

ORIGINAL

E-014-13
RECEIVED

ILLINOIS HEALTH FACILITIES PLANNING BOARD
APPLICATION FOR EXEMPTION FOR THE
CHANGE OF OWNERSHIP FOR AN EXISTING HEALTH CARE FACILITY APR 15 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

1. INFORMATION FOR EXISTING FACILITY

Current Facility Name: Loyola University Medical Center d/b/a Loyola University Ambulatory Surgery Center
Address: 2160 South 1st Avenue, Building 201
City: Maywood, Illinois Zip Code: 60153 County: Cook
Name of current licensed entity for the facility: Loyola University Medical Center d/b/a Loyola University Ambulatory Surgery Center
Does the current licensee: own this facility Yes OR lease this facility _____ (if leased, check if sublease)
Type of ownership of the current licensed entity (check one of the following:): _____ Sole Proprietorship
X Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____
Illinois State Senator for the district where the facility is located: Sen. Kimberly A. Lightford
State Senate District Number: 4 Mailing address of the State Senator: 10001 West Roosevelt Road, Suite 202, Westchester, Illinois 60154
Illinois State Representative for the district where the facility is located: Rep. Karen A. Yarbrough
State Representative District Number: 7 Mailing address of the State Representative: 2305 West Roosevelt Road, Broadview, Illinois 60155

2. **OUTSTANDING PERMITS.** Does the facility have any projects for which the State Board issued a permit that will not be completed (refer to 1130.140 "Completion or Project Completion" for a definition of project completion) by the time of the proposed ownership change? Yes No . If yes, refer to Section 1130.520(f), and indicate the projects by Project #: _____

3. **FACILITY'S BED OR DIALYSIS STATION CAPACITY BY CATEGORY OF SERVICE** (Complete "APPENDIX A" attached to this application)

4. **FACILITY'S OTHER CATEGORIES OF SERVICE AS DEFINED IN 77 IAC 1100** (Complete "APPENDIX A" attached to this application)

5. **NAME OF APPLICANT** (complete this information for each co-applicant and insert after this page).
Exact Legal Name of Applicant: Trinity Health Corporation
Address: 20555 Victor Parkway
City, State & Zip Code: Livonia, Michigan 48152-7018
Type of ownership of the current licensed entity (check one of the following:): _____ Sole Proprietorship
X Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____

6. **NAME OF LEGAL ENTITY THAT WILL BE THE LICENSEE/OPERATING ENTITY OF THE FACILITY NAMED IN THE APPLICATION AS A RESULT OF THIS TRANSACTION.**

Exact Legal Name of Entity to be Licensed: The license will continue to be held by Loyola University Medical Center as the proposed transaction involves a membership substitution.
Address: 2160 South 1st Avenue, Building 201, Maywood, Illinois 60153
Type of ownership of the current licensed entity (check one of the following:): _____ Sole Proprietorship
X Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____

7. **BUILDING/SITE OWNERSHIP.** NAME OF LEGAL ENTITY THAT WILL OWN THE "BRICKS AND MORTAR" (BUILDING) OF THE FACILITY NAMED IN THIS APPLICATION IF DIFFERENT FROM THE OPERATING/LICENSED ENTITY
Exact Legal Name of Entity That Will Own the Site: The building(s) will continue to be owned by Loyola University Medical Center as the proposed transaction involves a membership substitution.
Address: 2160 South 1st Avenue, Building 201, Maywood, Illinois 60153
Type of ownership of the current licensed entity (check one of the following:): _____ Sole Proprietorship
X Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
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**ILLINOIS HEALTH FACILITIES PLANNING BOARD
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- 3. FACILITY'S BED OR DIALYSIS STATION CAPACITY BY CATEGORY OF SERVICE** (Complete "APPENDIX A" attached to this application)
- 4. FACILITY'S OTHER CATEGORIES OF SERVICE AS DEFINED IN 77 IAC 1100** (Complete "APPENDIX A" attached to this application)
- 5. NAME OF APPLICANT** (complete this information for each co-applicant and insert after this page).
Exact Legal Name of Applicant: CHE Trinity Inc.
Address: 20555 Victor Parkway
City, State & Zip Code: Livonia, Michigan 48152-7018
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
X Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____
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X Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____

