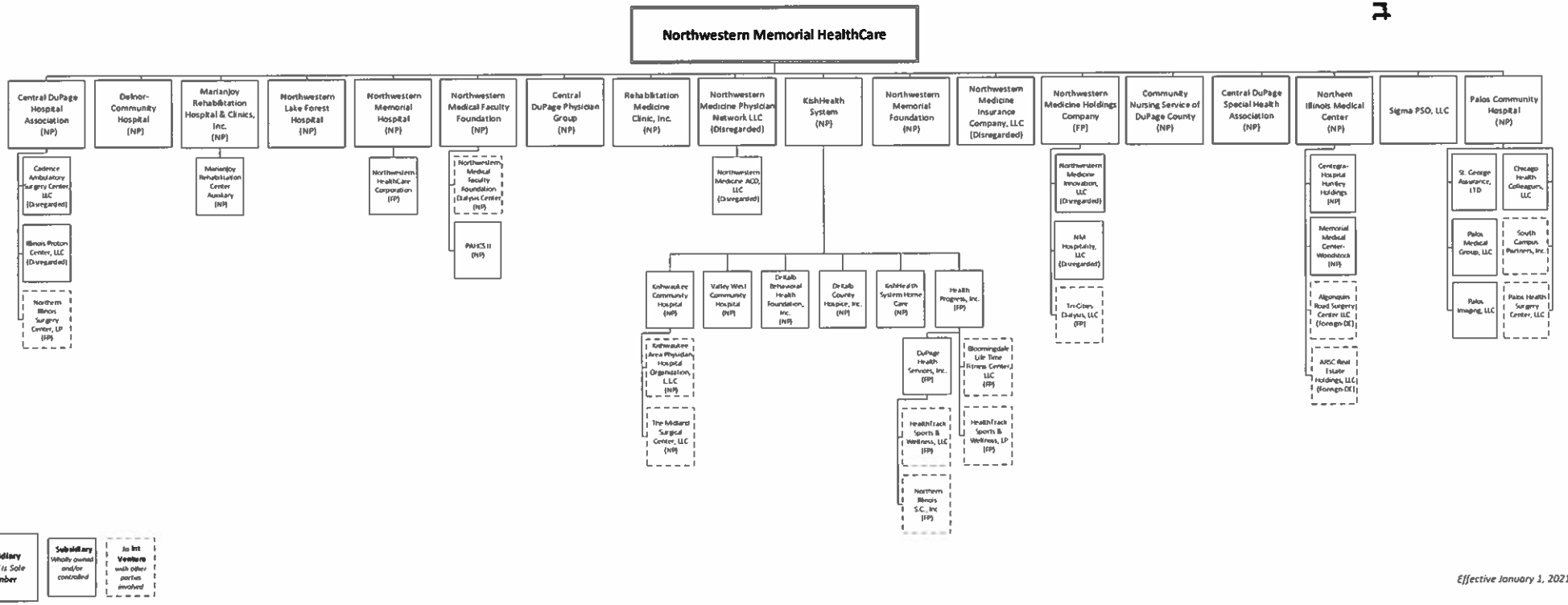

ATTACHMENT-4

**Palos Health System**

## St. George Corporation Organization Chart



# Proposed Post-Transaction NMHC Organization Chart




*Effective January 1, 2021*

#E-052-20



ATTACHMENT-4

## SECTION II. BACKGROUND.

### BACKGROUND OF APPLICANT

1. *Listing of all health care facilities owned or operated by the applicants, including licensing, and certification if applicable.*

Northwestern Memorial HealthCare:

