

ORIGINAL

11-060

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD RECEIVED  
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION JUL 20 2011

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name: <b>Naperville Fertilty Center, Inc.</b>		
Street Address: <b>11 North Washington Street (aka 11 West Benton Street) &amp; 15 North Washington Street</b>		
City and Zip Code: <b>Naperville, Illinois 60540</b>		
County: <b>DuPage</b>	Health Service Area: <b>VII</b>	Health Planning Area:

Applicant /Co-Applicant Identification

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

Exact Legal Name: <b>Naperville Fertility Center, Inc.</b>	
Address: <b>636 Raymond Drive, Suite 303, Naperville, Illinois 60563</b>	
Name of Registered Agent: <b>National Corporate Research</b>	
Name of Chief Executive Officer: <b>Randy S. Morris, MD</b>	
CEO Address: <b>636 Raymond Drive, Suite 303, Naperville, Illinois 60563</b>	
Telephone Number: <b>(630) 357-6540</b>	

Type of Ownership of Applicant/Co-Applicant

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

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

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

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name: <b>Charles H. Foley, MHSA</b>
Title: <b>Health Care Consultant</b>
Company Name: <b>Charles H. Foley &amp; Associates, Inc.</b>
Address: <b>1638 South MacArthur Boulevard, Springfield, Illinois 62704</b>
Telephone Number: <b>(217) 544-1551</b>
E-mail Address: <b>foley.associates@sbcglobal.net</b>
Fax Number: <b>(217) 544-3615</b>

Additional Contact

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

Name: <b>Jay Scharer</b>
Title: <b>Project Consultant</b>
Company Name: <b>Franklin Street Partners, LLC.</b>
Address: <b>1111 Lincoln Road, Suite 400, Miami Beach, FL 33139</b>
Telephone Number: <b>(786) 497-1858</b>
E-mail Address: <b>jay@fspartners.com</b>
Fax Number:

**Post Permit Contact**

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

Name: <b>Randy Morris, M.D.</b>
Title:
Company Name: <b>Naperville Fertility Center, Inc.</b>
Address: <b>636 Raymond Drive, Suite 303, Naperville, Illinois 60563</b>
Telephone Number: <b>(630) 357-6540</b>
E-mail Address: <b>rmorris@ivf1.com</b>
Fax Number:

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: <b>Medical Properties, LLC</b>
Address of Site Owner: <b>1149 Hobson Mill Drive, Naperville, Illinois 60540</b>
Street Address or Legal Description of Site: <b>11 &amp; 15 North Washington, Naperville, IL 60540</b>
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.
APPEND DOCUMENTATION AS <u>ATTACHMENT-2</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Operating Identity/Licensee**

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

Exact Legal Name: <b>Naperville Fertility Center, Inc.</b>
Address: <b>636 Raymond Drive, Suite 303, Naperville, Illinois 60563</b>
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<ul style="list-style-type: none"> <li>o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.</li> <li>o <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Organizational Relationships**

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

APPEND DOCUMENTATION AS <u>ATTACHMENT-4</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
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**Flood Plain Requirements**

[Refer to application instructions.]

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

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

**Historic Resources Preservation Act Requirements**

[Refer to application instructions.]

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

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

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

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

**Part 1110 Classification:**

- Substantive  
 Non-substantive

**Part 1120 Applicability or Classification:**

[Check one only.]

- Part 1120 Not Applicable  
 Category A Project  
 Category B Project  
 DHS or DVA Project

**2. Narrative Description**

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

The Applicant is **Naperville Fertility Center, Inc.** It is proposing the establishment of a single operating suite Ambulatory Surgical Treatment Center to be located at 11&15 North Washington, Naperville, Illinois 60540. The center will be comprised of 6,296 gross square feet which will include the OR and five recovery stations. This limited specialty Ambulatory Surgical Treatment Center will provide fertility treatment under the Obstetrics/Gynecological category of service. As such, in addition to the treatment room and the recovery stations, the facility will also have an expanded laboratory or IVF Lab, which must be adjacent and connected to the surgical suite.

In accordance with Section 1110.40 Classification of Projects and applicable review criteria, this project is classified as "SUBSTANTIVE".

**Project Costs and Sources of Funds**

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees	\$96,500		\$96,500
Movable or Other Equipment (not in construction contracts)	\$838,750		\$838,750
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$6,000,000		\$6,000,000
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	<b>\$6,935,250</b>		<b>\$6,935,250</b>
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			\$530,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			\$405,250
Leases (fair market value)			\$6,000,000
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>			<b>\$6,935,250</b>
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Related Project Costs**

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

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price:	\$ _____	
Fair Market Value:	\$ <u>1,222,000</u>	

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

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

Estimated start-up costs and operating deficit cost is \$ \$873,858

**Project Status and Completion Schedules**

Indicate the stage of the project's architectural drawings:

<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working

Anticipated project completion date (refer to Part 1130.140): September 2013

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

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

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

**State Agency Submittals (NOT APPLICABLE)**

Are the following submittals up to date as applicable:

<input type="checkbox"/> Cancer Registry
<input type="checkbox"/> APORS
<input type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input type="checkbox"/> All reports regarding outstanding permits

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

**Cost Space Requirements**

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
<b>REVIEWABLE</b>							
IVF Clinic			2,687	2,687			
Recovery Space			1,174	1,174			
IVF Lab			1,567	1,567			
Sub Total			5,428	5,428			
Grossing Factor			1.16	1.16			
<b>Total GSF</b>			<b>6,296</b>	<b>6,296</b>			

APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**Facility Bed Capacity and Utilization – NOT APPLICABLE (as this is not a bed project)**

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

<b>FACILITY NAME:</b>		<b>CITY:</b>			
<b>REPORTING PERIOD DATES:</b>		<b>From:</b>	<b>to:</b>		
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
<b>TOTALS:</b>					



**CERTIFICATION**

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

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

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

Jody Morris  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

Jody L. Morris  
PRINTED NAME

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
PRINTED TITLE

\_\_\_\_\_  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 21<sup>st</sup> day of June 2011

Notarization:  
Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_

Janet M. Bienfang  
Signature of Notary

\_\_\_\_\_  
Signature of Notary

Seal

Seal

\*Insert EXACT legal name of the applicant



**CERTIFICATION**

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

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

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

Jody L. Morris  
 SIGNATURE

\_\_\_\_\_  
 SIGNATURE

Jody L. Morris  
 PRINTED NAME

\_\_\_\_\_  
 PRINTED NAME

\_\_\_\_\_  
 PRINTED TITLE

\_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 21<sup>st</sup> day of June 2011

Notarization:  
 Subscribed and sworn to before me  
 this \_\_\_\_ day of \_\_\_\_\_

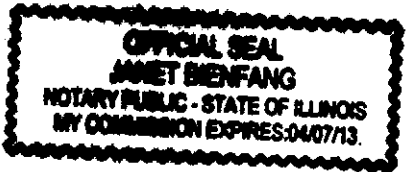
Janet M. Biefang  
 Signature of Notary

\_\_\_\_\_  
 Signature of Notary

Seal

Seal

\*Insert EXACT legal name of the applicant



**CERTIFICATION**

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

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

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

*Randy S. Morris*

SIGNATURE

Randy S. Morris

PRINTED NAME

PRINTED TITLE

Notarization:

Subscribed and sworn to before me  
this 25th day of June 2011

*Janet M. Buehler*

Signature of Notary

Seal

SIGNATURE

PRINTED NAME

PRINTED TITLE

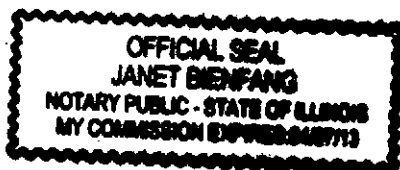
Notarization:

Subscribed and sworn to before me  
this \_\_\_ day of \_\_\_\_\_

Signature of Notary

Seal

\*Insert EXACT legal name of the applicant



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

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

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

READ THE REVIEW CRITERION and provide the following required information:

##### BACKGROUND OF APPLICANT

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

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

##### PURPOSE OF PROJECT

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

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records. **THIS PROJECT DOES NOT INVOLVE MODERNIZATION, THUS THIS ITEM IS NOT GERMANE.**

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

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

**ALTERNATIVES**

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

Alternative options **must** include:

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

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

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

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

READ THE REVIEW CRITERION and provide the following information:

**SIZE OF PROJECT:**

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

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ASTC	6,296	2,750	3,546	No

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

**PROJECT SERVICES UTILIZATION:**

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

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

A table must be provided in the following format with Attachment 15. See ATTACHMENT-15.

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

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

**UNFINISHED OR SHELL SPACE: Not Applicable**

Provide the following information:

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

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

**ASSURANCES: Not Applicable**

Submit the following:

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

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

**H. Non-Hospital Based Ambulatory Surgery**

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

**1. Criterion 1110.1540(a), Scope of Services Provided**

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

<input type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input type="checkbox"/> General/Other	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Plastic	<input type="checkbox"/> Urology

b. Indicate if the project will result in a XXX limited or      a multi-specialty ASTC.

**2. Criterion 1110.1540(b), Target Population**

Read the criterion and provide the following:

- On a map (8 1/2" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

**3. Criterion 1110.1540(c), Projected Patient Volume**

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

**4. Criterion 1110.1540(d), Treatment Room Need Assessment**

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

**5. Criterion 1110.1540(e), Impact on Other Facilities**

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.



- b. A list of the facilities contacted. **NOTE:** Facilities must be contacted by a service that provides documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

**6. Criterion 1110.1540(f), Establishment of New Facilities**

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,

**THIS IS NOT A CO-OPERATIVE VENTURE, THEREFORE, THIS ITEM IS NOT GERMANE.**

- a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
- b. The hospital's surgical utilization data for the latest 12 months, and
- c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
- d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

**7. Criterion 1110.1540(g), Charge Commitment**

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

**8. Criterion 1110.1540(h), Change in Scope of Service**

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

**APPEND DOCUMENTATION AS ATTACHMENT-27, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

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

**VIII. - 1120.120 - Availability of Funds**

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

<u>\$530,000</u>	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
<u>\$6,405,250</u>	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; <u>\$405,250 see bank line of credit letter. This credit will also cover start-up &amp; working capital.</u>
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; <u>\$5,000,000 see lease attached, \$50,000/mo. for 10 years.</u>
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
_____	f)	Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
<u>\$6,935,250</u>	<b>TOTAL FUNDS AVAILABLE</b>	

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

**IX. 1120.130 - Financial Viability**

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

**Financial Viability Waiver**

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

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

See Section 1120.130 Financial Waiver for information to be provided

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

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

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
	Enter Historical and/or Projected Years:	No History	No History	2015 (year ending February)
Current Ratio				10.49
Net Margin Percentage				25.07%
Percent Debt to Total Capitalization				0.23
Projected Debt Service Coverage				3.86
Days Cash on Hand				148.03
Cushion Ratio				3.87

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

**2. Variance**

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

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

**X. 1120.140 - Economic Feasibility**

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

**A. Reasonableness of Financing Arrangements**

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

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

**B. Conditions of Debt Financing**

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

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

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

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page). **THIS ITEM IS NOT GERMANE AS NEW CONSTRUCTION/MODERNIZATION OR CONTINGENCY COST ARE NOT PROVIDED.**

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

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

**D. Projected Operating Costs**

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

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

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

**APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

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

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

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

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

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

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

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

**APPEND DOCUMENTATION AS ATTACHMENT-43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XII. Charity Care Information**

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

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

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

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

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

**APPEND DOCUMENTATION AS ATTACHMENT-44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

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

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	025-026
2	Site Ownership	027-097
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	098
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	099
5	Flood Plain Requirements	100-101
6	Historic Preservation Act Requirements	102-104
7	Project and Sources of Funds Itemization	105-106
8	Obligation Document if required	
9	Cost Space Requirements	
10	Discontinuation	
11	Background of the Applicant	107-108
12	Purpose of the Project	109-158
13	Alternatives to the Project	159-181
14	Size of the Project	182-183
15	Project Service Utilization	184-187
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
19	Mergers, Consolidations and Acquisitions	
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	
21	Comprehensive Physical Rehabilitation	
22	Acute Mental Illness	
23	Neonatal Intensive Care	
24	Open Heart Surgery	
25	Cardiac Catheterization	
26	In-Center Hemodialysis	
27	Non-Hospital Based Ambulatory Surgery	188-312
28	General Long Term Care	
29	Specialized Long Term Care	
30	Selected Organ Transplantation	
31	Kidney Transplantation	
32	Subacute Care Hospital Model	
33	Post Surgical Recovery Care Center	
34	Children's Community-Based Health Care Center	
35	Community-Based Residential Rehabilitation Center	
36	Long Term Acute Care Hospital	
37	Clinical Service Areas Other than Categories of Service	
38	Freestanding Emergency Center Medical Services	
	<b>Financial and Economic Feasibility:</b>	
39	Availability of Funds	313-317
40	Financial Waiver	
41	Financial Viability	318
42	Economic Feasibility	319-326
43	Safety Net Impact Statement	327-328
44	Charity Care Information	329-332

**Applicant /Co-Applicant Identification**

The Applicant is **Naperville Fertility Center, Inc.** and Randy Morris, MD. **Naperville Fertility Center, Inc.** will be the operator and licensee. Dr. Morris and the Jody L. Morris trust are the sole owners of **Naperville Fertility Center, Inc.** and as such have control of the entity. The owner of the building and property is Medical Properties, LLC. This entity is not considered a co-Applicant as it is the landlord only with no "control" over the proposed Ambulatory Surgical Treatment Center other than collecting rent and maintaining the building.

A Certificate of Good Standing from the Illinois Secretary of State for the Applicant entity is appended as **ATTACHMENT-1A.**





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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

NAPERVILLE FERTILITY CENTER, INC., A DOMESTIC CORPORATION; INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 15, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, 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 8TH day of JULY A.D. 2011*

*Jesse White*

Authentication #: 1118901898

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE ATTACHMENT-1A

### **Site Ownership**

The owner of the building and site is Medical Properties, LLC. This entity is a landlord only and as such has no control over the proposed Ambulatory Surgical Treatment Center other than collecting rent and building and ground maintenance. Therefore, this entity is not considered a co-Applicant.

A copy of Medical Properties, LLC's deeds are appended as **ATTACHMENT-2A**. Appended as **ATTACHMENT-2B**, is a copy of the lease between the ownership and operating entities.

1/11

4760608

2408013 / 24098976

CHARGE CTIC DUPAGE

**CORPORATE WARRANTY DEED**

THE GRANTOR, B B M INCORPORATED, a corporation created and existing under and by virtue of the laws of the State of Illinois for and in consideration of ten dollars (\$10.00) and other valuable consideration in hand paid, grants and conveys to

MEDICAL PROPERTIES, LLC, an Illinois limited liability company

the following described Real Estate situated in the County of DuPage in the State of Illinois:

LOT 11 IN BLOCK 19 IN PLAT OF THE TOWN OF NAPERVILLE, BEING A SUBDIVISION IN THE SOUTH 1/2 OF SECTION 13, TOWNSHIP 38 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED FEBRUARY 15, 1842 AS DOCUMENT 131, IN DUPAGE COUNTY, ILLINOIS


TO HAVE AND TO HOLD the said Real Estate as above described unto grantee, its successors and assigns. And the Grantor, for itself, and its successors, does covenants, promise and agree, to and with the grantee, its successors and/or assigns, that grantor has not done or suffered to be done, anything whereby the said real estate hereby granted are, or may be, in any manner encumbered or charged, except as herein recited; and that the said real estate, against all persons lawfully claiming, or to claim the same, by, through or under it, it will warrant and defend, subject to:

Covenants, conditions and restrictions of record; public and utility easements; roads and highways, if any; party wall rights and agreements; special governmental taxes or assessments for improvements not yet completed; unconfirmed special governmental taxes or assessments; general real estate taxes for the year 2004 and subsequent years; and acts caused by or suffered through grantee.

Permanent Index Number(s): 07 13 411 012  
Address of the Real Estate: 15 North Washington, Naperville, IL 60540

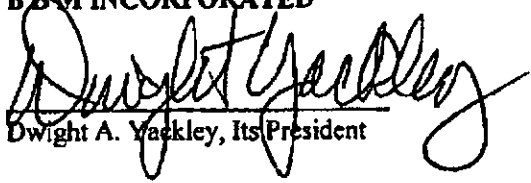


**J.P. "RICK" CARNEY**  
DUPAGE COUNTY RECORDER  
OCT. 05, 2004 9:10 AM  
DEED 07-13-411-012  
002 PAGES R2004-257652

STATE & COUNTY TAX  DUPAGE COUNTY	STATE OF ILLINOIS	# 0000032192	OCT.-4.04	REAL ESTATE TRANSFER TAX
			0090000	
			FP326686	

In witness whereof, grantor has caused its corporate seal to be hereto affixed, and has caused its name to be signed to these presents by its President as of the date written below.

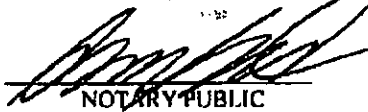
DATED this 29 day of September 2004.  
B B M INCORPORATED

  
Dwight A. Yackley, Its President

STATE OF ILLINOIS )  
                                  )SS.  
COUNTY OF DUPAGE )

The undersigned a Notary Public in and for said County and State, do hereby certify that Dwight A. Yackley appeared before me and in such capacity as President executed the foregoing documents for and on behalf of said corporation for the purposes and consideration therein expressed.

Given under my hand and official seal, this 29 day of September 2004.


  
NOTARY PUBLIC



This instrument prepared by Samuel J. Tamkin, 165 North Canal Street, Suite 1425, Chicago, IL 60606.

Send subsequent tax bills to:  
Medical Properties, LLC Jody L. Morris  
15 North Washington, Naperville, IL 60540 1149 Hobson Mill Drive  
Naperville, IL 60540

After Recording Mail to:  
Richard Lang  
Schain Burney Ross  
222 N. LaSalle Street, Suite 1910  
Chicago, IL 60601

CITY OF NAPERVILLE  
CITY TAX  OCT.-1.04  
NAPERVILLE, IL

# 000018298

REAL ESTATE TRANSFER TAX
01800.00
FP326659

**SPECIAL WARRANTY DEED**

20100045 / 210095960

THIS INDENTURE, made the 13<sup>th</sup> day of May, 2010, by and between the UNITED STATES POSTAL SERVICE, an independent establishment of the Executive Branch of the Government of the United States (39 U.S.C. § 201) (hereinafter "Grantor"), having an address at 4301 Wilson Blvd., Ste 300, Arlington, VA 22203-1861 and MEDICAL PROPERTIES, LLC, an Illinois Limited Liability Company, (hereinafter "Grantee"), having an address at 636 Raymond Drive, Suite 303, Naperville, IL 60563.

**WITNESSETH:**

THAT Grantor, for and in consideration of Ten Dollars (\$10.00) and other good and valuable consideration, to it paid by Grantee, the receipt of which is hereby acknowledged, does by these presents, conveys and specially warrants unto the said Grantee, its successors and assigns, all of its right, title and interest in the property situated in the County of DuPage, in the State of Illinois and described on Exhibit A attached hereto and made a part hereof.

TO HAVE AND TO HOLD the premises aforesaid with all and singular, the rights, privileges, appurtenances and immunities thereto belonging or in any wise appertaining unto the said Grantee and unto Grantee's successors and assigns forever. This conveyance and the warranties contained herein are hereby expressly made subject to any and all restrictions, covenants, easements, encumbrances, liens of any kind, leases, and interests of others, including rights-of-way for roads, pipelines, railroads, and public utilities, whether or not matters of public record; applicable zoning and use regulations of any locality, county or state; and

AND THE SAID Grantor will only warrant and forever defend the right and title to the above described property unto the said Grantee against the claims of those persons claiming by, through or under Grantor, but not otherwise.

PIN No. 07-13-411-013

IN WITNESS WHEREOF, the Grantor has signed, sealed and delivered this Deed, the day and year above written.



**Exhibit A**  
**Legal Description**

LOT 12 IN BLOCK 19 IN PLAT OF THE TOWN OF NAPERVILLE, BEING A  
SUBDIVISION IN THE SOUTH 1/2 OF SECTION 13, TOWNSHIP 38 NORTH, RANGE 9,  
EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF  
RECORDED FEBRUARY 15, 1842 AS DOCUMENT 131, IN DUPAGE COUNTY, ILLINOIS

**11-15 NORTH WASHINGTON, NAPERVILLE, ILLINOIS  
AMBULATORY SURGICAL CENTER LEASE**



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**11-15 NORTH WASHINGTON  
NAPERVILLE, ILLINOIS  
AMBULATORY SURGICAL CENTER LEASE**

This Lease between **MEDICAL PROPERTIES, LLC**, an Illinois limited liability company ("Landlord"); and **NAPERVILLE FERTILITY CENTER, INC.**, ("Tenant"), is dated June 29, 2011.

**1. LEASE OF PREMISES.**

In consideration of the Rent (as defined at Section 5(c)) and the provisions of this Lease, Landlord leases to Tenant and Tenant leases from Landlord the Premises shown by diagonal lines on the floor plan attached hereto as Exhibit "A," and further described at Section 2(h). The Premises are located within the Building and Project described in Section 2(i). Tenant shall have the non-exclusive right (unless otherwise provided herein) in common with Landlord, other tenants, subtenants and invitees, to use of the Common Areas (as defined at Section 2(d)).

**2. DEFINITIONS.**

As used in this Lease, the following terms shall have the following meanings:

- (a) Base Rent: See Base Rent Schedule attached hereto as Exhibit "C"
- (b) Broker(s): N/A  
Landlord's: None  
Tenant's: None
- (c) Commencement Date: That date determined in accordance with Section 4 (a) below
- (d) Common Areas: The building lobbies, common corridors and hallways, restrooms, stairways, elevators and other generally understood public or common areas. Landlord shall have the right to regulate or restrict the use of the Common Areas
- (e) Expiration Date: That date determined in accordance with Section 4 (a) below unless otherwise sooner terminated in accordance with the provisions of this Lease
- (f) Landlord's Mailing Address: 1149 Hobson Mill Drive, Naperville, Illinois 60540

Tenant's Mailing Address: 636 Raymond Drive, Suite 303, Naperville, Illinois 60563

- (g) Monthly Installments of Base Rent: See Base Rent Schedule
- (h) Premises: That portion of the Building containing approximately 6,605 square feet of Rentable Area, shown by diagonal lines on Exhibit "A," located on the first floor of the Building
- (i) Project: The building of which the Premises are a part (the "Building") and the real property on which the Building is located (the "Property") located at 11-15 North Washington, Naperville, Illinois and further described on Exhibit "B" The parties acknowledge that the property on which the Building is to be built will be the subject of a two lot consolidation and a PUD and that therefore the address of the Building may change
- (j) Rentable Area: As to both the Premises and the Project, the respective measurements of floor area as may from time to time be subject to lease by Tenant and all tenants of the Project, respectively, as determined by Landlord and applied on a consistent basis throughout the Project
- (k) Security Deposit (Section 7): \$33,753.00
- (l) State: The State of Illinois
- (m) Tenant's Proportionate Share: 54.7%. Such share is a fraction, the numerator of which is the Rentable Area of the Premises, and the denominator of which is the Rentable Area of the Project, as determined by Landlord from time to time. The Project consists of one building(s) containing a total Rentable Area of 12,079 square feet
- (n) Tenant's Use Clause (Section 8): ambulatory surgical treatment center and laboratory
- (o) Term: The period commencing on the Commencement Date and expiring at midnight on the Expiration Date
- (p) Lease Year: The period commencing on the Rent Commencement Date and expiring on the last day of the month which is the twelfth month after the month in which the Commencement Date occurred and each subsequent twelve (12) month period during the Term
- (q) Substantial Completion of the Premises: The material completion of all Landlord's Work (hereinafter defined)

3. **EXHIBITS AND ADDENDA.**

The exhibits listed below are incorporated by reference in this Lease:

- (a) Exhibit "A" - Floor Plan showing the Premises.
- (b) Exhibit "B" - Legal Description of Project.

- (c) Exhibit "C" - Base Rent Schedule.
- (d) Exhibit "D" - Delivery of Possession Date Certificate.
- (e) Exhibit "E" - Site Plan.
- (f) Exhibit "F" - Outline Specifications.
- (g) Exhibit "G" - Landlord's Work in Premises.

**4. COMMENCEMENT AND DELIVERY OF POSSESSION.**

(a) Commencement Date: The term of this Lease shall be for ten (10) years (hereinafter referred to as the "Term") and shall commence on the date of Substantial Completion of the Premises, (hereinafter referred to as the "Commencement Date") and shall terminate ten (10) years from the Commencement Date (hereinafter referred to as the "Termination Date"), unless sooner terminated as herein set forth. If requested by Landlord, immediately following delivery of the Demised Premises to Tenant, or at any other time during the term hereof, Tenant shall execute a Delivery of Possession Date Certificate in the form attached hereto as Exhibit "D," specifying the information called for in said form.

(b) "Delivery of possession" shall be deemed to occur on the Commencement Date.

**5. RENT.**

(a) Payment of Base Rent. Tenant agrees to pay the Base Rent for the Premises, commencing on the date ("Rent Commencement Date") which is the later of (i) thirty (30) days after the issuance of a Certificated of Need to Tenant by the Illinois Health Facilities and Services Review Board in accordance with the application or as otherwise accepted by the Tenant, or (ii) thirty (30) days after the Delivery of Possession Date, in accordance with those monthly installments specified on the Base Rent Schedule. Monthly Installments of Base Rent shall be payable in advance on the first day of each calendar month of the Term in the amount specified on the Base Rent Schedule for that particular month. If the Term begins (or ends) on other than the first (or last) day of a calendar month, the Base Rent for the partial month shall be prorated on a per diem basis.

(b) Project Operating Costs.

(1) In addition to its obligation to pay Monthly Installments of Base Rent, Tenant shall also be obligated to pay, as Additional Rent for each Lease Year Tenant's Proportionate Share of Project Operating Costs (defined below). The Additional Rent payable hereunder for the years in which the Term begins and ends shall be prorated to correspond to that portion of the applicable calendar year occurring within the term of this Lease.

(2) The term "Project Operating Costs" shall include all those items described in the following Sections 5(b)(2)(A) and (B).

(A) All federal, state, county, and local governmental taxes, assessments, water and sewer charges and other similar governmental charges of every kind or nature (collectively, "Taxes"), which Landlord shall pay, or become obligated to pay, because of, in connection with the ownership, management, control or operation of the Building, Property or Project, or of the personal property, fixtures, machinery, equipment, systems and apparatus located therein or used in connection therewith, including, without

limitation (i) real property taxes or assessments levied or assessed against the Building or Project, (ii) any expenses (including, but not limited to, legal fees) incurred by Landlord in any contest of real estate taxes or assessments or the assessed value of the Building, Property or the Project, however, there shall be no attorneys' fees charged if there are no savings in excess of all fees, legal fees and costs expended, (iii) assessments or charges levied or assessed against the Building or Project by any redevelopment agency, and (iv) any tax measured by gross rentals received from the leasing of the Premises, Building or Project, excluding any net income, franchise, capital stock, estate or inheritance taxes imposed by the State or federal government or their agencies, branches or departments; provided that if, at any time during the Term, any governmental entity levies, assesses or imposes on Landlord any (1) general or special, ad valorem or specific, excise, capital levy or other tax, assessment, levy or charge directly on the Rent received under this Lease or on the rent received under any other leases of space in the Building or Project, or (2) any license fee, excise or franchise tax, assessment, levy or charge measured by or based, in whole or in part, upon such rent, or (3) any transfer, transaction, or similar tax, assessment, levy or charge based directly or indirectly upon the transaction represented by this Lease or such other leases of space in the Building or Project, or (4) any occupancy, use, per capita or other tax, assessment, levy or charge based directly or indirectly upon the use or occupancy of the Premises or other leased premises within the Building or Project, then any and all of such taxes, assessments, levies and charges shall be deemed to be included in the term Project Operating Costs. For purposes hereof, Taxes for any year shall be Taxes which are due for payment or paid in that year, rather than Taxes which are assessed or become a lien during such year. If, at any time during the Term, the assessed valuation of, or taxes on, the Project are not based on a completed Project having at least eighty-five percent (85%) of the Rentable Area in the Building occupied, then the Taxes component of Project Operating Costs shall be adjusted by Landlord to reasonably approximate the taxes which would have been payable if the Project were completed and at least eighty-five percent (85%) of the Rentable Area in the Building occupied. However, the taxes assessed shall be the lesser of the actual taxes assessed and the adjustment as made by the Landlord above. Notwithstanding anything in this Section 5(b)(2)(A) to the contrary, Tenant shall not be obligated to pay any State, Federal or local income tax or similar tax imposed on or due by the Landlord.

(B) Operating costs incurred by Landlord in maintaining and operating the Building and Project, including without limitation the following: costs of (1) utilities; (2) supplies; (3) insurance (including, but not limited to, public liability, property damage, earthquake, and fire and extended coverage insurance for the full replacement cost of the Building and Project) as required by Landlord or its lenders for the Project; (4) services of independent contractors; (5) compensation (including employment taxes and fringe benefits) of all persons who perform duties connected with the operation, maintenance, repair or overhaul of the Building or Project, and equipment, improvements and facilities located within the Project, including, without limitation, engineers, janitors, painters, floor waxers, window washers, security and parking personnel and gardeners (but excluding persons performing services not uniformly available to or performed for substantially all Building or Project tenants); (6) operation and maintenance of a room for delivery and distribution of mail to tenants of the Building or Project as required by the U.S. Postal Service (including, without limitation, an amount equal to the fair market rental value of the mail room premises); (7) management of the Building or Project, whether managed by Landlord or an independent contractor (including, without limitation, an amount equal to the fair market rental value of any on-site manager's

office); (8) rental expenses for (or a reasonable depreciation allowance on) personal property used in the maintenance, operation or repair of the Building or Project; (9) costs, expenditures or charges (whether capitalized or not) due to requirements of any governmental or quasi-governmental authority; (10) amortization of capital expenses (including financing costs) (i) required by a governmental entity for energy conservation or life safety purposes, or (ii) made by Landlord with the reasonable intent to reduce Project Operating Costs; (11) legal, accounting and other professional fees incurred in connection with the operation, maintenance and management of the Building or Project; and (12) any other costs or expenses incurred by Landlord under this Lease or with respect to the Building or Project and not otherwise reimbursed by specific tenants of the Project, which are properly allocable to the operation and maintenance of the Building or Project in accordance with generally accepted accounting principles. If at any time during the Term, less than eighty-five percent (85%) of the Rentable Area of the Project is occupied, the "operating costs" component of Project Operating Costs shall be adjusted by Landlord to reasonably approximate the operating costs which would have been incurred if the Project had been at least eighty-five percent (85%) occupied.

(3) Estimated Payments and Operating Statements.

(A) Estimated Payments. Landlord or its agent shall furnish to Tenant, prior to the Commencement Date and prior to the commencement of each calendar year, a written statement setting forth Landlord's estimate of Tenant's Proportionate Share of the Project Operating Costs (the "Estimated Operating Statement") for such ensuing calendar year. Tenant shall pay to Landlord, on the first day of each month, as Additional Rent, an amount equal to one-twelfth (1/12th) of Landlord's estimate of Tenant's Proportionate Share of such Project Operating Costs. If, however, Landlord shall fail to furnish any such Estimated Operating Statement subsequent to the commencement of any calendar year during the term of this Lease, then until the first day of the month following the month in which such Estimated Operating Statement is furnished to Tenant, Tenant shall pay to Landlord, on the first day of each month, an amount equal to the monthly installment of estimated Project Operating Costs payable under this section with respect to the last month of the immediately preceding calendar year. Upon furnishing such Estimated Operating Statement to Tenant, Landlord shall give notice to Tenant stating whether the monthly installments of Project Operating Costs which Tenant has paid to date during the current calendar year are more or less than the estimated sums which Tenant should have been paying to Landlord for the current calendar year, based on that Estimated Operating Statement. In the event there is a deficiency with respect to the estimated amounts paid by Tenant to date in the current calendar year, Tenant shall pay the amount of such deficiency within ten (10) days after demand therefor; in the event there shall have been an over-payment, Landlord shall permit Tenant to credit the amount thereof against the subsequent payments of Additional Rent next due during the calendar year in which Landlord notifies Tenant of such over-payment. If there shall be any increase or decrease in the estimated Project Operating Costs for any Lease Year, whether during or after such year, Landlord may furnish to Tenant a revised interim Estimated Operating Statement and the Additional Rent shall be adjusted and paid, or refunded by way of credits against future payments, as the case may be, or Landlord may wait and make such adjustments as per subparagraph (2) below. Notwithstanding the foregoing, Landlord may adjust its estimate for Taxes at such time as actual tax bills become available.

(B) Operating Statement. Within one hundred twenty (120) days after the end of each calendar year, or as soon thereafter as possible, Landlord shall furnish to Tenant a statement pertaining to the actual payments made by Landlord for Project Operating Costs for that immediately preceding year (the "Operating Statement"). If the Operating Statement shows that the sums paid by Tenant, pursuant to the Estimated Operating Statement, or any revision thereof, exceed Tenant's Proportionate Share of the actual Project Operating Costs for the calendar year in question, Landlord shall permit Tenant to credit the amount of such excess in installments, against the subsequent payments of Additional Rent next due during the remainder of the calendar year in which such Operating Statement is furnished pursuant to this section; and if such Operating Statement shows that the aggregate amount of the estimated sums paid by Tenant were less than the Tenant's Proportionate Share of the actual Project Operating Costs, Tenant shall pay the amount of such deficiency within thirty (30) days after demand therefor. Failure of Landlord to submit the written Operating Statement referred to herein shall not constitute a waiver of any rights of Landlord.

(C) Disputes. Each Operating Statement given by Landlord shall be conclusive and binding upon Tenant, unless within thirty (30) days after the receipt thereof, Tenant shall notify Landlord that Tenant disputes the accuracy of said Operating Statement, specifying the particular respects in which the Operating Statement is claimed to be incorrect. Notwithstanding any such notice disputing the Operating Statement, any amount due to Landlord, as shown on any such Operating Statement, shall be paid by Tenant within thirty (30) days after Landlord's demand, as provided above, but without prejudice to any such written objection. Tenant or its authorized representative shall have the right to examine Landlord's books and records with respect to the items in the Operating Statement during normal business hours and upon reasonable notice at any time within forty-five (45) days following submission of the Operating Statement by Landlord. If, within twenty-one (21) days after Landlord's receipt of Tenant's notification of dispute of said Operating Statement, Landlord and Tenant fail to agree, in writing, upon the actual amount of Project Operating Costs and Tenant's Proportionate Share thereof, then Landlord and Tenant shall jointly select an independent, certified public accountant, licensed in the State of Illinois, who shall prepare a report addressing the objections raised by Tenant. The fees and costs of said accountant shall be paid one-half by Landlord and one-half by Tenant, and the determination of said accountant shall be conclusive and binding on Landlord and Tenant. Any sums owed by Landlord to Tenant based on the accountant's report shall be paid to Tenant in the form of a credit against those subsequent payments of Additional Rent next due during the remainder of the calendar year in which the determination of such overpayment is made.

(c) Definition of Rent. All costs and expenses which Tenant assumes or agrees to pay to Landlord under this Lease (except with respect to Base Rent) shall be deemed "Additional Rent" (which, together with the Base Rent, is sometimes referred to as the "Rent"). The Rent shall be paid to the Building manager (or other person) and at such place, as Landlord may from time to time designate in writing, without any prior demand therefor and without deduction or offset, in lawful money of the United States of America.

(d) Rent Control. If the amount of Rent or any other payment due under this Lease violates the terms of any governmental restrictions on such Rent or payment, then the Rent or payment due during the period of such restrictions shall be the maximum amount allowable under those restrictions. Upon termination of the restrictions, Landlord shall, to the extent it is



legally permitted, recover from Tenant the difference between the amounts received during the period of the restrictions and the amounts Landlord would have received had there been no restrictions.

(e) Taxes Payable by Tenant. In addition to the Rent and any other charges to be paid by Tenant hereunder, Tenant shall reimburse Landlord upon demand for any and all taxes payable by Landlord (other than net income taxes) which are not otherwise reimbursable under this Lease, whether or not now customary or within the contemplation of the parties, where such taxes are upon, measured by or reasonably attributable to (i) the cost or value of Tenant's equipment, furniture, fixtures and other personal property located in the Premises, or the cost or value of any leasehold improvements made in or to the Premises by or for Tenant, other than the Work, regardless of whether title to such improvements is held by Tenant or Landlord; (ii) the gross or net Rent payable under this Lease, including, without limitation, any rental or gross receipts tax levied by any taxing authority with respect to the receipt of the Rent hereunder; (iii) the possession, leasing, operation, management, maintenance, alteration, repair, use or occupancy by Tenant of the Premises or any portion thereof; or (iv) this transaction or any document to which Tenant is a party creating or transferring an interest or an estate in the Premises. If it becomes unlawful for Tenant to reimburse Landlord for any costs as required under this Lease, the Base Rent shall be revised to net Landlord the same net Rent after imposition of any tax or other charge upon Landlord as would have been payable to Landlord but for the reimbursement being unlawful.

#### **6. INTEREST AND LATE CHARGES.**

If Tenant fails to pay when due any Rent or other amounts or charges which Tenant is obligated to pay under the terms of this Lease, the unpaid amounts shall bear interest at the lesser of (i) two percent (2.0%) in excess of the "prime" or "reference" or "base" rate of interest announced as such, from time to time, by the The Northern Trust Company ("Prime") and (ii) the maximum rate then allowed by law. Tenant acknowledges that the late payment of any Monthly Installment of Base Rent will cause Landlord to lose the use of that money and incur costs and expenses not contemplated under this Lease, including, without limitation, administrative and collection costs and processing and accounting expenses, the exact amount of which is extremely difficult to ascertain. Therefore, in addition to interest (as described above in this Section 6), if any such installment is not received by Landlord within ten (10) days from the date it is due, Tenant shall pay Landlord a late charge equal to ten percent (10%) of such delinquent installment. Landlord and Tenant agree that this late charge represents a reasonable estimate of such costs and expenses and is fair compensation to Landlord for the loss suffered from such nonpayment by Tenant. Acceptance of any interest or late charge shall not constitute a waiver of Tenant's default with respect to such nonpayment by Tenant nor prevent Landlord from exercising any other rights or remedies available to Landlord under this Lease.

#### **7. SECURITY DEPOSIT.**

(a) Tenant agrees to deposit with Landlord the Security Deposit in the form of cash, the amount as set forth at Section 2(k) above upon execution of this Lease, as security for Tenant's faithful performance of its obligations under this Lease. Landlord and Tenant agree that the Security Deposit may be commingled with funds of Landlord and Landlord shall have no obligation or liability for payment of interest on such deposit. Tenant shall not mortgage, assign, transfer or encumber the Security Deposit without the prior written consent of Landlord (which

may be withheld in Landlord's sole discretion), and any attempt by Tenant to do so shall be void, without force or effect and shall not be binding upon Landlord.

(b) If Tenant fails to pay any Rent or other amount when due and payable under this Lease, or fails to perform any of the terms hereof, Landlord may appropriate and apply or use all or any portion of the Security Deposit for Rent payments or any other amount then due and unpaid; for Payment of any amount for which Landlord has become obligated as a result of Tenant's default or breach; and for any loss or damage sustained by Landlord as a result of Tenant's default or breach; and Landlord may so apply or use this Security Deposit without prejudice to any other remedy Landlord may have by reason of Tenant's default or breach. If Landlord so uses any of the Security Deposit, Tenant shall, within ten (10) days after written demand therefor, restore the Security Deposit to the full amount originally deposited. Tenant's failure to do so shall constitute an act of default hereunder and Landlord shall have the right to exercise any remedy provided for at Section 26 hereof. Within fifteen (15) days after the Term (or any extension thereof) has expired or Tenant has vacated the Premises, whichever shall last occur, and provided Tenant is not then in default on any of its obligations hereunder, Landlord shall return the Security Deposit to Tenant, or, if Landlord has permitted Tenant to assign its interest under this Lease, to the last assignee of Tenant. If Landlord sells its interest in the Premises, Landlord may deliver this Security Deposit to the purchaser of Landlord's interest and thereupon be relieved of any further liability or obligation with respect to the Security Deposit.

#### **8. TENANT'S USE OF THE PREMISES.**

Tenant shall use the Premises solely for the purposes set forth in Tenant's Use Clause. Tenant shall not use or occupy the Premises in violation of law or any covenant, condition or restriction affecting the Building or Project or the certificate of occupancy issued for the Building or Project, and shall, upon notice from Landlord, immediately discontinue any use of the Premises which is declared by any governmental authority having jurisdiction to be a violation of law or the certificate of occupancy. Tenant, at Tenant's own cost and expense, shall comply with all laws, ordinances, regulations, rules and/or any directions of any governmental agencies or authorities having jurisdiction which shall, by reason of the nature of Tenant's use or occupancy of the Premises, impose any duty upon Tenant or Landlord with respect to the Premises or its use or occupation. A judgment of any court of competent jurisdiction or the admission by Tenant in any action or proceeding against Tenant that Tenant has violated any such laws, ordinances, regulations, rules and/or directions in the use of the Premises shall be deemed to be conclusive determination of that fact as between Landlord and Tenant. Tenant shall not do, or permit to be done, anything which will invalidate or increase the cost of any fire, extended coverage or other insurance policy covering the Building or Project and/or property located therein, and shall comply with all rules, orders, regulations, requirements and recommendations of the Insurance Services Office or any other organization performing a similar function. Tenant shall promptly upon demand reimburse Landlord for any additional premium charged for such policy by reason of Tenant's failure to comply with the provisions of this Section 8. Tenant shall not do, or permit anything to be done, in or about the Premises which will in any way obstruct or interfere with the rights of other tenants or occupants of the Building or Project, or injure or annoy them, or use or allow the Premises to be used for any improper, unlawful or objectionable purpose, nor shall Tenant cause, maintain or permit any nuisance in, on or about the Premises. Tenant shall not commit or suffer to be committed any waste in or upon the Premises. Landlord will not allow any activity in the Building that will interfere with Tenant's use and enjoyment of the Premises, and will actively pursue all remedies against any

other Tenants of the Building violating a clause similar to this Paragraph 8, contained in other Tenant leases.

**9. SERVICES AND UTILITIES.**

Provided that Tenant is not in default hereunder, Landlord agrees to furnish to the Premises during generally recognized business days, and during the hours of 6:00 a.m. to 7:00 p.m. on weekdays and from 8:00 a.m. to 3:00 p.m. on Saturdays, with Sundays and holidays excluded), and subject to the Rules and Regulations of the Building or Project, heating, ventilation and air conditioning ("HVAC") as required, in Landlord's judgment, for the comfortable use and occupancy of the Premises. It is specifically understood and agreed that Landlord shall cause the Premises to be separately metered for the provision of electrical current service, at Landlord's expense, and, if Landlord so requires, Tenant shall cause the electrical utility to establish a separate account, in Tenant's name, for the provision of electricity to the Premises. If Tenant desires HVAC at any other time, Landlord shall use reasonable efforts to furnish such service upon reasonable notice from Tenant and Tenant shall pay Landlord's charges therefor on demand. Landlord shall also maintain and keep lighted the common stairs, common entries and restrooms in the Building. Landlord shall not be in default hereunder or be liable for any damages directly or indirectly resulting from, nor shall the Rent be abated by reason of (i) the installation, use, or interruption of use, of any equipment in connection with the furnishing of any of the foregoing services; (ii) failure to furnish, or delay in furnishing, any such services where such failure or delay is caused by accident or any condition or event beyond the reasonable control of Landlord, or by the making of necessary repairs or improvements to the Premises, Building or Project; or (iii) the limitation, curtailment or rationing of, or restrictions on, use of water, electricity, gas or any other form of energy serving the Premises, Building or Project. Landlord shall not be liable under any circumstances for a loss of or injury to property or business, however occurring through or in connection with or incidental to failure to furnish any such services. If Tenant uses heat generating machines or equipment in the Premises which affect the temperature otherwise maintained by the HVAC system, Landlord reserves the right to install supplementary air conditioning units in the Premises and the costs thereof, including the cost of installation, operation and maintenance thereof, shall be paid by Tenant to Landlord upon demand by Landlord.