- 8. TRANSACTION TYPE. CHECK THE FOLLOWING THAT APPLY TO THE TRANSACTION:**
1. Purchase resulting in the issuance of a license to an entity different from current licensee;
 2. Lease resulting in the issuance of a license to an entity different from current licensee;
 3. Stock transfer resulting in the issuance of a license to a different entity from current licensee;
 4. Stock transfer resulting in no change from current licensee;
 5. Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee;
 6. Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee;
 7. Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity;
 8. 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;
 9. 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;
 10. Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee;
 11. 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 "Attachment 3 Narrative Description"
- 9. APPLICATION FEE.** Submit the application fee in the form of a check or money order for \$2,500 payable to the Illinois Department of Public Health and append as **ATTACHMENT #1**.
- 10. FUNDING.** Indicate the type and source of funds which will be used to acquire the facility (e.g., mortgage through Health Facilities Authority; cash gift from parent company, etc.) and append as **ATTACHMENT #2**.
- 11. ANTICIPATED ACQUISITION PRICE:** \$0 (See Explanatory Note 11 in the COE Application for Foster G. McGaw Hospital-Loyola University Medical Center ("LUMC") for additional information)
- 12. FAIR MARKET VALUE OF THE FACILITY:** \$175,000,000 (See Explanatory Note 12 in the LUMC COE Application for additional information) (to determine fair market value, refer to 77 IAC 1130.140)
- 13. DATE OF PROPOSED TRANSACTION:** Transaction is set to close on May 1, 2013, subject to regulatory approvals
- 14. NARRATIVE DESCRIPTION.** Provide a narrative description explaining the transaction, and append it to the application as **ATTACHMENT #3**.
- 15. BACKGROUND OF APPLICANT** (co-applicants must also provide this information). Corporations and Limited Liability Companies must provide a current Certificate of Good Standing from the Illinois Secretary of State. Partnerships must provide the name and address of each partner and specify whether each is a general or limited partner. Append this information to the application as **ATTACHMENT #4**.
- 16. TRANSACTION DOCUMENTS.** Provide a copy of the document(s) which detail the terms and conditions of the proposed transaction (purchase, lease, stock transfer, etc). Applicants should note that the document(s) submitted should reflect the applicant's (and co-applicant's, if applicable) involvement in the transaction. The document must be signed by both parties and contain language stating that the transaction is contingent upon approval of the Illinois Health Facilities Planning Board. Append this document(s) to the application as **ATTACHMENT #5**.
- 17. FINANCIAL INFORMATION** (co-applicants must also provide this information). Per 77 IAC 1130.520(b)(3), an applicant must demonstrate it has sufficient funds to finance the acquisition and to operate the facility for 36 months by providing evidence of a bond rating of "A" or better (that must be less than two years old) from Fitch, Moody or Standard and Poor's rating agencies or evidence of compliance with the financial viability review criteria (as applicable) to the type of facility being acquired (as specified at 77 IAC 1120). Append as **ATTACHMENT #6**.

18. PRIMARY CONTACT PERSON. Individual representing the applicant to whom all correspondence and inquiries pertaining to this application are to be directed. (Note: other persons representing the applicant not named below will need written authorization from the applicant stating that such persons are also authorized to represent the applicant in relationship to this application).

Name: Edward J. Green, Esq., Foley & Lardner LLP
Address: 321 North Clark Street, Suite 2800
City, State & Zip Code: Chicago, Illinois 60654
Telephone: 312-832-4375

19a. ADDITIONAL CONTACT PERSON. Consultant, attorney, other individual who is also authorized to discuss this application and act on behalf of the applicant.