| Facility | IDPH License No. | Joint Commission Organization No. |
|---|---|---|
| Northwestern Memorial Hospital | 0003251 | 7267 |
| Lake Forest Hospital | 0005660 | 3918 |
| Central DuPage Hospital Association | 0005744 | 7444 |
| Delnor-Community Hospital | 0005736 | 5291 |
| Marianjoy Rehabilitation Hospital | 0003228 | 7445 |
| Kishwaukee Community Hospital | 0005470 | 7325 |
| Valley West Community Hospital | 0004690 | 382957 |
| Northern Illinois Medical Center d/b/a Northwestern Medicine McHenry Hospital | 0003889 | 7375 |
| Northern Illinois Medical Center d/b/a Northwestern Medicine Huntley Hospital | 0003889 | 7375 |
| Northern Illinois Medical Center d/b/a Northwestern Medicine Woodstock Hospital | 0003889 | 7375 |
| Grayslake Freestanding Emergency Center | 22002 | 3918 |
| Grayslake ASTC | 7003156 | 3918 |
| Grayslake Endoscopy ASTC | 7003149 | 3918 |
| Cadence Ambulatory Surgical Center d/b/a Northwestern Medicine Surgery Center | 7003173 | n/a |
| Midland Surgical Center* | 7003148 | n/a |
| Northwestern Medicine Proton Center | n/a | n/a |

*denotes partial ownership > 50%

Palos Health System:

| | IDPH License No. | Joint Commission Organization No. |
|---|---|---|
| Palos Community Hospital | 0003210 | 7306 |
| Palos Health Surgery Center* | 7003224 | n/a |

*denotes partial ownership > 50%

2. *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.*

N/A

3. *A certified listing of any adverse action taken against any facility owned and/or operated by the applicants during the three years prior to the filing of the application.*

   By their signatures on the Certification pages of this application, each of the Applicants attest that no adverse action has been taken against any facility owned and/or operated by Northwestern Memorial HealthCare and/or Palos Health System during the three years prior to the filing of this application. For the purpose of this letter, the term "adverse action" has the meaning given to it in the Illinois Administrative Code, Title 77, Section 1130.140.

4. *Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, by 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.*

   By their signatures on the Certification pages of this application, each of the Applicants authorize HFSRB and DPH access any documentation which it finds necessary to verify any information submitted, including, but not limited to: official records of DPH or other State agencies and the records of nationally recognized accreditation organizations.

## SECTION III. CHANGE OF OWNERSHIP (CHOW)

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

**1130.520(b)(1)(A) – Names of the parties**

The Applicants are:
(i) Northwestern Memorial HealthCare (NMHC)
(ii) The St. George Corporation (SGC)
(iii) Palos Community Hospital (PCH)
(iv) Palos Health Surgery Center, LLC

(ii)–(iv): (Palos Health)

**1130.520(b)(1)(B) – Background of the parties**

Each of the Applicants, by their signatures on the Certification pages of this application, attest that they are fit, willing, able, and have qualifications, background, and character to adequately provide a proper standard of health service for the community.

By their signatures on the Certification pages of this application, each of the Applicants attests that no adverse action has been taken against the applicants 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 NMHC and/or SGC, directly or indirectly, within three years preceding the filing of this application. For the purpose of this statement, the term "adverse action" has the meaning given to it in 77 IAC §1130.140.

**1130.520(b)(1)(C) – Structure of the transaction**

In the proposed transaction, NMHC will become the sole corporate member of PCH. In connection with such change in corporate member, NMHC will have the power and authority to govern, direct, and oversee the property, funds, business, and affairs of PCH and PCH's wholly controlled subsidiaries, and, indirectly, will have certain rights with regard to Palos Health Surgery Center, LLC and PCH's other joint venture with third parties. With respect to PCH, the transaction will constitute a change in membership of a not-for-profit corporation that is the licensed entity (as defined in 77 IAC §1130.140). With respect to Palos Health Surgery Center, LLC, the transaction with constitute an indirect change of control of the licensed entity.

**1130.520(b)(1)(D) – Name of the person who will be licensed after the transaction**

The proposed transaction, in and of itself, will not affect any of the licensees' status as the licensee/operating entity of the existing health care facilities named above. The licensees will remain Palos Community Hospital and Palos Health Surgery Center, LLC.

**1130.520(b)(1)(E) – List of the ownership or membership interests both prior to and after the transaction, including a description of the organizational structure**

If the proposed transaction is approved, NMHC will become the sole corporate member of PCH and the indirect corporate parent of PCH's wholly controlled subsidiaries. Organizational charts for NMHC, Palos Health and the proposed new Northwestern Medicine system are included in ATTACHMENT-4.