Tenant shall not, without the written consent of Landlord, use any apparatus or device in the Premises, including without limitation, electronic data processing machines, punch card machines or machines using in excess of 120 volts, which consumes more electricity than is usually furnished or supplied for the use of premises as ambulatory surgical treatment center and laboratory, as determined by Landlord. Tenant shall not connect any apparatus with electric current except through existing electrical outlets in the Premises. Tenant shall not consume any water or electric current in excess of that usually furnished or supplied for the use of premises as general office space (as determined by Landlord), without first procuring the written consent of Landlord, which Landlord may refuse, and in the event of consent, Landlord may have installed a water meter or electrical current meter in the Premises to measure the amount of water or electric current consumed. The cost of any such meter and of its installation, maintenance and repair shall be paid for by the Tenant and Tenant agrees to pay to Landlord promptly upon demand for all such water and electric current consumed as shown by said meters, at the rates charged for such services by the local public utility plus any additional expense incurred in keeping account of the water and electric current so consumed. If a separate meter is not installed, the excess cost for such water and electric current shall be established by an estimate made by a utility company or electrical engineer hired by Landlord at Tenant's expense.

Landlord shall furnish elevator service, lighting replacement for building standard lights, restroom supplies, window washing and janitor services in a manner that such services are customarily furnished to comparable ambulatory surgical treatment centers in the Chicago area.

**10. PREPARATION AND CONDITION OF THE PREMISES.**

(a) Site Plan. Exhibit "E" sets forth the general layout of the Project. Landlord does not warrant or represent that the Building will be constructed exactly as shown thereon or that it will be completed by a specific date. Landlord may change or alter any of the other spaces to be leased in the Building, the common areas or any other aspect in the Project, or may sell or lease any portions of the Project, all without the consent of or notice to Tenant. Landlord hereby agrees that the relative location and actual size of the Premises shall remain substantially unchanged.

(b) Landlord's Work. Landlord, at its expense, shall (i) construct the Building wherein the Premises are to be located, substantially in accordance with the "Outline Specifications" attached hereto and made a part hereof as Exhibit "F," and (ii) construct the Premises in accordance with Exhibit "G" attached hereto and made a part hereof (hereinafter referred to as "Landlord's Work").

(c) Delivery of Possession Date. Landlord shall give Tenant at least thirty (30) days prior written notice of the projected date on which Landlord's Work will be substantially completed. On the day when Landlord's Work is substantially completed, Landlord and Tenant shall execute a Delivery of Possession Date Certificate substantially in the form of Exhibit "D" attached hereto and made a part hereof. The date specified in such Certificate as the date on which the Premises have been delivered to Tenant shall be the "Delivery of Possession Date." Tenant agrees to take physical possession of the Premises on the date Landlord tenders possession of the Premises to Tenant.

(d) Americans With Disabilities Act.

(1) Landlord represents that to the best of its knowledge and belief, the Common Areas and the Premises shall be constructed in compliance with the requirements of Title III (Public Accommodations) of the Americans With Disabilities Act of 1990 ("ADA").

(2) Tenant represents and covenants that it shall conduct its occupancy and use of the Premises in accordance with the ADA (including, but not limited to, modifying its policies, practices and procedures and providing auxiliary aids and services to disabled persons).

(3) Tenant agrees that any work performed in and about the Premises by Tenant, Tenant's employees, agents or contractors shall comply with the ADA and, upon request of Landlord, Tenant shall provide Landlord with evidence reasonably satisfactory to Landlord that such work was performed in compliance with the ADA. Furthermore, Tenant covenants and agrees that any and all future alterations or improvements made by Tenant to the Premises shall comply with the ADA. Tenant agrees to save, indemnify and hold Landlord, Landlord's beneficiary, any and all mortgagees and their respective agents, beneficiaries, partners, officers, servants and employees harmless against all claims and liabilities, including but not limited to any fines, penalties and attorneys' fees, arising from noncompliance of the Premises with the ADA.

11. **CONSTRUCTION, REPAIRS AND MAINTENANCE.**

(a) Landlord's Obligations. Landlord shall maintain in good order, condition and repair the Building and all other portions of the Premises not the obligation of Tenant or of any other tenant in the Building.

(b) Tenant's Obligations.

(1) Tenant, at Tenant's sole expense, shall, except for services furnished by Landlord pursuant to Section 9 hereof, maintain the Premises in good order, condition and repair, including, but not limited to, the interior surfaces of the ceilings, walls and floors, all doors, all interior windows, all Plumbing, pipes and fixtures, electrical wiring, switches and fixtures, furnishings that are part of the Work and special items and equipment installed by or at the expense of Tenant.

(2) Tenant shall be responsible for all repairs and alterations in and to the Premises, Building and Project and the facilities and systems thereof, the need for which arises out of (i) Tenant's use or occupancy of the Premises, (ii) the installation, removal, use or operation of Tenant's Property (as defined in Section 13 below) in the Premises, (iii) the moving of Tenant's Property into or out of the Building, or (iv) the act, omission, misuse or negligence of Tenant, its agents, contractors, employees or invitees.

(3) If Tenant fails to maintain the Premises in good order, condition and repair, Landlord shall give Tenant notice to do such acts as are reasonably required to so maintain the Premises. If Tenant fails to promptly commence such work and diligently prosecute it to completion, then Landlord shall have the right to do such acts and expend such funds, at the expense of Tenant, as are reasonably required to perform such work. Any amount so expended by landlord shall be paid by Tenant promptly after demand with interest at the rate set forth in Section 6 above from the date of such work. Landlord shall have no liability to Tenant for any damage, inconvenience, or interference with the use of the Premises by Tenant as a result of performing any such work.

(c) Compliance with Law. Landlord and Tenant shall each do all acts required to comply with all applicable laws, ordinances, and rules of any public authority relating to their respective maintenance obligations as set forth herein.

(d) Load and Equipment Limits. Tenant shall not place a load upon any floor of the Premises which exceeds the load per square foot which such floor was designed to carry, as determined by Landlord or Landlord's structural engineer. The cost of any such determination made by Landlord's structural engineering shall be paid for by Tenant upon demand. Tenant shall not install business machines or mechanical equipment which cause noise or vibration to such a degree as to be objectionable to Landlord or other Building tenants.

(e) Interference. Except as otherwise expressly provide in this Lease, Landlord shall have no liability to Tenant nor shall Tenant's obligations under this Lease be reduced or abated in any manner whatsoever, by reason of any inconvenience, annoyance, interruption or injury to business arising from Landlord's making any repairs or changes which Landlord is required or permitted by this Lease or by any other tenant's lease or required by law to make in or to any portion of the Project, Building or the Premises, including, but not limited to, the buildout of the remaining tenant space(s) and incomplete base building areas in the Building. Landlord shall

nevertheless use reasonable efforts to minimize any interference with Tenant's business in the Premises. Tenant shall give Landlord prompt notice of any damage to or defective condition in any part or appurtenance of the Building's mechanical, electrical, plumbing, HVAC or other systems serving, located in, or passing through the Premises.

(f) Return of Premises. Upon the expiration or earlier termination of this Lease, Tenant shall return the Premises to Landlord in the same condition as on the date Tenant took possession, except for normal wear and tear, and alterations approved by Landlord. Any damage to the Premises, including any structural damage, resulting from Tenant's use, or from the removal of Tenant's fixtures, furnishings and equipment pursuant to Section 13(b) below, shall be repaired by Tenant at Tenant's expense.

## **12. ALTERATIONS AND ADDITIONS.**

(a) Tenant shall not make any additions, alterations or improvements to the Premises without obtaining the prior written consent of Landlord. Landlord's consent may be conditioned on Tenant's removing any such additions, alterations or improvements upon the expiration of the Term and restoring the Premises to the same condition as on the date Tenant took possession. If not so conditioned, it gets returned in its altered state. All work with respect to any addition, alteration or improvement shall be done in a good and workmanlike manner by properly qualified and licensed personnel approved by Landlord, and such work shall be diligently prosecuted to completion.

(b) Tenant shall pay the costs of any work done on the Premises pursuant to Sections 10(d) and 12(a) above, and shall keep the Premises, Building and Project free and clear of liens of any kind or nature. Tenant hereby indemnifies, defends against and keeps Landlord free and harmless from and against any and all liability, loss, damage, costs, attorneys' fees (of counsel selected by Landlord) and any other expense incurred by Landlord on account of, or as a result of, or due to, claims by any person performing work or furnishing materials or supplies for Tenant or any person claiming under Tenant.

Tenant shall keep Tenant's leasehold interest, and any additions or improvements which are, or become, the property of Landlord under this Lease, free and clear of all attachment or judgment liens. Before the actual commencement of any work for which a claim or lien may be filed, Tenant shall give Landlord notice of the intended commencement date a sufficient time before that date to enable Landlord to post notices of non-responsibility or any other notices which Landlord deems necessary for the proper protection of Landlord's interest in the Premises, Building or the Project, and Landlord shall have the right to enter the Premises and post such notices at any reasonable time.

(c) If the cost of the proposed work is in excess of Fifteen Thousand Dollars (\$15,000.00), Landlord may require, at Landlord's sole option, that Tenant provide to Landlord, at Tenant's expense, a lien and completion bond or deposit in an amount equal to one hundred percent (100%) the total estimated cost of any additions, alterations or improvements to be made in or to the Premises, to protect Landlord against any liability for mechanics and materialmen's liens and to insure timely completion of the work. Nothing contained in this Section 12(c) shall relieve Tenant of its obligation under Section 12(b) above to keep the Premises, Building and Project free of all liens.

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(d) Unless their removal is required by Landlord, as provided in Section 12(a) above, all additions, alterations and improvements made to the Premises shall become the property of Landlord and be surrendered with the Premises upon the expiration of the Term; provided, however, Tenant's equipment, machinery and trade fixtures which may be removed without damage to the Premises shall remain the property of Tenant and may be removed, subject to the provisions of Section 13(b) below.

**13. LEASEHOLD IMPROVEMENTS; TENANT'S PROPERTY.**

(a) All fixtures, equipment, improvements and appurtenances attached to, or built into, the Premises at the commencement of or during the Term, whether or not by, or at the expense of, Tenant ("Leasehold Improvements"), shall be and remain a part of the Premises; shall be the property of Landlord; and shall not be removed by Tenant, except as expressly provide in Section 13(b).

(b) All movable partitions, business and trade fixtures, machinery and equipment, communications equipment and office equipment located in the Premises and acquired by or for the account of Tenant, without expense to Landlord, which can be removed without structural damage to the Building or the Premises, and all furniture, furnishings and other articles of movable personal property owned by Tenant and located in the Premises (collectively "Tenant's Property") shall be and shall remain the property of Tenant and may be removed by Tenant at any time during the Term; provided that if any of Tenant's Property is removed, Tenant shall promptly repair, at its sole cost and expense, and to Landlord's satisfaction, any and all damage to the Premises or to the Building resulting from such removal.

**14. CERTAIN RIGHTS RESERVED BY LANDLORD.**

Landlord reserves the following rights, exercisable without liability to Tenant for (i) damage or injury to property, person or business, (ii) causing an actual or constructive eviction from the Premises, or (iii) disturbing Tenant's use or possession of the Premises:

(a) To change the name or street address of the Building or Project;

(b) To install and maintain all signs on the exterior and interior of the Building and Project;

(c) To have pass keys to the Premises and all doors within the Premises, excluding Tenant's vaults and safes;

(d) At any time during the Term, and on a reasonable prior notice to Tenant, to inspect the Premises, and to show the Premises to any prospective purchaser or mortgagee of the Project, or to any assignee of any mortgage on the Project, or to others having an interest in the Project or Landlord, and during the last six (6) months of the Term, to show the Premises to prospective tenants thereof; and

(e) Subject to the legal right and privacy of patients and their records in the Premises, to enter the Premises for the purpose of making inspections, repairs, alterations, additions or improvements to the Premises or the Building (including, without limitation, checking, calibrating, adjusting or balancing controls and other parts of the HVAC system), and to take all steps as may be necessary or desirable for the safety, protection, maintenance or preservation of

the Premises or the Building or Landlord's interest therein, or as may be necessary or desirable for the operation or improvement of the Building or in order to comply with laws, orders or requirements of governmental or other authority. Landlord agrees to use its reasonable, good faith efforts (except in an emergency) to minimize interference with Tenant's business in the Premises in the course of any such entry. Notwithstanding the foregoing, Tenant shall have the exclusive right to set the control of heating, ventilating and air conditioning in the Premises.

**15. ASSIGNMENT AND SUBLETTING.**

Tenant acknowledges that Landlord has entered into this Lease in reliance on Tenant's creditworthiness, reputation and ability to operate the Premises for the purposes set forth in Section 8 above. No assignment of this Lease or sublease of all or any part of the Premises shall be permitted, except as specifically provided in this Section 15.

(a) Tenant shall not, without the prior consent of Landlord, assign or hypothecate this Lease or any interest herein or sublet the Premises or any part thereof, or permit the use of the Premises by any party other than Tenant. Any of the foregoing acts without such consent shall be void and shall, at the option of Landlord, terminate this Lease. This Lease shall not, nor shall any interest of Tenant herein, be assignable by operation of law without the written consent of Landlord.

(b) If, at any time or from time to time during the Term, Tenant desires to assign this Lease or sublet all or any part of the Premises, Tenant shall give written notice to Landlord setting forth the terms and provisions of the proposed assignment or sublease, and the identity of the proposed assignee or subtenant. Tenant shall promptly supply Landlord with such information concerning the business background and financial condition of such proposed assignee or subtenant as Landlord may reasonably request. Landlord shall have the option, exercisable by notice given to Tenant within twenty (20) days after Tenant's notice is given, either to sublet such space from Tenant at the rental and on the other terms set forth in this Lease for the term set forth in Tenant's notice, or, in the case of an assignment, to terminate this Lease. If Landlord does not exercise such option, Tenant may assign the Lease or sublet such space to such proposed assignee or subtenant on the following further conditions:

(1) Landlord shall have the right to approve such proposed assignee or subtenant, which approval shall not be unreasonably withheld, and Tenant shall furnish sufficient information to Landlord so that Landlord may make a reasonable determination as to the creditworthiness and reputation of the proposed assignee or subtenant;

(2) The assignment or sublease shall be on the same terms set forth in the notice given to Landlord and true and correct copies of all documentation proposed to evidence any such assignment or sublease shall be furnished to Landlord;

(3) No assignment or sublease shall be valid and no assignee or sublessees shall take possession of the Premises until an executed counterpart of such assignment or sublease has been delivered to Landlord;

(4) No assignee or sublessee shall have a further right to assign or sublet except on the terms herein contained; and



(5) Any sums or other economic consideration received by Tenant as a result of such assignment or subletting, however, denominated under the assignment or sublease, which exceed, in the aggregate, (i) the total sums which Tenant is obligated to pay Landlord under this Lease (prorated to reflect obligations allocable to any portion of the Premises subleased), plus (ii) any real estate brokerage commissions or fees payable in connection with such assignment or subletting, shall be paid to Landlord as Additional Rent under this Lease without affecting or reducing any other obligations of Tenant hereunder.

6) Any such assignment or sublease shall be specifically subject to all of the terms and conditions of this Lease, and, in the event of an assignment, such assignee shall specifically assume, in writing and in a form satisfactory to Landlord, all of Tenant's rights and obligations hereunder.

(c) Notwithstanding the provisions of Sections 15 (a) and 15 (b) above, Tenant may assign this Lease or sublet the Premises or any portion thereof, without Landlord's consent and without extending any recapture or termination option to Landlord (pursuant to Section 15 (b) above), to any corporation which controls, is controlled by, or is under common control with Tenant, or to any corporation resulting from a merger or consolidation with Tenant, or to any person or entity which acquires all the assets of Tenant's business as a going concern, provided that (1) the assignee or sublessee assumes, in full, the obligations of Tenant under this Lease; (2) Tenant remains fully liable under this Lease; (3) the use of the Premises under Section 8 above remains unchanged; and (4) any successor to Tenant's interest resulting from merger or consolidation has a net worth which is equal to, or greater than, that of the Tenant immediately before such merger or consolidation.

(d) No subletting or assignment shall release Tenant of Tenant's obligations under this Lease or alter or modify the primary liability of Tenant to pay the Rent and to perform all other obligations to be performed by Tenant hereunder. The acceptance of Rent by Landlord from any other person shall not be deemed to be a waiver by Landlord of any provision hereof. Consent to one assignment or subletting shall not be deemed consent to any subsequent assignment or subletting. In the event of default by an assignee or subtenant of Tenant or any successor of Tenant in the performance of any of the terms hereof, Landlord may proceed directly against Tenant without the necessity of exhausting remedies against such assignee, subtenant or successor. Landlord may consent to subsequent assignments of the Lease, sublettings or amendments or modifications to the Lease with assignees of Tenant, without notifying Tenant, or any successor of Tenant, and without obtaining its or their consent thereto and any such actions shall not relieve Tenant of liability under this Lease.

(e) If Tenant assigns the Lease or sublets the Premises or requests the consent of Landlord to any assignment or subletting, or if Tenant requests the consent of Landlord for any act that Tenant proposes to do, then Tenant shall, upon demand pay Landlord an administrative fee of Two Hundred Fifty and No/100 Dollars (\$250.00), plus any attorneys' fees (of counsel selected by Landlord), reasonably incurred by Landlord in connection with such act or request.

#### 16. **HOLDING OVER.**

If Tenant remains in possession after the Expiration Date hereof or after any earlier termination date of this Lease or of the Tenant's right to possession (a) Tenant shall be deemed a tenant at will; (b) Tenant shall pay one hundred fifty percent (150%) of the Base Rent and Additional Rent last prevailing hereunder, and also shall pay all damages sustained by Landlord,

consequential as well as direct, by reason of such remaining in possession after the expiration or termination of this Lease; (c) there shall be no renewal or extension of this Lease by operation of law; and (d) the tenancy at will may be terminated upon thirty (30) days' notice from Landlord; or, at the sole option of Landlord, expressed by written notice to Tenant, but not otherwise, such holding over shall constitute a renewal of this Lease for a period of one (1) year on the same terms and conditions as provided in this Lease at the last year Base Rent plus ten percent (10%). The provisions of this Section 16 shall not constitute a waiver by Landlord of any re-entry rights of Landlord provided hereunder or by law.

**17. SURRENDER OF PREMISES.**

(a) Tenant shall peaceably surrender the Premises to Landlord on the Expiration Date, in broom-clean condition and in as good condition as when Tenant took possession, except for (1) reasonable wear and tear, (2) loss by fire or other casualty, and (3) loss by condemnation. Tenant shall, on Landlord's request, remove Tenant's Property on or before the Expiration Date and promptly repair all damage to the Premises or Building caused by such removal.

(b) If Tenant abandons or surrenders the Premises, or is dispossessed by process of law or otherwise, any of Tenant's Property left on the Premises shall be deemed to be abandoned, and, at Landlord's option, title shall pass to Landlord under this Lease as by a bill of sale. If Landlord elects to remove all or any part of such Tenant's Property, the cost of removal, including repairing any damage to the Premises or Building caused by such removal, shall be paid by Tenant. On the Expiration Date, Tenant shall surrender all keys to the Premises.

**18. DESTRUCTION OR DAMAGE.**

(a) If the Premises or the portion of the Building necessary for Tenant's occupancy is damaged by fire, earthquake, act of God, the elements or other casualty, Landlord shall, subject to the provisions of this Section 18, promptly repair the damage, if such repairs can, in Landlord's opinion, be completed within ninety (90) days of the date on which such casualty occurred. If Landlord determines that repairs can be completed within ninety (90) days, this Lease shall remain in full force and effect, and, provided that such damage is not the result of the negligence or willful misconduct of Tenant or Tenant's agents, employees, contractors, licensees or invitees, the Base Rent shall be abated to the extent Tenant's use of the Premises is impaired, commencing with the date of damage and continuing until completion of the repairs required of Landlord under Section 18 (d) below.

(b) If in Landlord's opinion, such repairs to the Premises or portion of the Building necessary for Tenant's occupancy cannot be completed within ninety (90) days of the date on which such casualty occurred, Landlord may elect, upon notice to Tenant given within (30) days after the date of such fire or other casualty, to repair such damage, in which event this Lease shall continue in full force and effect, but the Base Rent shall be partially abated as provided in Section 18 (a) above. If Landlord does not so elect to make such repairs, this Lease shall terminate as of the date of such fire or other casualty.

(c) If any other portion of the Building or Project is totally destroyed or damaged to the extent that, in Landlord's opinion, repair thereof cannot be completed within ninety (90) days of the date on which such casualty occurred, Landlord may elect, upon notice to Tenant, given within thirty (30) days after the date of such fire or other casualty, to repair such damage, in which event this Lease shall continue in full force and effect, but the Base Rent shall be partially

abated as provided in Section 18(a) above. If Landlord does not elect to make such repairs, this Lease shall terminate as of the date of such fire or other casualty.

(d) If the Premises are to be repaired under this Section 18, Landlord shall repair, at its cost, any injury or damage to the Building and the Work in the Premises, and Tenant shall be responsible, at its sole cost and expense, for the repair, restoration and replacement of any other Leasehold Improvements and Tenant's Property. Landlord shall not be liable for any loss of business, inconvenience or annoyance arising from any repair or restoration of any portion of the Premises, Building or Project as a result of any damage from fire or other casualty.

(e) This Lease shall be considered an express agreement governing any case of damage to or destruction of the Premises, Building or Project by fire or other casualty, and any present or future law which purports to govern the rights of Landlord and Tenant in such circumstances in the absence of express agreement, shall have no application.

19. **EMINENT DOMAIN.**

(a) If the whole of the Building or Premises is condemned or in any other manner taken for any public purpose, this Lease shall terminate as of the date of such condemnation and Rent shall be prorated to such date. If less than the whole of the Building or Premises is so taken, this Lease shall be unaffected by such taking, provided that (1) Tenant shall have the right to terminate this lease by notice to Landlord given within ninety (90) days after the date of such taking if twenty percent (20%) or more of the Premises is taken and the remaining area of the Premises is not reasonably sufficient for Tenant to continue operation of its business, and (2) Landlord shall have the right to terminate this Lease by notice to Tenant given within ninety (90) days after the date of such taking. If either Landlord or Tenant so elects to terminate this Lease, the Lease shall terminate on the thirtieth (30th) day after either such notice. The Rent shall be prorated to the date of termination. If this Lease continues in force upon such partial taking, the Base Rent and Tenant's Proportionate Share shall be equitably adjusted according to the remaining Rentable Area of the Premises and Project.

(b) In the event of any taking, partial or whole, all the proceeds of any award, judgment or settlement payable by the condemning authority shall be the exclusive property of Landlord, and Tenant hereby assigns to Landlord all of its right, title and interest in any award, judgment or settlement from the condemning authority. Tenant, however, shall have the right, to the extent that Landlord's award is not reduced or prejudiced, to claim from the condemning authority (but not from Landlord) such compensation as may be recoverable by Tenant in its own right for relocation expenses and damage to Tenant's Property.

(c) In the event of a partial taking of the Premises which does not result in a termination of this Lease, Landlord shall restore the remaining portion of the Premises as nearly as reasonably practicable to its condition prior to the condemnation or taking, but only to the extent of the Work. Tenant shall be responsible, at its sole cost and expense for the repair, restoration and replacement of any other Leasehold Improvements and Tenant's Property.

20. **INDEMNIFICATION.**

(a) Tenant shall and hereby does indemnify, defend and hold Landlord harmless against and from liability and claims of any kind for loss or damage to property of Tenant or any other person, or for any injury to or death of any person, arising out of: (1) Tenant's use and occupancy

of the Premises, or any work, activity or other things allowed or suffered by Tenant to be done in, on or about the Premises; (2) any breach or default by Tenant of any of Tenant's obligations under this Lease; or (3) any negligent or otherwise tortious act or omission of Tenant, its agents, employees, invitees or contractors. Tenant shall, at Tenant's expense, and by counsel selected by Landlord, defend Landlord in any action or proceeding arising from any such claim and shall, and hereby does indemnify, defend and hold Landlord harmless from and against all costs, attorneys' fees, expert witness fees and any other expenses incurred in such action or proceeding, unless any loss is occasioned by Landlord's gross negligence. As a material part of the consideration for Landlord's execution of this Lease, Tenant hereby assumes all risk of damage or injury to any person or property in, on or about the Premises from any cause.

(b) Landlord shall not be liable for injury or damage which may be sustained by the person or property of Tenant, its employees, invitees or customers, or any other person in or about the Premises, caused by or resulting from fire, steam, electricity, gas, water or rain which may leak or flow from or into any part of the Premises, or from the breakage, leakage, obstruction or other defects of pipes, sprinklers, wires, appliances, plumbing, air conditioning or lighting fixtures, whether such damage or injury results from conditions arising upon the Premises or upon other portions of the Building or Project or from other sources. Landlord shall not be liable for any damages arising from any act or omission of any other tenant of the Building or Project.

## 21. TENANT'S INSURANCE.

(a) All insurance required to be carried by Tenant hereunder shall be issued by responsible insurance companies acceptable to Landlord and Landlord's lender and qualified to do business in the State. Each policy shall name Landlord, and, at Landlord's request, any mortgagee of Landlord, as an additional insured, as their respective interests may appear. Each policy shall contain (1) a cross-liability endorsement, (2) a provision that such policy and the coverage evidenced thereby shall be primary and non-contributing with respect to any policies carried by Landlord and that any coverage carried by Landlord shall be excess insurance, and (3) a waiver by the insurer of any right of subrogation against Landlord, its agents, employees and representatives, which arises or might arise by reason of any payments under such policy or by reason of any act or omission of Landlord, its agents, employees or representatives. A copy of each paid up policy (authenticated by the insurer) or certificate of the insurer evidencing the existence and amount of each insurance policy required hereunder shall be delivered to Landlord before the date Tenant is first given the right of possession of the Premises, and thereafter within thirty (30) days after any demand by Landlord therefor. Landlord may, at any time and from time to time, inspect and/or copy any insurance policies required to be maintained by Tenant hereunder. No such policy shall be cancellable except after twenty (20) days written notice to Landlord and Landlord's lender. Tenant shall furnish Landlord with evidence of renewal of any such policy (together with evidence of the payment of the premium for such renewal), at least ten (10) days prior to the expiration thereof. Tenant agrees that if Tenant does not take out and maintain such insurance, Landlord may (but shall not be required to) procure said insurance on Tenant's behalf and charge the Tenant the premiums incurred therefor, together with a twenty-five percent (25%) handling charge, payable upon demand. Tenant shall have the right to provide such insurance coverage pursuant to blanket policies obtained by the Tenant, provided such blanket policies expressly afford coverage to the Premises, Landlord, Landlord's mortgagee and Tenant as required by this Lease.

(b) Beginning on the date Tenant is given access to the Premises for any purpose and continuing until expiration or termination of the Term, Tenant shall procure, pay for and maintain in effect policies of casualty insurance covering (1) all Leasehold Improvements (including any alterations, additions or improvements as may be made by Tenant pursuant to the provisions of Section 12 above), and (2) trade fixtures, merchandise and other personal property from time to time in, or about the Premises, in an amount not less than one hundred percent (100%) of their actual replacement cost from time to time, providing protection against any peril included within the classification "Fire and Extended Coverage" together with insurance against sprinkler damage, vandalism and malicious mischief. The proceeds of such insurance shall be used for the repair or replacement of the property so insured. Upon termination of this lease following a casualty as set forth herein, the proceeds under (1) shall be paid to Landlord, and the proceeds under (2) above shall be paid to Tenant.

(c) Beginning on the date Tenant is given access to the Premises for any purpose and continuing until expiration or termination of the Term, Tenant shall procure, pay for and maintain in effect workers' compensation insurance as required by law and comprehensive public liability and property damage insurance with respect to the construction of improvements on the Premises, the use, operation or condition of the Premises and the operations of Tenant in, on or about the Premises, providing personal injury and broad form property damage for not less than One Million and No/100 Dollars (\$1,000,000.00) combined single limit for bodily injury, death and property damage liability.

(d) Not less than every three (3) years during the Term, Landlord and Tenant shall mutually agree to increases in all of Tenant's insurance policy limits for all insurance to be carried by Tenant as set forth in this Section 21.

## **22. WAIVER OF SUBROGATION.**

Landlord and Tenant each hereby waive all rights of recovery against the other and against the officers, employees, agents and representatives of the other, on account of loss by, or damage to, the waiving party of its property or the property of others under its control, to the extent that such loss or damage is insured against under any fire and extended coverage insurance policy which either may have in force at the time of the loss or damage. Tenant shall, upon obtaining the policies of insurance required under this Lease, give notice to its insurance carrier or carriers that the foregoing mutual waiver of subrogation is contained in this Lease.

## **23. SUBORDINATION AND ATTORNMENT.**

(a) Subordination of Lease. This Lease, and all rights of Tenant hereunder are and shall be subject and subordinate to all ground leases of the Property now or hereafter existing and to all mortgages, or trust deeds in the nature of a mortgage (both collectively referred to hereafter as "mortgages"), which may now or hereafter affect or encumber the Property and/or the Building and/or any of such ground leases (whether or not such mortgages shall also cover other lands and/or buildings and/or leases). This subordination shall likewise apply to each and every advance made, or hereafter to be made, under such mortgages; to all renewals, modifications, replacements and extensions of such leases and such mortgages; and to spreaders and consolidations of such mortgages. This Section 23 shall be self-operative and no further instrument of subordination shall be required. However, in confirmation of such subordination, Tenant shall promptly execute, acknowledge and deliver any instrument that Landlord, the lessor under any such ground lease or the holder of any such mortgage (or their respective

successors-in-interest), may request in order to evidence such subordination. If Tenant fails to execute, acknowledge or deliver any such instrument within ten (10) days after request therefor, Tenant hereby irrevocably constitutes and appoints Landlord as Tenant's attorney-in-fact, which appointment is agreed to be coupled with an interest, to execute and deliver any such instruments for and on behalf of Tenant. Any lease to which this Lease is subject and subordinate is hereinafter referred to as a "Superior Lease" and the lessor of a Superior Lease is hereinafter referred to as a "Superior Lessor"; and any mortgage to which this Lease is subject and subordinate is hereinafter referred to as a "Superior Mortgage" and the holder of a Superior Mortgage is hereinafter referred to as a "Superior Mortgagee." Notwithstanding the foregoing, at Landlord's election, this Lease may be made senior to the lien of any mortgage, if the mortgagee thereunder so requests.

(b) Notice in the Event of Default. Upon any default of Landlord, including, but not limited to, any act or omission which would give Tenant any right, immediately or after the lapse of a period of time, to cancel or terminate this Lease, to claim a partial or total eviction, or to take any other action hereunder, Tenant shall send, by registered or certified mail, return receipt requested, written notice of such default to Landlord and to each Superior Mortgagee and Superior Lessor whose name and address shall previously have been furnished to Tenant. Tenant shall not exercise any such right until a thirty (30) day period for remedying such default shall have elapsed following the giving of such notice; provided, however, that if such default cannot reasonably be cured within such thirty (30) day period, then Landlord shall have such additional time to cure such default as is reasonably necessary under the circumstances, exercising good faith and due diligence but in no event more than ninety (90) days. If Landlord fails to cure such default, within the time provided in the immediately preceding sentence, then Tenant shall not exercise any such right until Tenant shall have given, after the expiration of such time, an additional notice of default in the manner described in the immediately preceding sentence, to each such Superior Mortgagee and Superior Lessor, and each such Superior Mortgagee and Superior Lessor shall have had an additional thirty (30) days after such additional notice to cure such default; provided that if such default cannot reasonably be cured within such thirty (30) day period, then such Superior Mortgagee or Superior Lessor shall have such additional time to cure such default as is reasonably necessary under the circumstances, exercising good faith and due diligence but in no event more than ninety (90) days.

(c) Successor Landlord. If any Superior Lessor or Superior Mortgagee shall succeed to the rights of Landlord hereunder, whether through possession or foreclosure action or delivery of a new lease or deed, or otherwise, then, at the request of such party (hereinafter referred to as "Successor Landlord"), Tenant shall attorn to, and recognize, each Successor Landlord as Tenant's landlord under this Lease and shall promptly execute and deliver any instrument such Successor Landlord may reasonably request to further evidence such attornment.

#### 24. ESTOPPEL CERTIFICATES.

Each party agrees, at any time and from time to time, as requested by the other party, to execute and deliver to the other (and to any existing or prospective mortgage lender, ground lessor, or purchaser designated by Landlord), within ten (10) days after the written request therefor, a statement certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as modified and stating the modifications); certifying the dates to which the Base Rent and Additional Rent have been paid; stating whether or not the other party is in default in performance of any of its obligations under this Lease; and, if so, specifying each such default; and stating whether or not any event has

occurred which, with the giving of notice or passage of time, or both, would constitute such a default, and, if so, specifying each such event. Any such statement delivered pursuant hereto shall be deemed a representation and warranty to be relied upon by the party requesting the certificate and by others with whom such party may be dealing, regardless of independent investigation. Tenant also shall include in any such statements such other information concerning this Lease as Landlord may reasonably request including, but not limited to, the amount of Base Rent and Additional Rent under this Lease, and whether Landlord has completed all improvements to the Premises required under this Lease. If Tenant fails to execute, acknowledge or deliver any such statement within ten (10) days after request therefor, Tenant hereby irrevocably constitutes and appoints Landlord as Tenant's attorney-in-fact (which appointment is agreed to be coupled with an interest), to execute and deliver any such statements for and on behalf of Tenant.

**25. TRANSFER OF LANDLORD'S INTEREST.**

In the event of any sale or transfer by Landlord of the Premises, Building or Project, and assignment of this Lease by Landlord, Landlord shall be and is hereby entirely freed and relieved of any and all liability and obligations contained in or derived from this Lease arising out of any act, occurrence or omission relating to the Premises, Building, Project or this Lease occurring after the consummation of such sale or transfer, providing the purchaser shall expressly assume all of the covenants and obligations of Landlord under this Lease. If any Security Deposit or prepaid Rent has been paid by Tenant, Landlord may transfer the Security Deposit or prepaid Rent to Landlord's successor and upon such transfer, Landlord shall be relieved of any and all further liability with respect thereto, so long as notice of such transfer is delivered to Tenant.

**26. DEFAULT.**

(a) Tenant's Default. The occurrence of any one or more of the following events shall constitute a default and breach of this Lease by Tenant:

- (1) If Tenant abandons or vacates the Premises; or
- (2) If Tenant fails to pay any Rent or any other charges required to be paid by Tenant under this Lease and such failure continues for ten (10) days after such payment is due and payable; or
- (3) If Tenant fails to promptly and fully perform any other covenant, condition or agreement contained in this Lease and such failure continues for ten (10) days after written notice thereof from Landlord to Tenant; or
- (4) If a writ of attachment or execution is levied on this Lease or on any of Tenant's Property; or
- (5) If Tenant makes a general assignment for the benefit of creditors; or
- (6) If Tenant files a voluntary petition for relief or if a petition against Tenant in a proceeding under the federal bankruptcy laws or other insolvency laws is filed and not withdrawn or dismissed within sixty (60) days thereafter, or if under the provisions of any law providing for reorganization or winding up of corporations, any court of competent jurisdiction assumes jurisdiction,

custody or control of Tenant or any substantial part of its property and such jurisdiction, custody or control remains in force unrelinquished, unstayed or unexpired for a period of sixty (60) days; or

- (7) If in any proceeding or action in which Tenant is a party, a trustee, receiver, agent or custodian is appointed to take charge of the Premises or Tenant's Property (or has the authority to do so) for the purpose of enforcing a lien against the Premises or Tenant's Property; or
- (8) If Tenant is a partnership or consists of more than one (1) person or entity, if any general partner of the partnership or other person or entity is involved in any of the acts or events described in Sections 26 (a)(4) through (7) above.

(b) Remedies. In the event of Tenant's default hereunder, then in addition to any other rights or remedies Landlord may have under any law, Landlord shall have the right, at Landlord's option, without further notice or demand of any kind to do the following:

- (1) Terminate this Lease and Tenant's right to possession of the Premises and re-enter the Premises and take possession thereof, and Tenant shall have no further claim to the Premises or under this Lease; or
- (2) Continue this Lease in effect, re-enter and occupy the Premises for the account of Tenant, and collect any unpaid Rent or other charges which have or thereafter become due and payable; or
- (3) Re-enter the Premises under the provisions of Section 26 (b)(2) above, and thereafter elect to terminate this Lease and Tenant's right to possession of the Premises.
- (4) In addition to (1) through (3) above, Landlord shall also have the right to collect from Tenant any and all Base Rent that, but for the existence of the Abatement Period, Tenant would have been required to pay to Landlord prior to the occurrence of Tenant's default hereunder.

If Landlord re-enters the Premises under the provisions of Sections 26 (b)(2) and 26 (b)(3) above, Landlord shall not be deemed to have terminated this Lease or the obligation of Tenant to pay any Rent or other charges thereafter accruing, unless Landlord notifies Tenant in writing of Landlord's election to terminate this Lease. In the event of any re-entry or retaking of possession by landlord, Landlord shall have the right, but not the obligation, to remove all or any part of Tenant's Property in the Premises and to place such property in storage at a bonded public warehouse at the expense and risk of Tenant. If Landlord elects to relet the Premises for the account of Tenant, the rent received by Landlord from such reletting shall be applied as follows: first, to the payment of any indebtedness other than Rent due hereunder from Tenant to Landlord; second, to the payment of any costs of such reletting; third, to the payment of the cost of any alterations or repairs to the Premises; fourth to the payment of Rent due and unpaid hereunder; and the balance, if any, shall be held by Landlord and applied in payment of future Rent as it becomes due. If that portion of rent received from the reletting which is applied against the Rent due hereunder is less than the amount of the Rent due, Tenant shall pay the deficiency to Landlord promptly upon demand by Landlord. Tenant shall also pay to Landlord, as soon as determined, any cost and expenses incurred by Landlord in connection with such reletting or in



making alterations and repairs to the Premises, which are not covered by the rent received from the reletting.

(c) Damages. Should Landlord elect to terminate this Lease under the provisions of Sections 26 (b)(1) or 26 (b)(3) above, Landlord may recover as damages from Tenant the following:

- (1) Past Rent. The worth at the time of the award of any unpaid Rent which had been earned at the time of termination; plus
- (2) Rent Prior to Award. The worth at the time of the award by which the unpaid Rent which would have been earned after termination until the time of award exceeds the amount of such rental loss that Tenant proves could have been reasonably avoided; plus
- (3) Rent After Award. The worth at the time of the award of the amount by which the unpaid Rent for the balance of the Term after the time of award exceeds the amount of the rental loss that Tenant proves could be reasonably avoided; plus
- (4) Proximately Caused Damages. Any other amount necessary to compensate Landlord for all detriment proximately caused by Tenant's failure to perform its obligations under this Lease or which, in the ordinary course of things, would be likely to result therefrom, including, but not limited to, any costs or expenses (including attorneys' fees), incurred by Landlord in (i) retaking possession of the Premises, (ii) maintaining the Premises after Tenant's default, (iii) preparing the Premises for reletting to a new tenant, including any repairs or alterations, and (iv) reletting the Premises, including broker's commissions.

"The worth at the time of the award" as used in Sections 26 (c)(1) and 26 (c)(2) above, is to be computed by allowing interest at the rate of Prime plus two percent (2.0%) per annum. "The worth at the time of the award" as used in Section 26 (c)(3) above, is to be computed by discounting the amount at the discount rate of the Federal Reserve Bank situated nearest to the Premises at the time of the award plus one percent (1%).

(d) Not a Waiver. The waiver by Landlord of any breach of any term, covenant or condition of this Lease shall not be deemed a waiver of such term, covenant or condition or of any other breach of the same or any other term, covenant or condition. Acceptance of Rent by Landlord subsequent to any breach hereof shall not be deemed a waiver of any preceding breach other than the failure to pay the particular Rent so accepted, regardless of Landlord's knowledge of any breach at the time of such acceptance of Rent. Landlord shall not be deemed to have waived any term, covenant or condition unless Landlord gives Tenant written notice of such waiver. No delay or omission in the exercise of any right or remedy of Landlord upon any default by Tenant shall impair such right or remedy or be construed as a waiver of such default.

(e) Curing Tenant's Defaults. If Tenant defaults in the performance of any of its obligations under this Lease, Landlord may (but shall not be obligated to), without waiving such default, perform the same for the account and at the expense of Tenant. Tenant shall pay

Landlord all costs of such performance promptly upon receipt of a bill therefor, together with interest at the rate set forth in Section 6 above.

(f) Landlord's Default. If Landlord fails to perform any covenant, condition or agreement contained in this Lease, subject to the notice and cure provisions of Section 23(b) above, then Landlord shall be liable to Tenant for any actual damages sustained by Tenant as a direct result of Landlord's breach; provided, however, it is expressly understood and agreed that if Tenant obtains a money judgment against Landlord resulting from any default or other claim arising under this Lease, that judgment shall be satisfied only out of the rents, issues, profits, and other income actually received on account of Landlord's right, title and interest in the Premises, Building or Project, and no other real, personal or mixed property of Landlord (or of any of the partners which comprise Landlord, if any) wherever situated, shall be subject to levy to satisfy such judgment. If, after notice by Tenant of default, as provided in Section 23(b) above, Landlord and each Superior Mortgagee and Superior lessor fails to cure the default in the time provided for in Section 23(b) above, then Tenant shall have the right to cure that default at Landlord's expense. Tenant shall not have the right to terminate this Lease or to withhold, reduce or offset any amount against any payments of Rent or any other charges due and payable under this Lease except as otherwise specifically provided herein.

**27. BROKERAGE FEES.**

Landlord and Tenant each warrant and represent to the other that it has not dealt with any real estate broker or agent in connection with this Lease or its negotiation. Landlord and Tenant hereby indemnify, defend and hold the other harmless from any cost, expense or liability (including costs of suit and reasonable attorneys' fees) for any compensation, commission or fees claimed by any other real estate broker or agent in connection with this Lease or its negotiation by reason of any act of Landlord or Tenant, respectively.

**28. NOTICES.**

All notices, approvals and demands permitted or required to be given under this Lease shall be in writing and deemed duly served or given if personally delivered or sent by certified or registered U.S. mail, return receipt requested, postage prepaid, and addressed as follows: (a) if to Landlord, to Landlord's Mailing Address and to the Building Manager, and (b) if to Tenant, to Tenant's Mailing Address; provided, however, notices to Tenant shall be deemed duly served or given if delivered or mailed to Tenant at the Premises. Landlord and Tenant may from time to time by notice to the other designate another place for receipt of future notices. If mailed, notices shall be deemed given two (2) business days after mailing.