Name: J. Mark Waxman, Esq., Foley & Lardner LLP
Address: 111 Huntington Avenue, Suite 2600
City, State & Zip Code: Boston, Massachusetts 02199
Telephone: 617-342-4055

19b. ADDITIONAL CONTACT PERSON. Consultant, attorney, other individual who is also authorized to discuss this application and act on behalf of the applicant.

Name: Paul Neumann, Esq., Senior Vice President & General Counsel, Trinity Health Corporation
Address: 20555 Victor Parkway
City, State & Zip Code: Livonia, Michigan 48152-7018
Telephone: 248-489-6214

20. CERTIFICATION

I certify that the above information and all attached information are true and correct to the best of my knowledge and belief. I certify that the categories of service, number of beds and/or dialysis stations within the facility will not change as part of this transaction. I certify that no adverse action has been taken against the applicant(s) by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois. I certify that I am fully aware that a change in ownership will void any permits for projects that have not been completed unless such projects will be completed or altered pursuant to the requirements in 77 IAC 1130.520(f) prior to the effective date of the proposed ownership change. I also certify that the applicant has not already acquired the facility named in this application or entered into an agreement to acquire the facility named in the application unless the contract contains a clause that the transaction is contingent upon approval by the State Board.

Signature of Authorized Officer:  _____

Typed or Printed Name of Authorized Officer: Larry Warren

Title of Authorized Officer: Interim President & CEO, Trinity Health Corporation

Address: 20555 Victor Parkway

City, State & Zip Code: Livonia, Michigan 48152-7018

Telephone: (734) 343-1000

Date: 04/04/2013

NOTE: complete a separate signature page for each co-applicant and insert following this page.

20. CERTIFICATION

I certify that the above information and all attached information are true and correct to the best of my knowledge and belief. I certify that the categories of service, number of beds and/or dialysis stations within the facility will not change as part of this transaction. I certify that no adverse action has been taken against the applicant(s) by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois. I certify that I am fully aware that a change in ownership will void any permits for projects that have not been completed unless such projects will be completed or altered pursuant to the requirements in 77 IAC 1130.520(f) prior to the effective date of the proposed ownership change. I also certify that the applicant has not already acquired the facility named in this application or entered into an agreement to acquire the facility named in the application unless the contract contains a clause that the transaction is contingent upon approval by the State Board.

Signature of Authorized Officer:



Typed or Printed Name of Authorized Officer: Daniel Hale

Title of Authorized Officer: Chairman of the Board, CHE Trinity Inc.

Address: 20555 Victor Parkway

City, State & Zip Code: Livonia, Michigan 48152-7018

Telephone: (734) 343-1000

Date: 04/04/2013

NOTE: complete a separate signature page for each co-applicant and insert following this page.

**APPENDIX A
FACILITY BED AND DIALYSIS STATION CAPACITY AND CATEGORIES OF SERVICE**

Complete the following for the facility for which the change of ownership is requested. The facility's bed and dialysis station capacity must be consistent with the State Board's Inventory of Health Care Facilities.

FACILITY NAME: Loyola University Medical Center d/b/a Loyola University Ambulatory Surgery Center

CITY: Maywood

1. Indicate (by placing an "X") the type of facility for which the change of ownership is requested:

Hospital; Long-term Care Facility; Dialysis Facility; Ambulatory Surgical Treatment Center.