**1130.520(b)(1)(F) – Fair market value of assets to be transferred**

In September, 2020, NMHC and Palos Health engaged Intellego Health to perform a fair market valuation (FMV) of Palos Community Hospital and Palos Health Surgery Center, LLC. The FMV of Palos Community Hospital was determined using two primary appraisal approaches: 1) Income (Discounted Cash Flow) and 2) Market. Based on the results of their analysis, the FMV of Palos Community Hospital was concluded to be in the range of $359,142,000 and $396,947,000.

Similarly, the FMV of Palos Health's 50.5% interest in the Palos Health Surgery Center, LLC was determined using an Income approach and was concluded to be in the range of $3,588,000 and $4,284,000.

**1130.520(b)(1)(G) – Purchase price or other forms of consideration to be provided**

There is no acquisition price for this transaction; however, as of the closing, PCH's assets and liabilities must reflect / include the following: (i) long-term debt of PCH less than or equal to Two Hundred Ninety Million Two Hundred Thirty Thousand Dollars ($290,230,000); (ii) unrestricted cash of PCH greater than or equal to Forty Five Million Dollars ($45,000,000); and (iii) the then-existing accounts receivable of PCH.

Additionally, shortly after the closing, SGC will make a grant to Northwestern Memorial Foundation that will be used for the perpetuation of healthcare services to be provided for the benefit of the communities in PCH's service area and for other mutually agreed-upon permitted uses.

**1130.520(b)(2) – Affirmation that projects for which permits have been issued have been completed will be completed or altered in accordance with the provisions of this Section**

The Applicants affirm that any projects for which Certificate of Need or Certificate of Exemption permits have been issued have been completed or will be completed or altered in accordance with the provisions in Section 1130.520.

**1130.520(b)(3) – Affirmation that the facility will not adopt a more restrictive charity care policy**

The Applicants affirm that PCH will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction and will maintain the compliant charity care policy for a minimum of two years following the change of ownership transaction.

**1130.520(b)(4) – Statement of anticipated benefits of the proposed change in ownership to the community**

NMHC is an integrated academic health system that is nationally recognized for its patient experience, quality, exceptional outcomes, and value. Palos Health is the trusted and premier provider of healthcare services for individuals located in Southern Cook County and surrounding areas. NMHC and Palos Health have identified a shared vision to develop a fully integrated health system in the Palos Health service area that would provide a comprehensive array of services through the effective use of resources while simultaneously fostering discovery and education to improve patient care.

NMHC and Palos Health believe that the proposed affiliation will result in:

- an increase in access to more specialized healthcare for individuals located in the Palos Health service area, including, but not limited to, increased access to necessary tertiary and quaternary care
- an increase in access to the delivery of healthcare in a lower-cost setting through the expansion of Palos Health's ambulatory care network
- improved access to health care for vulnerable populations served by Palos Health through the development of improved cardiovascular, neurosurgery and oncology service lines
- the establishment of an affiliation for certain academic medical programs with NMHC
- the advancement of the charitable purposes and healing mission of Palos Health
- the alignment both economically and strategically for patients, physicians and the community served by Palos Health
- a single integrated health system for patients served by NMHC and Palos Health

In addition to the anticipated benefits listed above, the goals for the proposed affiliation include:

- furthering the charitable missions of NMHC and Palos Health
- continuing to improve access to comprehensive, convenient, high quality, lower cost inpatient and outpatient healthcare throughout the communities historically served by Palos Health
- continuing to improve the health status of the population of the communities served by Palos Health
- promoting community health and well-being through patient care, wellness, research and educational efforts
- building the medical community through developing strongly aligned relationships with primary care, core specialist, subspecialist, and group practice physicians

- developing a comprehensive delivery system, emphasizing the efficacy of care, resulting in improved outcomes and quality of life for Palos Health patients
- enhancing physician, payor, and patient preference
- maintaining all appropriate accreditation and all relevant and necessary federal, state and local licenses and permits

**1130.520(b)(5) – Anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership**

The proposed affiliation will present significant opportunities to improve health care delivery and access to services provided locally in the Palos Health service area and will do so in an efficient manner that results in cost savings and other efficiencies which will ensure that the combined Northwestern Medicine system can continue its charitable mission and purpose. Such opportunities will likely include initiatives for deployment of system-wide support functions, with the goal of enhancing operational uniformity, efficiency, and performance.