**29. Intentionally Omitted.**

**30. CONTINGENCY FOR CERTIFICATE OF NEED.**

Tenant agrees to file within ninety (90) days after the date of this Lease a complete application with the Illinois Health Facilities and Services Review Board ("Board") for a Certificate of Need for the ambulatory surgical treatment center to be operated by Tenant in the Premises. In the event that Tenant does not so file an application, this Lease shall immediately and without any further action of the parties terminate on the last day for such filing and be of no further force or effect. In the event that Tenant so files and, on or before one (1) year after the

filing date, the Board does not grant a Certificated of Need for the ambulatory surgical treatment center in accordance with the application or as otherwise accepted by the Tenant, this Lease shall immediately and without any further action of the parties terminate and be of no further force or effect. Although no further action by either party is required for a termination pursuant to this Section, the parties agree that they will promptly execute any reasonable document which memorializes that the Lease has so terminated.

**31. QUIET ENJOYMENT.**

Tenant, upon paying the Rent and performing all of its obligations under this Lease, shall peaceably and quietly enjoy the Premises, subject to the terms of this Lease and to any mortgage, lease, or other agreement to which this Lease may be subordinate.

**32. OBSERVANCE OF LAW.**

Tenant shall not use the Premises or permit anything to be done in or about the Premises which will, in any way, conflict with any law, statute, ordinance or governmental rule or regulation now in force or which may hereafter be enacted or promulgated. Tenant shall, at its sole cost and expense, promptly comply with all laws, statutes, ordinances and governmental rules, regulations or requirements now in force or which may hereafter be in force, and with the requirements of any board of fire insurance underwriters or other similar bodies now or hereafter constituted, relating to, or affecting the condition, use or occupancy of the Premises, excluding structural changes not related to or affected by Tenant's improvements or acts. The judgment of any court of competent jurisdiction or the admission of Tenant in any action against Tenant, whether Landlord is a party thereto or not, that Tenant has violated any law, ordinance or governmental rule, regulation or requirement, shall be conclusive of that fact as between Landlord and Tenant.

**33. FORCE MAJEURE.**

Any prevention, delay or stoppage of work to be performed by Landlord or Tenant which is due to strikes, labor disputes, inability to obtain materials, equipment or reasonable substitutes therefor, acts of God, governmental restrictions or regulations or controls, judicial orders, enemy or hostile government actions, civil commotion, fire or other casualty, or other causes beyond the reasonable control of the party obligated to perform hereunder, shall excuse performance of the work by that party for a period equal to the duration of that prevention, delay or stoppage. Nothing in this Section 33 shall excuse or delay Tenant's obligation to pay Rent or other charges under this Lease.

**34. SIGN CONTROL.**

Tenant shall not affix, paint, erect or inscribe any sign, projection, awning, signal or advertisement of any kind to any part of the Premises, Building or Project, including without limitation, the inside or outside of windows or doors, without the written consent of Landlord. Landlord shall have the right to remove any signs or other matter, installed without Landlord's permission, without being liable to Tenant by reason of such removal, and to charge the cost of removal to Tenant as Additional Rent hereunder, payable within ten (10) days of written demand by Landlord. Notwithstanding the foregoing, Tenant shall have the exclusive right to name the Building and place signs with such name on the exterior of the building. Tenant's name or the name Tenant gives the Building shall also be prominently displayed at the entrances to the

Building, on the entrance to the Premises and on a directory in the lobby of the Building. All signs must comply with all applicable laws, ordinances and regulations.

**35. RULES AND REGULATIONS.**

It is the intention of Landlord that the Building shall be operated at all times as a first-class office building, and Tenant covenants that it will not engage in, or permit, any activities which are not consistent with such standard. In furtherance of this purpose, but not in limitation thereof, Tenant agrees to abide by the following rules and regulations, and further agrees that Landlord may make such reasonable changes or additions to such rules and regulations as it may deem necessary or advisable so long as such additions or changes do not discriminate against Tenant, are applied uniformly against all other tenants of the Building, and a copy of any such changes or additions is delivered to Tenant. Landlord shall require adherence to all rules and regulations by all other Tenants.

(a) Subject to the rights of Tenant under Section 34 of this Lease, any sign, lettering, picture, notice or advertisement installed within the Premises which is visible from the public corridors within the Building shall be installed in such manner, and be of such character and style, as Landlord shall approve, in writing, in its reasonable discretion. No sign, lettering, picture, notice or advertisement shall be placed on any outside window or door or in a position to be visible from outside the Building.

(b) Sidewalks, entrances, passages, courts, corridors, halls, elevators and stairways in and about the Building shall not be obstructed nor shall objects be placed against glass partitions, doors or windows which would be unsightly from the Building's corridors or from the exterior of the Building.

(c) Except as otherwise provided herein, no animals, pets, bicycles or any other vehicles shall be brought, or permitted to be, in the Building or the Premises.

(d) Room to room canvasses to solicit business from other tenants of the Building are not permitted.

(e) Tenant shall not waste electricity, water or air conditioning. All controls shall be adjusted only by Tenant.

(f) Tenant shall not utilize the Premises in any manner which would overload the standard heating, ventilating or air conditioning systems of the Building.

(g) Tenant shall not Permit the use of any apparatus for sound production or transmission in such manner that the sound so transmitted or produced shall be audible or vibrations shall be detectable beyond the Premises.

(h) Tenant shall not utilize any electronic, radiowave, microwave or other transmitting, receiving or amplification device which would disturb or interfere with any other tenant of the Building or the operation of the Building generally.

(i) Tenant shall not utilize any equipment or apparatus in such manner as to create any magnetic fields or waves which adversely affect or interfere with the operation of any systems or equipment in the Building.

(j) Tenant shall keep all electrical and mechanical apparatus owned by Tenant free of vibration, noise and air waves which may be transmitted beyond the Premises.

(k) All corridor doors shall remain closed at all times.

(l) No locks or similar devices shall be attached to any door except by Landlord and Landlord shall have the right to retain a key to all such locks.

(m) Except in the case of Landlord's or Landlord's employees', agents', or contractors' intentional or, to the extent permitted by law, negligent acts or omissions, Tenant assumes full responsibility of protecting the Premises from theft, robbery and pilferage. Except during Tenant's normal business hours, Tenant shall keep all doors to the Premises locked and other means of entry to the Premises closed and secured.

(n) Only machinery or mechanical devices of a nature directly related to Tenant's ordinary use of the Premises shall be installed, placed or used in the Premises and the installation and use of all such machinery and mechanical devices is subject to the other rules contained in this Lease.

(o) Except with the prior written approval of Landlord, which approval shall not be unreasonably withheld or delayed, all cleaning, repairing, janitorial, decorating, painting or other services and work in and about the Premises shall be performed only by authorized Building personnel.

(p) Except as otherwise specifically provided herein, safes, furniture, equipment, machines and other large or bulky articles shall be brought to the Building, and into and out of the Premises, at such times, and in such manner, as Landlord shall direct (including the designation of elevator), and at Tenant's sole risk and costs. Prior to Tenant's removal of such articles from the Building, Tenant shall obtain written authorization of the office of the Building and shall present such authorization to a designated employee of Landlord.

(q) Tenant shall not in any manner deface or damage the Building.

(r) Inflammables such as gasoline, kerosene, naphtha and benzene, or explosives or any other articles of an intrinsically dangerous nature are not permitted in the Building or the Premises without landlord's prior written consent.

(s) Landlord shall advise the Tenant as to the maximum amount of electrical current which can safely be used in the Premises, and shall provide Tenant with a copy of the final electrical drawings for the Premises, taking into account the capacity of the electrical wiring of Building and the Premises and the needs of other tenants, and Tenant shall not use more than such safe capacity. Landlord's consent to the installation of electrical equipment shall, unless Tenant has actual knowledge to the contrary, be deemed to be a determination that said equipment is within such safe capacity.

(t) To the extent permitted by law, Tenant shall not permit picketing or other union activity involving its employees in the Building, except in those locations and subject to time and other constraints as to which Landlord may give its prior written consent, which consent may be withheld in Landlord's sole discretion.

(u) Tenant shall not enter into or upon the roof or basement of the Building or any storage, heating, ventilation, air-conditioning, mechanical or elevator machinery housing areas.

(v) Tenant shall not distribute literature, flyers, handouts or pamphlets of any type in any of the common areas of the Building.

(w) Tenant shall not cook, otherwise prepare or sell any food or beverages in or from the Premises, other than as is reasonably necessary in order to accommodate Tenant's employees.

(x) Tenant shall not permit objectionable odors or vapors to emanate from the Premises.

(y) Except as otherwise specifically provided with respect to the Safe, Tenant shall not place a load upon any floor of the Premises exceeding the floor load capacity for which such floor was designed or allowed by law to carry.

(z) No floor coverings other than those provided for in the plans and specifications for the original space improvements, shall be affixed to any floor in the Premises by means of glue or other adhesive without Landlord's prior written consent, which consent shall not be unreasonably withheld or delayed.

(aa) The directories of the Building shall be used exclusively for the display of the name and suite number of the tenants only and will be provided at the expense of the Landlord. Additional names requested by Tenant to be displayed in the directories must be approved by the Landlord and, if approved, will be provided at the expense of the Landlord. Changes in the directory listings requested by the Tenant after the Commencement Date will be submitted to the Landlord for approval, which approval shall not be unreasonably withheld or delayed, and, if approved, will be provided at the expense of the Tenant.

(bb) Landlord and Tenant shall comply with all applicable laws, ordinances, governmental orders or regulations and applicable orders or directions from any public office or body having jurisdiction, with respect to the Premises, the Building, the Property and their respective use or occupancy thereof. Neither Landlord nor Tenant shall make or permit any use of the Premises, the Building or the Property, respectively which is directly or indirectly forbidden by law, ordinance, governmental regulation or order, or direction of applicable public authority, or which may be dangerous to person or property.

(cc) Tenant shall not take or permit to be taken in or out of other entrances of the Building, or take or permit on other elevators, any item normally taken in or out through service doors or in or on freight elevators; and Tenant shall not, whether temporarily, accidentally or otherwise, allow anything to remain in place or store anything in, or obstruct in any way, any sidewalk, court, passageway, entrance or shipping area. Tenant shall lend its full cooperation to keep such areas free from all obstruction and in a clean and sightly condition, and move all supplies, furniture and equipment as soon as received directly to the Premises, and shall move all such items and waste (other than waste customarily removed by Building employees) that are at any time being taken from the Premises directly to the areas designated for disposal. All courts, passageways, entrances, exits, elevators, escalators, stairways, corridors, halls and roofs are not for the use of the general public and Landlord shall, in all cases, retain the right to control and prevent access thereto by all persons whose presence in the judgment of Landlord shall be prejudicial to the safety, character, reputation and interests of the Building and its tenants;

provided, however, that nothing herein contained shall be construed to prevent such access to persons with whom Tenant deals within the normal course of Tenant's business unless such persons are engaged in illegal activities. Neither Tenant nor any employee or invitee of Tenant shall enter into areas reserved for the exclusive use of Landlord, its employees or invitees.

(dd) Service requirements of Tenant will be attended to only upon application at the office of the Building. Employees of Landlord shall not perform any work or do anything outside of their duties unless under special instructions from Landlord.

(ee) The toilet rooms, urinals, wash bowls and other apparatus located in the Building shall not be used for any purpose other than that for which they were constructed, and no foreign substance of any kind whatsoever shall be thrown therein, and the expense of any breakage, stoppage or damage resulting from the violation of this rule shall be borne by Tenant if Tenant, or its employees or invitees, shall have caused it.

(ff) Landlord reserves the right to exclude or expel from the Building any person who, in the judgment of Landlord, is intoxicated or under the influence of liquor or drugs, or who shall in any manner do any act in violation of any of the rules and regulations of the Building.

(gg) Except for the exclusive use of Tenant, its employees and invitees; no vending machines of any description shall be installed, maintained or operated without the written consent of Landlord. Landlord hereby consents to Tenant's use of a commercial coffee service vendor of its choice.

(hh) Tenant shall, at its cost, arrange for the timely disposal of all medical waste, in accordance with all applicable laws and ordinances.

### 36. MISCELLANEOUS.

(a) Accord and Satisfaction: Allocation of Payments. No payment by Tenant or receipt by Landlord of a lesser amount than the Rent provided for in this Lease shall be deemed to be other than on account of the earliest due Rent, nor shall any endorsement or statement on any check or letter accompanying any check or payment as Rent be deemed an accord and satisfaction, and Landlord may accept such check or payment without prejudice to Landlord's right to recover the balance of the Rent or pursue any other remedy provided for in this Lease. In connection with the foregoing, Landlord shall have the absolute right, in its sole discretion, to apply any payment received from Tenant to any account or other payment of Tenant then not current and due or delinquent.

(b) Addenda. If any provision contained in any addendum to this Lease is inconsistent with any other provision herein, the provision contained in the addendum shall control, unless otherwise provided in the addendum.

(c) Attorneys' Fees. If any action or proceeding is brought by either party against the other pertaining to, or arising out of, this Lease, the finally prevailing party shall be entitled to recover all costs and expenses, including, but not limited to, reasonable attorneys' fees, incurred on account of such action or proceeding.

(d) Captions: Section Numbers. The captions appearing within the body of this Lease have been inserted as a matter of convenience and for reference only and in no way define, limit

or enlarge the scope or meaning of this Lease. All references to Section numbers refer to Sections in this Lease.

(e) Changes Requested by Lender. Neither Landlord nor Tenant shall unreasonably withhold or delay its respective consent to changes or amendments to this Lease requested by the lender on Landlord's interest, so long as such changes do not alter the basic business terms of this Lease or otherwise materially diminish any rights, or materially increase any obligations, of the party from whom consent to such charge or amendment is requested.

(f) Choice of Law. This Lease shall be construed and enforced in accordance with the laws of the State.

(g) Consent. Notwithstanding anything contained in this Lease to the contrary, Tenant shall have no claim, and hereby waives the right to any claim against Landlord for money damages by reason of any refusal, withholding or delaying by Landlord of any consent, approval or statement of satisfaction, and in such event, Tenant's only remedies therefor shall be an action for specific performance, injunction or declaratory judgment to enforce any right to such consent, approval or statement of satisfaction.

(h) Corporate Authority. If Tenant is a corporation, each individual signing this Lease on behalf of Tenant represents and warrants that he is duly authorized to execute and deliver this Lease on behalf of the corporation, and that this Lease is binding on Tenant in accordance with its terms. Tenant shall, at Landlord's request, deliver a certified copy of a resolution of its board of directors authorizing such execution.

(i) Counterparts. This Lease may be executed in multiple counterparts, all of which shall constitute one and the same Lease.

(j) Execution of Lease. The submission of this Lease to Tenant shall be for examination purposes only, and does not and shall not constitute a reservation, of or option for, Tenant to lease, or otherwise create any interest of Tenant in the Premises or any other premises within the Building or Project. Notwithstanding the foregoing, execution of this Lease by Tenant and its return to Landlord shall be binding upon Tenant but shall not be binding on Landlord notwithstanding any time interval, until Landlord has in fact signed and delivered this Lease to Tenant.

(k) Furnishing of Financial Statements; Tenant's Representations. In order to induce Landlord to enter into this Lease, Tenant agrees that it shall promptly furnish Landlord, from time to time, upon Landlord's request, with financial statements reflecting Tenant's current financial condition. Tenant represents and warrants that all financial statements, records and information furnished by Tenant to Landlord in connection with this Lease are true, correct and complete in all material respects, no more often than annually.

(l) Further Assurances. The parties agree to promptly sign all documents reasonably requested to give effect to the provisions of this Lease.

(m) Prior Agreements; Amendments. This Lease contains all of the agreements of the parties with respect to any matter covered or mentioned in this Lease, and no prior agreement or understanding pertaining to any such matter shall be effective for any purpose. No provisions of



this Lease may be amended or added to except by an agreement in writing signed by the parties or their respective successors in interest.

(n) Recording. Tenant shall not record this Lease without the prior written consent of Landlord. Tenant, upon the request of Landlord, shall execute and acknowledge a "short form" memorandum of this Lease for recording purposes.

(o) Severability. A final determination by a court of competent jurisdiction that any provision of this Lease is invalid shall not affect the validity of any other provision, and any provision so determined to be invalid shall, to the extent possible, be construed to accomplish its intended effect.

(p) Successors and Assigns. This Lease shall apply to and bind the heirs, personal representatives, and permitted successors and assigns of the parties.

(q) Time of the Essence. Time is of the essence of this Lease.

(r) Acceptance of Surrender; Consent. No act or conduct of Landlord, including, without limitation, the acceptance of keys to the Premises, shall constitute an acceptance of the surrender of the Premises by Tenant before the expiration of the Term. Only a written notice from Landlord to Tenant shall constitute acceptance of the surrender of the Premises and accomplish a termination of the Lease. Landlord's consent to or approval of, any act by Tenant requiring Landlord's consent or approval shall not be deemed to waiver or render unnecessary Landlord's consent to or approval of any subsequent act by Tenant.

(s) Landlord's Liability. It is expressly understood and agreed by and between the parties hereto, anything herein to the contrary notwithstanding, that each and all of the representations, warranties, covenants, undertakings and agreements herein made on the part of any Landlord while in form purporting to be the representations, warranties, covenants, undertakings and agreements of such Landlord are nevertheless each and every one of them made and intended, not as personal representations, warranties, covenants, undertakings and agreements by such Landlord, or for the purpose or with the intention of binding such Landlord personally, but are made and intended for the purpose only of subjecting such Landlord's interest in the Premises and the Project to the terms of this Lease and for no other purpose whatsoever, and in case of default hereunder by such Landlord (or default through, under or by any of the beneficiaries of any Landlord which is a land trust, or any of the agents, servants, employees or representatives of such Landlord or said beneficiaries), Tenant shall look solely to the interests of such Landlord in the Premises and the Project; that no Landlord nor any of the beneficiaries of any Landlord which is a land trust shall have any personal liability to pay any indebtedness accruing hereunder or to perform any covenant, either express or implied, herein contained and no liability or duty shall rest upon any Landlord which is a land trust to sequester the trust estate or the rents, issues and profits arising therefrom, or the proceeds arising from any sale or other disposition thereof; that no personal liability or personal responsibility of any sort is assumed by, nor shall at any time be asserted or enforceable against, any Landlord, or against any of the beneficiaries of any Landlord which is a land trust, on account of this Lease or on account of any representation, warranty, covenant, undertaking or agreement of Landlord in this Lease contained, either express or implied, all such personal liability, if any, being expressly waived and released by Tenant and by all persons claiming by, through or under Tenant; that this Lease, if executed by any Landlord which is a land trust, is executed and delivered solely in the exercise of the powers conferred upon it as such Trustee; and that as to any partnership which is a Landlord or

the beneficiary of a Landlord which is a land trust, a deficit capital account of any partner of such partnership shall not be deemed to be an asset or property of such partnership.

**[NO FURTHER TEXT APPEARS ON THIS PAGE]**


5298421.6

IN WITNESS WHEREOF, Landlord and Tenant have duly executed this Lease as of the day and year first above written.

**LANDLORD:**

MEDICAL PROPERTIES, LLC

By: \_\_\_\_\_

  
Jody L. Morris, Manager

**TENANT:**

NAPERVILLE FERTILITY CENTER, INC.

By: \_\_\_\_\_


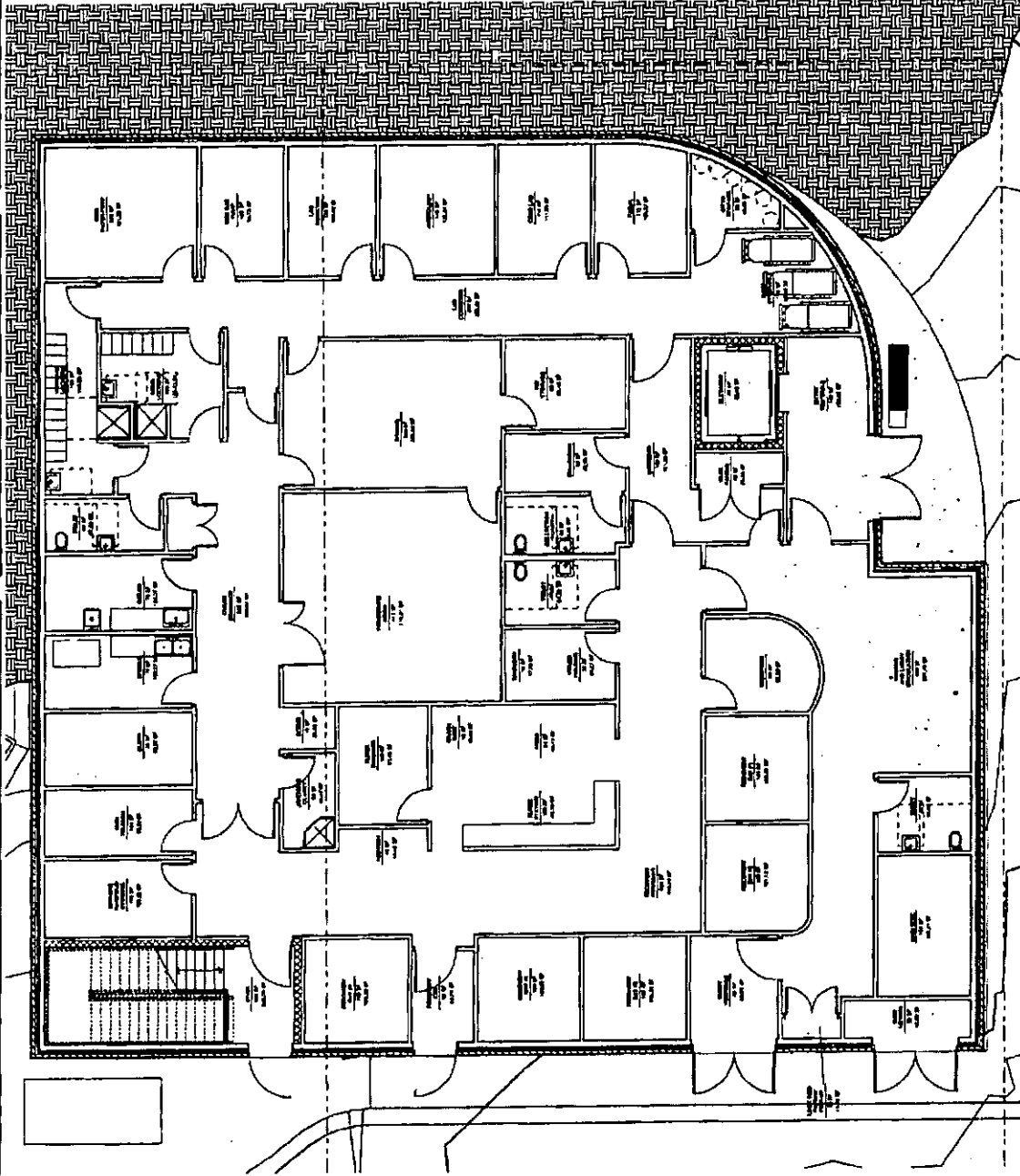
  
Randy Morris, M.D., President

EXHIBIT "A"

FLOOR PLAN OF PREMISES



A101

04/14/2011

FIRST FLOOR  
PLAN

IVF1 - NAPERVILLE FERTILITY CLINIC

**EXHIBIT "B"**

**LEGAL DESCRIPTION**

Lot 12 in Block 19 in Plat of the Town of Naperville, Being a Subdivision in the South ½ of Section 13, Township 38 North, Range 9 East of the Third Principal Meridian, According to the Plat thereof recorded February 15, 1842 as Document 131 in DuPage County, Illinois

and

Lot 11 in Block 19 in Plat of the Town of Naperville, Being a Subdivision in the South ½ of Section 13, Township 38 North, Range 9 East of the Third Principal Meridian, According to the Plat thereof recorded February 15, 1842 as Document 131 in DuPage County, Illinois

**Exhibit "C"**

**BASE RENT AND OTHER PROVISIONS**

1. Base Rent schedule shall be as follows:

	<b>Date</b>	<b>Monthly</b>	<b>Annual</b>
Year 1:	From Rent Commencement Date to the end of the first Lease Year	\$33,753	\$405,033
Year 2:	Second Lease Year	\$33,753	\$405,033
Year 3:	Third Lease Year	\$34,202	\$410,422
Year 4:	Fourth Lease Year	\$34,664	\$415,974
Year 5:	Fifth Lease Year	\$35,141	\$421,691
Year 6:	Sixth Lease Year	\$35,632	\$427,581
Year 7:	Seventh Lease Year	\$36,137	\$433,647
Year 8:	Eighth Lease Year	\$36,658	\$439,895
Year 9:	Ninth Lease Year	\$37,194	\$446,331
Year 10:	Tenth Lease Year	\$37,747	\$452,959

Exhibit "D"

DELIVERY OF POSSESSION DATE CERTIFICATE

LANDLORD: Medical Properties, LLC

TENANT: Naperville Fertility Clinic, Inc.

LEASE DATE: \_\_\_\_\_, 2011

PREMISES NUMBER: First Floor, 11-15 North Washington, Naperville, Illinois

SQUARE FOOTAGE: \_\_\_\_\_ square feet

DELIVERY OF POSSESSION DATE: \_\_\_\_\_, 20\_\_\_\_

Landlord and Tenant acknowledge and agrees that the Demised Premises described in the above-referenced lease has been delivered to Tenant on the Delivery of Possession Date noted above.

LANDLORD:

MEDICAL PROPERTIES, LLC

By: \_\_\_\_\_  
Jody L. Morris, Manager

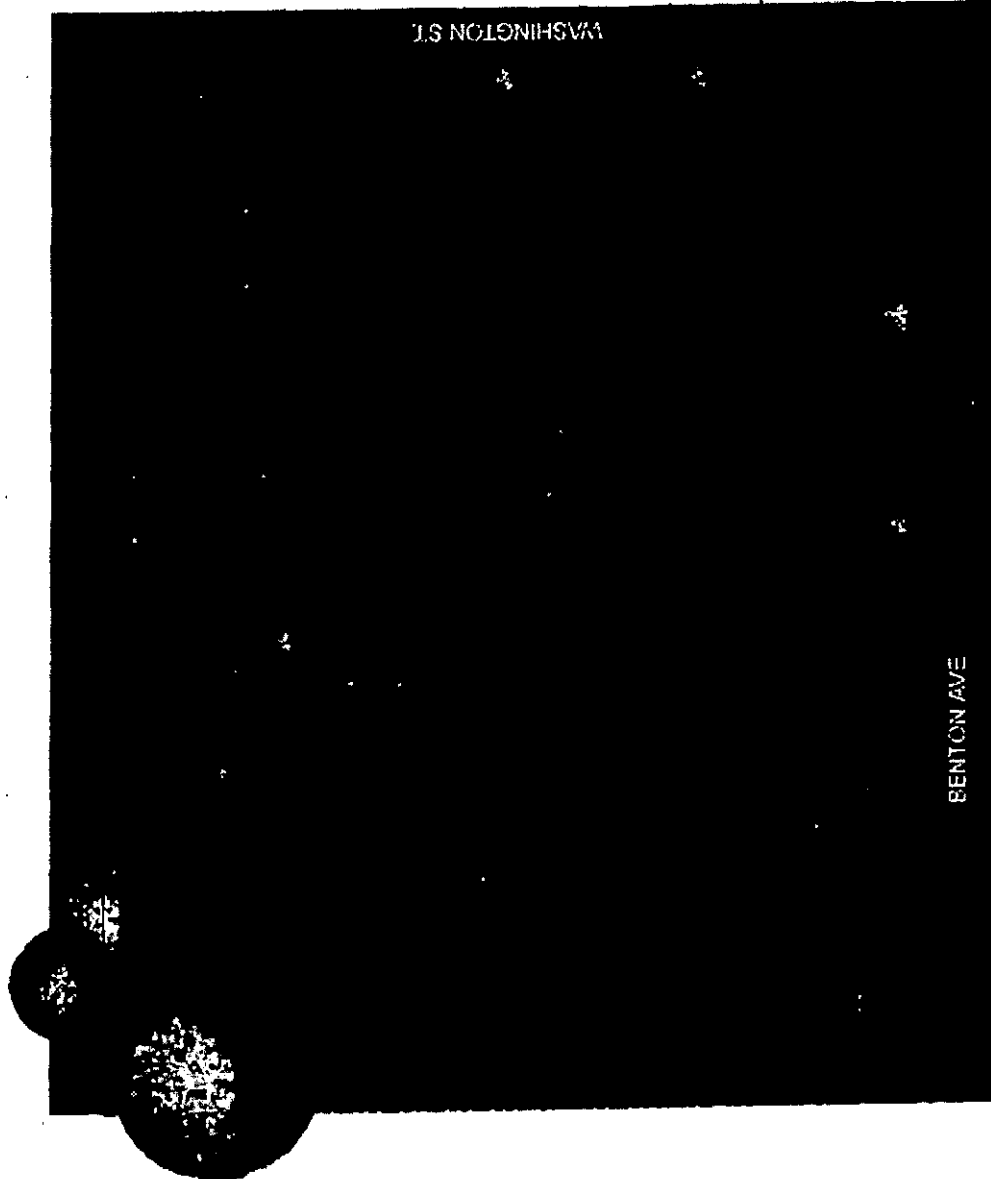
TENANT:

NAPERVILLE FERTILITY CENTER, INC.

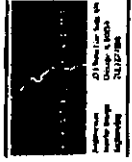
By: \_\_\_\_\_  
Randy Morris, M.D., President

EXHIBIT "E"

SITE PLAN



BRICK PAVING PATTERN  
TO CONFORM TO NAPERVILLE  
DOWNTOWN PLAN



PRES 1

SITE STUDY

NAPERVILLE MOB



**Exhibit "F"**  
**OUTLINE SPECIFICATIONS**

**LIFE SAFETY:**

The following is a summary of the required life safety measures for the building:

1. Building Summary:
  - a. Number of Stories: Two Floors
  - b. Highest Occupied Floor: Second Floor
  - c. Gross Square Feet per Floor: 6500 SF
  - d. Height in Feet: 40'-0" Average
  - e. Sprinkler System: Full
  - f. Occupancy Class: B-Business
2. Exit and Exit Components:
  - a. Travel Distance: 225'-0" Max
  - b. Corridor Widths: 44" Clear
  - c. Door Widths: 32" Clear
  - d. Stair Widths: 48" Clear
  - e. Number of Stairs: 2 Stairs
  - f. Enclosure Rating: 1 Hour
  - g. Discharge: Direct to Outside
3. Exit Capacities and Exit Components
  - a. Occupancy Load: 100 SF per Person
  - b. Gross Area per Floor: 6500 SF
  - c. Persons per Floor: 65 Total: 110
  - d. Required Exit Widths with Sprinkler Allowance:
    - i. Door: 1(22")UNIT/90
    - ii. Stair: 1(22")UNIT/60
4. Ratings of Building Elements:
  - a. Roof: 0 Hours
  - b. Floor: 1 Hour (or match supported structure)
  - c. Beams: 1 Hour (or match supported structure)
  - d. Beams supporting Roof Only: 0 Hour
  - e. Columns: 1 Hour (or match supported structure)
  - f. Columns supporting Roof Only: 0 Hour
  - g. Joists: 1 Hour (or match supported structure)
  - h. Joists supporting Roof Only: 0 Hour
  - i. Interior Walls
    - i. Typical: Non-Combustible
    - ii. Storage over 100 SF: 1 Hour
    - iii. Combustible Storage over 200 SF: 2 Hours
    - iv. Utility Spaces: 2 Hours
    - v. Fire/Smoke Compartment Separation for the ASTC: 1 Hour Fire/Smoke
    - vi. Vertical Shafts and Circulation: 1 Hour
  - j. Exterior Load Bearing Walls: 2 Hours (None Used)
  - k. Exterior Fire Walls: 4 Hours (None Used)

- I. Exterior Non-Bearing Walls: 0 Hour
- 5. Classification of Interior Finishes:
  - a. Vertical Exits and Passageways: Class A
  - b. Exit Access Corridors and other Exit Ways: Class A
  - c. Walls and Ceiling of Rooms & Enclosed Spaces: Class B
  - d. General Floor Coverings: Class I

**STRUCTURE:**

The two story building will consist of the following structural elements:

1. The "flat" roof structure will be constructed of 1 1/2" 22 gauge type B galvanized steel roof deck supported by steel beams spaced at 6'-0" on center maximum. The beams will be supported by structural steel girders supported by structural steel columns.
2. The supported floor structure will be constructed of 3 1/4" concrete plus a 3"-18 gauge deep composite steel floor deck (6 1/4" total thickness) spanning 10'-0" maximum and supported by structural steel composite beams spanning 35'-0" maximum.
3. The composite beams will be supported by structural steel composite girders spanning 35'-0" maximum.
4. The exterior cavity walls are constructed of 4" brick veneer or other similar veneer + 2" air space + 6" nonload-bearing cold formed steel studs.
5. The primary lateral load resisting system of the structure is structural steel moment frames constructed of steel beams between steel columns in combination with concentrically braced structural steel frames.
6. Reinforced concrete exterior wall construction will be utilized at below grade locations.
7. The foundations are constructed of a conventional shallow foundation system of isolated column spread footings and continuous perimeter wall footings.
8. A conventional 5" thick slab-on-grade over 5" of compacted crushed stone is anticipated for the construction of the lower level.

**BUILDING CONSTRUCTION:**

1. The exterior wall construction will consist of:
  - a. Typical Substructure, unless UL listing is required:
    - i. 5/8" Drywall
    - ii. 6" steel stud, minimum 18 Gauge, maximum 24" on center. Lateral bracing every 4'-0" vertically.
    - iii. 1 1/2" minimum Dow Styrofoam spray polyurethane foam CM series in all stud cavities, continuous.
    - iv. Dow Thermax CI Exterior insulation, 3" thick for an R-value of 19.5. Joints to be horizontal shiplapped with Dow Weathermate straight flashing at all joints and penetrations.
    - v. 2" Air Cavity
  - b. Exterior Veneers will consist of:
    - i. 8" Parapet Cap – Stone or Precast
    - ii. Face Brick - Utility, Running Bond
    - iii. 4" Banding – Stone or Precast
    - iv. 2" Banding – Stone or Precast
    - v. Stone Sill and Window Surrounds – Stone or Precast
    - vi. 4" Splitface Architectural Block
  - c. Window construction:

- i. Storefront:
    - A. Extruded Aluminum with Thermal Break
    - B. 2" Mullion
    - C. Infill Panels:
      - I. 1" Insulated Glass Vision Panel – Tinted and Low-E Coated
      - II. 1" Insulated Glass Spandrel Panel – Tinted
      - III. Metal Panels
  - ii. Punched Openings:
    - A. Aluminum-clad wood frame
    - B. 2" Mullion
    - C. Infill Panels:
      - I. 1" Insulated Glass Vision Panel – Tinted and Low-E Coated
      - II. 1" Insulated Glass Spandrel Panel – Tinted
      - III. Metal Panels
2. Roof Membrane to be fully adhered, white, EPDM over polystyrene insulation to meet 2009 IECC.
  3. Canopy Construction to consist of:
    - a. Structural steel to match the building, including beams, columns and metal-deck.
    - b. Roof surface to consist of exterior sheathing and roof membrane as noted above.
    - c. Columns to be enclosed in Exterior Veneer to match building.
    - d. Exterior fascia to cover canopy structure to match window frames and metal infill panels.
    - e. Underside of Canopy roof to be ¾" sheathing, taped, mudded and painted with exterior grade paint. Canopy will be sprinkled and lighting to be provided.

**INTERIOR FINISHES, CONSTRUCTION AND ACCESSORIES:**

1. Interior wall construction will typically consist of 3 5/8" cold formed steel stud with a layer of 5/8" drywall on each side; most walls will run to deck.
  - a. U.L. listed assemblies will be provided where required.
  - b. 3" Batt insulation and sealant at the base a top of walls will be provided where sound baffling is required.
  - c. Shaft wall will consist of C-H studs with 1" panels on the shaft side and 5/8" panels on the other.
  - d. Walls for vertical circulation, stairs and elevators, will be constructed of 4" CMU was with 4 ¼" steel stud and gypsum furring.
2. Wall Finishes:
  - a. Typical walls would be finished with vinyl wall covering, type II or paint, eggshell finish.
  - b. Clean area will be painted with epoxy paint only.
  - c. Wet area walls would be constructed of mold and water resistant backer board and porcelain tile.
  - d. Wall bases would be vinyl cove base.
3. Ceilings will typically consist of 2' x 2' acoustical lay-in ceiling grids and tiles or gypsum board with flat paint.
  - a. Clean areas will consist of gasketed 2' x 2' Mylar lay-in ceiling or gypsum board with epoxy paint.
4. Floors:
  - a. Typical floors to be finished in one of the following:
    - i. Carpet, Broadloom

- ii. Luxury Vinyl Tile/Planks
  - iii. Homogenous Sheet Vinyl
  - iv. Vinyl Composition Tile in staff/storage areas only
  - v. Porcelain Tile in wet areas
5. Millwork:
- a. For all interior millwork provide materials, fabrication and finishes that comply with the standard architectural grade per The Architectural Woodwork Institute, all fasteners to be concealed.
    - i. Standard horizontal surfaces to be constructed of solid surface or plastic laminate.
    - ii. Decorative horizontal surfaces such as reception areas and transaction counters to be constructed of solid surface and/or quartz.
    - iii. Standard vertical surface to be constructed of plastic laminate.
    - iv. Decorative panels or vertical surfaces at reception areas to be constructed of plastic laminate, quartz or solid surface.
6. Accessories:
- a. A semi-recessed soap dispenser and a paper towel dispenser shall be located at all sinks and lavatories.
  - b. Grab bars per accessibility codes to be provided at all toilet facilities.
    - i. Toilet paper dispensers, sanitary napkin containers to be provided in all toilet facilities.
    - ii. Baby changing stations and toilet seat cover dispensers to be provided in all public toilets.
  - c. Coat/Robe hooks to be provided behind all staff area doors, public/patient toilets, exam rooms and collection rooms.
  - d. Semi-recessed accessible fire extinguishers and cabinets to be provided within 75' of travel distance from any area.

**HVAC, PLUMBING, FIRE PROTECTION AND MEDICAL GAS:**

**Part 1 GENERAL**

**1.01 CODES AND STANDARDS**

- A. Refer to "CURRENT CODES AND STATUTES" above.

**1.02 DESIGN CRITERIA**

- A. The HVAC system shall be designed to meet the following requirements:

**1. Summer**

- a. Outdoor Design Conditions (Office & Clinical)

- i. Dry Bulb Temp = 91°F

- ii. Wet Bulb Temp = 74°F

- b. Outdoor Design Conditions (IVF Lab/Procedure)

- i. Dry Bulb Temp = 103°F

- ii. Wet Bulb Temp = 81°F

- c. Indoor Design Conditions:

- i. Dry Bulb Temp = 75°F Office space  
= 70-72°F Clinical Space

- ii. Rel. Humidity = 50%

- d. Systems to be designed on the basis of heat gain due to the outside/ventilation air requirements, solar intensity, outdoor air temperature, people occupancy, lighting, and equipment load.

- i. Occupancy load shall be 140 sq. ft. per person for out-patient areas and 100 sq. ft. per person for office areas.

- ii. Lighting shall be assumed to be 2.0 Watts/square foot.

- iii. Equipment shall be assumed to be 1.5 Watts/square foot.
  - iv. Minimum Outdoor air assumed to be 20% of total airflow.
  - v. U-values and shading co-efficients to be determined per the Architectural drawings.
2. Winter
- a. Outdoor Design Conditions:
    - i. Dry Bulb Temp. = -10°F
  - b. Indoor Design Conditions:
    - i. Occupied Spaces = 75°F Office space  
= 70-72°F Clinical Space
    - ii. Indoor Design Conditions: Un-occupied = 65°F
- B. Air Distribution:
1. Contractor shall take into consideration occupant comfort and shall limit terminal velocities for maximizing comfort and minimizing drafts when designing the air distribution system. The design shall be reviewed and coordinated with the Owner and Engineer before final approval.
- C. Sound Performance:
1. Contractor shall install systems and devices as required to maintain sound levels in the spaces as recommended by ASHRAE:
 

a. Open Offices	RC 30-40
b. Private Offices/Exam	RC 25-35
c. Common Areas	RC 30-40
d. Patient Areas	RC Max 30

### 1.03 SUBMITTALS

#### A. Shop Drawings

1. Contractor shall provide 1/4" scale shop drawings and product data for all equipment for review by the Owner and Engineer.

#### 2. As-Builts

- a. Contractor shall provide the following upon completion:
  - i. As-Built Drawings.
  - ii. O&M Manuals.
  - iii. Test and Balance Reports.

## Part 2 PRODUCTS

### HEATING, VENTILATION AND AIR CONDITIONING (HVAC)

#### 2.01 ROOFTOP UNITS

- A. Second Floor and First Floor Recovery, Nurse Station, Waiting and Offices: One (1) 60Ton DX-cooled/gas fire heating package VAV rooftop unit (Manufactured by Trane, McQuay, or AAON). Unit to include 100 % exhaust fan economizer with comparative enthalpy control, building pressurization control, MERV 8 throwaway filter, final filter assembly (MERV 14), "Vibro-Curb", and communication interface module for connection to a building control system. System will utilize a ducted return. An electric steam humidifier will be located in the first floor and the manifold will be located in the supply duct main upstream of first take-off. Provide a 10 foot section of welded stainless steel ductwork at and downstream of manifold location.
- B. First Floor: IVF Lab Space, Procedure Room, and support spaces - One (1) custom roof mounted penthouse unit with redundancy on fans, coils, hot water and chilled water systems. Unit to have the following components: Exhaust air plenum with energy recovery coil, exhaust fan section with two (2) exhaust fans, exhaust/relief air section, outside air intake section with 30% pre-filters and

charcoal filters, heat recovery coil, two (2) sets of hot water wing coils, two (2) sets of humidifier manifolds, two (2) sets of chilled water coils, heat recovery coil, (2) supply fans sized for 8,000 CFM each, two (2) sections of supply fans at 8,000 CFM each, final filter section including 30% pre-filters and 12" cartridge HEPA filters, two (2) gas fired boilers at 600,000 BTUH input, two chillers, humidifier, two (2) pumps for chilled water and heating hot water, and a circulating pump for the heat recovery system. Provide complete piping and controls packages for chilled water systems. Exterior of penthouse unit shall match new building exterior, or another finish approved by architect and owner.

#### 2.02 EXHAUST FANS

- A. Exhaust fan(s) shall be roof type, belt drive fans. Total exhaust air will be approximately 2,500 CFM. Fans to include spun aluminum housing, bird-screen, back-draft damper, disconnect, and roof curb. Fans shall be manufactured by Loren Cook, Carnes, or Penn Ventilator.
- B. Provide dedicated exhaust fan for first floor medical gas manifold rooms. Fans shall be roof type, belt drive fans. Fans to include spun aluminum housing, bird-screen, back-draft damper, disconnect, and roof curb. Fans shall be manufactured by Loren Cook, Carnes, or Penn Ventilator.

#### 2.03 AIR OUTLETS

- A. Air outlets, types, and models proposed shall be submitted to the Architect for approval.
- B. Sound level of the outlets installed shall not exceed the sound performance criteria herein before specified.
- C. Diffuser, Grilles and Registers shall be manufactured by Titus, Carnes, or Krueger.
- D. Diffusers in procedure room and specialty labs shall be stainless steel laminar flow type diffusers.
- E. Provide ventilation for first level entry way, as well as heating.