2. Provide the bed capacity by category of service:

SERVICE	# of Beds	SERVICE	# of Beds
Medical/Surgical	0	Nursing Care	_____
Obstetrics	0	Shelter Care	_____
Pediatrics	0	DD Adults*	_____
Intensive Care	0	DD Children**	_____
Acute Mental Illness	0	Chronic Mental Illness	_____
Rehabilitation	0	Children's Medical Care	_____
Neonatal Intensive Care	0	Children's Respite Care	_____

*Includes ICF/DD 16 and fewer bed facilities; **Includes skilled pediatric 22 years and under

3. Chronic Renal Dialysis: Enter the number of ESRD stations: _____

4. Indicate (by placing an "X") those categories of service for which the facility is approved.

_____ Cardiac Catheterization	_____ Open Heart Surgery
_____ Subacute Care Hospital Model	_____ Kidney Transplantation
_____ Selected Organ Transplantation	_____ Postsurgical Recovery Care Center Model

5. Non-Hospital Based Ambulatory Surgery and Ambulatory Surgical Treatment Centers

Indicate (by placing an "X") if the facility is a limited or multi-specialty facility and indicate the surgical specialties provided.

_____ Cardiovascular	__X__ Ophthalmology
_____ Dermatology	__X__ Oral/Maxillofacial
__X__ Gastroenterology	__X__ Orthopedic
__X__ General/Other (includes any procedure that is not included in the other specialties)	__X__ Otolaryngology
__X__ Neurological	__X__ Plastic Surgery
__X__ Obstetrics/Gynecology	__X__ Podiatry
	__X__ Thoracic
	__X__ Urology

Reference Numbers	Facility Id	7002017	Number of Operating Rooms	8	
Health Service Area	007	Planning Service Area	031	Procedure Rooms	0
LOYOLA UNIVERSITY AMBULATORY SURGERY CENTER			Exam Rooms	0	
2160 S. FIRST AVENUE			Number of Recovery Stations Stage 1	9	
MAYWOOD, IL 60153-3304			Number of Recovery Stations Stage 2	23	

Administrator SANDRA SWANSON
Date Completed 2/28/2012

Registered Agent

Property Owner

Type of Ownership
 Other Not For Profit Ownership

Legal Owner

HOSPITAL TRANSFER RELATIONSHIPS

HOSPITAL NAME	NUMBER OF PATIENTS
Loyola University Hospital	38
	0
	0
	0
	0

STAFFING PATTERNS

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	0.00
Physicians	0.00
Nurse Anesthetists	0.00
Dir. of Nurses	1.00
Reg. Nurses	23.94
Certified Aides	2.94
Other Hlth. Profs.	10.08
Other Non-Hlth. Profs	4.96
TOTAL	42.92

DAYS AND HOURS OF OPERATION

Monday	14
Tuesday	14
Wednesday	14
Thursday	14
Friday	14
Saturday	0
Sunday	0

NUMBER OF PATIENTS BY AGE GROUP

AGE	MALE	FEMALE	TOTAL
0-14	928	589	1,517
15-44	568	753	1,321
45-64	645	916	1,561
65-74	340	413	753
75+ Yea	273	334	607
TOTAL	2,754	3,005	5,759

NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE

PAYMENT SOURCE	MALE	FEMALE	TOTAL
Medicaid	642	577	1,219
Medicare	594	781	1,375
Other Public	4	4	8
Insurance	1,453	1,579	3,032
Private Pay	26	16	42
Charity Care	35	48	83
TOTAL	2,754	3,005	5,759

NET REVENUE BY PAYOR SOURCE FOR FISCAL YEAR

Medicare	Medicaid	Other Public	Private Insurance	Private Pay	TOTALS	Charity Care Expense	Charity Care Expense as % of Total Net Revenue
17.1%	7.3%	13.5%	59.1%	3.0%	100.0%		1%
2,241,000	954,000	1,775,000	7,760,000	394,000	13,124,000	142,275	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	TOTAL SURGERIES	SURGERY PREP and CLEAN-UP		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
		SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiovascular	0	0.00	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00	0.00
General	1220	1,186.75	487.80	1674.55	1.37
Laser Eye Surgery	0	0.00	0.00	0.00	0.00
Neurological	9	8.00	3.50	11.50	1.28
OB/Gynecology	469	435.00	188.00	623.00	1.33
Ophthalmology	1125	1,166.25	450.20	1616.45	1.44
Oral/Maxillofacial	35	147.00	14.00	161.00	4.60
Orthopedic	659	977.00	263.60	1240.60	1.88
Otolaryngology	1104	1,381.75	441.80	1823.55	1.65
Pain Management	0	0.00	0.00	0.00	0.00
Plastic Surgery	233	261.50	93.00	354.50	1.52
Podiatry	0	0.00	0.00	0.00	0.00
Thoracic	5	8.00	2.00	10.00	2.00
Urology	900	1,055.00	359.80	1414.80	1.57
TOTAL	5759	6,626.25	2,303.70	8929.95	1.55