**1130.520(b)(6) – Description of the facility's quality improvement program mechanism that will be utilized to assure quality control**

Palos Health and NMHC share a longstanding commitment to a culture of quality, safety, and service. By aspiring to the highest standards for quality and patient satisfaction, Palos Health and NMHC will continue to advance the commitment to delivering care that is of the highest quality, is evidence based, and eliminates preventable harm. It is anticipated that Palos Health will integrate its quality plan with NMHC's quality plan after the closing of the proposed transaction. NMHC's quality plan is overseen by its Board of Directors, and is designed to align leadership, staff, and resources to accomplish defined quality improvement goals. The goals were established following consideration of key components of the national quality, patient safety, equity, and infection control agendas, value, and with input from stakeholders both internal and external to the system including patients and their family members. NMHC follows a DMAIC-based approach to process improvement. DMAIC (Define, Measure, Analyze, Improve, and Control), the process improvement methodology from Six Sigma, is the "roadmap" that is followed on every improvement project.

**1130.520(b)(7) – Description of the selection process that the acquiring entity will use to select the facility's governing body**

As of the closing of the proposed transaction, the Board of Directors of PCH will be composed of ten to fifteen individuals, with SGC nominating two of such individuals before the closing to serve for three years following the closing. The NMHC Board will approve proposed candidates before the closing and elect approved candidates as of the closing. Vacancies on the PCH Board will be filled in accordance with the bylaws of NMHC and PCH then in

effect, provided that SGC may nominate one or more individuals to fill any vacancy created for any reason in any SGC-nominated position.

Palos Health Surgery Center is governed by a board comprised of four voting members: two appointed by PCH and two appointed by Loyola University Medical Center. The transaction will not, in and of itself change the selection process for that facility.

**1130.520(b)(9) – Description 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**

NMHC and Palos Health intend for the Palos Health and other Northwestern Medicine system patients to receive the right level of care, at the right location and to receive as much care as can be effectively and safely delivered close to home. The Palos Health facilities and other Northwestern Medicine system locations will offer the highest level of care that is clinically appropriate in the context of community need, patient safety, and Northwestern Medicine system capability. NMHC and Palos Health will evaluate, enhance, develop, and coordinate the provision of services across the communities the Northwestern Medicine system serves to enable access to high-quality, cost-effective health care in the community.

## SECTION IV. CHARITY CARE INFORMATION

Palos Community Hospital

| | FY17 | FY18 | FY19 |
|---|---|---|---|
| Net Patient Revenue | $ 358,570,000 | $ 353,923,000 | $ 356,891,000 |
| Amount of Charity Care (charges) | $ 9,547,570 | $ 11,195,709 | $ 15,701,827 |
| Cost of Charity Care | $ 2,073,066 | $ 2,525,578 | $ 3,591,822 |

Palos Health Surgery Center, LLC

| | FY17 | FY18 | FY19* |
|---|---|---|---|
| Net Patient Revenue | | | $ 709,939 |
| Amount of Charity Care (charges) | | | $ 0 |
| Cost of Charity Care | | | $ 0 |

*April 11, 2019 – December 31, 2019

During FY19, Palos Health System contributed $103 million in community benefits including charity care, other unreimbursed care, education, language assistance, donations and other community benefits.

Northwestern Memorial HealthCare

| | FY17 | FY18 | FY19 |
|---|---|---|---|
| Net Patient Revenue | $4,547,371,208 | $4,877,615,420 | $5,665,736,442 |
| Amount of Charity Care (charges) | $ 308,814,605 | $ 321,715,102 | $ 354,450,428 |
| Cost of Charity Care | $ 65,761,106 | $ 65,929,276 | $ 68,334,946 |

Note: numbers do not reflect the impact on acquisitions/affiliations for periods prior to the acquisition/affiliation.

During FY19, Northwestern Memorial HealthCare contributed nearly $1.06 billion in community benefits including charity care, other unreimbursed care, research, education, language assistance, donations and other community benefits.