#### 2.04 FIRE DAMPERS

- A. Contractor shall provide fusible link fire dampers in ducts and openings passing thru rated walls wherever designated on the Architectural drawings.
- B. Each fire damper shall have an assembly that is UL listed with blades located out of the air-stream.
- C. Each damper shall be provided with an access panel for servicing.
- D. Dampers shall be manufactured by Ruskin, Air Balance or equal.

#### 2.05 TERMINAL AIR BOXES

- A. VAV boxes shall be pressure independent type with integral sound attenuators and hot reheat coils.
- B. Boxes shall be sized per manufacturers sizing recommendations.
- C. Units shall be manufactured by Titus, Carnes, Nailor, or Trane.

#### 2.06 DUCTWORK

- A. Comply with SMACNA (Sheet Metal and Air Conditioning Contractors' National Association) recommendations for fabrication, construction and details, and installation procedures, except as otherwise indicated or modified. Reference SMACNA HVAC DUCT CONSTRUCTION STANDARDS, "Metal and Flexible" 1995 Edition.
- B. Material - All ductwork shall be G-90 galvanized steel unless otherwise noted.
- C. Round Duct
  - 1. Medium pressure round ductwork to be United Sheet Metal Company Spiral-Lockseam duct, Semco, Inc. or equal, with low-loss fittings.

2. Low Pressure round ductwork to be snap-lock. All seams to be sealed.

D. Rectangular Ductwork

1. Pressure Rating and Seal Class:

<u>Class (Inch W.G.)</u>	<u>Seal Class</u>	<u>Systems</u>
2	A	Low pressure supply, all return/exhaust ductwork.
4	A	Medium supply ductwork

2. Materials: Galvanized Sheet Metal of gauge and construction per SMACNA Standards. Ducts shall be a minimum of 24 gauge.
3. Joints, Seams and Stiffeners: Snap lock is not acceptable. Use Pittsburgh or lock seam construction. Use only fabrication methods indicated. If angle reinforced pocket locks or companion angles are used, miter the angles at corners and weld. Seal all longitudinal and transverse joints.
4. Stiffeners: No internal stiffeners are to be used on any ductwork on the lower two floors. Ductwork must be externally stiffened using angle iron.
5. Cross Breaking: Cross break or bead all ducts larger than 18 inches in either dimension, between joints and reinforcing.
6. Elbows: Radius ratio of 1 to 1.
7. Connections: Make branch connections in accordance with SMACNA Details.
8. Transformations and offsets: Fabricated maintaining full area.
9. Volume Dampers and Deflectors: Provide in ductwork where indicated and where required to permit adjustment of air quantities.

E. Flexible Ductwork

1. Flexible duct shall be corrosion resistant steel wire laminated between multiple layers of reinforced aluminum foil polyester laminate.
2. Insulation: Flexible metal duct shall be insulated with 3/4 lb. density, 1" fiberglass insulation with an aluminized reinforced vapor barrier and flame and smoke spread rating of 25/50.
3. Connections: Secure duct to collar or sleeve with adhesive plus a metal draw band and duct tape. Insulation shall be held in place, at the connection joint with two wraps of duct tape. Refer to SMACNA duct manual.
4. Ratings and Class: Flex ducts shall be listed as Class I material, U.L. rated velocity of 4000 FPM and a maximum pressure of 10" positive W.C. and 2" W.C. negative.
5. Manufacturer: Flex duct shall be as manufactured by Wiremold Company, Type WCK or equal.

F. Duct Insulation

1. All supply ductwork shall be insulated with 1 1/2" thick, 3/4 lb. density, foil faced fiberglass duct insulation.

2.07 ELECTRIC UNIT HEATERS

- A. Electric unit heaters to be manufactured by Berko, Q-mark or Markel. Provide one unit heater in the main water room and one unit in the main meter room. Each stairwell to have a total of two cabinet heaters, located at upper and lower levels. Units to have unit mounted thermostats.

2.08 HOT WATER CABINET UNIT HEATERS

- A. Hot water cabinet heaters to be manufactured by Trane, McQuay, or Sterling. Provide one ceiling (or recessed wall) unit at each exterior door (4-such units). Units to have unit mounted thermostats
- 2.09 TEMPERATURE CONTROL
- A. Contractor shall provide all required temperature controls and temperature control related equipment.
  - B. Temperature control system to be a DDC system controlling rooftop units, heating and chilled water systems, terminal air boxes and exhaust fans. Cabinet and unit heaters to operate with self contained stand-alone controls. Controls to be Trane, Johnson, Siemens, or approved equal.
  - C. Provide pressure monitoring devices for procedure rooms and specialty labs. Monitoring shall be monitored outside each room and via the control system at a remote computer terminal. Air handling unit serving procedure rooms and labs to have air flow measuring stations. The controls system shall be able to track data for air flows, pressurization, and temperatures.

## MEDICAL GAS SYSTEMS

### 2.10 MEDICAL GASES

- A. All medical gas systems shall be installed per NFPA 99. All medical gas piping shall be Type K copper tube rated for medical gas use.
- B. Provide medical gas system to include the following:
  1. Oxygen, medical air and nitrous oxide high-pressure cylinder manifolds. Provide with automatic switchover controls, alarms, ventilation and accessories.
  2. Three (3) zone valve boxes.
  3. One (1) Master alarm panel and two (2) area alarm panels.
  4. Wall and ceiling mounted medical gas outlets.

## PLUMBING/PIPING (Because this building will be utilized for medical office use, the plumbing fixture count will exceed that of a standard office building)

### 2.11 DOMESTIC COLD WATER

- A. Provide domestic cold water system to include the following:
  1. Provide a new 6" combination fire/domestic water service from the existing city water main. A new water meter will be provided by the city. Backflow devices will be provided for the domestic and fire water services.
  2. Provide cold water service for each and every plumbing fixture and mechanical system water make-up, as well as any specialty equipment

### 2.12 DOMESTIC HOT WATER

- A. Hot water shall be provided by a high-efficiency gas fired water heater located in the second floor Janitor's Closet. The hot water piping system will utilize a hot water return.

### 2.13 STORM WATER DRAINAGE SYSTEM

- A. Provide a storm water drainage system to include the following:
  1. Provide roof drains for flat roof areas with interior downspout piping for a complete and operable storm water drainage system for proposed building. Pipe sizing shall be based on the local plumbing code requirements.
  2. Extend new storm building drains from proposed building to nearest main(s). Coordinate with Civil Engineer.



3. A secondary roof drain system will be provided and will discharge 24" above grade.

#### 2.14 SANITARY WASTE AND VENT SYSTEM

- A. Provide a sanitary waste and vent system to include the following:
  1. Provide soil, waste and vent piping to each and every new plumbing fixture for the proposed building.
  2. Provide new sanitary main from building to nearest sewer main.
  3. Provide a sump pump for the elevator pit. Pump shall discharge into an open drain to the sanitary system.
  4. Provide plumbing fixtures (water closets, lavatories, service sinks, floor drains, roof drains, wall hydrants, electric water coolers, and other miscellaneous fixtures). All fixtures to be ADA compliant.
  5. Provide an alternate for a duplex ejector pump system to service the lower level parking drain system.

#### 2.15 NATURAL GAS SERVICE

- A. Provide a new natural gas service to serve roof top heating equipment and domestic water heater.

### FIRE PROTECTION SYSTEM

#### 2.16 WET SPRINKLER SYSTEM

- A. A new combination water service main will be provided from the city main (by plumbing contractor). A Siamese connection shall be installed in a location outside the building, which is approved by the local fire department.
- B. Provide separate sprinkler zones for each floor level of the building complete with a tamper switched control valve, inspector's test and drain assembly and system pressure gauge.
- C. All areas shall be fully sprinklered. Rooms with finished ceilings shall be furnished with concealed quick-response type sprinklers. Sprinklers shall be spaced in Light Hazard occupancies at a maximum of 196 sq. ft. per sprinkler.

### ELECTRICAL, TELECOMMUNICATIONS AND FIRE ALARM:

#### Part 1 GENERAL

##### 1.01 PROJECT DESCRIPTION

- A. The scope of the project involves the design and construction of a two story building, to be utilized for an in vitro fertilization clinic, with associated support spaces. The floors are approximately 8200 square feet each. There is a small amount of on site parking.
- B. HVAC for the building will be via (1) gas heat/electric heating roof top units with variable air volumes, and (1) custom gas/electric unit with integral air cooled chillers, boilers and redundant fans and pumps. Gas will be used as the energy source for water heating. Reheat coils for perimeter zones will be hot water.
- C. The building will not have a fire pump.
- D. All medical gases will be served via tanks and manifolds.
- E. The service entrance and distribution equipment shall be arranged for individual metering at one location only.

##### 1.02 DESIGN CRITERIA

- A. Load Calculations
  1. Clinic Level Lighting @ 2 VA per Sq. Ft.

2. Administrative Level Lighting @ 1.5 VA per Sq. Ft.
  3. Clinic Level Equipment & Receptacles @ 5 VA per Sq. Ft.
  4. Administrative Level Receptacles @ 3 VA per Sq. Ft.
  5. Variable Air Volume Roof Top Unit #1: 150A @ 480V.
  6. Custom Roof Top Unit #2 (Fans): 100A @ 480V
  7. Custom Roof Top Unit #2 (Chillers): 100A @ 480V
  8. Heating, chilled and heat recovery water pumps: 60A @ 480V
  9. Exhaust fans: 30A @ 480V.
  10. One traction elevator: 100A @ 480V.
- B. Lighting Levels for General Spaces
1. Lab Corridors, Nurse Stations, Exam and Clinic Spaces @ 30 foot candles.
  2. Exam or table areas of Procedure and Egg Rooms @ 100 foot candles.
  3. Office and administrative spaces @ 30 foot candles.
  4. Waiting, general public spaces, spaces housing electrical or mechanical equipment @ 10 foot candles.

## Part 2 PRODUCTS

### 2.01 WIRING METHODS

- A. All wiring for lighting and power and fire alarm shall be installed in conduit. Communication cabling shall be supported from building structure with J hooks or other means.
- B. All wiring shall include a separate insulated grounding conductor run with the circuit conductors.

### 2.02 CONDUIT, BOXES AND SUPPORTS

- A. All conduit installed in indoor spaces shall be type EMT, with compression type fittings. Conduit installed below grade shall be Schedule 40 PVC. Conduit installed outdoors or in concrete slabs shall be rigid galvanized, with threaded fittings. Conduit size shall be 1/2" minimum. Flexible metal conduit shall be used for connection of fixtures or other equipment. Should these connections be required in wet or outdoor environments these connections will be made with liquid tight flexible conduit.
- B. All boxes shall be 4" square minimum. Boxes shall be sheet steel; excepting those exposed to outdoor conditions shall be cast type.
- C. Supports shall be constructed of slotted steel channels with appropriate fittings, minimum 1/4" threaded rods and the like.

### 2.03 WIRE AND CABLE

- A. All wiring shall be type THWN/THHN copper.

### 2.04 DISTRIBUTION EQUIPMENT

- A. Motor starting equipment will be typical across the line type, excepting for the roof top units and custom units, which shall have variable frequency drives provided by Division 15.
- B. All switching equipment shall be heavy duty, with enclosures suitable for area of use. Over current devices in all switch and panel boards shall be bolt-on type molded case circuit breakers. All equipment shall be listed for use with wiring sized at 75 deg. C. All equipment shall include ground buses.
- C. All transformers shall be general purpose dry type with 220 deg. C insulation systems. Coils shall be wound with electrical grade aluminum.

### 2.05 WIRING DEVICES

- A. All devices shall be rated 20A, hospital grade.

### 2.06 LIGHTING

- A. General purpose interior lighting will be provided with recessed fluorescent light fixtures, with T-8 lamps and electronic ballast with less than 10% THD.
- B. An allowance should be included for exterior lighting complying with ordinances of the City of Naperville. This applies to building mounted fixtures and pole mounted types.
- C. Lamp sources and fixtures with high luminaire efficacies shall be utilized.
- D. Light fixtures throughout the building shall be served at 277V.
- E. All ballast and lamp sockets shall be programmed rapid start type.
- F. Exit signage fixtures will be red LED type. Emergency lighting will be served by the emergency power system. Emergency lighting shall provide an average of 1 foot candle along the emergency means of egress.
- G. Lighting control will be via multiple switching and dual lighting levels. Exterior lighting control will be performed with the use of photocells and/or time clocks connected through contactors.

#### 2.07 GROUNDING

- A. All distribution equipment will include grounding buses.
- B. Grounding conductors will be sized per the National Electrical Code, and will be extended back to a main reference grounding bus in the main electrical room. Each telecommunications and electrical closet will include a reference ground bus. These buses will be connected to the main grounding bus via copper conductors in conduit. The reference bus will be grounded via a tripod located outside, in addition to a water service pipe connection. Bonding will be provided to building steel, where applicable.

#### 2.08 EMERGENCY POWER SYSTEM

- A. Provide at grade a 400kW, 277/480V diesel powered generator with sub-base fuel tank. Tank capacity shall be sufficient to operate the generator for four hours.
- B. Provide separate transfer switches for the following:
  - 1. Emergency lighting and exit signs.
  - 2. Patient care receptacles and light fixtures.
  - 3. Heating and ventilation loads for the clinic floor and the elevator.

#### 2.09 FIRE ALARM SYSTEM

- A. The fire alarm system will be an addressable type.
- B. The system will monitor flow and tamper devices of the sprinkler system, and smoke detectors, which should be located in any areas or rooms without sprinklers, including electrical and telephone rooms.
- C. Pull stations should be located at each exit on each floor, with travel distance between stations at 200' maximum.
- D. Duct smoke detection shall be provided in supply and return plenums where warranted by air system capacities.
- E. The system alarm function will feature audible and visual devices. Audible devices shall deliver alert tones and pre-recorded or live voice messages.
- F. The system shall be monitored by a central station service and a municipal tie.
- G. The system shall unlock any stairwell doors that are locked via electrified hardware.
- H. The system shall instigate elevator recall in accordance with ASME 17.1 Safety Code for Elevators and Escalators.
- I. Provide addressable modules for connection of dry pipe sprinkler valve cabinet for parking areas.

### Part 3 EXECUTION

#### 3.01 PRIMARY ELECTRIC

- A. A new service connection shall be requested from the municipal utility. The utility owned transformer will be located on a concrete pad outside the building. Contractor scope shall include provision of secondary conductors and conduit from the utility transformer to the building service entrance equipment. These conductors will be connected at the transformer by the utility. Contractor scope shall also include installation of a transformer pad and enclosure.

### 3.02 BUILDING ELECTRICAL SERVICES

- A. The building electrical loads will be served via a 1200A electrical service at 277/480V, 3-phase, four wire.
- B. The building generator loads will be served by a 600A distribution panel connected to the generator, and three separate transfer switches. One 100A life safety transfer switch will serve emergency lighting, another 100A critical transfer switch will serve the patient care lighting and receptacles, and a third 400A equipment transfer switch shall serve the custom roof top unit (ventilation and heating loads only) and the elevator. The generator will be located on grade. Provide the following distribution from each transfer switch.
  - 1. One 100A life safety panel for emergency lighting and exit signs.
  - 2. One 100A feeder to a transformer and associated distribution panel for critical receptacle power. Provide (1) panel on each floor.
  - 3. Provide 400A distribution panel for equipment branch loads.
- C. For the normal power distribution, provide the following 480V feeders.
  - 1. One 480V feeder to each transfer switch, size as indicated above.
  - 2. Two 100A feeders to lighting panels, one for each floor.
  - 3. One 200A feeder to a transformer and associated distribution panel for receptacle power.
  - 4. One 100A feeder to roof top chiller within custom unit.
- D. Connections are required for the following mechanical equipment.
  - 1. Two Roof Top Units, connect only.
  - 2. Electric unit heaters in electrical and water rooms, disconnect required.
  - 3. Hot water cabinet heaters in each lobby or exterior entry location.
  - 4. Four exhaust fans for the clinic spaces, starter and disconnect required.

### 3.03 LIGHT FIXTURE INSTALLATION

- A. Support fixtures independently at two corners minimum.
- B. Space fixtures in corridors eight to ten feet on center or otherwise to comply with foot-candle requirements.
- C. Fixtures in utility and storage spaces shall be fluorescent wrap around type. Fixtures may be surface mounted or suspended.
- D. Fixtures in stairwells shall be surface mount wall bracket type with fluorescent lamps.
- E. Fixtures in corridors shall be recessed direct/indirect with fluorescent lamps.
- F. Fixtures in office type spaces, nurse stations and reception areas shall be recessed direct/indirect with fluorescent lamps.
- G. Fixtures in toilet rooms shall include a vanity fixture and recessed fluorescent down lights. Toilet rooms that include a shower shall have a recessed fluorescent shower light.
- H. Fixtures in exam rooms shall be recessed lensed fluorescent troffers.
- I. Fixtures in waiting rooms shall be recessed fluorescent down lights.
- J. Fixtures in the lounge, locker, lab and medication rooms shall be recessed lensed fluorescent troffers.

- K. Fixtures in recovery areas shall be recessed multi-function bed lights with fluorescent lamping. Additional down lighting will be provided in the area.
- L. Fixtures in procedure, egg and cryo lab spaces on the clinic floor shall be recessed lensed fluorescent troffers suitable for clean room applications. Each shall have a suspended exam light.
- M. All switching will be typical wall type, with three way switching provided for corridors and other large spaces.

#### 3.04 RECEPTACLE INSTALLATION

- A. Devices at toilet room sinks or other basin locations shall be ground fault protected.
- B. Install receptacles in corridors 75 ft. on center.
- C. Install two double duplex receptacles in each telephone closet minimum.

#### 3.05 TELEPHONE AND COMMUNICATION SERVICE

- A. A new service is required from a provider acceptable to the owner. Provide two 4" conduits from the main telephone closet to the service provider terminal point.
- B. Telephone closets shall include plywood terminal boards for future use. The main telephone room shall include termination equipment to accommodate the incoming service pairs.
- C. Provide (3) - 4" empty conduits from the main telephone room to each telephone closet.

#### 3.06 MISCELLANEOUS SYSTEMS

- A. For the clinic and associated office and exam level, provide an overhead speaker system for music and voice paging. Head end equipment shall be single zone, with paging access via telephone interface.
- B. For the clinic level, provide tone and light nurse call system. Provide patient call stations at each recovery bed and each exam and procedure room. Each shall have a corridor light. Provide pull cord type stations in each toilet room and provide a corridor light. Provide duty stations in lounge and nourishment rooms, soiled and clean utility rooms and medication rooms. Provide master stations on each floor at nurses stations.
- C. Provide allowances for the following low voltage systems: Cable television and security (access control only).

**Exhibit "G"**

**LANDLORD'S WORK IN PREMISES**

**Recovery Bays:**

The five recovery bays will include the following:

1. Wall finish/construction:
  - a. Wall construction will comprise of 3 5/8" metal studs filled with 3" batt insulation, layered on either side with 5/8" gypsum board taped, mudded and acoustically sealed from finish deck to underside of structure. This construction shall be rated for sound transmission control (STC) at a minimum of 44.
  - b. Finishes for the recovery area will consist of one feature wall of vinyl wall covering, typically the head wall, and the remaining walls would be an paint in eggshell finish.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 4' multi function, lay-in, patient care fixture.
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with vinyl base.
4. Casework in the patient rooms will consist of tall wardrobe cabinets built into a gypsum board recess.
  - a. Finish = 3/4" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
  - b. All fasteners to be concealed.
  - c. All hardware to be commercial grade; pulls to be 5" decorative pulls.
5. The headwall of the room to include the following:
  - a. Patient Monitor with duplex telecommunications and electrical outlets.
  - b. One (1) Quad electrical outlet.
  - c. Medical Gases, as required.
  - d. Nurse Call devices, as required.
6. Room accessories to include:
  - a. Cubicle curtain and track
  - b. Patient gurney/stretchers
  - c. Bed locator/stop
  - d. Guest chairs
7. Room entry to be via aluminum ICU style, sliding glass doors.

**Nurse Work Area (Crash Cart, Meds Prep, Nourishment):**

1. Wall finishes for the area will consist of one feature wall of vinyl wall covering, and the remaining walls would be paint in eggshell finish. Area for Crash Cart to have rigid wall protection wainscot.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixtures. Soffit area above nurse station to be of gypsum board with flat paint and pendant lights.
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with vinyl base.

4. Casework will consist of base cabinets with counter tops, and wall cabinets in work areas and countertops with pedestal files and transaction tops at desk areas.
  - a. Vertical cabinet finishes will be ¾" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface. Front of desk area to be finished with plastic laminate or plastic resin panels.
  - b. Horizontal work and desk surfaces to be solid surface and transaction tops to be Quartz.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
  - e. Provide task lighting under wall cabinets.
5. The room to include the following building system items:
  - a. Duplex electrical outlets on emergency power for meds fridge and crash cart
  - b. One (1) Quad electrical outlet per computer or workstation
  - c. Two (2) duplex electrical outlet above counter at Meds Prep and Nourishment
  - d. Nurse Call devices and main boards, as required
  - e. Two (2) sinks one in Meds Prep and one in Nourishment with hands free goose neck faucets
6. Room accessories to include:
  - a. Under counter refrigerator for medications
  - b. Under counter refrigerator for nourishment
  - c. Crash Cart
  - d. Locking narcotic cabinet within wall cabinet
  - e. Computers
  - f. Printer
  - g. Task Chairs
  - h. At sinks:
    - i. Soap dispenser
    - ii. Paper Towel dispenser
7. Rooms are open to corridor, no entry style is required.

**Typical Toilets:**

1. Wall finishes to be tile wainscot with vinyl wall covering above.
2. Ceiling construction shall be gypsum board with recessed downlights. Sconces or lighted mirrors shall be provided at sink area.
3. Flooring will consist of porcelain tile with matching wall base.
4. The room to include the following building system items:
  - a. One (1) GFI duplex electrical outlet for the space
  - b. Wall mounted lavatory with hands free faucet
  - c. Floor mounted toilet with flush valve
5. Room accessories and equipment:
  - a. At Lavatory:
    - i. Frameless Mirror
    - ii. Soap Dispenser
    - iii. Paper Towel Dispenser
  - b. At Toilet:
    - i. Grab bars
    - ii. Toilet Paper dispenser
    - iii. Sanitary Napkin disposal
  - c. Within public/Patient Toilets:

- i. Baby changing station
  - ii. Toilet seat covers/dispensers
- d. Robe hooks behind entry doors
- 6. Room entry to be single wood door with privacy/occupied hardware.

**Reception/Waiting Area:**

1. Wall finishes to be vinyl wall covering. Feature wall to have plastic resin or plastic laminate panels with Owner provided signage.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling with recessed downlights and decorative sconce lighting at feature wall. Gypsum board soffit with pendant lighting shall be above the reception desk area.
3. Flooring in the Reception area will consist of sheet vinyl, in a wood look or other higher end finish, with vinyl base. The waiting area will be carpet.
4. Casework will consist of base cabinets with counter tops, and wall cabinets in work areas and countertops with pedestal files and transaction tops at desk areas.
  - a. Vertical cabinet finishes will be ¾" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface. Front of desk area to be finished with plastic laminate or plastic resin panels.
  - b. Horizontal work and desk surfaces to be solid surface and transaction tops to be Quartz.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
  - e. Provide task lighting under wall cabinets.
5. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the waiting space near seating for lamps and such.
  - b. Two (2) convenience outlets in the space
  - c. One (1) quad electrical outlet and one (1) duplex telecommunications outlet per computer in reception, check in and check out areas
  - d. One (1) duplex electrical outlet per two (2) employees above counter in the reception area
6. Room accessories and equipment:
  - a. Computers
  - b. Multi-function Printer
  - c. Task Chairs
  - d. Waiting/Lounge Chairs with arms
  - e. Side tables
  - f. Coffee tables
  - g. Magazine racks
7. Room entry to recovery corridor to be solid wood door with vision glass panel. Entry doors to be full glass to match exterior storefront window/door system.

**Soiled Holding/Wash/Dry:**

1. Wall finishes of a rigid wall protection wainscot with epoxy paint above.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.



4. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the space
  - b. One (1) dedicated outlet for the washer/dryer
5. Room accessories and equipment:
  - a. Stackable washer/dryer
6. Room entry to be solid wood door with storage hardware.

**Typical Office:**

1. Wall finishes to be paint with one wall of vinyl wall covering.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
3. Flooring will be carpet with vinyl base.
4. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the space
  - b. One (1) quad electrical outlet and one (1) duplex telecommunications outlet per computer
5. Room accessories and equipment:
  - a. Computer
  - b. Phone
  - c. Desk
  - d. Task chair
  - e. Guest chairs
6. Room entry to be solid wood door with standard office hardware.

**Collection Room:**

1. Wall finishes to be vinyl wall covering.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
3. Flooring will be carpet with vinyl base.
4. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the space
  - b. One (1) quad electrical outlet and one (1) duplex telecommunications outlet for the TV
5. Room accessories and equipment:
  - a. Sofa
  - b. Recliner
  - c. TV Cabinet
6. Room entry to be solid wood door with standard privacy hardware.
7. Space to be adjacent to private Collection Toilet.

**Cart Storage:**

1. Wall finishes of a rigid wall protection wainscot with epoxy paint above.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with vinyl base.
4. The room to include the following building system items:

- a. Two (2) duplex electrical outlets for the space
- 5. Room accessories and equipment:
  - a. Cubicle Curtain and Track
  - b. Patient Gurneys/Stretchers
  - c. Wheelchairs
- 6. Room entry to be gypsum board framed opening.

**Staff Lockers:**

- 1. Wall finishes of locker area to be tile wainscot with vinyl wall covering above on all wet or adjacent wet walls and vinyl wall covering on all other walls. Shower wet area to be tile walls from floor to ceiling.
- 2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixture(s). Shower area to be gypsum board soffit with epoxy paint and wet area recessed downlight.
- 3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with vinyl base in locker area and porcelain tile with solid surface threshold in shower and wet areas.
- 4. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the space
  - b. Wall mounted handwashing sink with hands free faucet
  - c. Shower basin with hand held shower on slide bar
- 5. Room accessories and equipment:
  - a. At handwashing station:
    - i. Frameless Mirror
    - ii. Soap Dispenser
    - iii. Paper Towel Dispenser
  - b. At Shower:
    - i. Grab bars
    - ii. ADA seat/bench
    - iii. Shower curtain and rod/track
  - c. Robe hooks near shower area and behind both entry doors
  - d. Single staff lockers with sloped tops
  - e. Chair or bench for changing
- 6. Room entry to be single wood door with standard storage hardware.

**Procedure Room:**

- 1. Wall finishes for this area would be in epoxy paint with no VOC's.
- 2. Ceiling construction shall be 2' x 2' gasketed mylar/clean lay-in ceiling and grid with a mixture of 2' x 4' multi lamp and recessed downlight, dimming, fixtures, and an overhead surgical light(s).
- 3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.
- 4. Casework will consist of base cabinets with counter tops, wall cabinets and tall storage cabinets.
  - a. Vertical cabinet finish = 3/4" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
  - b. Horizontal countertops shall be solid surface.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.

- e. Task lighting to be provided under wall cabinets.
- 5. The room to include the following building system items:
  - b. Two (2) Quad electrical outlets per wall.
  - c. Three (3) Duplex telecommunication outlets total for room.
  - d. Medical Gases, as required.
  - e. Nurse Call devices, as required.
- 6. Room accessories and equipment to include, all items by Owner:
  - d. Procedure Table
  - e. Anesthesia Cart/Machine
  - f. C-Arm and Station
  - g. Larascopes, Insufflator and Light Source
  - h. Surgical Monitor
  - i. Case Cart
  - j. Hysteroscopy System
  - k. Surgical Instruments and supplies
  - l. Computer
  - m. Task Chair/stools
- 7. Room entry to be via double uneven wood doors with vision glass and hospital push/pull lever hardware.

**Soiled Utility:**

- 1. Wall finishes of a rigid wall protection wainscot with epoxy paint above.
- 2. Ceiling construction shall be 2' x 2' mylar lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
- 3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.
- 4. Casework will consist of base cabinets with counter tops and wall cabinets.
  - a. Vertical cabinet finish = 3/4" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
  - b. Horizontal countertops shall be solid surface.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
- 5. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the space
  - b. One (1) duplex electrical outlet over the counter
  - c. A clinical hop sink with flush valve
  - d. 1A deep two bowl stainless steel sink with hands free goose neck faucet
- 6. Room entry to be solid wood door with passage hardware. Pass-through window to the Sterile Processing room.

**Sterile Processing:**

- 1. Wall finishes of a rigid wall protection wainscot with epoxy paint above.
- 2. Ceiling construction shall be 2' x 2' mylar lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
- 3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.
- 4. Casework will consist of base cabinets with counter tops and wall cabinets.

- a. Vertical cabinet finish = 3/4" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
- b. Horizontal countertops shall be solid surface.
- c. All fasteners to be concealed.
- d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
5. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the space
  - b. One (1) quad electrical outlet over the counter
  - c. One (1) dedicated duplex for sterilizer
  - d. A deep two bowl stainless steel sink with hands free goose neck faucet
  - e. Plumbing connections and RPC's for sterilizer(s)
6. Room accessories and equipment:
  - a. Steris Processor (on counter)
  - b. Sterilizer
7. Room entry to be solid wood door with passage hardware. Pass-through window to the Soiled Utility room.

**Clean Holding:**

1. Wall finishes to be epoxy paint.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.
4. Casework will consist of base cabinets with counter tops, wall cabinets and tall cabinets.
  - a. Vertical cabinet finish = 3/4" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
  - b. Horizontal countertops shall be solid surface.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
5. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the space
  - b. One (1) quad electrical outlet over the counter
  - c. A stainless steel sink with hands free goose neck faucet
6. Room entry to be solid wood door with passage hardware.

**Janitor's Closet:**

1. Wall finishes of a rigid wall protection wainscot with epoxy paint above.
2. Ceiling construction shall be 2' x 2' mylar lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.
4. The room to include the following building system items:
  - a. Two (2) duplex electrical outlets for the space
  - b. Mop Basin with wall mounted faucet
5. Room accessories and equipment:
  - a. Broom/Mop Holder with Shelf
6. Room entry to be single wood door with standard storage hardware.

### **IVF Lab:**

1. The Lab will consist of 4 "work" stations arranged as identified below.
2. Wall finishes for this area would be in epoxy paint with no VOC's.
3. Ceiling construction shall be 2' x 2' gasketed mylar/clean lay-in ceiling and grid with a 2' x 2' fixtures.
4. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.
5. Casework will consist of base cabinets with counter tops and wall cabinets. Each work station shall contain desk surface with base cabinet pedestal file boxes.
  - a. Vertical cabinet finish = ¼" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
  - b. Horizontal countertops shall be solid surface.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
  - e. Task lighting to be provided under wall cabinets.
6. The room to include the following building system items:
  - a. Two (2) quad electrical outlets for the room.
  - b. One (1) quad electrical outlet per station
  - c. One (1) duplex telecommunication outlet per station.
  - d. Medical Gases, as required.
  - e. Nurse Call/Paging devices, as required.
  - f. Exterior/direct exhaust for workstations and hoods.
7. Room accessories and equipment to include, all items by Owner:
  - a. Incubators with monitors
  - b. Antivibration table with inverted microscope
  - c. K System Hood with microscope at two workstations
  - d. Ultrasound Machine
  - e. IVF workstation
  - f. Warming block
  - g. Refrigerator
  - h. Computer
  - i. Printer
  - j. Task Chair/stools
8. Room entry to be via single wood doors with standard hardware. Secondary door to Procedure area shall be a single wood door with hospital push/pull lever hardware. All doors must be secured via keyed or electrical locks for secure access.

### **IVF Storage:**

1. Wall finishes for this area would be in epoxy paint with no VOC's.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.
4. The room to include the following electrical, telecommunication and low voltage items:
  - a. Two (2) duplex electrical outlets for the space
5. Room accessories and equipment:
  - a. Shelving
6. Room entry to be single wood door with standard storage hardware.

### **Andrology Lab:**

1. Wall finishes for this area would be in epoxy paint with no VOC's.
2. Ceiling construction shall be 2' x 2' mylar lay-in ceiling and grid with a 2' x 2' fixtures.
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with integral base.
4. Casework will consist of base cabinets with counter tops and wall cabinets. Each work station shall contain desk surface with base cabinet pedestal file boxes.
  - a. Vertical cabinet finish = 3/4" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
  - b. Horizontal countertops shall be solid surface.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
  - e. Task lighting to be provided under wall cabinets.
5. The room to include the following building system items:
  - a. One (1) quad electrical outlet for the room.
  - b. Three (3) quad electrical outlets above counter
  - c. Two (2) duplex telecommunication outlets above counter
  - d. Medical Gases, as required.
  - e. Nurse Call/Paging devices, as required.
  - f. Exterior/direct exhaust for workstations and hoods.
6. Room accessories and equipment to include:
  - a. Refrigerator
  - b. Compound microscopes
  - c. Centrifuge
  - d. Pipette Aid
  - e. Vortex Mixer
  - f. Water Bath
  - g. Computer
  - h. Printer
  - i. Task Chair/stools
7. Room entry to be via single wood doors with standard hardware. All doors must be secured via keyed or electrical locks for secure access.

### **F.L.S.H. Lab:**

1. Wall finishes for this area would be in epoxy paint with no VOC's.
2. Ceiling construction shall be 2' x 2' mylar lay-in ceiling and grid with a 2' x 2' fixtures.
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with vinyl base.
4. Casework will consist of base cabinets with counter tops and wall cabinets. Each work station shall contain desk surface with base cabinet pedestal file boxes.
  - a. Vertical cabinet finish = 3/4" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
  - b. Horizontal countertops shall be solid surface.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
  - e. Task lighting to be provided under wall cabinets.
5. The room to include the following building system items:

- a. One (1) duplex electrical outlet for the room.
  - b. Two (2) quad electrical outlets above counter
  - c. One (1) duplex telecommunication outlet above counter
  - d. Medical Gases, as required.
  - e. Nurse Call/Paging devices, as required.
  - f. Exterior/direct exhaust for workstations and hoods.
6. Room accessories and equipment to include:
- a. Compound Microscopes
  - b. Dissecting Microscope
  - c. Fume Hood
  - d. Flammable Cabinet
  - e. Task Chair/stools
7. Room entry to be via single wood doors with standard hardware. All doors must be secured via keyed or electrical locks for secure access.

**Cryo Lab:**

1. Wall finishes for this area would be in epoxy paint with no VOC's.
2. Ceiling construction shall be 2' x 2' mylar lay-in ceiling and grid with a 2' x 2' fixtures.
3. Flooring will consist of sheet vinyl, in a wood look or other higher end finish, with vinyl base.
4. Casework will consist of base cabinets with counter tops and wall cabinets. Each work station shall contain desk surface with base cabinet pedestal file boxes.
  - a. Vertical cabinet finish = ½" core construction, Premium Plastic Laminate on all exterior surfaces, white melamine on all interior exposed surface.
  - b. Horizontal countertops shall be solid surface.
  - c. All fasteners to be concealed.
  - d. All hardware to be commercial grade; pulls to be 5" decorative pulls.
  - e. Task lighting to be provided under wall cabinets.
5. The room to include the following building system items:
  - a. One (1) quad electrical outlet for the room.
  - b. Three (3) quad electrical outlets above counter
  - c. Two (2) duplex telecommunication outlets above counter
  - d. Medical Gases, as required.
  - e. Nurse Call/Paging devices, as required.
  - f. Exterior/direct exhaust for workstations and hoods.
6. Room accessories and equipment to include:
  - a. LN2 Storage Tanks
  - b. Cryo Machine
  - c. LN2 Source Tank
  - d. Laptop
  - e. Printer
  - f. Task Chair/stools
7. Room entry to be via single wood doors with standard hardware. All doors must be secured via keyed or electrical locks for secure access.

**Cryo Storage:**

1. Wall finishes for this area would be in epoxy paint.
2. Ceiling construction shall be 2' x 2' acoustical lay-in ceiling grids with a 2' x 2' lay-in fixture(s).
3. Flooring will consist of vinyl composition tile with vinyl base.
4. The room to include the following building system items:
  - a. One (1) duplex electrical outlets for the space
5. Room accessories and equipment:
  - a. Unistrut system to secure cylinders to wall
6. Room entry to be single wood door with standard storage hardware.



**Operating Identity/Licensee**

**Naperville Fertility Center, Inc.** will be the operating entity and licensee. Appended as **ATTACHMENT-1A**, is the Certificate of Good Standing for this entity from the Illinois Secretary of State's office. Please note that Dr. Randy Morris and The Jodi L. Morris Trust are the sole owners of this entity.

### **Organizational Relationships**

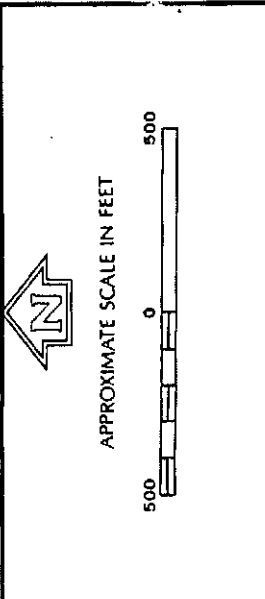
**Naperville Fertility Center, Inc.** is a sole entity related to this project and the establishment of the proposed ASTC. There are two equity share holders within this corporation. Randy Morris, MD has a five percent equity position and the Jody L. Morris Trust has a ninety-five percent equity position in **Naperville Fertility Center, Inc.** Therefore, control lies with the Jodi L. Morris Trust and Randy Morris, MD.

## **Flood Plain Requirements**

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

Appended as **ATTACHMENT-5A**, is a floodplain map for the site of the proposed project. It should be known that the location of the proposed surgery center is not located within a special flood hazard area.

ATTACHMENT-5




**NATIONAL FLOOD INSURANCE PROGRAM**

**FIRM**  
FLOOD INSURANCE RATE MAP

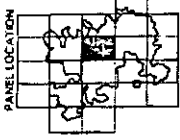
CITY OF  
NAPERVILLE,  
ILLINOIS  
DUPAGE AND WILL COUNTIES

PANEL 13 OF 23

COMMUNITY—PANEL NUMBER:  
170213 0013 C  
MAP REVISED:  
MAY 18, 1992

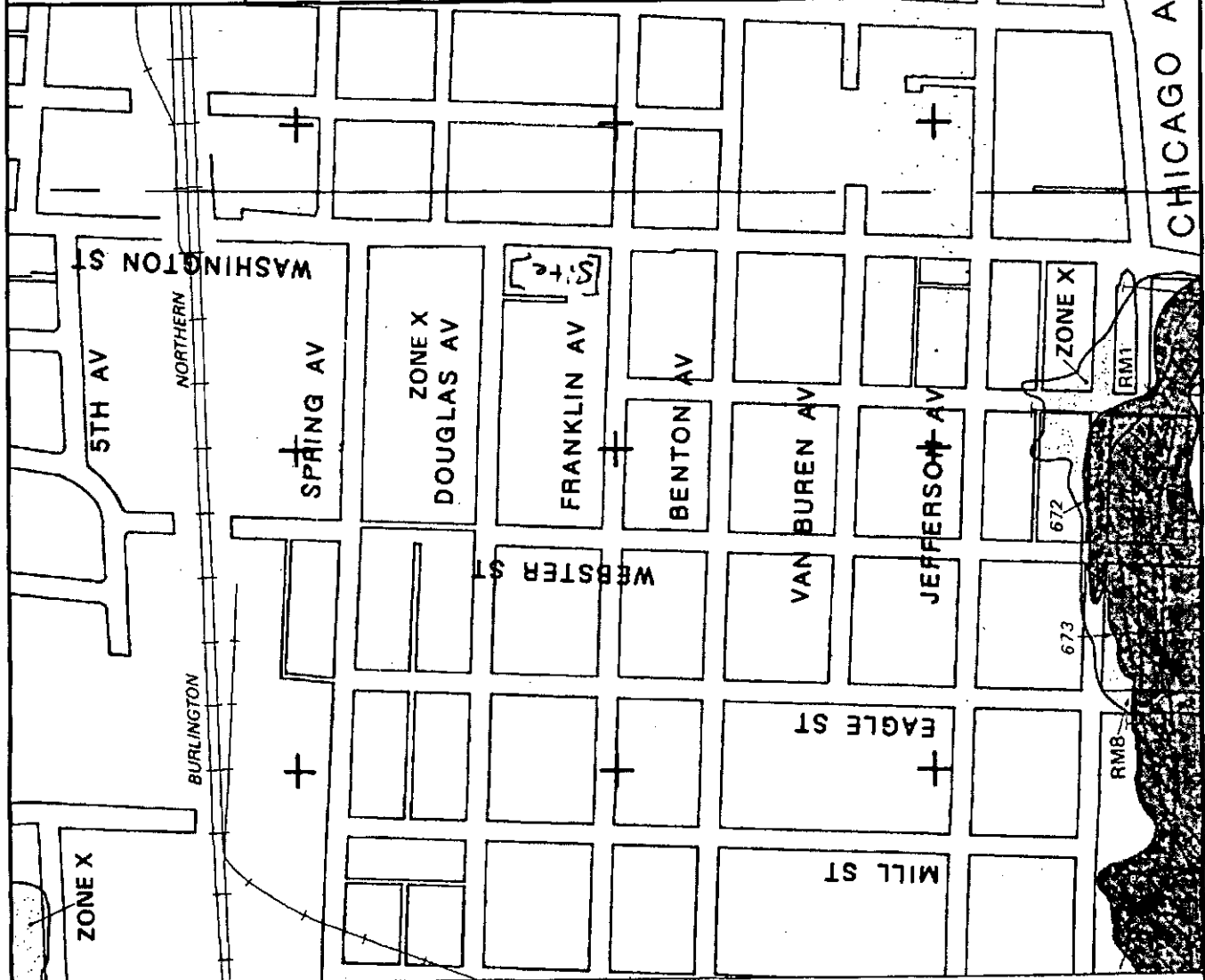


Federal Emergency Management Agency



PANEL LOCATION

This is an official copy of a portion of the above referenced flood map. It was extracted using F-MIT Ch-Line. This map does not reflect changes or amendments which may have been made subsequent to the date on the title block. For the latest product information about National Flood Insurance Program flood maps check the FEMA Flood Map Store at [www.ms.c.fema.gov](http://www.ms.c.fema.gov)



### **Historic Resources Preservation Act Requirements**

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

Appended as **ATTACHMENT-6A**, is a letter from the Applicant to the Illinois Department of Natural Resources requesting a determination of compliance with the Historic Resources Preservation Act. The response to this request will be submitted upon receipt.

**ATTACHMENT-6**

# CHARLES H. FOLEY & ASSOCIATES INC.

1638 South MacArthur Boulevard • Springfield, Illinois 62704  
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

## SENT VIA U.S. MAIL

May 27, 2011

Anne E. Haaker  
Deputy State Historic Preservation Officer  
Illinois Historic Preservation Agency  
Preservation Service Division  
Old State Capitol  
Springfield, Illinois 62701

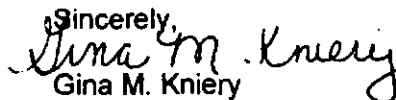
Dear Ms. Haaker:

Medical Properties, LLC is developing a medical office building to house physician offices and a separate and distinct Ambulatory Surgical Treatment Center to be licensed as a health care facility under the Illinois Department of Public Health, Health Facilities and Services Review Board.