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY PREP and CLEAN-UP		TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
			SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)		
Cardiac Catheteriza	0	0	0	0	0	0.00
Gastro-Intestinal	0	0	0	0	0	0.00
Laser Eye	0	0	0	0	0	0.00
Pain Management	0	0	0	0	0	0.00
TOTALS	0	0	0	0	0	0.00

DISP. BY - DR. PAULINE A. COOK, SECTION CHIEF, FILM

FEMALE - HIS CARD INDICATES AS A UN IDENTIFICATION

STATE OF ILLINOIS
 Department of Public Health
 LICENSE, PERMIT, CERTIFICATIONAL REGISTRATION
 LOYOLA UNIV MED CTR, D/8/A, LOYOLA UNIV

06/29/13	8680	7003164
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FULL LICENSE
 AMBUL SURGICAL TREAT CNTR
 EFFECTIVE: 06/30/12

07/21/12
 LOYOLA UNIV MED CTR, D/8/A, LOYOLA
 UNIV, AMB SURG CTR, LOYOLA, OPTIC TR
 2160 S. 1ST AVE., BLDG. 201
 MAYWOOD, IL 60153

FEE RECEIPT: 119.39

State of Illinois 2097304
Department of Public Health

LICENSE, PERMIT, CERTIFICATIONAL REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes, and is authorized to engage in the activity indicated to appear on the certificate as indicated above.

ILLIAR HARSBROUCK, MD, MPP
 DIRECTOR
 Department of Public Health

06/29/13	8680	7003164
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FULL LICENSE
 AMBUL SURGICAL TREAT CNTR
 EFFECTIVE: 06/30/12

BUSINESS ADDRESS:
 LOYOLA UNIV MED CTR, D/8/A, LOYOLA UNIV
 AMB SURG CTR, LOYOLA, OPTIC TR
 2160 S. 1ST AVE., BLDG. 201
 MAYWOOD, IL 60153

Fee based on License Fee schedule published online by authority of the State of Illinois, 1/1/11

Attachment 1
Application Fee

A check in the sum of Two Thousand, Five Hundred Dollars (\$2,500) and payable to the Illinois Department of Public Health is attached at Attachment 1.



Attachment 3
Narrative

CHE Trinity Inc. (“CHE Trinity”) and Trinity Health Corporation (“Trinity”) hereby seek a Certificate of Exemption (“COE”) from the Illinois Health Facilities & Services Review Board (the “Board”) to allow consummation of a proposed transaction (the “Transaction”), whereby CHE Trinity will become the sole corporate member of Trinity and Catholic Health East (“CHE”).

More specifically, under the terms of the Transaction, Trinity and CHE will consolidate under CHE Trinity and will establish a structure to address the rapidly changing health care environment that requires more focus on population health and the delivery of more coordinated and integrated care and health and wellness services. The Transaction will create a health system that serves people in 21 states from coast to coast with 82 hospitals, 89 continuing care facilities and home health and hospice programs that provide nearly 2.8 million visits annually. However, it is important to note that currently Trinity and CHE do not provide any health care services in the same geographic areas.

In addition, there will be no purchase or sale of the assets and no funds will be exchanged pursuant to the Transaction. Trinity and CHE will preserve their charitable and Catholic identity and will continue to be subject to the Ethical and Religious Directives for Catholic Health Care Services.