The required information is as follows:

- a. General project description and address: 11 & 15 North Washington, Naperville, Illinois 60540. The site is vacant of any buildings.
- b. Map indicating project location: See attached.
- c. Photographs of any standing building/structures within the project area: Not Applicable
- d. Total acres of project:  
Lot 11 = 8,715 SF (15 North Washington)  
Lot 12 = 8,715 SF (11 North Washington aka 11 West Benton Street)  
Total = 17,430 SF  
Both lots are 66' by 132.05' for a lot of 132' by 132.05'.
- e. Other State Agencies involved: Illinois Department of Public Health.

According to the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420et.seq) and other applicable Illinois laws, it is my understanding that you will review the attached information and provide evaluation comments, with respect to any historic resources. If you have any questions or need additional information, please do not hesitate to contact myself or John P. Kniery.

Sincerely,  
  
Gina M. Kniery



Enclosures

Health Care Consulting

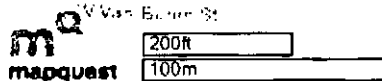
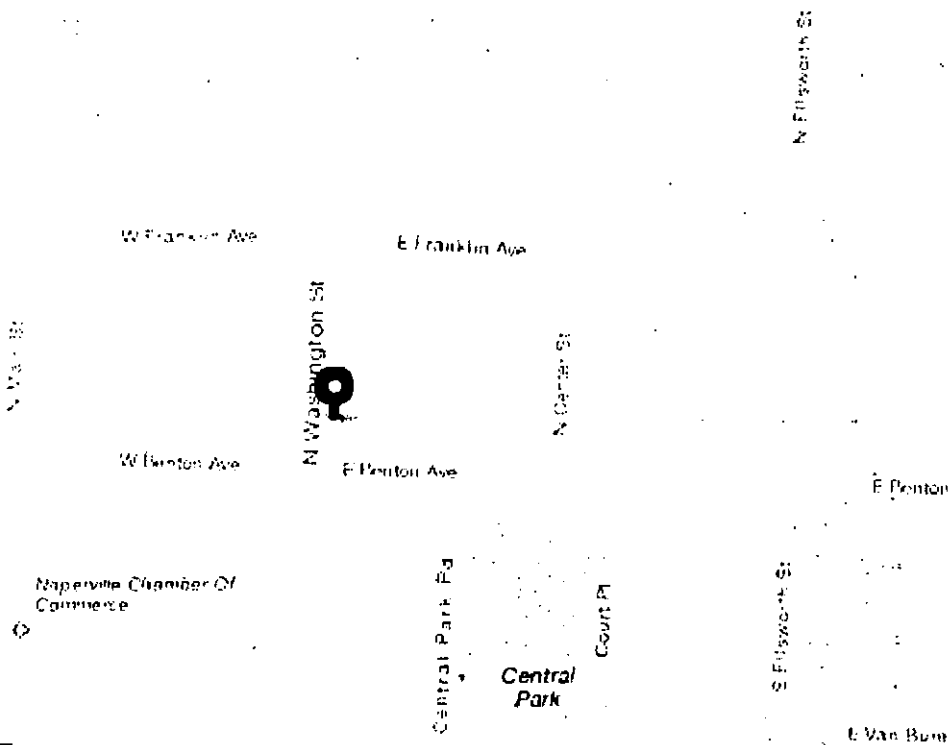
ATTACHMENT-6A



Notes

Map of:

15 N Washington St  
Naperville, IL 60540-4509



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ATTACHMENT-6A

**Naperville Fertility Center, Inc.**  
**Exhibit G**  
**Capital Expenditures**

Lab				Service Cxt	18%
Lab start up equipment costs	Cost	Count	Total		
Incubators	10,000	14	140,000		
Sensaphone incubator monitoring	3,000	1	3,000		
Hoods	28,000	2	56,000		
Liq nitrogen tanks	750	6	4,500		
Microscope / Table/ Manipulators	42,000	1	42,000		
Suction pump	3,000	1	3,000		
Coda tower air filtration	5,200	3	15,600		
Miscellaneous	10,000	1	10,000		
IVF Workstation	10,000	2	20,000		
Full Sized Refrigerator	1,250	1	1,250		
Warming block	250	1	250		
Needle aspirator	750	2	1,500		
Ultrasound machine	75,000	1	75,000	13,500	
Computers	3,000	2	6,000		
<b>Total Lab Capital Outlay</b>			<b>378,100</b>		

Procedure Room				
Procedure Room Capital Outlay				
Table	10,000	1	10,000	
anesthesia machine	75,000	1	75,000	13,500
Autoclave / Sterllizer	50,000	2	100,000	18,000
Miscellaneous	25,000	1	25,000	
C-Arm (X-ray machine)	120,000	1	120,000	21,600
Laparoscopes	1,000	4	4,000	
Laparoscope insufflator	2,500	1	2,500	
Overhead Light	10,000	1	10,000	
Med Area Refrigerator	150	1	150	
Crash Cart	1,200	1	1,200	
Laparoscope Light source	1,200	1	1,200	
Surgical monitor	4,400	1	4,400	
Cart	600	1	600	
Versapoint Hysteroscopy system	5,000	1	5,000	900
Various Instruments	5,000	1	5,000	
Suction pump	800	1	800	
Computers	3,000	1	3,000	
<b>Procedure Room Capital Outlay</b>			<b>367,850</b>	

Recover room				
Monitors	7,000	5	35,000	
Gurneys	700	7	4,900	

**Capital Expenditures**



**Naperville Fertility Center, Inc.  
Exhibit G  
Capital Expenditures**

Miscellaneous	10,000	1	10,000
Nourishment Area Refrigerator	150	1	150
Computers	3,000	4	12,000
Wheelchairs	150	5	750
<b>Recovery room</b>			<b>62,800</b>
<b>Procedure &amp; Recover Room Totals</b>			
Capital Outlay			430,650
Annual Staff Expense			

**Total Capital Outlay (Lab, Procedure & Recovery)** 808,750

Office Furniture 30,000

838,750      66,600

Assume 5 year SL Dep

167,750      Year

13,979      Month

Assume Year 2 Additions

25,000

Assume 5 year SL Dep

5,000

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

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

#### BACKGROUND OF APPLICANT

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

The co-Applicants, Naperville Fertility Center, Inc. and Randy Morris, MD do not own or operate any health care facilities.

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

As the co-Applicants do not own or operate any licensed health care facilities, there has not been any adverse action taken against any licensed health care facility related to the co-Applicants.

3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.

Authorization permitting the Department of Public Health and the Health Facilities and Services Review Board access to information is appended as ATTACHMENT-11A.

4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

This item is not germane as no other application for permit has been submitted by these co-Applicants.

ATTACHMENT-11

Ms. Courtney Avery  
Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62702

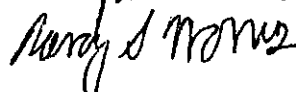
June 21st 2011

Dear Mr. Constantino:

I hereby authorize the Health Facilities Planning Board and the Illinois Department of Public Health (IDPH) access to any documents necessary to verify the information submitted, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

I further authorize the Illinois Department of Public Health to obtain any additional documentation or information that said agency deems necessary for the review of this Application as it pertains to 110.230.a).3)C.

Sincerely,

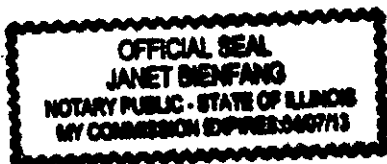


Randy S. Morris M.D.

Notarization:

Subscribed and sworn to  
before me this 21st  
day of June 2011

Janet M. Buehly  
signature of notary



## PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.

The referring reproductive Endocrinologist and Infertility specialist, Randy Morris, MD, currently performs his surgical cases at Edward Hospital (Naperville), Central DuPage Hospital (Winfield), The Surgery Center at 900 North Michigan Avenue, LLC (Chicago) and The Center for Surgery (Naperville). Although all of his IVF procedures are performed at "The Surgery Center at 900 North Michigan Avenue, LLC" there are no ASTC's that has an attached IVF lab to the surgery suite which is essential to performing IVF procedures. In addition, this facility (The Surgery Center at 900 North Michigan Avenue, LLC) is approximately one hour adjusted travel time from the proposed site. The proposed project will provide a dedicated center in an area that is easier and timelier to get to for the majority of the identified patients. Therefore, this project will improve access to health care for those facing fertility issues.

2. Define the planning area or market area, or other, per the applicant's definition.

The Applicant's market area is a 30-minute travel time from the proposed site. This service area was defined through the identification of Dr. Morris's existing patients' origin. Sixty-five percent of his historical cases through the past twelve months ending January 31, 2011 were derived from within the 30-minute market area.

3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]

The issue is that the proposed service, a licensed ASTC for IVF and fertility is not available within the proposed service area.

The proposed Ambulatory Surgical Treatment Center (ASTC), **Naperville Fertility Center**, will be exclusively for the use as a fertility center. The procedure with the most

ATTACHMENT-12

stringent requirements is the In Vitro Fertilization (IVF). This single procedure is the reason for a dedicated facility. Specifically, this is not for the physician's convenience as it is due to the response of woman's ovaries and the timing of egg retrieval. This mandates the facility to be available seven days a week to include all weekends and holidays as well as tremendous scheduling difficulties as the procedure room must be reserved for upcoming IVF procedures which are not known until two days before the procedure is necessary. The IVF egg retrievals must be performed before all other procedures which can cause a ripple effect in the existing scheduled cases.

The IVF process also requires a unique feature not found in typical ASTC's: an embryologist and an attached IVF lab. This IVF laboratory must be attached to the surgical room with a door or a pass-thru to allow the transfer of samples and communication. It is imperative for the eggs to be handled in a rapid and controlled way. It is also important for the surgery suite and the IVF lab to have a dedicated and controlled air quality system. The surgical suite and the IVF lab must be viewed as an indivisible unit; and it should be noted that no other specialty is subject to these sorts of stringent requirements.

The stimulation of the ovaries and follicles and egg retrieval are parts one and two of the IVF process; parts three and four are the fertilization of the egg, i.e., the resulting embryo culturing in an incubator and the embryo transfer or the placement of the embryo(s) into the female uterus. Steps three and four are also time sensitive to the immediate fertilization and predicated on the exact development of the embryo(s) to the blastocyst stage and the immediate embryo transfer.

The final issue being addressed through having a dedicated ASTC to fertility issues is the sensitive private nature of the issue to infertile couples. A dedicated center allows for the

ATTACHMENT-12

greatest amount of privacy and a sense of security in knowing that the others waiting around you are facing similar issues.

4. Cite the sources of the information provided as documentation.

- a. Appended as **ATTACHMENT-12A** is a patient origin analysis for all patients treated in the past twelve months (period ending January 31, 2011).
- b. Appended as **ATTACHMENT-12B** is the travel time and distance study from the online software, MapQuest.com for the Surgery Center at 900 N. Michigan Avenue, LLC. This study does not reflect the adjustment that is made as directed in the 77 Illinois Administrative Code, Section 1100.510(d).
- c. Map Point map illustrating the proposed 30-minute travel time is enclosed as **ATTACHMENT-12C**.

5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.

The proposed site allows for the centralization of all reproductive services into one convenient location for a majority of the patients who have received care from Dr. Morris. The proposed facility will meet the latest standard of care initiatives for reproductive endocrinology and infertility in an environment that is more convenient for such time sensitive treatments.

6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

The goal is to meet or exceed the utilization standard of eighty percent as set forth in the Illinois Administrative Code Section 1110.1540d by the second full year of operation.

**Patient Origin by Zip Code**  
**February 1, 2010 through January 31, 2011**

ZIP CODE	Total Patients		ZIP CODE	Total Patients		ZIP CODE	Total Patients		ZIP CODE	Total Patients	
60504	54	In	60089	6		60642	3		60706	1	
60564	53	In	60174	6	In	60652	3		61081	1	
60532	43	In	60515	6	In	61764	3		62220	1	
60565	39	In	60527	6	In	14850	2		68130	1	
60540	38	In	60544	6	In	46228	2			1028	
60563	34	In	60554	6	In	60056	2				
60560	33		60657	6		60112	2		In	666	65%
60440	28	In	60126	5	In	60175	2				
60586	27	In	60148	5	In	60410	2				
60503	26	In	60403	5	In	60436	2				
60543	26	In	60430	5		60442	2				
60585	25	In	60452	5		60462	2				
60502	24	In	60548	5		60605	2				
60490	21	In	46032	4		60607	2				
60137	20	In	49065	4		60614	2				
60187	19	In	60107	4		60616	2				
60446	18	In	60130	4	In	60619	2				
60505	18	In	60181	4	In	60631	2				
60610	13		60185	4	In	60637	2				
60516	12	In	60190	4	In	60639	2				
60622	12		60439	4	In	61021	2				
60139	10	In	60491	4		61341	2				
60611	10		60512	4	In	61350	2				
60661	10		60526	4	In	61704	2				
60103	9	In	60555	4	In	77079	2				
60189	9		60559	4	In	46368	1				
60431	9	In	60634	4		48137	1				
60447	9		60640	4		60045	1				
60542	9	In	60647	4		60115	1				
60305	8		60654	4		60133	1				
60510	8	In	60805	4		60169	1				
60517	8	In	46321	3		60184	1	In			
60545	8		60005	3		60302	1				
60613	8		60061	3		60438	1				
60643	8		60119	3		60443	1				
60102	7		60120	3		60445	1				
60108	7		60124	3		60453	1				
60404	7		60134	3	In	60478	1				
60406	7		60188	3	In	60481	1				
60435	7		60432	3		60521	1				
60441	7		60608	3		60601	1				
60506	7		60625	3		60628	1				
60641	7		60626	3		60632	1				
60655	7		60638	3		60659	1				



Notes

Kendall Pointe Surgery Center, LLC

**Trip to:**  
 100 5th St  
 Oswego, IL 60543-8338  
 10.49 miles  
 18 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 0.4 Mi</b>
	2. Turn RIGHT onto AURORA AVE. <i>AURORA AVE is 0.1 miles past W CHICAGO AVE</i>	<b>Go 2.0 Mi</b>
	3. Turn LEFT onto OGDEN AVE / W OGDEN AVE / US-34 W. Continue to follow US-34 W. <i>US-34 W is 0.2 miles past S WHISPERING HILLS DR</i>	<b>Go 6.4 Mi</b>
	4. Turn SLIGHT RIGHT. <i>0.3 miles past HILL AVE</i>	<b>Go 0.10 Mi</b>
	5. Turn SLIGHT RIGHT onto US-30.	<b>Go 1.4 Mi</b>
	6. Turn LEFT onto 5TH ST. <i>If you reach DOUGLAS RD you've gone about 0.2 miles too far</i>	<b>Go 0.2 Mi</b>
	7. 100 5TH ST is on the LEFT. <i>If you reach KENSINGTON DR you've gone about 0.1 miles too far</i>	
	<b>100 5th St</b> Oswego, IL 60543-8338	<b>10.5 mi</b>

**Total Travel Estimate: 10.49 miles - about 18 minutes**

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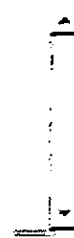


**mapquest**

**Trip to:**  
 2111 Ogden Ave  
 Aurora, IL 60504-7597  
 7.29 miles  
 14 minutes

Notes

Castle Surgicenter, LLC



	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 0.4 Mi</b>
	2. Turn RIGHT onto AURORA AVE. <i>AURORA AVE is 0.1 miles past W CHICAGO AVE</i>	<b>Go 2.0 MI</b>
	3. Turn LEFT onto OGDEN AVE / W OGDEN AVE / US-34 W. Continue to follow OGDEN AVE / US-34 W. <i>OGDEN AVE is 0.2 miles past S WHISPERING HILLS DR</i>	<b>Go 4.9 Mi</b>
	4. Make a U-TURN at RIDGE AVE onto OGDEN AVE / US-34 E. <i>If you reach POINTE BLVD you've gone about 0.2 miles too far</i>	<b>Go 0.03 MI</b>
■	5. 2111 OGDEN AVE is on the RIGHT. <i>If you reach MONTGOMERY RD you've gone about 0.2 miles too far</i>	
	<b>2111 Ogden Ave</b> Aurora, IL 60504-7597	<b>7.3 mi</b>

**Total Travel Estimate: 7.29 miles - about 14 minutes**

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Notes

Dreyer Ambulatory Surgery Center

**Trip to:**  
 1221 N Highland Ave  
 Aurora, IL 60506-1404  
 10.25 miles  
 23 minutes



**15 N Washington St**  
 Naperville, IL 60540-4509

**Miles Per Section**



1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE. **Go 0.7 Mi**

**Go 0.7 Mi**



2. Turn LEFT onto W OGDEN AVE / US-34.  
*W OGDEN AVE is 0.1 miles past W 8TH AVE*

**Go 1.9 Mi**



3. Stay STRAIGHT to go onto N AURORA RD. **Go 3.0 Mi**

**Go 3.0 Mi**



4. Stay STRAIGHT to go onto INDIAN TRAIL RD. **Go 1.1 Mi**

**Go 1.1 Mi**



5. INDIAN TRAIL RD becomes E INDIAN TRL. **Go 3.5 Mi**

**Go 3.5 Mi**



6. Turn RIGHT onto N HIGHLAND AVE.  
*N HIGHLAND AVE is 0.1 miles past MERCY LN*

**Go 0.01 MI**



7. 1221 N HIGHLAND AVE is on the RIGHT.  
*If you reach MERCY LN you've gone about 0.2 miles too far*



**1221 N Highland Ave**  
 Aurora, IL 60506-1404

**10.2 mi**

**Total Travel Estimate: 10.25 miles - about 23 minutes**

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**Trip to:**  
 2525 Kaneville Rd  
 Geneva, IL 60134-2578  
 16.69 miles  
 31 minutes

Notes

Fox Valley Orthopaedic Associates

	<b>15 N Washington St Naperville, IL 60540-4509</b>	<b>Miles Per Section</b>
●	1. Start out going <b>NORTH</b> on <b>N WASHINGTON ST</b> toward <b>E FRANKLIN AVE.</b>	<b>Go 0.2 Mi</b>
↩	2. Take the 3rd <b>LEFT</b> onto <b>W SPRING AVE.</b> <i>If you reach E NORTH AVE you've gone a little too far</i>	<b>Go 0.3 MI</b>
↘	3. Take the 1st <b>RIGHT</b> onto <b>N MILL ST.</b> <i>If you reach N EWING ST you've gone a little too far</i>	<b>Go 2.4 MI</b>
↑	4. Stay <b>STRAIGHT</b> to go onto <b>WARRENVILLE RD / CR-3 N.</b> Continue to follow <b>WARRENVILLE RD.</b>	<b>Go 0.9 MI</b>
↘	5. Turn <b>RIGHT</b> onto <b>BATAVIA RD.</b> <i>BATAVIA RD is just past RIVER RD</i>	<b>Go 1.9 Mi</b>
↘		<b>Go 1.4 MI</b>
↘	6. Turn <b>RIGHT</b> onto <b>IL-59.</b> <i>IL-59 is 0.1 miles past COUNTRYRIDGE DR</i>	<b>Go 0.9 MI</b>
↩	7. Turn <b>LEFT</b> onto <b>JOLIET ST.</b> <i>JOLIET ST is 0.2 miles past WILLOW LN</i>	<b>Go 1.8 MI</b>
↩		<b>Go 5.8 MI</b>
↩	8. Turn <b>LEFT</b> onto <b>W ROOSEVELT RD / IL-38.</b> <i>W ROOSEVELT RD is 0.1 miles past MAY ST</i>	<b>Go 0.7 MI</b>
↘	9. Turn <b>LEFT</b> onto <b>FABYAN PKWY / CR-21.</b> Continue to follow <b>FABYAN PKWY.</b> <i>FABYAN PKWY is 0.3 miles past WEGNER DR</i>	<b>Go 0.2 MI</b>
↘	10. Turn <b>RIGHT</b> onto <b>N RANDALL RD / CR-34 N.</b> <i>N RANDALL RD is 0.1 miles past BENT TREE DR</i>	<b>Go 0.2 Mi</b>
↩	11. Turn <b>LEFT</b> onto <b>FARGO BLVD.</b> <i>FARGO BLVD is 0.2 miles past CHRISTINA LN</i>	<b>Go 0.2 Mi</b>
↘	12. Take the 2nd <b>RIGHT</b> onto <b>KANEVILLE RD.</b> <i>If you reach PIONEER CT you've gone a little too far</i>	<b>16.7 mi</b>
■	13. <b>2525 KANEVILLE RD</b> is on the <b>RIGHT.</b> <i>Your destination is just past GINGER LN If you reach SODERQUIST CT you've gone a little too far</i>	
	<b>2525 Kaneville Rd Geneva, IL 60134-2578</b>	

**Total Travel Estimate: 16.69 miles - about 31 minutes**

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Notes

Tri-Cities Surgery Center

**Trip to:**  
 300 Randall Rd  
 Geneva, IL 60134-4200  
 15.77 miles  
 33 minutes



	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.2 Mi
	2. Take the 3rd LEFT onto W SPRING AVE. <i>If you reach E NORTH AVE you've gone a little too far</i>	Go 0.3 Mi
	3. Take the 1st RIGHT onto N MILL ST. <i>If you reach N EWING ST you've gone a little too far</i>	Go 2.4 Mi
	4. Stay STRAIGHT to go onto WARRENVILLE RD / CR-3 N. Continue to follow WARRENVILLE RD.	Go 0.9 Mi
	5. Turn RIGHT onto BATAVIA RD. <i>BATAVIA RD is just past RIVER RD</i>	Go 1.9 Mi
	6. Turn RIGHT onto IL-59. <i>IL-59 is 0.1 miles past COUNTRYRIDGE DR</i>	Go 1.4 Mi
	7. Turn LEFT onto JOLIET ST. <i>JOLIET ST is 0.2 miles past WILLOW LN</i>	Go 0.9 Mi
	8. Turn LEFT onto W ROOSEVELT RD / IL-38. Continue to follow IL-38. <i>IL-38 is 0.1 miles past MAY ST</i>	Go 6.2 Mi
	9. Turn SLIGHT LEFT onto KANEVILLE RD / W KANEVILLE RD. Continue to follow KANEVILLE RD. <i>KANEVILLE RD is just past S LINCOLN AVE</i>	Go 1.2 Mi
	10. Turn RIGHT onto RANDALL RD / CR-34. <i>RANDALL RD is 0.1 miles past S CAMBRIDGE DR</i>	Go 0.2 Mi
	11. 300 RANDALL RD is on the LEFT. <i>If you reach WILLIAMSBURG AVE you've gone about 0.2 miles too far</i>	
	<b>300 Randall Rd</b> Geneva, IL 60134-4200	15.8 mi

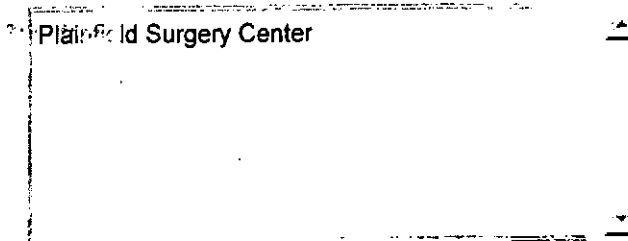
**Total Travel Estimate: 15.77 miles - about 33 minutes**

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Notes



**Trip to:**  
 24600 W 127th St  
 Plainfield, IL 60585-9507  
 11.58 miles  
 21 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>	
	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 0.4 Mi</b>	
	2. Turn RIGHT onto AURORA AVE. <i>AURORA AVE is 0.1 miles past W CHICAGO AVE</i>	<b>Go 2.0 Mi</b>	
		3. Turn LEFT onto OGDEN AVE / W OGDEN AVE / US-34 W. Continue to follow OGDEN AVE / US-34 W. <i>OGDEN AVE is 0.2 miles past S WHISPERING HILLS DR</i>	<b>Go 1.4 Mi</b>
		4. Take the 1st LEFT onto IL-59 S. <i>If you are on OGDEN AVE and reach TRADE ST you've gone about 0.2 miles too far</i>	<b>Go 7.0 Mi</b>
	5. Turn RIGHT onto W 127TH ST. <i>W 127TH ST is 0.2 miles past W INDUSTRIAL DR S</i>	<b>Go 0.7 Mi</b>	
	6. 24600 W 127TH ST. <i>Your destination is 0.2 miles past S VAN DYKE RD</i> <i>If you reach S 248TH AVE you've gone about 0.2 miles too far</i>	<b>11.6 mi</b>	
	<b>24600 W 127th St</b> Plainfield, IL 60585-9507		

**Total Travel Estimate: 11.58 miles - about 21 minutes**

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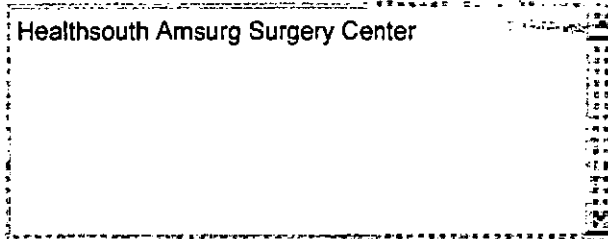
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Notes

Healthsouth Amsurg Surgery Center

**Trip to:**  
 902 N 129th Infantry Dr  
 Joliet, IL 60435-3159  
 18.22 miles  
 37 minutes



	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 4.6 Mi</b>
	2. Turn RIGHT onto WASHINGTON ST / CR-11 / NAPERVILLE RD. Continue to follow CR-11. <i>CR-11 is 0.1 miles past OAK BLUFF CT</i>	<b>Go 1.8 Mi</b>
	3. CR-11 becomes S WEBER RD.	<b>Go 9.5 Mi</b>
	4. S WEBER RD becomes N LARKIN AVE.	<b>Go 0.5 Mi</b>
	5. Turn RIGHT onto THEODORE ST. <i>THEODORE ST is 0.2 miles past PLAINFIELD RD</i>	<b>Go 0.8 Mi</b>
	6. Turn LEFT onto CEDARWOOD DR. <i>CEDARWOOD DR is 0.1 miles past N ROCK RUN DR</i>	<b>Go 0.5 Mi</b>
	7. Stay STRAIGHT to go onto N 129TH INFANTRY DR / CEDARWOOD DR. Continue to follow N 129TH INFANTRY DR.	<b>Go 0.5 Mi</b>
	8. 902 N 129TH INFANTRY DR is on the LEFT. <i>Your destination is just past CAMPUS DR</i> <i>If you reach BLACK RD you've gone about 0.1 miles too far</i>	<b>18.2 mi</b>

**Total Travel Estimate: 18.22 miles - about 37 minutes**

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Notes

Midwest Endoscopy Center

**Trip to:**  
 1243 Rickert Dr  
 Naperville, IL 60540-0954  
 2.82 miles  
 8 minutes

	<b>15 N Washington St Naperville, IL 60540-4509</b>	<b>Miles Per Section</b>
●	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 0.4 Mi</b>
↘	2. Turn RIGHT onto AURORA AVE. <i>AURORA AVE is 0.1 miles past W CHICAGO AVE</i>	<b>Go 0.6 Mi</b>
↙	3. Turn LEFT onto S WEST ST. <i>S WEST ST is 0.3 miles past S EAGLE ST</i>	<b>Go 1.6 Mi</b>
↘	4. Turn RIGHT onto RICKERT DR. <i>RICKERT DR is 0.1 miles past PLAINFIELD NAPERVILLE RD</i>	<b>Go 0.2 Mi</b>
↺	5. Make a U-TURN at S RIVER RD onto RICKERT DR. <i>If you reach S WHISPERING HILLS DR you've gone about 0.3 miles too far</i>	<b>Go 0.04 Mi</b>
■	6. 1243 RICKERT DR is on the RIGHT. <i>If you reach S WEST ST you've gone about 0.1 miles too far</i>	
	<b>1243 Rickert Dr Naperville, IL 60540-0954</b>	<b>2.8 mi</b>

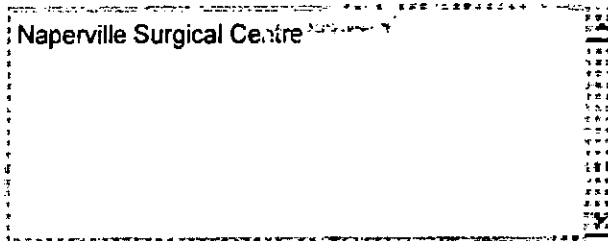
**Total Travel Estimate: 2.82 miles - about 8 minutes**

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Notes



**Trip to:**  
 1263 Rickert Dr  
 Naperville, IL 60540-0954  
 2.97 miles  
 9 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 0.4 Mi</b>
	2. Turn RIGHT onto AURORA AVE. <i>AURORA AVE is 0.1 miles past W CHICAGO AVE</i>	<b>Go 0.6 Mi</b>
	3. Turn LEFT onto S WEST ST. <i>S WEST ST is 0.3 miles past S EAGLE ST</i>	<b>Go 1.6 Mi</b>
	4. Turn RIGHT onto RICKERT DR. <i>RICKERT DR is 0.1 miles past PLAINFIELD NAPERVILLE RD</i>	<b>Go 0.2 Mi</b>
	5. Make a U-TURN at S RIVER RD onto RICKERT DR. <i>If you reach S WHISPERING HILLS DR you've gone about 0.3 miles too far</i>	<b>Go 0.2 Mi</b>
	6. 1263 RICKERT DR is on the RIGHT. <i>If you reach S WEST ST you've gone a little too far</i>	
	<b>1263 Rickert Dr</b> Naperville, IL 60540-0954	<b>3.0 mi</b>

**Total Travel Estimate: 2.97 miles - about 9 minutes**

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Notes

DuPage Orthopedic Group Surgery Center

**Trip to:**  
 27650 Ferry Rd  
 Warrenville, IL 60555-3845  
 3.10 miles  
 7 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn LEFT onto WOGDEN AVE / US-34. <i>WOGDEN AVE is 0.1 miles past W 8TH AVE</i>	Go 0.4 Mi
	3. Take the 1st RIGHT onto N MILL ST / CR-32 N. <i>If you reach BENEDETTI DR you've gone about 0.3 miles too far</i>	Go 1.9 Mi
	4. Turn LEFT onto FERRY RD / CR-3 W. <i>FERRY RD is 0.2 miles past BELLA VISTA PKWY</i>	Go 0.09 Mi
	5. 27650 FERRY RD is on the RIGHT. <i>If you reach MAECLIFF DR you've gone a little too far</i>	
	<b>27650 Ferry Rd</b> Warrenville, IL 60555-3845	3.1 mi

**Total Travel Estimate: 3.10 miles - about 7 minutes**

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Notes

The Center for Surgery

**Trip to:**  
 475 E Diehl Rd  
 Naperville, IL 60563-1353  
 2.52 miles  
 6 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	<b>Go 2.0 Mi</b>
	2. Turn RIGHT onto E DIEHL RD. <i>E DIEHL RD is 0.1 miles past APACHE DR</i>	<b>Go 0.3 Mi</b>
	3. Make a U-TURN at CENTRE POINT CIR onto E DIEHL RD. <i>If you reach LEGACY CIR you've gone about 0.3 miles too far</i>	<b>Go 0.2 Mi</b>
■	4. 475 E DIEHL RD. <i>If you reach N WASHINGTON ST you've gone about 0.1 miles too far</i>	
	<b>475 E Diehl Rd</b> Naperville, IL 60563-1353	<b>2.5 mi</b>

**Total Travel Estimate: 2.52 miles - about 6 minutes**

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Notes

Am. bulatory Surgicenter of Downers Grove

**Trip to:**  
 4333 Main St  
 Downers Grove, IL 60515-2869  
 8.18 miles  
 19 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn RIGHT onto E OGDEN AVE / US-34 E. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 7.4 Mi
	3. Turn RIGHT onto MAIN ST. <i>MAIN ST is just past FOREST AVE</i>	Go 0.04 Mi
■	4. 4333 MAIN ST is on the LEFT. <i>If you reach SHERMAN ST you've gone a little too far</i>	
	<b>4333 Main St</b> Downers Grove, IL 60515-2869	8.2 mi

**Total Travel Estimate: 8.18 miles - about 19 minutes**

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**mapquest**

Notes

Midwest Center for Day Surgery

**Trip to:**  
 3811 Highland Ave  
 Downers Grove, IL 60515-1555  
 10.68 miles  
 19 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	<b>Go 0.7 Mi</b>
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	<b>Go 1.7 Mi</b>
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	<b>Go 0.6 Mi</b>
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 6.3 Mi</b>
	5. Take the HIGHLAND AVE exit.	<b>Go 0.3 Mi</b>
	6. Merge onto HIGHLAND AVE / CR-9 S toward GOOD SAMARITAN HOSPITAL / MIDWESTERN COLLEGE / KELLER COLLEGE.	<b>Go 1.0 Mi</b>
	7. 3811 HIGHLAND AVE is on the LEFT. <i>Your destination is just past BLACK OAK DR</i> <i>If you reach 39TH ST you've gone about 0.1 miles too far</i>	
	<b>3811 Highland Ave</b> Downers Grove, IL 60515-1555	<b>10.7 mi</b>

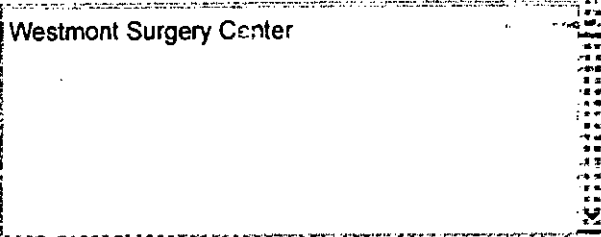
**Total Travel Estimate: 10.68 miles - about 19 minutes**

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Notes



**Trip to:**  
 530 N Cass Ave  
 Westmont, IL 60559-1503  
 11.11 miles  
 23 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	<b>Go 2.5 Mi</b>
	2. Turn RIGHT onto E WARRENVILLE RD / WARRENVILLE RD / CR-3. Continue to follow E WARRENVILLE RD / CR-3.	<b>Go 5.3 Mi</b>
	3. Turn RIGHT onto FINLEY RD / CR-2.	<b>Go 0.03 Mi</b>
		<b>Go 3.2 Mi</b>
	4. Take the 1st LEFT onto OGDEN AVE / US-34 / W OGDEN AVE. Continue to follow OGDEN AVE / US-34. <i>If you are on BELMONT RD and reach ARBOR CIR you've gone a little too far</i>	
	5. Turn RIGHT onto N CASS AVE. <i>N CASS AVE is just past N LINCOLN ST</i>	<b>Go 0.06 Mi</b>
	6. 530 N CASS AVE is on the RIGHT. <i>If you reach E TRAUBE AVE you've gone about 0.1 miles too far</i>	
	<b>530 N Cass Ave</b> Westmont, IL 60559-1503	<b>11.1 mi</b>

**Total Travel Estimate: 11.11 miles - about 23 minutes**

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Notes

Chicago Prostate Cancer Surgery Center

**Trip to:**  
 815 Pasquinelli Dr  
 Westmont, IL 60559-1276  
 15.34 miles  
 26 minutes



	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 0.6 Mi
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 8.8 Mi
	5. Take the MIDWEST RD exit.	Go 0.2 Mi
	6. Keep RIGHT at the fork to go on MIDWEST RD / CR-15.	Go 0.2 Mi
	7. Take the 1st RIGHT onto W 22ND ST / 22ND ST. Continue to follow W 22ND ST. <i>If you are on SUMMIT AVE and reach BUTTERFIELD RD you've gone about 0.3 miles too far</i>	Go 0.8 Mi
	8. Turn RIGHT onto IL-83 S / KINGERY HWY. <i>IL-83 S is 0.2 miles past MACARTHUR DR</i>	Go 1.9 Mi
	9. Turn RIGHT onto OAKMONT LN.	Go 0.1 Mi
	10. Take the 1st LEFT onto PASQUINELLI DR. <i>If you reach the end of OAKMONT LN you've gone about 0.3 miles too far</i>	Go 0.3 Mi
	11. 815 PASQUINELLI DR is on the LEFT. <i>Your destination is 0.1 miles past OAKMONT PLAZA DR If you reach E OAKHILL DR you've gone about 0.1 miles too far</i>	15.3 mi

**Total Travel Estimate: 15.34 miles - about 26 minutes**

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Notes

Eye Surgery Center of Hinsdale

**Trip to:**  
 950 N York Rd  
 Hinsdale, IL 60521-2950  
 12.68 miles  
 30 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn RIGHT onto E OGDEN AVE / US-34 E. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 11.9 Mi
	3. Turn LEFT onto N YORK RD. <i>If you reach N ELM ST you've gone about 0.1 miles too far</i>	Go 0.05 Mi
	4. 950 N YORK RD is on the LEFT. <i>If you are on YORK RD and reach E GLENDALE AVE you've gone a little too far</i>	
	<b>950 N York Rd</b> Hinsdale, IL 60521-2950	12.7 mi

**Total Travel Estimate: 12.68 miles - about 30 minutes**

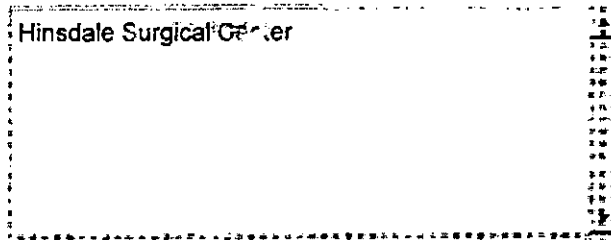
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**Trip to:**  
 908 N Elm St  
 Hinsdale, IL 60521-3635  
 12.77 miles  
 30 minutes

Notes



	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	<b>Go 0.7 Mi</b>
	2. Turn RIGHT onto E OGDEN AVE / US-34 E. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	<b>Go 12.0 Mi</b>
	3. Turn LEFT onto N ELM ST. <i>N ELM ST is 0.1 miles past N YORK RD</i>	<b>Go 0.01 Mi</b>
	4. 908 N ELM ST is on the LEFT. <i>If you reach the end of N ELM ST you've gone about 0.1 miles too far</i>	
	<b>908 N Elm St</b> Hinsdale, IL 60521-3635	<b>12.8 mi</b>

**Total Travel Estimate: 12.77 miles - about 30 minutes**

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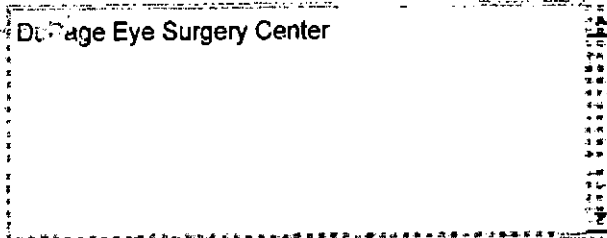




Notes

Dr. Page Eye Surgery Center

**Trip to:**  
 2015 N Main St  
 Wheaton, IL 60187-3152  
 9.02 miles  
 23 minutes



	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 4.6 MI
	4. Turn LEFT onto E ROOSEVELT RD / IL-38. <i>E ROOSEVELT RD is 0.1 miles past PERSHING AVE</i>	Go 0.2 Mi
	5. Take the 1st RIGHT onto S MAIN ST. <i>If you are on W ROOSEVELT RD and reach S HALE ST you've gone about 0.1 miles too far</i>	Go 1.8 Mi
	6. 2015 N MAIN ST is on the RIGHT. <i>Your destination is just past E COLE AVE</i> <i>If you reach GENEVA RD you've gone about 0.2 miles too far</i>	9.0 mi
	<b>2015 N Main St</b> Wheaton, IL 60187-3152	

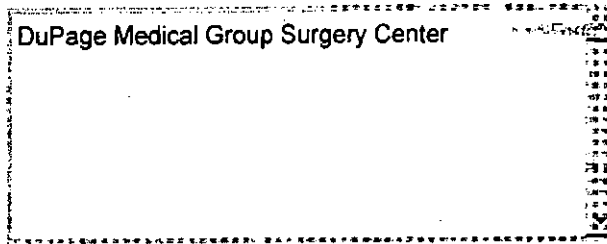
**Total Travel Estimate: 9.02 miles - about 23 minutes**

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Notes



**Trip to:**  
 2725 Technology Dr  
 Lombard, IL 60148-5675  
 10.70 miles  
 20 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	<b>Go 0.7 Mi</b>
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	<b>Go 1.7 Mi</b>
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	<b>Go 2.4 Mi</b>
	4. Turn RIGHT onto BUTTERFIELD RD / IL-56 E. <i>BUTTERFIELD RD is 0.8 miles past FRANK H BELLINGER PKWY</i>	<b>Go 5.6 Mi</b>
	5. Turn RIGHT onto TECHNOLOGY DR. <i>TECHNOLOGY DR is 0.2 miles past S FAIRFIELD AVE</i>	<b>Go 0.2 Mi</b>
	6. 2725 TECHNOLOGY DR is on the LEFT. <i>If you reach the end of TECHNOLOGY DR you've gone about 0.2 miles too far</i>	
	<b>2725 Technology Dr</b> Lombard, IL 60148-5675	<b>10.7 mi</b>

**Total Travel Estimate: 10.70 miles - about 20 minutes**

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Notes

Oak Brook Surgical Center, The

**Trip to:**

2425 W 22nd St  
Oak Brook, IL 60523-1245  
11.71 miles  
21 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	<b>Go 0.7 Mi</b>
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	<b>Go 1.7 Mi</b>
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	<b>Go 2.4 Mi</b>
	4. Turn RIGHT onto BUTTERFIELD RD / IL-56 E. <i>BUTTERFIELD RD is 0.8 miles past FRANK H BELLINGER PKWY</i>	<b>Go 6.5 Mi</b>
	5. Stay STRAIGHT to go onto 22ND ST / W 22ND ST.	<b>Go 0.3 Mi</b>
	6. 2425 W 22ND ST. <i>If you reach TOWER DR you've gone a little too far</i>	
	<b>2425 W 22nd St</b> Oak Brook, IL 60523-1245	<b>11.7 mi</b>

**Total Travel Estimate: 11.71 miles - about 21 minutes**

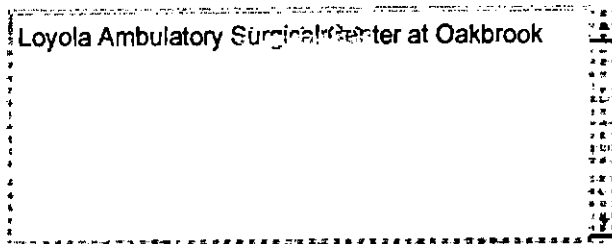
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**Trip to:**  
 1s224 Summit Ave  
 Oakbrook Terrace, IL 60181-3983  
 12.47 miles  
 23 minutes

Notes



	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	 2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 2.4 Mi
	 4. Turn RIGHT onto BUTTERFIELD RD / IL-56 E. <i>BUTTERFIELD RD is 0.8 miles past FRANK H BELLINGER PKWY</i>	Go 6.5 Mi
	 5. Turn LEFT onto BUTTERFIELD RD / IL-56. <i>BUTTERFIELD RD is 0.1 miles past TRANSAM PLAZA DR</i>	Go 0.7 Mi
	6. Take the 3rd LEFT onto SUMMIT AVE / CR-15. <i>If you reach MARSHALL RD you've gone about 0.1 miles too far</i>	Go 0.4 Mi
■	7. 1S224 SUMMIT AVE is on the LEFT. <i>Your destination is just past MORNINGSIDE DR If you reach 14TH ST you've gone a little too far</i>	
	<b>1s224 Summit Ave</b> Oakbrook Terrace, IL 60181-3983	12.5 mi

**Total Travel Estimate: 12.47 miles - about 23 minutes**

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**mapquest**

Notes

Elmhurst Medical & Surgical Center

**Trip to:**  
 340 W Butterfield Rd  
 Elmhurst, IL 60126-5069  
 13.65 miles  
 25 minutes

		Miles Per Section
	<b>15 N Washington St</b> Naperville, IL 60540-4509	
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 2.4 Mi
	4. Turn RIGHT onto BUTTERFIELD RD / IL-56 E. <i>BUTTERFIELD RD is 0.8 miles past FRANK H BELLINGER PKWY</i>	Go 6.5 Mi
	5. Turn LEFT onto BUTTERFIELD RD / IL-56. <i>BUTTERFIELD RD is 0.1 miles past TRANSAM PLAZA DR</i>	Go 2.2 Mi
	6. 340 W BUTTERFIELD RD is on the RIGHT. <i>Your destination is 0.1 miles past COMMONWEALTH LN</i> <i>If you reach S SPRING RD you've gone a little too far</i>	
	<b>340 W Butterfield Rd</b> Elmhurst, IL 60126-5069	13.7 mi

**Total Travel Estimate: 13.65 miles - about 25 minutes**

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Notes

Elmhurst Outpatient Surgery Center

**Trip to:**  
 1200 S York Rd  
 Elmhurst, IL 60126-5626  
 15.51 miles  
 24 minutes



**15 N Washington St**  
 Naperville, IL 60540-4509

**Miles Per Section**

1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.

Go 0.7 Mi



2. Turn RIGHT onto E OGDEN AVE / US-34.  
*E OGDEN AVE is 0.1 miles past E 8TH AVE*

Go 1.7 Mi



3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23.  
*CR-23 is just past TUTHILL RD*

Go 0.6 Mi



4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).

Go 10.9 Mi



5. Take the I-294 S exit toward INDIANA.

Go 0.3 Mi



6. Take the YORK RD exit.

Go 0.2 Mi



7. Turn RIGHT onto YORK RD.  
*If you are on YORK RD and reach CLEARWATER DR you've gone about 0.1 miles too far*

Go 1.0 Mi



8. 1200 S YORK RD.  
*Your destination is 0.1 miles past E BRUSH HILL RD  
 If you reach LEXINGTON ST you've gone about 0.2 miles too far*

**1200 S York Rd**  
 Elmhurst, IL 60126-5626

15.5 mi

**Total Travel Estimate: 15.51 miles - about 24 minutes**

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Notes

Children's Mem. Spec. Ped

**Trip to:**  
 2301 Enterprise Dr  
 Westchester, IL 60154-5802  
 15.37 miles  
 29 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 2.4 Mi
	4. Turn RIGHT onto BUTTERFIELD RD / IL-56 E. <i>BUTTERFIELD RD is 0.8 miles past FRANK H BELLINGER PKWY</i>	Go 6.5 Mi
	5. Stay STRAIGHT to go onto 22ND ST / W 22ND ST. Continue to follow 22ND ST.	Go 3.8 Mi
	6. Turn RIGHT onto ENTERPRISE DR. <i>ENTERPRISE DR is 0.8 miles past WINDSOR DR</i>	Go 0.2 Mi
■	7. 2301 ENTERPRISE DR is on the LEFT. <i>If you reach PRESCOTT LN you've gone about 0.1 miles too far</i>	
	<b>2301 Enterprise Dr</b> Westchester, IL 60154-5802	15.4 mi

**Total Travel Estimate: 15.37 miles - about 29 minutes**

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Notes

Forest Medical-Surgical Center

**Trip to:**  
 9050 W 81st St  
 Justice, IL 60458-1350  
 20.01 miles  
 33 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going <b>SOUTHEAST</b> on N WASHINGTON ST toward W BENTON AVE.	<b>Go 2.4 Mi</b>
↩	2. Turn <b>LEFT</b> onto 75TH ST / CR-33 E. <i>75TH ST is 0.1 miles past HOBSON RD</i>	<b>Go 9.6 Mi</b>
↘		<b>Go 0.8 Mi</b>
↗	3. Turn <b>RIGHT</b> onto KINGERY HWY / IL-83 S. <i>KINGERY HWY is just past ARLENE AVE</i>	<b>Go 4.3 Mi</b>
↑↑		<b>Go 1.5 Mi</b>
↗		<b>Go 0.6 Mi</b>
↑↑		<b>Go 0.2 Mi</b>
↗	7. Turn <b>SLIGHT RIGHT</b> onto W 79TH ST.	<b>Go 0.3 Mi</b>
↘	8. Turn <b>RIGHT</b> onto S 88TH AVE / S CORK AVE. <i>If you reach S 87TH CT you've gone a little too far</i>	<b>Go 0.3 Mi</b>
↘	9. Take the 2nd <b>RIGHT</b> onto W 81ST ST. <i>If you reach W 82ND PL you've gone about 0.1 miles too far</i>	<b>20.0 mi</b>
■	10. 9050 W 81ST ST. <i>Your destination is just past CONCORD LN</i> <i>If you reach DEER PATH you've gone a little too far</i>	
	<b>9050 W 81st St</b> Justice, IL 60458-1350	

**Total Travel Estimate: 20.01 miles - about 33 minutes**

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Notes

Loyola University Amb. Surg. Ctr

**Trip to:**  
 2160 S 1st Ave  
 Maywood, IL 60153-3328  
 20.35 miles  
 38 minutes



**15 N Washington St**  
 Naperville, IL 60540-4509

**Miles Per Section**

1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE. **Go 0.7 Mi**

2. Turn RIGHT onto E OGDEN AVE / US-34. **Go 1.7 Mi**  
*E OGDEN AVE is 0.1 miles past E 8TH AVE*

3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. **Go 0.6 Mi**  
*CR-23 is just past TUTHILL RD*

4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll). **Go 8.8 Mi**

EXIT 5. Take the MIDWEST RD exit. **Go 0.2 Mi**

6. Keep RIGHT at the fork to go on MIDWEST RD / CR-15. **Go 0.2 Mi**

7. Take the 1st RIGHT onto W 22ND ST / 22ND ST. Continue to follow W 22ND ST. **Go 3.9 Mi**  
*If you are on SUMMIT AVE and reach BUTTERFIELD RD you've gone about 0.3 miles too far*

8. W 22ND ST becomes W CERMAK RD. **Go 3.3 Mi**

9. Turn LEFT onto IL-171 / 1ST AVE. **Go 0.8 Mi**  
*IL-171 is just past S 2ND AVE*

10. 2160 S 1ST AVE is on the RIGHT. **Go 0.8 Mi**  
*Your destination is 0.4 miles past 17TH ST*  
*If you are on S 1ST AVE and reach W ROOSEVELT RD you've gone about 0.1 miles too far*

**2160 S 1st Ave**  
 Maywood, IL 60153-3328 **20.3 mi**

**Total Travel Estimate: 20.35 miles - about 38 minutes**

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**Trip to:**  
 7427 Lake St  
 River Forest, IL 60305-1817  
 22.63 miles  
 40 minutes

Notes

Novamed Surgery Center - River Forest

A	15 N Washington St Naperville, IL 60540-4509	Miles Per Section	
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 2.5 Mi	
↘	2. Turn RIGHT onto E WARRENVILLE RD / WARRENVILLE RD / CR-3. Continue to follow E WARRENVILLE RD / CR-3.	Go 1.2 MI	
↙	3. Turn LEFT onto NAPERVILLE RD / N NAPERVILLE WHEATON RD / CR-23. Continue to follow NAPERVILLE RD / CR-23. <i>NAPERVILLE RD is 0.2 miles past W LUCENT LN</i>	Go 1.5 Mi	
↘		4. Turn RIGHT onto BUTTERFIELD RD / IL-56 E. <i>BUTTERFIELD RD is 0.8 miles past FRANK H BELLINGER PKWY</i>	Go 6.5 Mi
↙		5. Turn LEFT onto BUTTERFIELD RD / IL-56. <i>BUTTERFIELD RD is 0.1 miles past TRANSAM PLAZA DR</i>	Go 1.8 Mi
↗		6. Merge onto IL-38 E / ROOSEVELT RD.	Go 1.6 Mi
↗		7. Merge onto I-290 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / EISENHOWER EXPY E via the ramp on the LEFT toward CHICAGO LOOP.	Go 5.8 Mi
	8. Take the DES PLAINES AVE exit, EXIT 21A.	Go 0.2 Mi	
↙	9. Turn LEFT onto DES PLAINES AVE. <i>If you are on HARRISON ST and reach LATHROP AVE you've gone a little too far</i>	Go 0.9 Mi	
↙	10. Turn SLIGHT LEFT onto BROWN AVE. <i>BROWN AVE is just past DIXON ST</i>	Go 0.2 Mi	
↘	11. Turn RIGHT onto LATHROP AVE.	Go 0.1 Mi	
↘	12. Take the 2nd RIGHT onto LAKE ST. <i>If you reach QUICK AVE you've gone about 0.1 miles too far</i>	Go 0.2 Mi	
■	13. 7427 LAKE ST is on the RIGHT. <i>Your destination is just past MONROE AVE If you reach WILLIAM ST you've gone a little too far</i>	22.6 mi	
B	7427 Lake St River Forest, IL 60305-1817		

**Total Travel Estimate: 22.63 miles - about 40 minutes**

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Notes

DMG-Center for Pain Management

**Trip to:**  
 2940 Rollingridge Rd  
 Naperville, IL 60564-4231  
 7.65 miles  
 15 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>	
	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 0.4 Mi</b>	
	2. Turn RIGHT onto AURORA AVE. <i>AURORA AVE is 0.1 miles past W CHICAGO AVE</i>	<b>Go 2.0 Mi</b>	
		3. Turn LEFT onto OGDEN AVE / W OGDEN AVE / US-34 W. Continue to follow OGDEN AVE / US-34 W. <i>OGDEN AVE is 0.2 miles past S WHISPERING HILLS DR</i>	<b>Go 1.4 Mi</b>
		4. Take the 1st LEFT onto IL-59 S. <i>If you are on OGDEN AVE and reach TRADE ST you've gone about 0.2 miles too far</i>	<b>Go 3.8 Mi</b>
	5. Turn RIGHT onto ROLLINGRIDGE RD. <i>ROLLINGRIDGE RD is 0.4 miles past LACROSSE LN</i>	<b>Go 0.05 Mi</b>	
	6. 2940 ROLLINGRIDGE RD is on the LEFT. <i>If you reach SAGANASHKEE LN you've gone a little too far</i>		
	<b>2940 Rollingridge Rd</b> Naperville, IL 60564-4231	<b>7.6 mi</b>	

**Total Travel Estimate: 7.65 miles - about 15 minutes**

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**Trip to:**  
 [1700-1769] W Lake St  
 Addison, IL 60101  
 18.17 miles  
 28 minutes

Notes

Aiden Senter for Day Surgery

### What is Your Credit Score?

**TransUnion** 310 340 450 550 650 750 840  
 ▲ You are here (351)

**Experian** 310 340 450 550 650 750 840  
 ▲ You are here (364)

**EQUIFAX** 310 340 450 550 650 750 840  
 ▲ You are here (382)

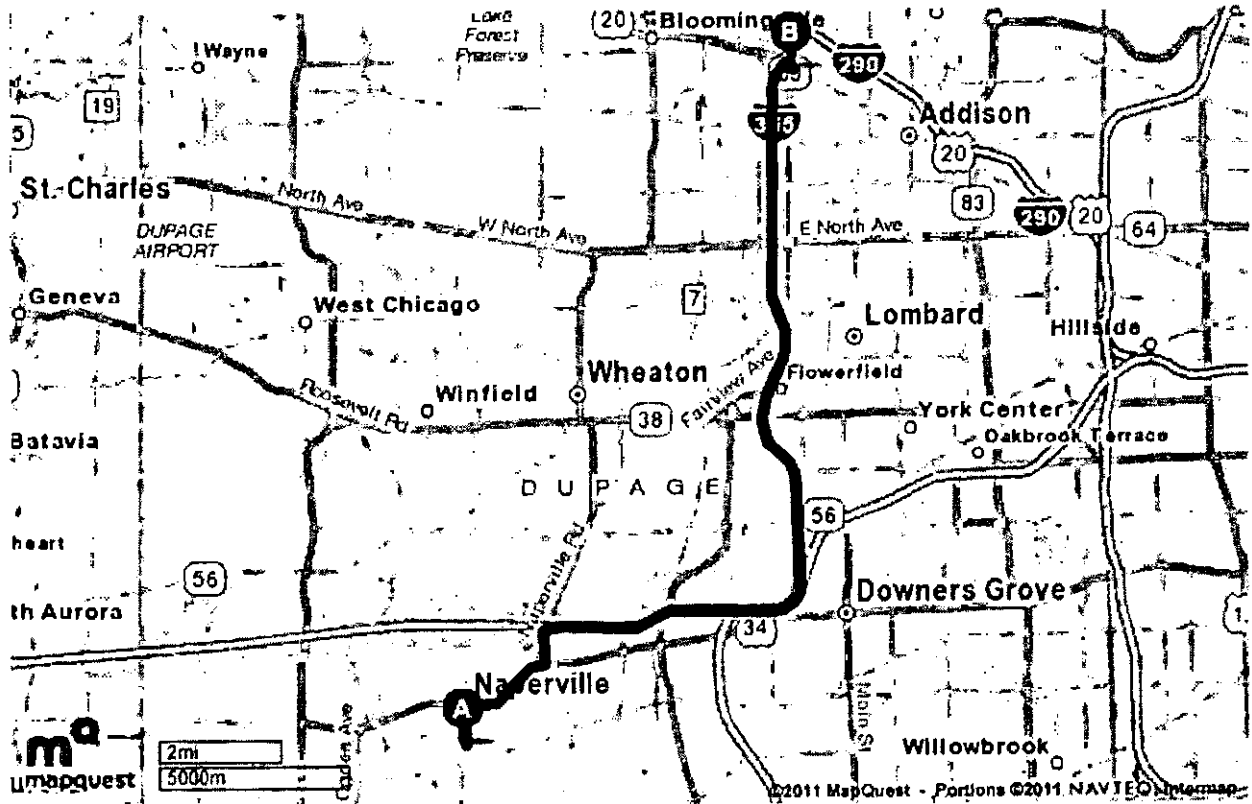
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		Miles Per Section	Miles Driven
<b>A</b>	<b>15 N Washington St</b> Naperville, IL 60540-4509		
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi	0.7 mi
➔	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi	2.5 mi
➔	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 0.6 Mi	3.1 mi
➔	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 4.6 Mi	7.7 mi
➔	5. Merge onto I-355 N toward NORTHWEST SUBURBS (Portions toll).	Go 9.8 Mi	17.5 mi
EXIT	6. Take the LAKE ST / US-20 exit.	Go 0.5 Mi	18.0 mi
➔	7. Turn RIGHT onto US-20 E / LAKE ST / ULYSSES S GRANT MEMORIAL HWY. Continue to follow US-20 E / ULYSSES S GRANT MEMORIAL HWY.	Go 0.2 Mi	18.2 mi
■	8. [1700-1769] W LAKE ST. <i>Your destination is 0.1 miles past IL-53</i> <i>If you reach CENTRAL RD you've gone a little too far</i>		18.2 mi
<b>B</b>	<b>[1700-1769] W Lake St</b> Addison, IL 60101	18.2 mi	18.2 mi

Total Travel Estimate: 18.17 miles - about 28 minutes



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Notes

Rush Copley Memorial Hospital

**Trip to:**  
 2000 Ogden Ave  
 Aurora, IL 60504-7222  
**7.54 miles**  
**14 minutes**

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 0.4 Mi</b>
	2. Turn RIGHT onto AURORA AVE. <i>AURORA AVE is 0.1 miles past W CHICAGO AVE</i>	<b>Go 2.0 Mi</b>
	3. Turn LEFT onto OGDEN AVE / W OGDEN AVE / US-34 W. Continue to follow OGDEN AVE / US-34 W. <i>OGDEN AVE is 0.2 miles past S WHISPERING HILLS DR</i>	<b>Go 5.1 Mi</b>
	4. 2000 OGDEN AVE. <i>Your destination is just past POINTE BLVD</i> <i>If you are on US-34 W and reach S FARNSWORTH AVE you've gone about 0.5 miles too far</i>	
	<b>2000 Ogden Ave</b> Aurora, IL 60504-7222	<b>7.5 mi</b>

**Total Travel Estimate: 7.54 miles - about 14 minutes**

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**Trip to:**  
 1325 N Highland Ave  
 Aurora, IL 60506-1449  
 10.62 miles  
 23 minutes

Notes



		Miles Per Section
	<b>15 N Washington St</b> Naperville, IL 60540-4509	
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn LEFT onto W OGDEN AVE / US-34. <i>W OGDEN AVE is 0.1 miles past W 8TH AVE</i>	Go 1.9 Mi
	3. Stay STRAIGHT to go onto N AURORA RD.	Go 3.0 Mi
	4. Stay STRAIGHT to go onto INDIAN TRAIL RD.	Go 1.1 Mi
	5. INDIAN TRAIL RD becomes E INDIAN TRL.	Go 3.5 Mi
	6. Turn RIGHT onto N HIGHLAND AVE. <i>N HIGHLAND AVE is 0.1 miles past MERCY LN</i>	Go 0.4 Mi
■	7. 1325 N HIGHLAND AVE is on the RIGHT. <i>Your destination is 0.1 miles past MERCY LN</i> <i>If you reach SULLIVAN RD you've gone about 0.1 miles too far</i>	
	<b>1325 N Highland Ave</b> Aurora, IL 60506-1449	10.6 mi

**Total Travel Estimate: 10.62 miles - about 23 minutes**

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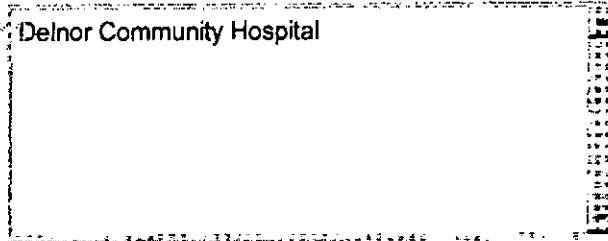
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**Trip to:**  
 300 Randall Rd  
 Geneva, IL 60134-4200  
 15.77 miles  
 33 minutes

Notes

Delnor Community Hospital



	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.2 Mi
	2. Take the 3rd LEFT onto W SPRING AVE. <i>If you reach E NORTH AVE you've gone a little too far</i>	Go 0.3 Mi
	3. Take the 1st RIGHT onto N MILL ST. <i>If you reach N EWING ST you've gone a little too far</i>	Go 2.4 Mi
	4. Stay STRAIGHT to go onto WARRENVILLE RD / CR-3 N. Continue to follow WARRENVILLE RD.	Go 0.9 Mi
	5. Turn RIGHT onto BATAVIA RD. <i>BATAVIA RD is just past RIVER RD</i>	Go 1.9 Mi
	6. Turn RIGHT onto IL-59. <i>IL-59 is 0.1 miles past COUNTRYRIDGE DR</i>	Go 1.4 Mi
	7. Turn LEFT onto JOLIET ST. <i>JOLIET ST is 0.2 miles past WILLOW LN</i>	Go 0.9 Mi
	8. Turn LEFT onto W ROOSEVELT RD / IL-38. Continue to follow IL-38. <i>IL-38 is 0.1 miles past MAY ST</i>	Go 6.2 Mi
	9. Turn SLIGHT LEFT onto KANEVILLE RD / W KANEVILLE RD. Continue to follow KANEVILLE RD. <i>KANEVILLE RD is just past S LINCOLN AVE</i>	Go 1.2 Mi
	10. Turn RIGHT onto RANDALL RD / CR-34. <i>RANDALL RD is 0.1 miles past S CAMBRIDGE DR</i>	Go 0.2 Mi
	11. 300 RANDALL RD is on the LEFT. <i>If you reach WILLIAMSBURG AVE you've gone about 0.2 miles too far</i>	
	<b>300 Randall Rd</b> Geneva, IL 60134-4200	15.8 mi

**Total Travel Estimate: 15.77 miles - about 33 minutes**

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**Trip to:**  
 500 Remington Blvd  
 Bolingbrook, IL 60440-4906  
 9.25 miles  
 19 minutes

Notes

Adventist Bolingbrook Hospital

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 4.6 Mi</b>
	2. Turn RIGHT onto WASHINGTON ST / CR-11 / NAPERVILLE RD. Continue to follow CR-11. <i>CR-11 is 0.1 miles past OAK BLUFF CT</i>	<b>Go 1.8 Mi</b>
	3. Turn LEFT onto VETERANS PKWY / CR-11 S. <i>VETERANS PKWY is 0.2 miles past THACKERAY DR</i>	<b>Go 1.4 Mi</b>
	4. Turn LEFT onto REMINGTON BLVD. <i>REMINGTON BLVD is 0.3 miles past TERRITORIAL DR</i>	<b>Go 1.4 Mi</b>
	5. Make a U-TURN onto REMINGTON BLVD. <i>If you reach WOODCREEK DR you've gone about 0.2 miles too far</i>	<b>Go 0.1 Mi</b>
	6. 500 REMINGTON BLVD is on the RIGHT. <i>If you reach S SCHMIDT RD you've gone about 0.1 miles too far</i>	
	<b>500 Remington Blvd</b> Bolingbrook, IL 60440-4906	<b>9.3 mi</b>

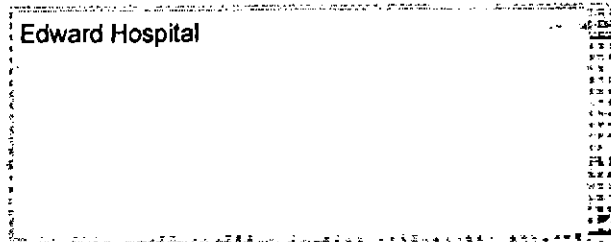
**Total Travel Estimate: 9.25 miles - about 19 minutes**

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Notes



Trip to:  
809 S Washington St  
Naperville, IL 60540-7430  
0.97 miles  
3 minutes

		Miles Per Section
	<b>15 N Washington St</b> Naperville, IL 60540-4509	
	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	Go 1.0 Mi
	2. 809 S WASHINGTON ST is on the RIGHT. <i>Your destination is just past EDGEWATER DR</i> <i>If you reach OSLER DR you've gone a little too far</i>	
	<b>809 S Washington St</b> Naperville, IL 60540-7430	1.0 mi

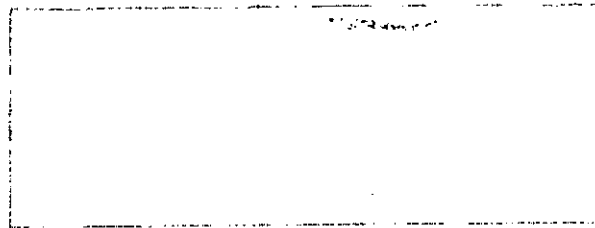
Total Travel Estimate: 0.97 miles - about 3 minutes

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Notes



**Trip to:**  
**3815 Highland Ave**  
**Downers Grove, IL 60515-1500**  
**10.68 miles**  
**19 minutes**

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	<b>Go 0.7 Mi</b>
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	<b>Go 1.7 Mi</b>
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	<b>Go 0.6 Mi</b>
	4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	<b>Go 6.3 Mi</b>
	5. Take the HIGHLAND AVE exit.	<b>Go 0.3 Mi</b>
	6. Merge onto HIGHLAND AVE / CR-9 S toward GOOD SAMARITAN HOSPITAL / MIDWESTERN COLLEGE / KELLER COLLEGE.	<b>Go 1.0 Mi</b>
	7. 3815 HIGHLAND AVE is on the LEFT. <i>Your destination is just past BLACK OAK DR</i> <i>If you reach 39TH ST you've gone about 0.1 miles too far</i>	
	<b>3815 Highland Ave</b> Downers Grove, IL 60515-1500	<b>10.7 mi</b>

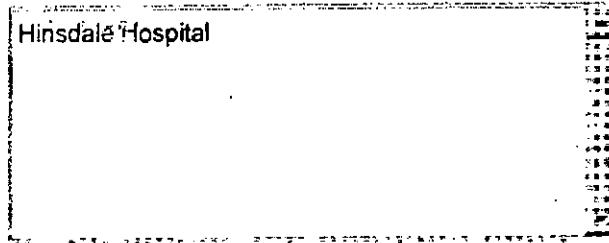
**Total Travel Estimate: 10.68 miles - about 19 minutes**

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Notes



**Trip to:**  
 120 N Oak St  
 Hinsdale, IL 60521-3829  
 13.34 miles  
 33 minutes

A	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going SOUTH on N WASHINGTON ST toward W BENTON AVE.	<b>Go 0.3 Mi</b>
↶	2. Take the 3rd LEFT onto E CHICAGO AVE. <i>If you reach AURORA AVE you've gone about 0.1 miles too far</i>	<b>Go 2.0 Mi</b>
↑	3. E CHICAGO AVE becomes MAPLE AVE / CR-17 E.	<b>Go 4.8 Mi</b>
↑	4. MAPLE AVE / CR-17 E becomes 55TH ST / CR-35.	<b>Go 4.8 Mi</b>
↶	5. Turn LEFT onto S GARFIELD ST. <i>S GARFIELD ST is 0.1 miles past CAMBERLEY CT</i>	<b>Go 0.9 Mi</b>
↷	6. Turn RIGHT onto E CHICAGO AVE. <i>E CHICAGO AVE is just past E 1ST ST</i>	<b>Go 0.4 Mi</b>
↶	7. Take the 1st LEFT onto N OAK ST. <i>If you reach S COUNTY LINE RD you've gone about 0.1 miles too far</i>	<b>Go 0.1 Mi</b>
■	8. 120 N OAK ST is on the LEFT. <i>Your destination is just past HILLGROVE AVE If you reach E WALNUT ST you've gone a little too far</i>	
B	<b>120 N Oak St</b> Hinsdale, IL 60521-3829	<b>13.3 mi</b>

**Total Travel Estimate: 13.34 miles - about 33 minutes**

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Notes

Central DuPage Hospital

**Trip to:**  
 [42-65] N Winfield Rd  
 Winfield, IL 60190  
 7.78 miles  
 17 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn LEFT onto W OGDEN AVE / US-34. <i>W OGDEN AVE is 0.1 miles past W 8TH AVE</i>	Go 0.4 Mi
	3. Take the 1st RIGHT onto N MILL ST / CR-32 N. <i>If you reach BENEDETTI DR you've gone about 0.3 miles too far</i>	Go 1.9 Mi
	4. Stay STRAIGHT to go onto WARRENVILLE RD / CR-3 N.	Go 0.6 Mi
	5. Turn RIGHT onto WINFIELD RD / CR-13. Continue to follow WINFIELD RD. <i>WINFIELD RD is 0.2 miles past ELIZABETH AVE</i>	Go 4.2 Mi
■	6. [42-65] N WINFIELD RD. <i>Your destination is 0.1 miles past HOSPITAL RD</i> <i>If you reach WILLARD WAY you've gone a little too far</i>	
	<b>[42-65] N Winfield Rd</b> Winfield, IL 60190	7.8 mi

**Total Travel Estimate: 7.78 miles - about 17 minutes**

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Notes

Glen Oaks Medical Center

**Trip to:**  
 701 Winthrop Ave  
 Glendale Heights, IL 60139-1405  
 13.24 miles  
 31 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 4.6 Mi
	4. Turn LEFT onto E ROOSEVELT RD / IL-38. <i>E ROOSEVELT RD is 0.1 miles past PERSHING AVE</i>	Go 0.2 Mi
	5. Take the 1st RIGHT onto S MAIN ST. <i>If you are on W ROOSEVELT RD and reach S HALE ST you've gone about 0.1 miles too far</i>	Go 2.3 Mi
	6. S MAIN ST becomes S SCHMALE RD / CR-36.	Go 0.8 Mi
	7. Turn RIGHT onto NORTH AVE / IL-64 E / E NORTH AVE. Continue to follow NORTH AVE / IL-64 E. <i>NORTH AVE is 0.1 miles past WILLOW WOOD DR</i>	Go 2.0 Mi
	8. Turn SLIGHT LEFT onto GLEN ELLYN RD / CR-5. <i>GLEN ELLYN RD is 0.3 miles past PEARL AVE</i>	Go 0.9 Mi
	9. Turn RIGHT onto WINTHROP AVE. <i>If you reach E FULLERTON AVE you've gone about 0.2 miles too far</i>	Go 0.1 Mi
	10. 701 WINTHROP AVE is on the RIGHT. <i>Your destination is just past WINTHROP CT</i> <i>If you are on JILL CT and reach MARILYN AVE you've gone about 0.1 miles too far</i>	13.2 mi
	<b>701 Winthrop Ave</b> Glendale Heights, IL 60139-1405	

**Total Travel Estimate: 13.24 miles - about 31 minutes**

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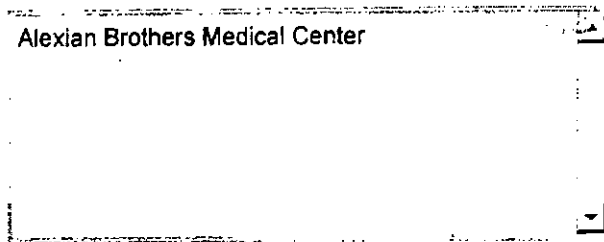
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Notes

Alexian Brothers Medical Center

**Trip to:**  
 800 Biesterfield Rd  
 Elk Grove Village, IL 60007-3361  
 21.22 miles  
 40 minutes



		Miles Per Section
	<b>15 N Washington St</b> Naperville, IL 60540-4509	
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
	2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 2.4 Mi
	4. Turn RIGHT onto BUTTERFIELD RD / IL-56 E. <i>BUTTERFIELD RD is 0.8 miles past FRANK H BELLINGER PKWY</i>	Go 2.6 Mi
	5. Turn LEFT onto IL-53. <i>If you are on IL-56 E and reach GRAY AVE you've gone about 0.5 miles too far</i>	Go 7.8 Mi
	6. Turn LEFT onto ARMY TRAIL RD / CR-11 W. <i>If you are on ROHLWING RD and reach W STONE AVE you've gone about 0.1 miles too far</i>	Go 0.06 Mi
	7. Merge onto I-355 N toward NORTHWEST SUBURBS.	Go 2.0 Mi
	8. Keep LEFT to take I-290 W toward I-290 W / ROCKFORD.	Go 2.9 Mi
	9. Take the BIESTERFIELD RD exit, EXIT 4, toward IL-53 S.	Go 0.4 Mi
	10. Turn RIGHT onto BIESTERFIELD RD.	Go 0.5 Mi
	11. Make a U-TURN onto BIESTERFIELD RD.	Go 0.02 Mi
	12. 800 BIESTERFIELD RD is on the RIGHT. <i>Your destination is just past ALEXIAN WAY</i> <i>If you reach BEISNER RD you've gone about 0.1 miles too far</i>	
	<b>800 Biesterfield Rd</b> Elk Grove Village, IL 60007-3361	21.2 mi

**Total Travel Estimate: 21.22 miles - about 40 minutes**

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Notes

Elmhurst Memorial Hospital

**Trip to:**

[1000-1099] S York Rd  
 Elmhurst, IL 60126  
 15.81 miles  
 25 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
		Go 1.7 Mi
	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 0.6 Mi
		Go 10.9 Mi
	5. Take the I-294 S exit toward INDIANA.	Go 0.3 Mi
	6. Take the YORK RD exit.	Go 0.2 Mi
	7. Turn RIGHT onto YORK RD. <i>If you are on YORK RD and reach CLEARWATER DR you've gone about 0.1 miles too far</i>	Go 1.3 Mi
	8. [1000-1099] S YORK RD. <i>Your destination is just past LEXINGTON ST</i> <i>If you reach E BUTTERFIELD RD you've gone a little too far</i>	
	<b>[1000-1099] S York Rd</b> Elmhurst, IL 60126	<b>15.8 mi</b>

**Total Travel Estimate: 15.81 miles - about 25 minutes**

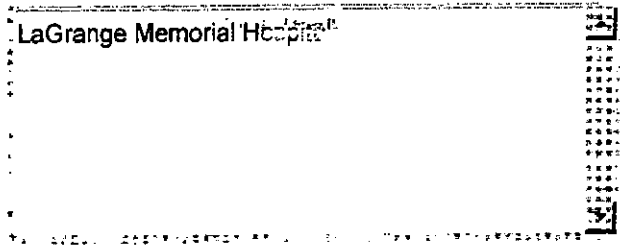
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Notes



**Trip to:**  
 [7500-7500] Gilbert Rd  
 La Grange, IL 60525  
 15.97 miles  
 29 minutes

	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
	1. Start out going <b>SOUTHEAST</b> on N WASHINGTON ST toward W BENTON AVE.	<b>Go 2.4 Mi</b>
	2. Turn <b>LEFT</b> onto 75TH ST / CR-33 E. Continue to follow 75TH ST. <i>75TH ST is 0.1 miles past HOBSON RD</i>	<b>Go 9.6 Mi</b>
	3. Turn <b>LEFT</b> onto KINGERY HWY / IL-83 N. <i>KINGERY HWY is just past ARLENE AVE</i>	<b>Go 0.6 Mi</b>
	4. Turn <b>RIGHT</b> onto PLAINFIELD RD / CR-31. Continue to follow PLAINFIELD RD. <i>PLAINFIELD RD is 0.2 miles past 72ND CT</i>	<b>Go 3.4 Mi</b>
	5. Turn <b>RIGHT</b> onto WILLOW SPRINGS RD. <i>WILLOW SPRINGS RD is 0.1 miles past LAUREL AVE</i>	<b>Go 0.1 Mi</b>
	6. [7500-7500] GILBERT RD. <i>Your destination is just past W 59TH ST</i> <i>If you reach 59TH PL you've gone a little too far</i>	<b>16.0 mi</b>
	<b>[7500-7500] Gilbert Rd</b> La Grange, IL 60525	

**Total Travel Estimate: 15.97 miles - about 29 minutes**

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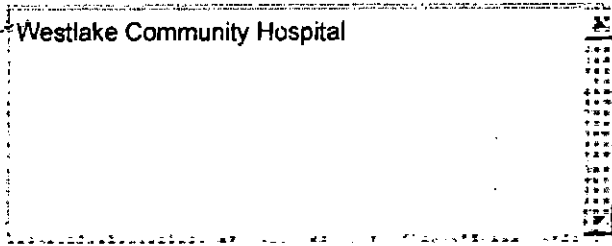
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**Trip to:**  
1225 W Lake St  
Melrose Park, IL 60160-4039  
21.02 miles  
39 minutes

Notes

Westlake Community Hospital



**Total Travel Estimate: 21.02 miles - about 39 minutes**

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Notes

Loyola University Medical Center/Foster G. McGaw

**Trip to:**  
 2160 S 1st Ave  
 Maywood, IL 60153-3328  
 20.35 miles  
 38 minutes

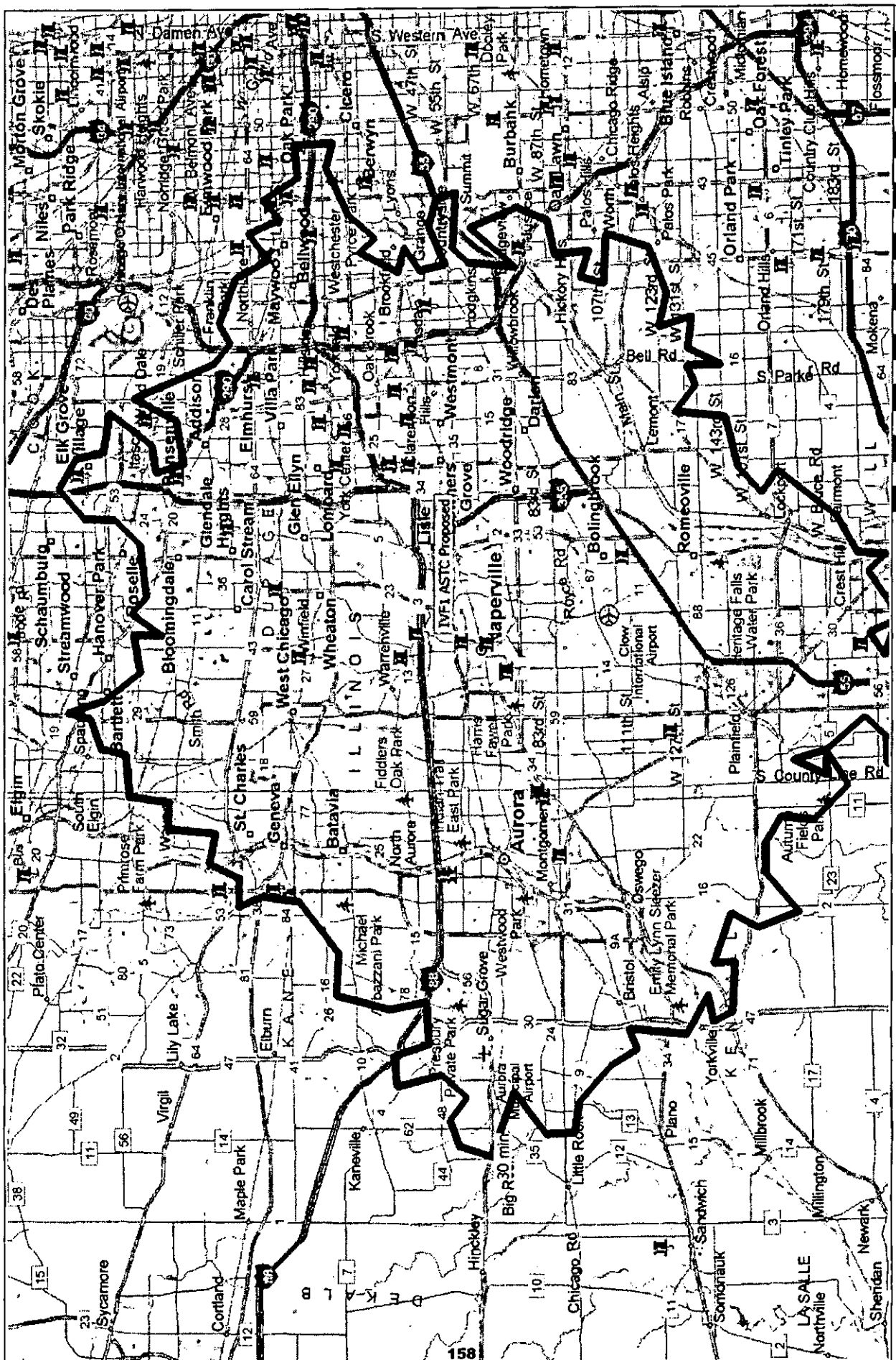
A	<b>15 N Washington St</b> Naperville, IL 60540-4509	<b>Miles Per Section</b>
●	1. Start out going NORTH on N WASHINGTON ST toward E FRANKLIN AVE.	Go 0.7 Mi
➔	 2. Turn RIGHT onto E OGDEN AVE / US-34. <i>E OGDEN AVE is 0.1 miles past E 8TH AVE</i>	Go 1.7 Mi
↶	3. Turn LEFT onto N NAPER BLVD / CR-23. Continue to follow CR-23. <i>CR-23 is just past TUTHILL RD</i>	Go 0.6 Mi
↗	 4. Merge onto I-88 E / IL-110 E / CHICAGO-KANSAS CITY EXPY / RONALD REAGAN MEMORIAL TOLLWAY toward CHICAGO (Portions toll).	Go 8.8 Mi
EXIT	5. Take the MIDWEST RD exit.	Go 0.2 Mi
➔	6. Keep RIGHT at the fork to go on MIDWEST RD / CR-15.	Go 0.2 Mi
➔	7. Take the 1st RIGHT onto W 22ND ST / 22ND ST. Continue to follow W 22ND ST. <i>If you are on SUMMIT AVE and reach BUTTERFIELD RD you've gone about 0.3 miles too far</i>	Go 3.9 Mi
↑	8. W 22ND ST becomes W CERMAK RD.	Go 3.3 Mi
↶	 9. Turn LEFT onto IL-171 / 1ST AVE. <i>IL-171 is just past S 2ND AVE</i>	Go 0.8 Mi
■	10. 2160 S 1ST AVE is on the RIGHT. <i>Your destination is 0.4 miles past 17TH ST</i> <i>If you are on S 1ST AVE and reach W ROOSEVELT RD you've gone about 0.1 miles too far</i>	
B	<b>2160 S 1st Ave</b> Maywood, IL 60153-3328	20.3 mi

**Total Travel Estimate: 20.35 miles - about 38 minutes**

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# Illinois, United States, North America



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## ALTERNATIVES

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

Alternative options must include:

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

Within the proposed market area, i.e., a thirty-minute travel time contour, the Applicant had identified fourteen hospitals and twenty-nine Ambulatory Surgical Treatment Centers. However, after performing individual travel time studies of each existing hospital or ASTC from the proposed site, the number of potential facilities within the market area fell to only seven hospitals and nineteen surgery centers. Of those nineteen surgery centers, only eleven were multispecialty facilities that performed the Obstetrician/Gynecology (hereafter referred to as OB/Gyn) specialty of the proposed unit (It should be noted that just because the facility has the specialty of OB/Gyn, it does not necessarily include the fertility sub-specialty or IVF specifically). The proposed Ambulatory Surgical Treatment Center (hereafter referred to as ASTC), **Naperville Fertility Center**, has identified that its limited specialty will be Obstetrician/Gynecology with the specific sub-specialty of fertility issues. With all the potential

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for availability in this particular market, this criterion requires the Applicant to describe the alternatives explored in developing the project as being proposed.

The proposed project is a unique and specialized field that has the most stringent of requirements in order to achieve the highest level of results. There tends to be a direct correlation between putting the most stringent of protocols in-place and level of achieved results. Below is a brief narrative from Dr. Randy S. Morris, M.D. that provides his background, a description of the In Vitro Fertilization (hereafter referred to as IVF) process, and the issues relating to each step of the process. Please note that Dr. Morris's existing practice is called IVF1 and from within this practice, the doctor refers and performs his identified fertility procedures between : Edward Hospital, Naperville; Central Dupage Hospital, Winfield; The Surgery Center at 900 North Michigan Avenue, LLC, Chicago; and The Center for Surgery, Naperville.

#### "Background

My practice involves treating female reproductive issues including infertility and recurrent miscarriage. The main component of any fertility practice is in vitro fertilization (IVF). It is the stringent requirements of IVF that are the primary reasons for needing a dedicated facility.

#### Description of IVF process - Part 1

IVF is a process that couples complete over an 18 day period. The first part of the IVF process is the self administration of injectable fertility medications by the female partner. The length of time needed for these medications can range from 8 to 14 days. The development of the eggs are monitored with blood tests and ultrasounds every one to three days. It is critical to extract the eggs (egg retrieval) at a precise time as determined by this monitoring. Too early and the eggs obtained will be immature and unusable. Too late and the eggs will be degenerated and unusable. Once the eggs are determined to be ready, a final injection of medication is given (the "trigger") at a precise time and the eggs are removed 36 hours later.