As this Transaction is merely the consolidation of the two parent entities (i.e., Trinity and CHE) there will be no direct impact on their downstream entities. Notably, the downstream entities will continue, as of the effective date of the Transaction, to (i) maintain their own existing licenses, provider numbers and accreditations; (ii) furnish the services they are currently furnishing; and (iii) operate as organizations currently exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code. Moreover, none of the tax identification numbers will change for any of the downstream entities. Further, the downstream entities currently licensed by the State of Illinois will remain the licensed entities with no change in facility name or location. Again, there will be no purchase or sale of the assets and no funds will be exchanged, in any regard, pursuant to the Transaction.

The reserved powers and reserved authority of Trinity and CHE related to their respective subsidiaries will not change as a result of the Transaction. However, following the Transaction, CHE Trinity, Trinity and CHE will work together to eventually effectuate a merger, consolidation or reorganization of CHE Trinity, Trinity and CHE into a single corporation (the “Post-Closing Transaction”). At this time, it is unknown which entity will survive the Post-Closing Transaction and when the Post-Closing Transaction will occur. The form of the Post-Closing Transaction will take into consideration all relevant business and legal issues, including those relating to financing, licensure, necessary government approvals, reimbursement and other important matters. In connection with the Post-Closing Transaction, CHE Trinity, Trinity and CHE will develop a community benefit plan, a debt financing plan, a plan to integrate professional and general liability insurance and other such programs, a plan to combine employee benefit and pension plans, a framework for rationalizing operations and programs, and a plan to facilitate the amendment of the corporate governance documents of their respective subsidiaries.

In terms of the Transaction’s specific connection to Illinois, Trinity is currently the sole corporate member of Loyola University Health System (“LUHS”) and Mercy Health System of Chicago (“Mercy System”).

LUHS owns and operates (either directly or through its affiliates) the following Illinois licensed facilities:

(1) Foster G. McGaw Hospital - Loyola University Medical Center (“LUMC”), a 569 bed general acute care hospital located in Maywood, Illinois;

(2) Gottlieb Memorial Hospital (“Gottlieb”), a 264 bed general acute care hospital located in Melrose Park, Illinois;

(3) Loyola University Medical Center Outpatient Dialysis Center (the “LUMC Dialysis Center”), a provider based, 31 station end stage renal disease facility located in Maywood, Illinois; and

(4) Loyola University Medical Center Ambulatory Surgery Center (the “LUMC Surgery Center”), a provider based, 8 operating room ambulatory surgery center located in Maywood, Illinois.

LUMC, Gottlieb, LUMC Dialysis Center, and LUMC Surgery Center are collectively referred to herein as the “LUHS Illinois Licensed Facilities.”

Mercy System owns and operates (either directly or through its affiliates) the following Illinois licensed facility:

(1) Mercy Hospital & Medical Center (“Mercy Hospital”), a 449 bed general acute care hospital located in Chicago, Illinois.

The LUHS Illinois Licensed Facilities and Mercy Hospital are collectively referred to herein as the “Trinity Illinois Licensed Facilities.”

Separate COE Applications have been simultaneously filed for each of the Trinity Illinois Licensed Facilities.

CHE does not currently own or operate any Illinois licensed facilities; nor will CHE own or operate any Illinois licensed facilities as a result of the Transaction.

Because the Transaction will result in a change in the membership or sponsorship of a not-for-profit corporation that owns or controls an Illinois licensed facility (as well as its physical plant and capital assets), the Transaction constitutes a change of ownership under Section 1130.140 of the Board’s rules. The Transaction is set to close on or about May 1, 2013, subject to regulatory approvals.

The LUMC Surgery Center is the specific subject of this COE Application. However, this COE Application has been filed simultaneously with the COE Application for LUMC. The LUMC COE Application is the “lead” COE Application and the contents of the LUMC COE Application are incorporated herein by reference. This COE Application must be read in conjunction with the LUMC COE Application because the LUMC COE Application contains the relevant attachments and notes.