#### Problems relating to Part 1

This highlights the first two problems in trying to utilize existing surgery centers or hospitals. First, the timing of the egg retrieval is not determined by the surgeon for convenience but rather by the response of the woman's ovaries. This may

ATTACHMENT-13

require the egg retrieval to fall on a Saturday, Sunday or holiday. Most surgicenters operate on Monday through Friday and are unwilling or unable to open on weekends and holidays. Second, the surgery room must be reserved for any upcoming IVF procedures but the exact day of the procedure and the number of procedures on a given day will not be known until two days before the procedure. This presents immense scheduling difficulties for the surgicenter that is unable to "release" a room for the use of other surgeons until two days before the procedure.

The IVF egg retrievals must be performed before any other procedures are scheduled on that day. If a surgeon on an early case was to run late, he will then cause a ripple effect in the schedule and the egg retrieval will then be performed late. However, if the eggs are not retrieved in a small window of time after the final medication is given, the eggs will be released from the ovaries (ovulated) preventing their extraction and causing the IVF to be cancelled.

#### Description of IVF process - Part 2

The IVF egg retrieval is performed in a room with the patient, fertility doctor, anesthesiologist, assistant, circulator and embryologist. The embryologist is a highly trained technician who has the responsibility of identifying the eggs. The fertility doctor performs the egg retrieval under anesthesia by passing a long needle through the wall of the vagina into the ovaries under ultrasound guidance. The eggs are located within fluid filled cysts called follicles. Under ultrasound guidance, the needle is advanced into a follicle and the fluid is aspirated into an attached test tube. The eggs cannot be seen on ultrasound or with the naked eye. The fluid filled test tube is handed immediately to the embryologist who inspects the fluid under a microscope to find the eggs and place them immediately in an incubator. The embryologist and fertility doctor maintain a dialog in order to give each other feedback. The embryologist informs the doctor about the number, maturity and quality of the eggs being retrieved. The doctor lets the embryologist know which ovary is being worked on and if there are unexpected findings such as abnormal cysts.

#### Problems relating to Part 2

The IVF laboratory must be attached to the surgical retrieval room with a door or pass through to allow the transfer of samples and allow communication. It is very important for the health of the eggs to be handled in a rapid and controlled way. It is not acceptable, for example, to have a laboratory down the hall from the surgical suite. Any variations in the temperature of the eggs, or the air quality can have a dramatic impact on the growth and developmental potential of the eggs.

In order for a hospital or surgicenter to construct a successful IVF suite, they must commit to the construction of the IVF lab adjacent to the OR room and to dedicate that room for IVF only. These requirements are unique to the process of IVF. No other specialty is subject to these sorts of requirements. **The surgical**

ATTACHMENT-13



**suite and the IVF lab must be viewed as an indivisible unit.** The question of whether there is excess capacity in other facilities is irrelevant since that space is unusable for these procedures without a properly constructed and maintained IVF laboratory along with it.

#### Description of IVF process - Part 3

Once the eggs are retrieved, sperm is added in order to achieve fertilization. The resulting embryos are cultured in incubators in the IVF laboratory for several days. The final step is the placement of the embryos into the female uterus (embryo transfer). Data shows unequivocally that replacement of the embryos at a stage of development known as the blastocyst stage provides a superior chance for pregnancy to result. Depending on the development of the embryo, it typically takes five days to reach the blastocyst stage but occasionally may take six or seven days. On the day of transfer, the blastocysts to be placed into the uterus are chosen by the embryologist under the microscope and are loaded into a specialized transfer catheter. The catheter is handed from the embryologist directly to the physician in the adjacent surgical suite who then places the catheter tip into the uterine cavity under ultrasound guidance.

#### Problems relating to Part 3

The same issues of quickness and environmental control that were important for the eggs during the egg retrieval apply to the replacement of embryos as well. As with egg retrieval, the time of optimum placement into the uterine cavity cannot be scheduled for convenience but subject to the development of the embryos. Weekend and holiday embryo transfers are unavoidable.

#### Description of IVF process - Part 4

Within the last year, some remarkable advances have been made in the technology used for selecting the embryos for transfer. The technology, known as CGH (comparative genomic hybridization) micro-array, allows for the testing of chromosome abnormalities in embryos before placement into the uterus (PGD or preimplantation genetic diagnosis). Human beings normally have 23 pairs of chromosomes. Most human embryos however, carry errors in the number of chromosomes. Placement of these abnormal embryos into the uterus will result in 1) failure to become pregnant 2) miscarriage or 3) birth defects. Unfortunately, these abnormal embryos cannot be detected by inspection under the microscope. Previous technologies, such as FISH (fluorescent in-situ hybridization) are only capable of testing 7-8 chromosomes thus missing many abnormalities.

#### Problems relating to Part 4

The time required to obtain results with CGH micro-array has been reduced considerably but still takes several hours. It has been determined that the optimal time to biopsy the embryo for preimplantation testing is at the blastocyst stage.

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Due to the long time necessary to get test results back, this method has required freezing the embryos for later replacement. For the patient, this results in significant extra cost, delay, and risk (since some embryos may not survive freezing and thawing).

Ideally, fresh embryos would be transferred as soon as results are obtained. However, even with the shorter result times available now, this would still require an embryo transfer late in the day. The surgi-center would encounter the same problems with scheduling cases as noted above. Furthermore, unless the physician's office was located adjacent to the surgi-center, it would require the cancellation of patient's appointments in order to accommodate the demands of the IVF schedule."

To understand the process and controls that need to be in-place in a state-of-the-art facility for IVF treatment, the alternatives to this project are obviously very limited. As a result, the Applicant considered the alternatives of continued utilization of other area facilities, the establishment of a freestanding two OR suite surgical center and the project as proposed.

#### Continued Utilization of Other Area Facilities

Dr. Morris currently performs his surgical cases at Edward Hospital, Central DuPage Hospital, The Surgery Center at 900 North Michigan Avenue, LLC and The Center for Surgery. However, due to the need for a dedicated IVF laboratory adjacent and connected to the OR, the Applicant only performs its IVF procedures at the Surgery Center at 900 North Michigan Avenue. This facility is located approximately 33 miles away with an adjusted travel time of just over one hour.

#### Total Costs

There is no capital cost associated with this alternative. It should be noted that although IVF is an elective procedure and process, to undergo treatment is entirely dictated by the woman's body and natural cycle. There is a level of scheduling difficulty not seen by other typical ASTC's. To add the condition of scheduling between several other ASTC's to which

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both patient and doctor need to drive significant distances presents a situation where fewer cases can be performed solely due to coordinating travel and scheduling. While it is difficult to equate a cost to this issue, it is estimated that 10-15 hours each week is lost creating a cost in lost revenue and patients potentially having to wait an additional cycle to begin IVF treatment. Typically, by the time patients seek this treatment, time is not on their side as age tends to influence fertility.

#### Patient Access

As previously mentioned, there is a cost in terms of loss of productivity in having to travel an hour one way not only for the Doctor but more importantly for the patients. The patients must travel to the facility two separate days approximately five days apart. For each IVF patient there is a cost of four hours per patient which does not include the most probable association that the patient's spouse will also be making the trip. Based upon 2010's utilization, there were 331 retrievals and 496 transfers with the majority of patients coming from within the 30-minute travel contour. To presume both the patient and her spouse made the trek for the procedure would equate to travel time alone of nearly 3,000 hours. That is double the hours needed to fully utilize two operating rooms and is more than one full year of lost work compared to a typical years 37.5 hour work week that equates to 2080 hours of work annually. This excessive travel time is indicative of this service not being accessible to patients.

#### Quality

Quality is an issue in so far as Dr. Morris cannot control the environment of other providers. Within the identified market area (30-minute travel time contour), there is only one licensed ASTC that has an IVF laboratory attached to an egg retrieval / embryo transfer room. The facility is the Ambulatory Surgery Center of Downers Grove. Additionally, Rush Copley

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Memorial Hospital has a clinic associated with it; however, it is not a surgery center. It has been expressed to the Applicant that NONE of the areas other ASTC's have the ability and/or desire to dedicate one room solely for use with IVF and a second room for the IVF laboratory due to the scope and function, its financial ability and/or the physical plant/site restrictions of the existing ASTCs.

In this specific field, the greatest indicator of quality is the SART CORS, which is short for Society for Assisted Reproduction Technology, Clinical Outcome Reporting System. Appended as ATTACHMENT-13A, are the SART CORS facility profiles for each fertility clinic in the greater Chicagoland and collar counties to include Dr. Morris's existing practice, IVF1. Within the thirty-minute adjusted travel time contour, there are only two other clinics in addition to IVF1, The Advanced IVF Institute under Charles E. Miller, MD and Rush-Copley Center for Reproductive Health under Zvi Binor, MD, FACOG. The Applicant through Randy Morris, MD has produced unrivaled results with the percentage of transfers resulting in live births for those patients less than 35 years of age (the target industry standard). Dr. Morris believes that his results could still be greater should an environment solely for IVF treatment be created with his strict controls and guidelines. Thus, and without approval of this project, improved quality would appear to be minimal. For this reason, this alternative was rejected.

#### Financial Benefits

This alternative has no financial benefit for either Dr. Morris or his patients. This alternative would continue the status quo and keep any control over potential cost benefits out of this Applicant's direction. Additionally, to continue with the status quo would only allow the Applicant's SART CORS (see ATTACHMENT-13A) results to be maintained with the greatest amount of energy consumed. This means that only a 52 percent result is obtainable. The ability

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to have more control over the situation allows for the greatest potential to increase the overall results with the most efficient amount of energy spent on the treatment by both physician and patients. Therefore, without this potential patients will have to seek additional treatments to achieve the desired results. This currently cost in terms of time and resources of patients, their families and the medical staff. Therefore, this alternative was rejected as a viable alternative.

#### **Establishment of a Freestanding Two OR Suite Surgical Center**

An ideal situation would be for an IVF surgery center to have two operating room suites. The primary OR would be attached and dedicated to the endocrinology lab while the other would be separate and distinct for all other related OB/Gyn procedures. However, this would require additional area for both recovery spaces as well as for the additional procedure room. While this alternative represents the most advantageous alternative to the proposed project it also has its issues.

#### **Total Costs**

To assume that adding an additional OR and the full allotment of recovery rooms (4), the size of the proposed IVF clinic space would most likely double. To hold rent constant on a per square foot basis would result in rent increasing by \$17,500 per month or a capitalized lease amount of \$2.1 million more than that being proposed.

#### **Patient Access**

Patient accessibility of this alternative does represent increased access, however, it would require additional physicians and staff of which are not in-place nor are they readily accessible without substantial effort and screening. This alternative would also require the proposed facility to accommodate a wider variety of procedures related to fertility and/or other OB/Gyn procedures which could require a reevaluation of the Applicant's current mission.

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### Quality

The unique nature of the proposed project is that it is a single specialty focused facility. As such the quality is controllable. This alternative of expanding the scope of the facility could severely stunt the Applicant's ability to control the environment and its resulting quality.

### Financial Benefits

At this time, there does not appear to be any financial benefits over the potential for additional revenues. Specifically, in analyzing the cost versus benefit of expanding the scope of the proposed fertility surgery center, there are much higher up-front costs with only marginal returns due to not having professional staff on board and the withering ability to control protocol and therefore, resultant quality, i.e., results of the proposed facility. For these reasons, this alternative was rejected.

### Project as Proposed

The project as proposed allows for the solution to the existing issue of creating a controlled environment to allow for superior results to improve fertility in patients seeking assistance. Although this project would fall under the OB/Gyn surgical category of service, the Applicant will in-fact limit his practice to just IVF and fertility treatments and its related procedures.

### Total Costs

The cost of this alternative should be considered the capitalized lease of the proposed surgery center. The lease is a 10-year net lease, which has an effective total of \$6 million in rent payments (base rent, estimated CAM, and estimated taxes). The proposed square footage of the surgery center is calculated to be 6,296 gross square feet. This equates to \$7.94 per gross square foot of space. This appears rather reasonable in a downtown Naperville location.

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### Patient Access

Patient accessibility will be improved by this alternative. Currently, accessibility to Dr. Morris and his practice (IVF1) is limited due to the scheduling needs of the existing patients. IVF is a two part procedure, i.e., the retrieval and the embryo transfer, and it takes place 3 or 5 days apart. The existing practice, IVF1 takes most of their patients to The Surgery Center at 900 North Michigan Avenue, LLC in Chicago which has an "adjusted" (adjusted by 1.25 according to the 77 IAC, Section 1100.510(d)) travel time of just over one hour (61.25 minutes). The ancillary and related procedures such as diagnostic Laparoscopy, Hysteroscopy and D & C's (among others) are performed between Edward Hospital, Naperville; Central DuPage Hospital, Winfield; and the Center for Surgery, Naperville. This alternative provides a single location specifically designated to the total care of the most personal issues of fertility. This location is also more centrally located to the existing patients of Dr. Morris's existing practice, IVF1 than the other existing centers especially the The Surgery Center at 900 North Michigan Avenue, LLC where all of the IVF procedures are now performed. This proposed centralized location will allow for more patients with more timely access to the care and services being offered by this Applicant.

### Quality

The centrally located proposed **Naperville Fertility Center, Inc.** will allow for the implementation of the latest standards and requirements which have been proven to increase the results of traditional IVF care. Specifically, it is the collective approach that has proven to improve fertility outcomes. The entire facility must be controlled to strict standards. The OR and the IVF lab must be adjacent and connected. The HVAC system unit must be of highest quality not only for maintaining positive pressure but the cleanest air and zoned as to not

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recirculate between areas of the proposed ASTC. The embryologist must be dedicated and be part of the treatment process to best understand the always unique issues facing each patient. It is a collaborative effort from the receptionist to the nursing staff, doctor (s) and lab staff who are providing care and service of the most personal and intimate nature. Only when this holistic and comprehensive approach of physical plant and staff are implemented are results and quality improved. This alternative provides the greatest opportunity for this to succeed.

### Financial Benefits

The project as proposed allows for the least capital costs to gain the greatest opportunity. The cost is the establishment of this limited specialty ASTC with a fair market value of approximately \$6 million. The benefit is the improved accessibility and improved quality and outcomes. Therefore, this alternative was selected as most viable.

- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

This Applicant does not question the quality of care given by other area physician's and IVF clinics. However, there is a self reported outcome data collection (for individual practices not ASTC's) called SART CORS (Society for Assisted Reproduction Technology, Clinical Outcome Reporting System). The industry typically looks at one primary criterion as a benchmark of success: the percentage of transfers resulting in live births for those less than 35 years old. Of the 12 self reported IVF clinics around the greater Chicagoland area, the average percentage of transfers resulting in live births is 37.6% whereas the Applicant has an outcome of 52.1% of its embryo transfers resulting in live births. A secondary benchmark is the percentage of cycles resulting in live births also for those less than 35 years of age. For this criterion, the average is 32.5 percent whereas the Applicant's is 49 percent. Again, it is important to note that this data is only on self reported individual fertility clinics not general ASTCs.

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This Applicant has no direct knowledge of and no input or comment on the quality of any self reported IVF clinic identified herein. However, it is this Applicant's contention that its own outcomes could be improved through the establishment of this project which would then be reported in the annual SART CORS.



IVF1  
Naperville, IL

Clinic Summary Report

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF 100%	ICSI 88%	Tubal factor 6%
	Unstimulated <1%	Other factor 12%
	PGD 14%	Ovulatory dysfunction 4%
		Unknown factor 14%
		Diminished ovarian reserve 16%
		Endometriosis 2%
		Uterine factor 1%
		Female only 8%
		Female and male 17%
		Male factor 20%

Select Year: 2009  
Total Cycles: 458  
Select Diagnosis: All Diagnoses

Data Verified by: Randy S. Morris, M.D.

Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	151	42	51	22
Percentage of cycles resulting in pregnancies	53.6	42.9	29.4	18.2
Percentage of cycles resulting in live births	49.0	40.5	23.5	13.6
(Reliability Range)	(41.0 - 57.0)	(25.6 - 55.3)	(11.9 - 35.2)	(0 - 28.0)
Percentage of retrievals resulting in live births	51.0	47.2	28.6	3 / 18
Percentage of transfers resulting in live births	52.1	54.8	29.3	3 / 13
Percentage of cycles with elective single embryo transfer	1.4	0	2.4	0 / 13
Percentage of cancellations	4.0	14.3	17.6	18.2
Implantation rate	39.0	37.7	15.1	10.8
Average number of embryos transferred	2.0	2.2	2.6	2.8
Percentage of live births with twins	37.8	5 / 17	1 / 12	1 / 3
Percentage of live births with triplets or more	0	1 / 17	0 / 12	0 / 3

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	84	21	13	2
Percentage of transfers resulting in live births	14.3	14.3	1 / 13	0 / 2
Average number of embryos transferred	1.9	1.9	2.3	2.5

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	28	29
Percentage of transfers resulting in live births	60.7	13.8
Average number of embryos transferred	1.9	1.8

Current Clinic Services and Profile

Current Name:	IVF1		
Donor egg?	Yes	Gestational carriers?	Yes
Donor embryo?	Yes	Cryopreservation?	Yes
Single Women?	Yes	SART Member?	Yes
		Verified lab accreditation?	Yes

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close



The Advanced IVF Institute - Charles E. Miller, MDSC & Assoc.  
Naperville, IL

Clinic Summary Report

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF	100%	ICSI 79%
	PGD	3%
		Tubal factor 3%
		Ovulatory dysfunction 4%
		Diminished ovarian reserve 18%
		Endometriosis 4%
		Uterine factor 3%
		Male factor 15%
		Other factor 5%
		Unknown factor 13%
		Multiple factors
		Female only 12%
		Female and male 23%

Select Year: 2009  
Total Cycles: 531  
Select Diagnosis: All Diagnoses

Data Verified by: Charles E. Miller, MD

Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	199	69	77	38
Percentage of cycles resulting in pregnancies	36.2	30.4	19.5	18.4
Percentage of cycles resulting in live births	32.2	24.6	15.8	13.2
(Reliability Range)	(25.7 - 36.7)	(14.5 - 34.8)	(7.5 - 23.7)	(2.4 - 23.9)
Percentage of retrievals resulting in live births	36.2	28.8	20.7	17.2
Percentage of transfers resulting in live births	41.3	32.1	25.5	21.7
Percentage of cycles with elective single embryo transfer	0	3.8	0	0
Percentage of cancellations	11.1	14.5	24.7	23.7
Implantation rate	29.3	19.8	14.9	12.5
Average number of embryos transferred	2.3	2.5	2.9	3.1
Percentage of live births with twins	34.4	2 / 17	3 / 12	0 / 5
Percentage of live births with triplets or more	3.1	1 / 17	0 / 12	0 / 5

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	42	13	10	7
Percentage of transfers resulting in live births	40.5	7 / 13	5 / 10	1 / 7
Average number of embryos transferred	2.2	2	2.6	2.9

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	25	11
Percentage of transfers resulting in live births	48.0	3 / 11
Average number of embryos transferred	2.4	2.2

Current Clinic Services and Profile					
Current Name:	The Advanced IVF Institute - Charles E. Miller, MDSC & Assoc.				
Donor egg?	Yes	Gestational carriers?	Yes	SART Member?	Yes
Donor embryo?	No	Cryopreservation?	Yes	Verified lab accreditation?	Yes
Single Women?	Yes				

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close



**Rush-Copley Center for Reproductive Health**  
Aurora, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type		Procedure Frequency		Diagnosis Frequency			
IVF	98%	ICSI	88%	Tubal factor	9%	Other factor	21%
GIFT	1%			Ovulatory dysfunction	1%	Unknown factor	2%
ZIFT	1%			Diminished ovarian reserve	8%	<b>Multiple factors</b>	
				Endometriosis	12%	Female only	6%
				Uterine factor	1%	Female and male	24%
				Male factor	18%		

Select Year: 2009  
Total Cycles: 115  
Select Diagnosis: All Diagnoses

Data Verified by: Zvl. Binor, MD, FACOG  
Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	44	22	17	5
Percentage of cycles resulting in pregnancies	29.5	36.4	5 / 17	0 / 5
Percentage of cycles resulting in live births	27.3	31.8	4 / 17	0 / 5
(Reliability Range)	(14.1 - 40.4)	(12.4 - 51.3)		
Percentage of retrievals resulting in live births	30.0	33.3	4 / 14	0 / 4
Percentage of transfers resulting in live births	32.4	7 / 18	4 / 12	0 / 2
Percentage of cycles with elective single embryo transfer	0	0 / 18	0 / 12	0 / 2
Percentage of cancellations	9.1	4.5	3 / 17	1 / 5
Implantation rate	25.9	25.0	20.0	0 / 3
Average number of embryos transferred	2.2	2.2	2.5	1.5
Percentage of live births with twins	5 / 12	3 / 7	0 / 4	
Percentage of live births with triplets or more	0 / 12	0 / 7	0 / 4	

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	4	4	0	1
Percentage of transfers resulting in live births	1 / 4	0 / 4		0 / 1
Average number of embryos transferred	2	2.5		3

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	4	2
Percentage of transfers resulting in live births	0 / 4	0 / 2
Average number of embryos transferred	2.2	2

Current Clinic Services and Profile					
Current Name:	Rush-Copley Center for Reproductive Health				
Donor egg?	Yes	Gestational carriers?	Yes	SART Member?	Yes
Donor embryo?	No	Cryopreservation?	Yes	Verified lab accreditation?	Yes
Single Women?	Yes				

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close



**Reproductive Health Specialists, Ltd.**  
Joliet, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF 100%	ICSI 89%	Tubal factor 4%
		Other factor 0%
		Ovulatory dysfunction 4%
	PGD 1%	Unknown factor 10%
		Diminished ovarian reserve 8%
		<b>Multiple factors</b>
		Endometriosis 4%
		Female only 1%
		Uterine factor 24%
		Female and male 14%
		Male factor 31%

Select Year: 2009

Total Cycles: 86

Select Diagnosis: All Diagnoses

Data Verified by: Marek W. Plekos, MD

Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	49	4	14	7
Percentage of cycles resulting in pregnancies	24.5	0 / 4	0 / 14	1 / 7
Percentage of cycles resulting in live births	24.5	0 / 4	0 / 14	1 / 7
(Reliability Range)	(12.4 - 36.5)			
Percentage of retrievals resulting in live births	24.5	0 / 3	0 / 14	1 / 7
Percentage of transfers resulting in live births	25.0	0 / 3	0 / 14	1 / 5
Percentage of cycles with elective single embryo transfer	0	0 / 3	0 / 14	0 / 5
Percentage of cancellations	0	1 / 4	0 / 14	0 / 7
Implantation rate	14.4	0 / 8	0	1 / 9
Average number of embryos transferred	2.6	2.7	2.7	1.8
Percentage of live births with twins	2 / 12			0 / 1
Percentage of live births with triplets or more	2 / 12			0 / 1

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	2	2	2	1
Percentage of transfers resulting in live births	0 / 2	1 / 2	0 / 2	0 / 1
Average number of embryos transferred	2.5	2	3.5	2

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	4	0
Percentage of transfers resulting in live births	2 / 4	
Average number of embryos transferred	2.5	

Current Clinic Services and Profile					
Current Name:	Reproductive Health Specialists, Ltd.				
Donor egg?	Yes	Gestational carriers?	Yes	SART Member?	Yes
Donor embryo?	Yes	Cryopreservation?	Yes	Verified lab accreditation?	Yes
Single Women?	Yes				

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close



**Oak Brook Fertility Center**  
Oak Brook, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF	ICSI 75%	Tubal factor 10%
GIFT	PGD 6%	Ovulatory dysfunction 10%
		Diminished ovarian reserve 18%
		Endometriosis 14%
		Uterine factor 1%
		Male factor 22%
		Other factor 9%
		Unknown factor 3%
		Multiple factors
		Female only 7%
		Female and male 8%

Select Year: 2009  
Total Cycles: 199  
Select Diagnosis: All Diagnoses

Data Verified by: W. Paul Dmowski, M.D., Ph.D.

Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	66	36	29	1
Percentage of cycles resulting in pregnancies	36.4	30.6	17.2	0/1
Percentage of cycles resulting in live births (Reliability Range)	31.8 (20.6 - 43.1)	19.4 (6.5 - 32.4)	6.9 (0 - 16.1)	0/1
Percentage of retrievals resulting in live births	33.3	20.0	7.1	0/1
Percentage of transfers resulting in live births	40.4	25.9	2/18	0/1
Percentage of cycles with elective single embryo transfer	3.8	11.1	0/18	0/1
Percentage of cancellations	4.5	2.8	3.4	0/1
Implantation rate	33.0	20.4	11.6	0/2
Average number of embryos transferred	2.0	2	2.4	2
Percentage of live births with twins	42.9	2/7	1/2	
Percentage of live births with triplets or more	0	0/7	0/2	

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	26	6	11	3
Percentage of transfers resulting in live births	42.3	3/6	2/11	0/3
Average number of embryos transferred	1.9	2.2	2.3	1.7

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	3	8
Percentage of transfers resulting in live births	1/3	4/8
Average number of embryos transferred	2	2.2

Current Clinic Services and Profile			
Current Name:	Oak Brook Fertility Center		
Donor egg?	Yes	Gestational carriers?	Yes
Donor embryo?	Yes	Cryopreservation?	Yes
Single Women?	Yes	SART Member?	Yes
		Verified lab accreditation?	Yes

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close



**Seth Levrant, MD, PC Partners in Reproductive Health**  
Tinley Park, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF	100%	ICSI
	75%	Tubal factor
		Ovulatory dysfunction
		Diminished ovarian reserve
		Endometriosis
		Uterine factor
		Male factor
		11%
		11%
		2%
		6%
		0%
		19%
		Other factor
		Unknown factor
		Multiple factors
		Female only
		Female and male
		5%
		7%
		12%
		27%

Select Year: 2009  
Total Cycles: 90  
Select Diagnoses: All Diagnoses

Data Verified by: Seth G. Levrant, M.D.

Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	37	17	11	4
Percentage of cycles resulting in pregnancies	56.8	5 / 17	4 / 11	0 / 4
Percentage of cycles resulting in live births	48.8	4 / 17	2 / 11	0 / 4
(Reliability Range)	(32.5 - 64.8)			
Percentage of retrievals resulting in live births	48.8	4 / 17	2 / 11	0 / 4
Percentage of transfers resulting in live births	50.0	4 / 16	2 / 11	0 / 4
Percentage of cycles with elective single embryo transfer	2.8	0 / 16	0 / 11	0 / 4
Percentage of cancellations	0	0 / 17	0 / 11	0 / 4
Implantation rate	39.0	13.5	17.2	0 / 13
Average number of embryos transferred	2.1	2.3	2.6	3.2
Percentage of live births with twins	8 / 18	0 / 4	1 / 2	
Percentage of live births with triplets or more	1 / 18	0 / 4	0 / 2	

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	9	3	1	0
Percentage of transfers resulting in live births	0 / 9	0 / 3	0 / 1	
Average number of embryos transferred	1.8	2.3	2	

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	2	3
Percentage of transfers resulting in live births	0 / 2	0 / 3
Average number of embryos transferred	2	2.3

Current Clinic Services and Profile				
Current Name:	Seth Levrant, MD, PC Partners in Reproductive Health			
Donor egg?	Yes	Gestational carriers?	Yes	SART Member?
Donor embryo?	Yes	Cryopreservation?	Yes	Verified lab accreditation?
Single Women?	Yes			Yes

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close



**InVia Fertility Specialists**  
Hoffman Estates, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF 100%	ICSI 70%	Tubal factor 3%
		Other factor 7%
	PGD 4%	Ovulatory dysfunction 6%
		Unknown factor 26%
		Diminished ovarian reserve 28%
		Endometriosis 2%
		Uterine factor 1%
		Female only 2%
		Female and male 5%
		Male factor 20%

Select Year: 2009  
Total Cycles: 473  
Select Diagnosis: All Diagnoses

Data Verified by: Vishvanath C. Karande, M.D.

Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	177	92	56	22
Percentage of cycles resulting in pregnancies	46.9	37.0	32.1	18.2
Percentage of cycles resulting in live births	44.1	33.7	32.1	13.6
(Reliability Range)	(36.8 - 51.4)	(24.0 - 43.4)	(19.9 - 44.4)	(0 - 28.0)
Percentage of retrievals resulting in live births	45.3	36.0	32.1	13.6
Percentage of transfers resulting in live births	49.1	41.9	34.6	15.0
Percentage of cycles with elective single embryo transfer	3.1	9.5	0	0
Percentage of cancellations	2.8	6.5	0	0
Implantation rate	36.1	25.5	17.9	5.3
Average number of embryos transferred	2.0	2.2	2.7	3.8
Percentage of live births with twins	35.9	19.4	3 / 18	0 / 3
Percentage of live births with triplets or more	2.6	3.2	2 / 18	0 / 3

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	26	14	6	7
Percentage of transfers resulting in live births	53.8	5 / 14	2 / 6	1 / 7
Average number of embryos transferred	2.0	2.1	1.7	2.1

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	36	23
Percentage of transfers resulting in live births	55.6	43.5
Average number of embryos transferred	2.0	1.6

**Current Clinic Services and Profile**

Current Name:	InVia Fertility Specialists		
Donor egg?	Yes	Gestational carriers?	Yes
Donor embryo?	Yes	Cryopreservation?	Yes
Single Women?	Yes	SART Member?	Yes
		Verified lab accreditation?	Yes

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close





**Reena Jabamoni, M.D.,S.C**  
Hoffman Estates, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF	100%	ICSI 88%
		Tubal factor 9%
		Ovulatory dysfunction 62%
	PGD 2%	Diminished ovarian reserve 13%
		Endometriosis 3%
		Uterine factor 1%
		Male factor 0%
		Other factor 3%
		Unknown factor 0%
		Multiple factors
		Female only 1%
		Female and male 8%

Select Year: 2009  
Total Cycles: 77  
Select Diagnosis: All Diagnoses

Data Verified by: Reena Jabamoni, M.D.,S.C.

Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	34	13	7	2
Percentage of cycles resulting in pregnancies	20.6	3 / 13	2 / 7	0 / 2
Percentage of cycles resulting in live births	14.7	2 / 13	2 / 7	0 / 2
(Reliability Range)	(2.8 - 26.6)			
Percentage of retrievals resulting in live births	16.1	2 / 11	2 / 5	0 / 2
Percentage of transfers resulting in live births	16.7	2 / 10	2 / 5	0 / 2
Percentage of cycles with elective single embryo transfer	3.3	0 / 10	0 / 5	0 / 2
Percentage of cancellations	8.8	2 / 13	2 / 7	0 / 2
Implantation rate	16.1	19.0	2 / 10	0 / 5
Average number of embryos transferred	2.1	2.1	2	2.5
Percentage of live births with twins	2 / 5	2 / 2	0 / 2	
Percentage of live births with triplets or more	0 / 5	0 / 2	0 / 2	

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	15	3	1	1
Percentage of transfers resulting in live births	1 / 15	0 / 3	0 / 1	0 / 1
Average number of embryos transferred	2.3	2	2	2

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	0	0
Percentage of transfers resulting in live births		
Average number of embryos transferred		

Current Clinic Services and Profile			
Current Name:	Reena Jabamoni, M.D.,S.C		
Donor egg?	Yes	Gestational carriers?	Yes
Donor embryo?	Yes	Cryopreservation?	Yes
Single Women?	Yes	SART Member?	Yes
		Verified lab accreditation?	Yes

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close



**HINSDALE CENTER FOR REPRODUCTION**  
HINSDALE, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF	100% ICSI	95%
	Tubal factor	3%
	Ovulatory dysfunction	8%
	Diminished ovarian reserve	13%
	Endometriosis	6%
	Uterine factor	2%
	Male factor	36%
	Other factor	9%
	Unknown factor	7%
	<b>Multiple factors</b>	
	Female only	2%
	Female and male	16%

Select Year: 2009  
Total Cycles: 97  
Select Diagnosis: All Diagnoses

Data Verified by: Michael J. Hickey, MD

Select Treatment Type: All Treatment Types Show >42

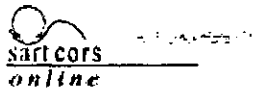
Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	31	12	10	2
Percentage of cycles resulting in pregnancies	29.0	2 / 12	5 / 10	0 / 2
Percentage of cycles resulting in live births	25.8	2 / 12	5 / 10	0 / 2
(Reliability Range)	(10.4 - 41.2)			
Percentage of retrievals resulting in live births	26.7	2 / 12	5 / 10	0 / 2
Percentage of transfers resulting in live births	34.8	2 / 8	5 / 10	0 / 2
Percentage of cycles with elective single embryo transfer	0	0 / 8	0 / 10	0 / 2
Percentage of cancellations	3.2	0 / 12	0 / 10	0 / 2
Implantation rate	20.0	2 / 17	30.0	0 / 5
Average number of embryos transferred	2.2	2.1	3	2.5
Percentage of live births with twins	1 / 8	0 / 2	0 / 5	
Percentage of live births with triplets or more	0 / 8	0 / 2	2 / 5	

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	15	11	5	0
Percentage of transfers resulting in live births	6 / 15	7 / 11	3 / 5	
Average number of embryos transferred	2.1	2.5	2.2	

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	5	2
Percentage of transfers resulting in live births	4 / 5	1 / 2
Average number of embryos transferred	2	2.5

Current Clinic Services and Profile					
Current Name:	HINSDALE CENTER FOR REPRODUCTION				
Donor egg?	Yes	Gestational carriers?	Yes	SART Member?	Yes
Donor embryo?	Yes	Cryopreservation?	Yes	Verified lab accreditation?	Yes
Single Women?	No				

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.



**Fertility Centers of Illinois - Highland Park IVF-Center**  
Highland Park, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF 100%	ICSI 83%	Tubal factor 2%
	PGD 10%	Other factor 12%
		Ovulatory dysfunction 8%
		Unknown factor 23%
		Diminished ovarian reserve 6%
		Endometriosis 1%
		Uterine factor 1%
		Female only 31%
		Female and male 8%
		Male factor 8%
		<b>Multiple factors</b>

Select Year: 2009  
Total Cycles: 2,092  
Select Diagnosis: All Diagnoses

Data Verified by: Edward L. Marut, M.D.

Select Treatment Type: All Treatment Types Show >42

Fresh Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of cycles	448	325	391	209
Percentage of cycles resulting in pregnancies	52.9	34.5	30.7	12.4
Percentage of cycles resulting in live births	46.7	30.5	21.7	7.2
(Reliability Range)	(42.0 - 51.3)	(25.5 - 35.5)	(17.7 - 25.8)	(3.7 - 10.7)
Percentage of retrievals resulting in live births	49.9	34.3	26.8	9.8
Percentage of transfers resulting in live births	55.3	38.7	32.2	13.4
Percentage of cycles with elective single embryo transfer	11.9	7.8	3.4	0.9
Percentage of cancellations	6.5	11.1	18.9	26.8
Implantation rate	40.8	25.3	20.2	7.8
Average number of embryos transferred	2.1	2.3	2.8	3.0
Percentage of live births with twins	29.2	27.3	15.3	1 / 15
Percentage of live births with triplets or more	1.9	0	2.4	0 / 15

Thawed Embryos From Non-Donor Oocytes	<35	35-37	38-40	41-42
Number of transfers	121	93	62	21
Percentage of transfers resulting in live births	38.0	36.6	21.0	42.9
Average number of embryos transferred	1.9	2.0	2.2	2.2

Donor Oocytes (all ages)	Fresh Embryos	Thawed Embryos
Number of transfers	151	110
Percentage of transfers resulting in live births	51.7	40.0
Average number of embryos transferred	2.0	2.1

**Current Clinic Services and Profile**

Current Name:	Fertility Centers of Illinois - Highland Park IVF Center		
Donor egg?	Yes	Gestational carriers?	Yes
Donor embryo?	Yes	Cryopreservation?	Yes
Single Women?	Yes	SART Member?	Yes
		Verified lab accreditation?	Yes

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

Print Close



**MIDWEST FERTILITY CENTER**  
DOWNERS GROVE, IL

**Clinic Summary Report**

Request Information from this Clinic

Treatment Type	Procedure Frequency	Diagnosis Frequency
IVF 98%	ICSI 43%	Tubal factor 7%
GIFT 2%	PGD 9%	Other factor 12%
		Ovulatory dysfunction 7%
		Unknown factor 7%
		Diminished ovarian reserve 15%
		Endometriosis 6%
		Uterine factor 0%
		Female only 19%
		Female and male 17%
		Male factor 10%
Select Year: 2009		
Total Cycles: 136		Select Diagnosis: All Diagnoses

Data Verified by: AMOS E. MADANES, M.D.

Select Treatment Type: All Treatment Types

Show >42

	<35	35-37	38-40	41-42
<b>Fresh Embryos From Non-Donor Oocytes</b>				
Number of cycles	62	13	13	13
Percentage of cycles resulting in pregnancies	30.6	6 / 13	5 / 13	1 / 13
Percentage of cycles resulting in live births	22.6	5 / 13	2 / 13	1 / 13
(Reliability Range)	(12.2 - 33.0)			
Percentage of retrievals resulting in live births	25.5	5 / 12	2 / 11	1 / 13
Percentage of transfers resulting in live births	26.9	5 / 11	2 / 9	1 / 12
Percentage of cycles with elective single embryo transfer	1.9	0 / 11	0 / 9	0 / 12
Percentage of cancellations	11.3	1 / 13	2 / 13	0 / 13
Implantation rate	22.3	24.1	4 / 19	2.8
Average number of embryos transferred	2.2	2.6	2.1	3
Percentage of live births with twins	5 / 14	1 / 5	0 / 2	0 / 1
Percentage of live births with triplets or more	0 / 14	0 / 5	0 / 2	0 / 1
<b>Thawed Embryos From Non-Donor Oocytes</b>				
Number of transfers	14	2	3	0
Percentage of transfers resulting in live births	3 / 14	0 / 2	1 / 3	
Average number of embryos transferred	2.2	2	2	
<b>Donor Oocytes (all ages)</b>		<b>Fresh Embryos</b>	<b>Thawed Embryos</b>	
Number of transfers		7	0	
Percentage of transfers resulting in live births		4 / 7		
Average number of embryos transferred		2.3		

**Current Clinic Services and Profile**

Current Name:	MIDWEST FERTILITY CENTER				
Donor egg?	Yes	Gestational carriers?	Yes	SART Member?	Yes
Donor embryo?	Yes	Cryopreservation?	Yes	Verified lab accreditation?	Yes
Single Women?	Yes				

Caution: Patient characteristics vary among programs; therefore, these data should not be used for comparing clinics.

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

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

#### **SIZE OF PROJECT:**

The State norm (77 Illinois Administrative Code, Chapter II, Subchapter a, Part 1110 APPENDIX B, State Guidelines – Square Footage and Utilization) for the size of an ASTC allows for 2,750 building gross square feet (BGSF) per operating or procedure room. Additionally, four recovery rooms are the norm for a single operating or procedure room. This project is proposing a single procedure room; five recovery rooms; an endocrinology lab and storage space; a cryo-lab and cryo-storage; an andrology lab; and an incubator room all in support of the surgery center for IVF and fertility treatments. Specifically, the Applicant will be leasing space within a new multi tenant structure that is expected to initiate construction upon permit issuance. The proposed space will encompass 6,296.48 gross square feet of space to include the operating room, five recovery rooms, the previously mentioned lab space and all other support areas that State ASTC codes and standards requires.

The area which represents a traditional ASTC operating or procedure room equates to 3,117 GSF. Although this is over the norm of 2,750 GSF, it is only over by 367 GSF or 13%. The total size for all three components of this proposed project, the IVF clinic, the recovery area, and the IVF lab are necessary and not excessive due to the scope of the proposed project. Unlike a typical ASTC who operates on a single person, this ASTC has to accommodate both the patient and their spouse and have facilities for each. This center will provide a service that is deeply personal and intimate to couples seeking assistance with fertility issues. There has to be a collection area for the male donor and many times the male spouse or companion is present in the procedure room with the patient during the transfer back into the patient's uterus. The

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recovery rooms must accommodate the patient and their significant other or family members. The recovery rooms must be private due to confidentiality issues. It is recommended that there be five recovery rooms instead of four to accommodate all cycles which may overlap to cause several egg retrievals and transfers around the same time. Additionally, the individual recovery areas are rooms instead of bays to provide for patient privacy. The endocrinology lab and storage room must be adjacent and connected to the procedure rooms due to the physical and procedural controls that need to be in-place to instill the best possibility for the best results. Simply put, this ASTC must accommodate not just the patient and staff but also the other party to the fertility treatment the spouse and/or family members.

**PROJECT SERVICES UTILIZATION:**

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

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

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

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD?
YEAR 1	ASTC	1,032	1,028 cases/ 1,473 surgery hours		
YEAR 2	ASTC		1,313 cases/1,528 surgery hours	1,500	Yes

In accordance with the physician referral letter provided under ATTACHMENT-15A, Dr. Morris is proposing to transfer all of his existing and proposed patients to the proposed ASTC upon project completion. Additionally, his referral letter identifies that due to the growth pattern of his practice and as a result of providing a centralized location for the majority of his patients, Dr. Morris expects his practice to grow to the projected utilization of 1,313 cases annually or 1,528 surgical hours annually by the second full year of operation. Appended as ATTACHMENT-15B, is a listing of surgery times by procedure. Although these times range from 45-minutes to 5-hours (to include OR prep and clean-up time), it is estimated that the average time per case will take 86-minutes which is in-line with surgery time of all OB/Gyn surgery time throughout the Health Service Area (please refer to ATTACHMENT-15C for a copy of the HSA's IDPH annual survey).

## PHYSICIAN REFERRAL

I am interested in utilizing Naperville Fertility Center, an Ambulatory Surgical Treatment Center in Naperville, DuPage County, Illinois.

1a. Total number of surgeries performed:	1032
1b. Total number within a hospital or licensed surgery center in the past year:	1032
2. Of the total number of surgical procedures identified above, how many could be performed in the proposed surgical center:	1028
3. Percentage of my total patients who live within a (thirty) minute drive time of Naperville Fertility Center in Naperville:	65%

It is estimated that I would refer 110 patients monthly based on my historical procedures and based on the growth of my practice.

Please indicate where your referrals are currently being performed:

1. Inpatient Hospital Procedures Specify Hospital(s):

Hospital	Percentage
Edward Hospital	99%
Central DuPage Hospital	1%

2. Out Patient Procedures Specify Hospital(s) / Free-Standing facilities:

Hospital / Free standing facility	Percentage
900 North Michigan Surgery Center	65% - 100% of IVF procedures
The Center for Surgery	34%
Edward Hospital	1%

Please make a brief comment as to the difficulties in referring patients to the above mentioned facilities: (Use additional sheets, if needed).

The 900 North Michigan Surgery Center is located very far from the majority of my patients (one hour or more). Increased volume has made scheduling of IVF procedures more challenging. None of the other facilities have dedicated surgical rooms with attached IVF laboratories not have they shown any desire to provide the service.

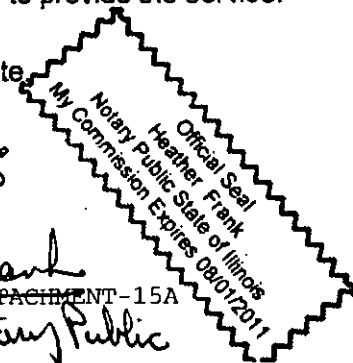
The undersigned certifies that the representations contained therein are true and accurate.

Randy S Morris \_\_\_\_\_ 7/8/11 \_\_\_\_\_  
 Physician's Signature                                      Date

Physician Name      Signed before me on 7/8/11  
 by Randy Morris      185

State IL  
 County DuPage

Heather Frank  
 Signature Notary Public





Listing and Description of CPT Codes  
by Time Per Procedure

February 1, 2010 through January 31, 2011

CPT	PATIENT INITIALS	ZIP CODE	Total Cases	Procedure Time	Maximum Time per Procedure
58340			227	35min	7945
58345			41	60min	15900
58970			285	35min	13885
58974			397		
58350			9		
58600			1		
58555			7	2-2.5hrs	1050
58560			4	2-2.5hrs	600
58561			2	2-2.5hrs	300
58558			35	2-2.5hrs	5250
49320			1	2-4hrs	240
58569			1	2-2.5hrs	150
58160			4	2-4hrs	960
49322			3	2-4hrs	720
58662			3	2-4hrs	720
58660			3	2-4hrs	720
58661			5	2-4hrs	1200
58740			2		
58345			1		
59820			18		
67130			1		
Total procedures/Time			1,028		49650
Weighted Average Time per Procedures (hours)			957		0.86

ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY CALENDAR YEAR 2009

Health Service Area 007

Health Service Area 007		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
Number of Ambulatory Surgical Treatment Centers	43	PAYMENT SOURCE	MALE	FEMALE	TOTAL
Number of Operating Rooms	148	Medicaid	1,254	1,808	3,062
Number of Procedure Rooms	32	Medicare	17,828	26,897	44,725
Number of Recovery Stations Stage 1	248	Other Public	58	78	136
Number of Recovery Stations Stage 2	290	Insurance	43,146	50,980	94,126
Number of Exam Rooms	38	Private Pay	753	3,257	4,010
Type of Ownership		Charity Care	169	264	433
For Profit	40	TOTAL	63,208	83,284	146,492
Not For Profit	3				
Government	0				

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
18.5%	0.9%	0.7%	77.0%	2.9%	100.0%		0.23%
50,368,310	2,491,186	1,790,562	209,969,088	7,944,046	272,563,191	630,864	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

STAFFING PATTERNS

SURGERY AREA	TOTAL SURGERIES PERFORMED	SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)	TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiovascular	53	37	22.30	59.30	1.12
Dermatology	2,079	1,761	767.60	2,528.65	1.22
Gastroenterology	4,921	2,673	1,706.45	4,379.90	0.89
General	7,054	6,548	2,433.80	8,981.40	1.27
Laser Eye	749	340	234.07	574.12	0.77
Neurological	2,403	1,023	1,197.60	2,220.60	0.92
OB/Gynecology	8,205	7,129	4,726.80	11,856.05	1.44
Ophthalmology	29,648	14,838	9,483.90	24,321.65	0.82
Oral/Maxillofacial	1,409	1,211	662.15	1,872.90	1.33
Orthopedic	20,861	22,683	8,980.90	31,664.25	1.52
Otolaryngology	7,921	6,986	3,023.40	10,009.80	1.26
Pain Management	9,913	3,443	2,375.45	5,818.45	0.59
Plastic	4,530	5,239	2,246.05	7,485.05	1.65
Podiatry	6,232	6,982	2,680.70	9,662.45	1.55
Thoracic	19	24	7.70	31.70	1.67
Urology	6,015	4,744	2,263.15	7,006.85	1.16
TOTAL	112,012	85,661	42,812.02	128,473.12	1.15

PERSONNEL	FULL-TIME EQUIVALENTS
Administrator	30.91
Physicians	13.50
Nurse Anesthetists	2.50
Dir. of Nurses	31.26
Reg. Nurses	429.61
Certified Aides	47.30
Other Hlth. Profs.	187.85
Other Non-Hlth. Profs.	193.03
TOTAL	935.98

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)	TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
Cardiac Catheterizat	0	0	0.00	0.00	0.00	0.00
Cataract		1,672	660.25	279.00	939.25	0.56
Gastro-Intestinal	21	24,419	11,607.01	7,431.91	19,038.92	0.78
Laser Eye	7	2,842	501.35	506.84	1,008.19	0.35
Multi Plastic	1	603	33.75	301.50	335.25	0.56
Pain Management	3	4,944	1,098.50	852.00	1,950.50	0.39
TOTALS	32	34,480	13,900.86	9,371.25	23,272.11	0.67

ATTACHMENT-15C

## H. Non-Hospital Based Ambulatory Surgery

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

### 1. Criterion 1110.1540(a), Scope of Services Provided

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

<input type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/> Obstetrics/Gynecology	<input type="checkbox"/> Pain Management
<input type="checkbox"/> Dermatology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Oral/Maxillofacial	<input type="checkbox"/> Thoracic
<input type="checkbox"/> General/Other	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Otolaryngology
<input type="checkbox"/> Neurology	<input type="checkbox"/> Plastic	<input type="checkbox"/> Urology

b. Indicate if the project will result in a  limited or  a multi-specialty ASTC.

### 2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

a. On a map (8 1/2" x 11"), outline the intended geographic services area (GSA).

Appended as ATTACHMENT-27A is a map illustrating a 30-minute market area that is the intended geographic service area.

b. Indicate the population within the GSA and how this number was obtained.

The Microsoft mapping software, Map Point identified all of the zip code areas in whole or in part that are within the identified 30-minute service area. From the listed zip codes, the population was pulled online from [www.factfinder.census.gov](http://www.factfinder.census.gov).

This data is located in ATTACHMENT-27B.

c. Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

The travel time in all directions for the proposed GSA is 30-minutes.

ATTACHMENT-27

Essentially, the GSA is comprised of DuPage, southern and central Kane and northwestern Will counties. This travel time is the result of the areas from which the majority of the patients originated from. Please refer to **ATTACHMENT-27C** for the travel time and distance summary by ASTC and Hospital and refer to **ATTACHMENT-12A** for the zip code analysis for the patient origin data.

### 3. Criterion 1110.1540(c), Projected Patient Volume

Read the criterion and provide signed letters from physicians that contain the following:

- a. The number of referrals anticipated annually for each specialty.
- b. For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- c. A statement that the projected patient volume will come from within the proposed GSA.
- d. A statement that the information in the referral letter is true and correct to the best of his or her belief.

Appended as ATTACHMENT-27D, is a letter from Randy Morris, MD who is Board certified in Reproductive Endocrinology and Infertility addressing the above criteria documenting projected patient volume. Dr. Morris will be the primary referring physician for the proposed center. The attached letter documents an anticipation of 1,313 referrals annually for the proposed specialty; it provides the names of the health care facilities to which patients were referred to include the number of patients referred; and that the information is true and accurate to the best of Dr. Morris's knowledge. The attached patient origin for the referred patients has delineated the service area that comprises Dr. Morris's practice and it is anticipated that the projected volume will continue to grow. Therefore, the majority of the existing patient history and, therefore, the proposed patient volume will come from within the proposed GSA (30-minute travel time).

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#### 4. Criterion 1110.1540(d), Treatment Room Need Assessment

Read the criterion and provide:

- a. The number of procedure rooms proposed.

This project proposes only a single treatment room which must be directly attached and connected to an IVF lab.

- b. The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

The proposed category of service is for Obstetrics/Gynecology (hereafter OB/Gyn). However, it is the Applicant indent to only provide fertility and reproductive related procedures. Appended as **ATTACHMENT-27E**, is an estimated time per procedure experienced by Dr. Morris. These times range from 35 minutes for an embryo transfer or a Hysterosalpingogram to up to five hours for a laparoscopy. According to Illinois Ambulatory Surgical Treatment Center Summary – Calendar Year 2009 (appended as **ATTACHMENT-27F**), the average case time identified for OB/Gyn cases was 86.4-minutes or 1.44-hours per case. To presume that average time per case, which includes prep time, surgery time and clean-up time, multiplied by the proposed case load equates to a potential utilization of 1,891 hours a year for the proposed single surgery suite. For purposes of the financial projections, this applicant estimates that by the second full year of operation, the average procedure time will be 86 minutes or 1.16 hours. Therefore, the existing and estimated referrals are conservative as it relates to the existing utilization and average surgery time for the OB/Gyn service category.

## 5. Criterion 1110.1540(e), Impact on Other Facilities

Read the criterion and provide:

- a. A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.

The Applicant has identified nineteen ASTCs within the proposed GSA. Additionally, the Applicant has identified 7 hospitals providing OB/Gyn services within the proposed GSA. Together and appended as **ATTACHMENT-27G**, are copies of all letters that have been sent to all ASTCs and hospitals providing OB/Gyn beds and services within the GSA.

- b. A list of the facilities contacted. NOTE: Facilities must be contacted by a service that provides documentation of receipt such as the US Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

Appended as **ATTACHMENT-27H**, are the dated certified mail receipt request documenting that each identified facility was contacted (for convenience a listing of all facilities mailed to also provided). Appended as **ATTACHMENT-27I** are the requested signature receipts (green cards) that have been returned.

## 6. Criterion 1110.1540(f), Establishment of New Facilities

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or

Generically, the service to be provided is the obstetric/gynecologic category of service. Specifically within that category, this project is to address fertility and reproductive issues. There are nineteen ASTC's within the GSA (30-minutes). Eleven of the surgical facilities do provide OB/GYN services and all seven of the hospitals identified also provide Obstetrics beds and services.

The Applicant has identified only four existing licensed facilities that were considered for possible joint ventures. The facilities were Edward Hospital in Naperville, The Center for Surgery in Naperville, Midwest Center for Day Surgery in Downers Grove and The Surgery Center at 900 North Michigan Avenue in Chicago. Two of the surgery centers (The Center for Surgery in Naperville and the Midwest Center for Day Surgery in Downers Grove) as well as the Hospital (Edward Hospital) are within the GSA. Of those three facilities within the GSA, only Midwest Center for Day Surgery has an existing IVF lab as part of the licensed ASTC or Hospital. Each of the three was approached by Dr. Morris for potential joint ventures but to no avail. The Center for Surgery has the issue that it does not operate on weekends and logistically, there was no space for the construction of an IVF laboratory. Midwest Center for Day Surgery has low interest for a joint venture. Finally, Edward Hospital has low interest in a joint venture and could not agree on financial a structure.



b. Documentation that the existing facilities in the GSA have restrictive admission policies; or

There are nineteen ASTC's within the proposed GSA. There are eight that appear to have admission restrictions towards providing OB/Gyn services as the most current IDPH annual survey shows that the facilities do not provide services in this category. Castle Surgicenter in Aurora is a limited specialty ASTC providing orthopedic and pain services. Midwest Endoscopy in Naperville is a limited specialty ASTC only providing endoscopy services. DuPage Orthopedic Group Surgery Center in Warrenville is a limited specialty only providing orthopedic and pain services. Salt Creek Surgery Center in Westmont is a multi-specialty ASTC providing neurology, orthopedic and podiatry services. The Chicago Prostate Cancer Surgery Center in Westmont is a limited specialty ASTC providing urology services. DuPage Eye Surgery Center is a limited specialty ASTC in Wheaton providing ophthalmology services. Elmhurst Medical and Surgical Center in Elmhurst is a newly permitted limited specialty ASTC providing podiatry services only and DMG Center for Pain Management is a newly permitted limited specialty ASTC project in Naperville solely for pain management.

The restrictive issue to Dr. Morris on the remaining ten ASTC's is in the existing IVF clinics and potential associated ASTC's Dr. Morris cannot control the environment of other providers. Within the identified market area (30-minute travel time contour), there is only one licensed ASTC that has an IVF laboratory attached to an egg retrieval / embryo transfer room. The facility is Ambulatory Surgery Center of Downers Grove. Additionally, Rush Copley Memorial Hospital has a

ATTACHMENT-27

clinic associated with it; however, it is not a surgery center. None of the area's other ASTCs have the ability and/or desire to dedicate one room solely for use with IVF and a second room for the IVF laboratory.

Of the ten remaining ASTC's, Kendall Pointe Surgery Center, Dreyer Ambulatory Surgery Center, (Edward) Plainfield Surgery Center, Naperville Surgical Centre, DuPage Medical Group Surgery Center, The Oak Brook Surgical Center, Loyola AMB. Surg. CTR at Oakbrook, Elmhurst Outpatient Surgery Center, the Center for Surgery, and Midwest Center for Day Surgery, it does not appear that any of these facilities (with the exception of The Center for Surgery and Midwest Center for Day Surgery) are associated with an IVF clinic. Furthermore, this Applicant does not question the quality of care given by other area physician's and IVF clinics. However, there is a self reported outcome data called SART CORS (Society for Assisted Reproduction Technology, Clinical Outcome Reporting System, a system that looks at individual physician practices not necessarily ASTCs). The industry typically looks at one primary criterion as a benchmark of success: the percentage of transfers resulting in live births for those less than 35 years old. Of the 12 self reported IVF clinics around the greater Chicagoland area, the average percentage of transfers resulting in live births is 37.6% whereas the Applicant's practice has an outcome of 52.1% of its embryo transfers resulting in live births. A secondary benchmark is the percentage of cycles resulting in live births also for those less than 35 years of age. For this criterion, the average is 32.5 percent whereas the Applicant's is 49 percent.

In this specific field, the greatest indicator of quality is the SART CORS.

ATTACHMENT-27

Appended as **ATTACHMENT-13A**, are the SART CORS facility profiles for each fertility clinic in the greater Chicagoland and collar counties to include Dr. Morris's existing practice, IVF1. Within the thirty-minute adjusted travel time contour, there are only two other clinics in addition to IVF1, The Advanced IVF Institute under Charles E. Miller, MD and Rush-Copley Center for Reproductive Health under Zvi Binor, MD, FACOG. This Applicant, i.e., Randy Morris, MD has produced unrivaled results with the percentage of transfers resulting in live births for those less than 35 years of age. Dr. Morris believes that his results could still be better should an environment solely for IVF treatment be created with his strict controls and guidelines. The centrally located single purpose ambulatory surgical treatment center (ASTC) will allow for the implementation of the latest standards and requirements which have been proven to increase the results of traditional IVF care. Specifically, it is the collective approach that has proven to improve fertility outcomes. The entire facility must be controlled to strict standards. The OR and the IVF lab must be adjacent and connected. The HVAC unit must be of highest quality not only for maintaining positive pressure but the cleanest air. Their embryologist must be dedicated and be part of the treatment process to best understand the endless unique issues that each patient may face. It is a collaborative effort from the receptionist to the nursing staff, doctor (s) and lab staff who are providing care and service of the most personal and intimate nature. Only when the holistic and comprehensive approach of physical plant and staff are implemented are results and therefore quality improved. This proposed project provides the greatest opportunity for this to succeed.

**7. Criterion 1110.1540(g), Charge Commitment**

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.

Appended as ATTACHMENT-27J, is a complete listing of procedures most likely to be performed at the proposed facility. Please note that each procedure has an associated proposed charge.

- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

Appended as ATTACHMENT-27K, is a letter from the operator of the proposed facility committing to maintain the charges, appended under ATTACHMENT-27J, for the first two years of operation. It should be noted that to the best knowledge of Randy Morris, MD, these charges are 5% less than current market rate.

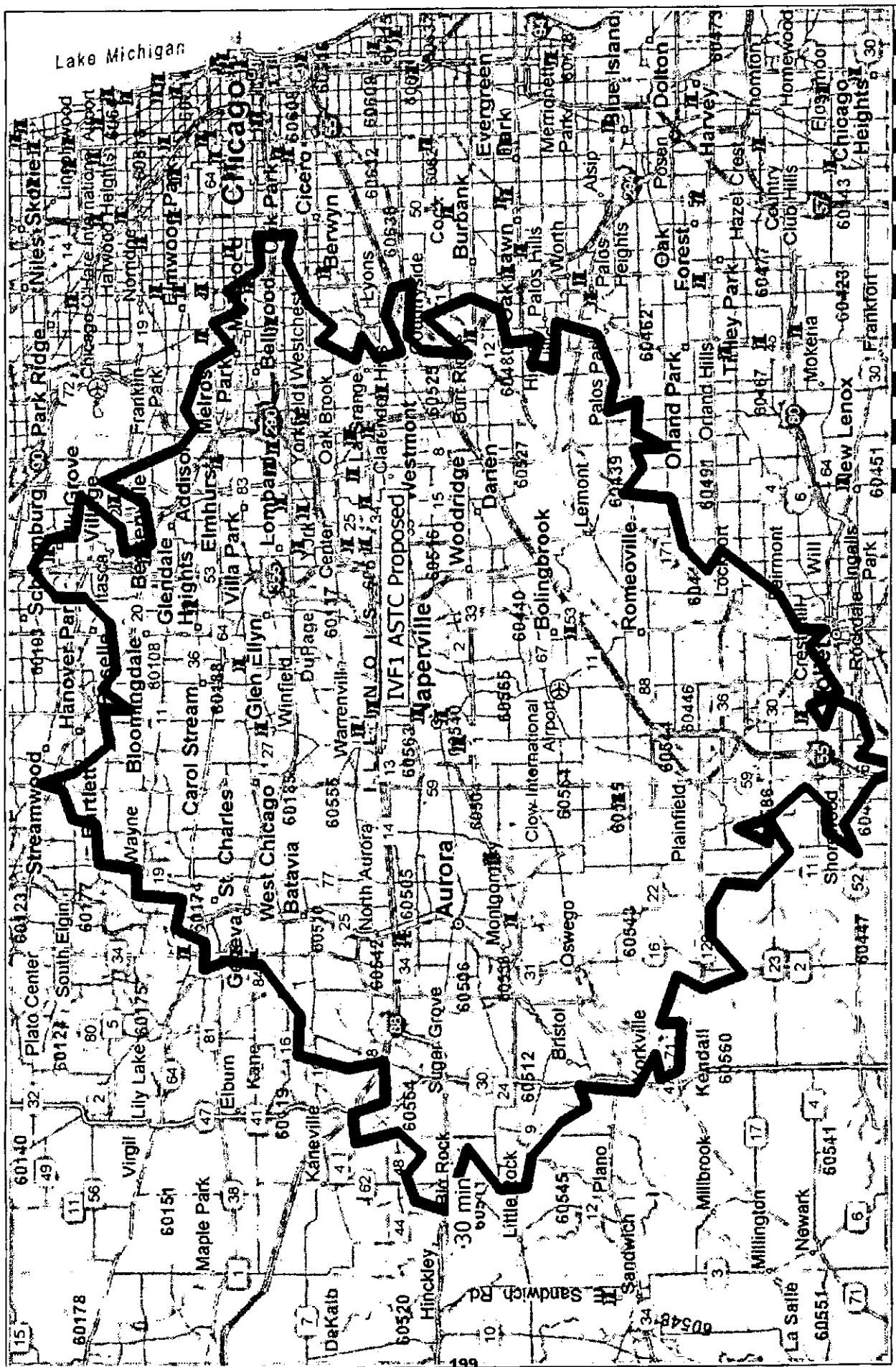
**8. Criterion 1110.1540(h), Change in Scope of Service**

Any applicant proposing to change the surgical specialties currently being provided by adding one or more of the surgical specialties listed under subsection (a) of this Section must document one of the following:

- 1) that there are no other facilities (existing ASTCs or hospitals with outpatient surgical capacity) within the intended geographic service area which provide the proposed new specialty; or
- 2) that the existing facilities (existing ASTCs or hospitals with outpatient surgical capacity) within the intended geographic service area of the applicant facility are operating at or above the 80% occupancy target; or
- 3) that the existing programs are not accessible to the general population of the geographic service area in which the applicant facility is located.

This project is for the establishment of a new ASTC for the OB/Gyn service category. Therefore, there is no change in scope of service as the service from this Applicant does not exist. Thus, it would appear that this item is not germane.

map2



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## FACT SHEET

## Zip Code Tabulation Area 60554


View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	4,812			map	brief
Male	2,464	51.2	49.1%	map	brief
Female	2,348	48.8	50.9%	map	brief
Median age (years)	35.3	(X)	35.3	map	brief
Under 5 years	375	7.8	6.8%	map	
18 years and over	3,325	69.1	74.3%		
65 years and over	303	6.3	12.4%	map	brief
One race	4,769	99.1	97.6%		
White	4,590	95.4	75.1%	map	brief
Black or African American	62	1.3	12.3%	map	brief
American Indian and Alaska Native	6	0.1	0.9%	map	brief
Asian	25	0.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	85	1.8	5.5%	map	
Two or more races	43	0.9	2.4%	map	brief
Hispanic or Latino (of any race)	227	4.7	12.5%	map	brief
Household population	4,812	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	3.02	(X)	2.59	map	brief
Average family size	3.33	(X)	3.14	map	
Total housing units	1,626			map	
Occupied housing units	1,592	97.9	91.0%		brief
Owner-occupied housing units	1,361	85.5	66.2%	map	
Renter-occupied housing units	231	14.5	33.8%	map	brief
Vacant housing units	34	2.1	9.0%	map	
<b>Social Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
Population 25 years and over	3,037				
High school graduate or higher	2,869	94.5	80.4%	map	brief
Bachelor's degree or higher	898	29.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	409	12.2	12.7%	map	brief
Disability status (population 5 years and over)	592	13.2	19.3%	map	brief
Foreign born	148	3.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,213	67.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,218	66.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	225	5.0	17.9%	map	brief
<b>Economic Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
In labor force (population 16 years and over)	2,596	73.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	72,991	(X)	41,994	map	
Median family income in 1999 (dollars)	76,333	(X)	50,046	map	
Per capita income in 1999 (dollars)	29,099	(X)	21,587	map	
Families below poverty level	27	2.0	9.2%	map	brief
Individuals below poverty level	171	3.5	12.4%	map	
<b>Housing Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
Single-family owner-occupied homes	1,279				brief
Median value (dollars)	180,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,524	(X)	1,088	map	
Not mortgaged (dollars)	479	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## U.S. Census Bureau

### American FactFinder

## FACT SHEET

**Zip Code Tabulation Area 60512**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	892			map	brief
Male	453	50.8	49.1%	map	brief
Female	439	49.2	50.9%	map	brief
Median age (years)	41.1	(X)	35.3	map	brief
Under 5 years	34	3.8	6.8%	map	
18 years and over	683	76.6	74.3%		
65 years and over	96	10.8	12.4%	map	brief
One race	882	98.9	97.6%		
White	856	96.0	75.1%	map	brief
Black or African American	6	0.7	12.3%	map	brief
American Indian and Alaska Native	1	0.1	0.9%	map	brief
Asian	14	1.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	5	0.6	5.5%	map	
Two or more races	10	1.1	2.4%	map	brief
Hispanic or Latino (of any race)	40	4.5	12.5%	map	brief
Household population	892	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.92	(X)	2.59	map	brief
Average family size	3.16	(X)	3.14	map	
Total housing units	314			map	
Occupied housing units	305	97.1	91.0%		brief
Owner-occupied housing units	285	93.4	66.2%	map	
Renter-occupied housing units	20	6.6	33.8%	map	brief
Vacant housing units	9	2.9	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	585				
High school graduate or higher	515	88.0	80.4%	map	brief
Bachelor's degree or higher	121	20.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	129	19.5	12.7%	map	brief
Disability status (population 5 years and over)	109	14.0	19.3%	map	brief
Foreign born	73	9.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	225	60.3	56.7%		brief
Female, Now married, except separated (population 15 years and over)	220	71.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	103	13.3	17.9%	map	brief

**Economic Characteristics - show more >>**


	Number	Percent	U.S.		
In labor force (population 16 years and over)	411	60.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	36.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	65,625	(X)	41,994	map	
Median family income in 1999 (dollars)	84,421	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,669	(X)	21,587	map	
Families below poverty level	0	0.0	9.2%	map	brief
Individuals below poverty level	12	1.5	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	224				brief
Median value (dollars)	176,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,625	(X)	1,088	map	
Not mortgaged (dollars)	475	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
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## FACT SHEET

**Zip Code Tabulation Area 60538**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	13,702			map	brief
Male	6,698	48.9	49.1%	map	brief
Female	7,004	51.1	50.9%	map	brief
Median age (years)	35.2	(X)	35.3	map	brief
Under 5 years	1,051	7.7	6.8%	map	
18 years and over	9,974	72.8	74.3%		
65 years and over	1,585	11.6	12.4%	map	brief
One race	13,469	98.3	97.6%		
White	12,388	90.4	75.1%	map	brief
Black or African American	324	2.4	12.3%	map	brief
American Indian and Alaska Native	59	0.4	0.9%	map	brief
Asian	104	0.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	591	4.3	5.5%	map	
Two or more races	233	1.7	2.4%	map	brief
Hispanic or Latino (of any race)	1,473	10.8	12.5%	map	brief
Household population	13,702	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.71	(X)	2.59	map	brief
Average family size	3.18	(X)	3.14	map	
Total housing units	5,158			map	
Occupied housing units	5,049	97.9	91.0%		brief
Owner-occupied housing units	4,168	82.6	66.2%	map	
Renter-occupied housing units	881	17.4	33.8%	map	brief
Vacant housing units	109	2.1	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	8,585				
High school graduate or higher	7,466	87.0	80.4%	map	brief
Bachelor's degree or higher	1,749	20.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,307	13.5	12.7%	map	brief
Disability status (population 5 years and over)	1,770	14.2	19.3%	map	brief
Foreign born	612	4.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,316	67.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,245	60.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,268	10.2	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	7,308	72.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	25.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	57,021	(X)	41,994	map	
Median family income in 1999 (dollars)	62,493	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,335	(X)	21,587	map	
Families below poverty level	89	2.4	9.2%	map	brief
Individuals below poverty level	363	2.7	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,964				brief
Median value (dollars)	123,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,153	(X)	1,088	map	
Not mortgaged (dollars)	370	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60506

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	51,184			map	brief
Male	25,308	49.4	49.1%	map	brief
Female	25,876	50.6	50.9%	map	brief
Median age (years)	32.4	(X)	35.3	map	brief
Under 5 years	4,402	8.6	6.8%	map	
18 years and over	36,137	70.6	74.3%		
65 years and over	5,171	10.1	12.4%	map	brief
One race	49,857	97.4	97.6%		
White	36,798	71.9	75.1%	map	brief
Black or African American	6,818	13.3	12.3%	map	brief
American Indian and Alaska Native	120	0.2	0.9%	map	brief
Asian	690	1.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	31	0.1	0.1%	map	brief
Some other race	5,400	10.6	5.5%	map	
Two or more races	1,327	2.6	2.4%	map	brief
Hispanic or Latino (of any race)	12,147	23.7	12.5%	map	brief
Household population	50,004	97.7	97.2%	map	brief
Group quarters population	1,180	2.3	2.8%	map	
Average household size	2.83	(X)	2.59	map	brief
Average family size	3.37	(X)	3.14	map	
Total housing units	18,170			map	
Occupied housing units	17,654	97.2	91.0%		brief
Owner-occupied housing units	12,270	69.5	66.2%	map	
Renter-occupied housing units	5,384	30.5	33.8%	map	brief
Vacant housing units	516	2.8	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	31,437				
High school graduate or higher	25,022	79.6	80.4%	map	brief
Bachelor's degree or higher	8,237	26.2	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,945	10.9	12.7%	map	brief
Disability status (population 5 years and over)	9,113	19.7	19.3%	map	brief
Foreign born	7,144	14.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,679	56.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,414	52.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	11,613	24.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	25,364	67.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	50,743	(X)	41,994	map	
Median family income in 1999 (dollars)	59,014	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,654	(X)	21,587	map	
Families below poverty level	750	5.9	9.2%	map	brief
Individuals below poverty level	4,287	8.6	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	11,234				brief
Median value (dollars)	132,000	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,251	(X)	1,088	map	
Not mortgaged (dollars)	393	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

**Zip Code Tabulation Area 60542**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	11,007			map	brief
Male	5,433	49.4	49.1%	map	brief
Female	5,574	50.6	50.9%	map	brief
Median age (years)	33.8	(X)	35.3	map	brief
Under 5 years	1,056	9.6	6.8%	map	
18 years and over	8,007	72.7	74.3%		
65 years and over	1,071	9.7	12.4%	map	brief
One race	10,827	98.4	97.6%		
White	9,678	87.9	75.1%	map	brief
Black or African American	483	4.4	12.3%	map	brief
American Indian and Alaska Native	25	0.2	0.9%	map	brief
Asian	268	2.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	370	3.4	5.5%	map	
Two or more races	180	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	1,045	9.5	12.5%	map	brief
Household population	10,869	98.7	97.2%	map	brief
Group quarters population	138	1.3	2.8%	map	
Average household size	2.61	(X)	2.59	map	brief
Average family size	3.15	(X)	3.14	map	
Total housing units	4,360			map	
Occupied housing units	4,166	95.6	91.0%		brief
Owner-occupied housing units	3,271	78.5	66.2%	map	brief
Renter-occupied housing units	895	21.5	33.8%	map	brief
Vacant housing units	194	4.4	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	7,295				
High school graduate or higher	6,437	88.2	80.4%	map	brief
Bachelor's degree or higher	2,280	31.3	24.4%	map	
Civilian veterans (civilian population 18 years and over)	882	10.9	12.7%	map	brief
Disability status (population 5 years and over)	1,420	14.5	19.3%	map	brief
Foreign born	859	7.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,664	63.6	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,687	62.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,391	14.0	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,941	71.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	27.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	59,820	(X)	41,994	map	
Median family income in 1999 (dollars)	71,546	(X)	50,046	map	
Per capita income in 1999 (dollars)	25,881	(X)	21,587	map	
Families below poverty level	42	1.4	9.2%	map	brief
Individuals below poverty level	319	2.9	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,227				brief
Median value (dollars)	151,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,342	(X)	1,088	map	
Not mortgaged (dollars)	362	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
**American FactFinder**

## FACT SHEET

**Zip Code Tabulation Area 60539**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	0			map	brief
Male	0	(X)	49.1%	map	brief
Female	0	(X)	50.9%	map	brief
Median age (years)	0.0	(X)	35.3	map	brief
Under 5 years	0	(X)	6.8%	map	
18 years and over	0	(X)	74.3%		
65 years and over	0	(X)	12.4%	map	brief
One race	0	(X)	97.6%		
White	0	(X)	75.1%	map	brief
Black or African American	0	(X)	12.3%	map	brief
American Indian and Alaska Native	0	(X)	0.9%	map	brief
Asian	0	(X)	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	(X)	0.1%	map	brief
Some other race	0	(X)	5.5%	map	
Two or more races	0	(X)	2.4%	map	brief
Hispanic or Latino (of any race)	0	(X)	12.5%	map	brief
Household population	0	(X)	97.2%	map	brief
Group quarters population	0	(X)	2.8%	map	
Average household size	0.00	(X)	2.59	map	brief
Average family size	0.00	(X)	3.14	map	
Total housing units	1			map	
Occupied housing units	0	0.0	91.0%		brief
Owner-occupied housing units	0	(X)	66.2%	map	
Renter-occupied housing units	0	(X)	33.8%	map	brief
Vacant housing units	1	100.0	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	0				
High school graduate or higher	0	(X)	80.4%	map	brief
Bachelor's degree or higher	0	(X)	24.4%	map	
Civilian veterans (civilian population 18 years and over)	0	(X)	12.7%	map	brief
Disability status (population 5 years and over)	0	(X)	19.3%	map	brief
Foreign born	0	(X)	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	0	(X)	56.7%		brief
Female, Now married, except separated (population 15 years and over)	0	(X)	52.1%		brief
Speak a language other than English at home (population 5 years and over)	0	(X)	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	0	(X)	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	(X)	(X)	25.5	map	brief
Median household income in 1999 (dollars)	0	(X)	41,994	map	
Median family income in 1999 (dollars)	0	(X)	50,046	map	
Per capita income in 1999 (dollars)	0	(X)	21,587	map	
Families below poverty level	0	(X)	9.2%	map	brief
Individuals below poverty level	0	(X)	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	0				brief
Median value (dollars)	0	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	0	(X)	1,088	map	
Not mortgaged (dollars)	0	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

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## FACT SHEET

## Zip Code Tabulation Area 60543

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	18,769			map	brief
Male	9,303	49.6	49.1%	map	brief
Female	9,466	50.4	50.9%	map	brief
Median age (years)	33.4	(X)	35.3	map	brief
Under 5 years	1,672	8.9	6.8%	map	
18 years and over	13,004	69.3	74.3%		
65 years and over	1,298	6.9	12.4%	map	brief
One race	18,523	98.7	97.6%		
White	17,528	93.4	75.1%	map	brief
Black or African American	346	1.8	12.3%	map	brief
American Indian and Alaska Native	28	0.1	0.9%	map	brief
Asian	219	1.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	397	2.1	5.5%	map	
Two or more races	246	1.3	2.4%	map	brief
Hispanic or Latino (of any race)	1,087	5.8	12.5%	map	brief
Household population	18,690	99.6	97.2%	map	brief
Group quarters population	79	0.4	2.8%	map	
Average household size	2.93	(X)	2.59	map	brief
Average family size	3.28	(X)	3.14	map	
Total housing units	6,597			map	
Occupied housing units	6,377	96.7	91.0%		brief
Owner-occupied housing units	5,686	89.2	66.2%	map	
Renter-occupied housing units	691	10.8	33.8%	map	brief
Vacant housing units	220	3.3	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	11,822				
High school graduate or higher	10,870	91.9	80.4%	map	brief
Bachelor's degree or higher	3,630	30.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,621	12.4	12.7%	map	brief
Disability status (population 5 years and over)	1,873	11.1	19.3%	map	brief
Foreign born	946	5.1	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,727	69.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,702	66.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,489	8.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	10,061	74.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	32.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	70,039	(X)	41,994	map	
Median family income in 1999 (dollars)	72,594	(X)	50,046	map	
Per capita income in 1999 (dollars)	27,772	(X)	21,587	map	
Families below poverty level	96	1.9	9.2%	map	brief
Individuals below poverty level	543	2.9	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	5,159				brief
Median value (dollars)	171,400	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,509	(X)	1,088	map	
Not mortgaged (dollars)	482	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

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## FACT SHEET

## Zip Code Tabulation Area 60505

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	56,971			map	brief
Male	29,552	51.9	49.1%	map	brief
Female	27,419	48.1	50.9%	map	brief
Median age (years)	26.9	(X)	35.3	map	brief
Under 5 years	6,152	10.8	6.8%	map	
18 years and over	38,199	67.0	74.3%		
65 years and over	3,950	6.9	12.4%	map	brief
One race	54,954	96.5	97.6%		
White	32,547	57.1	75.1%	map	brief
Black or African American	6,023	10.6	12.3%	map	brief
American Indian and Alaska Native	338	0.6	0.9%	map	brief
Asian	369	0.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	12	0.0	0.1%	map	brief
Some other race	15,665	27.5	5.5%	map	
Two or more races	2,017	3.5	2.4%	map	brief
Hispanic or Latino (of any race)	34,679	60.9	12.5%	map	brief
Household population	56,285	98.8	97.2%	map	brief
Group quarters population	686	1.2	2.8%	map	
Average household size	3.47	(X)	2.59	map	brief
Average family size	3.97	(X)	3.14	map	
Total housing units	17,158			map	
Occupied housing units	16,204	94.4	91.0%		brief
Owner-occupied housing units	10,415	64.3	66.2%	map	
Renter-occupied housing units	5,789	35.7	33.8%	map	brief
Vacant housing units	954	5.6	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	30,576				
High school graduate or higher	15,787	51.6	80.4%	map	brief
Bachelor's degree or higher	2,434	8.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,552	6.7	12.7%	map	brief
Disability status (population 5 years and over)	11,012	21.9	19.3%	map	brief
Foreign born	20,456	35.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	11,003	52.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,173	51.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	29,266	57.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	26,149	65.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	25.2	(X)	25.5	map	brief
Median household income in 1999 (dollars)	40,475	(X)	41,994	map	
Median family income in 1999 (dollars)	43,191	(X)	50,046	map	
Per capita income in 1999 (dollars)	13,444	(X)	21,587	map	
Families below poverty level	1,379	11.1	9.2%	map	brief
Individuals below poverty level	7,627	13.5	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	8,665				brief
Median value (dollars)	94,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	985	(X)	1,088	map	
Not mortgaged (dollars)	330	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

## Zip Code Tabulation Area 60510

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	26,565			map	brief
Male	13,023	49.0	49.1%	map	brief
Female	13,542	51.0	50.9%	map	brief
Median age (years)	36.2	(X)	35.3	map	brief
Under 5 years	2,011	7.6	6.8%	map	
18 years and over	18,322	69.0	74.3%		
65 years and over	2,575	9.7	12.4%	map	brief
One race	26,200	98.6	97.6%		
White	24,806	93.4	75.1%	map	brief
Black or African American	609	2.3	12.3%	map	brief
American Indian and Alaska Native	31	0.1	0.9%	map	brief
Asian	361	1.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	389	1.5	5.5%	map	
Two or more races	365	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	1,345	5.1	12.5%	map	brief
Household population	26,016	97.9	97.2%	map	brief
Group quarters population	549	2.1	2.8%	map	
Average household size	2.76	(X)	2.59	map	brief
Average family size	3.26	(X)	3.14	map	
Total housing units	9,794			map	
Occupied housing units	9,414	96.1	91.0%		brief
Owner-occupied housing units	7,426	78.9	66.2%	map	
Renter-occupied housing units	1,988	21.1	33.8%	map	brief
Vacant housing units	380	3.9	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	16,521				
High school graduate or higher	15,471	93.6	80.4%	map	brief
Bachelor's degree or higher	7,151	43.3	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,083	11.5	12.7%	map	brief
Disability status (population 5 years and over)	2,402	10.0	19.3%	map	brief
Foreign born	1,289	4.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,273	66.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,316	62.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,898	7.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	13,778	72.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	26.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	70,225	(X)	41,994	map	
Median family income in 1999 (dollars)	82,552	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,595	(X)	21,587	map	
Families below poverty level	155	2.2	9.2%	map	brief
Individuals below poverty level	859	3.3	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,714				brief
Median value (dollars)	204,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,577	(X)	1,088	map	
Not mortgaged (dollars)	461	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

## Zip Code Tabulation Area 60134

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	21,497			map	brief
Male	10,777	50.1	49.1%	map	brief
Female	10,720	49.9	50.9%	map	brief
Median age (years)	35.6	(X)	35.3	map	brief
Under 5 years	1,745	8.1	6.8%	map	
18 years and over	14,551	67.7	74.3%		
65 years and over	1,777	8.3	12.4%	map	brief
One race	21,343	99.3	97.6%		
White	20,656	96.1	75.1%	map	brief
Black or African American	273	1.3	12.3%	map	brief
American Indian and Alaska Native	11	0.1	0.9%	map	brief
Asian	266	1.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	132	0.6	5.5%	map	
Two or more races	154	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	653	3.0	12.5%	map	brief
Household population	20,941	97.4	97.2%	map	brief
Group quarters population	556	2.6	2.8%	map	
Average household size	2.90	(X)	2.59	map	brief
Average family size	3.33	(X)	3.14	map	
Total housing units	7,424			map	
Occupied housing units	7,233	97.4	91.0%		brief
Owner-occupied housing units	6,155	85.1	66.2%	map	
Renter-occupied housing units	1,078	14.9	33.8%	map	brief
Vacant housing units	191	2.6	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	13,510				
High school graduate or higher	12,845	95.1	80.4%	map	brief
Bachelor's degree or higher	7,152	52.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,507	10.3	12.7%	map	brief
Disability status (population 5 years and over)	1,613	8.5	19.3%	map	brief
Foreign born	928	4.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	5,349	68.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,228	66.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,126	5.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	10,533	69.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	80,542	(X)	41,994	map	
Median family income in 1999 (dollars)	90,636	(X)	50,046	map	
Per capita income in 1999 (dollars)	33,291	(X)	21,587	map	
Families below poverty level	84	1.5	9.2%	map	brief
Individuals below poverty level	422	2.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	5,899				brief
Median value (dollars)	223,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,689	(X)	1,088	map	
Not mortgaged (dollars)	493	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

## Zip Code Tabulation Area 60174

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	31,513			map	brief
Male	15,984	50.7	49.1%	map	brief
Female	15,529	49.3	50.9%	map	brief
Median age (years)	36.6	(X)	35.3	map	brief
Under 5 years	1,893	6.0	6.8%	map	
18 years and over	22,624	71.8	74.3%		
65 years and over	3,240	10.3	12.4%	map	brief
One race	31,232	99.1	97.6%		
White	29,414	93.3	75.1%	map	brief
Black or African American	643	2.0	12.3%	map	brief
American Indian and Alaska Native	57	0.2	0.9%	map	brief
Asian	528	1.7	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	588	1.9	5.5%	map	
Two or more races	281	0.9	2.4%	map	brief
Hispanic or Latino (of any race)	1,822	5.8	12.5%	map	brief
Household population	30,345	96.3	97.2%	map	brief
Group quarters population	1,168	3.7	2.8%	map	
Average household size	2.62	(X)	2.59	map	brief
Average family size	3.13	(X)	3.14	map	
Total housing units	12,263			map	
Occupied housing units	11,583	94.5	91.0%		brief
Owner-occupied housing units	8,667	74.8	66.2%	map	
Renter-occupied housing units	2,916	25.2	33.8%	map	brief
Vacant housing units	680	5.5	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	20,391				
High school graduate or higher	18,568	91.1	80.4%	map	brief
Bachelor's degree or higher	8,354	41.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,567	11.3	12.7%	map	brief
Disability status (population 5 years and over)	3,488	12.2	19.3%	map	brief
Foreign born	2,081	6.6	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	7,701	61.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	7,267	58.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,878	9.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	17,124	70.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	25.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	67,608	(X)	41,994	map	
Median family income in 1999 (dollars)	80,479	(X)	50,046	map	
Per capita income in 1999 (dollars)	33,922	(X)	21,587	map	
Families below poverty level	164	2.0	9.2%	map	brief
Individuals below poverty level	939	3.1	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	7,991				brief
Median value (dollars)	190,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,505	(X)	1,088	map	
Not mortgaged (dollars)	437	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60431

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	23,392			map	brief
Male	11,855	50.7	49.1%	map	brief
Female	11,537	49.3	50.9%	map	brief
Median age (years)	33.9	(X)	35.3	map	brief
Under 5 years	1,755	7.5	6.8%	map	
18 years and over	16,241	69.4	74.3%		
65 years and over	1,591	6.8	12.4%	map	brief
One race	23,063	98.6	97.6%		
White	20,957	89.6	75.1%	map	brief
Black or African American	1,200	5.1	12.3%	map	brief
American Indian and Alaska Native	50	0.2	0.9%	map	brief
Asian	372	1.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	479	2.0	5.5%	map	
Two or more races	329	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	1,276	5.5	12.5%	map	brief
Household population	22,918	98.0	97.2%	map	brief
Group quarters population	474	2.0	2.8%	map	
Average household size	3.00	(X)	2.59	map	brief
Average family size	3.30	(X)	3.14	map	
Total housing units	7,845			map	
Occupied housing units	7,643	97.4	91.0%		brief
Owner-occupied housing units	7,187	94.0	66.2%	map	brief
Renter-occupied housing units	456	6.0	33.8%	map	brief
Vacant housing units	202	2.6	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	14,212				
High school graduate or higher	13,271	93.4	80.4%	map	brief
Bachelor's degree or higher	4,136	29.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,920	12.0	12.7%	map	brief
Disability status (population 5 years and over)	2,248	10.5	19.3%	map	brief
Foreign born	755	3.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	5,724	64.6	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,573	64.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,365	6.3	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	12,555	73.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	30.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	71,030	(X)	41,994	map	
Median family income in 1999 (dollars)	74,592	(X)	50,046	map	
Per capita income in 1999 (dollars)	27,152	(X)	21,587	map	
Families below poverty level	64	1.0	9.2%	map	brief
Individuals below poverty level	481	2.1	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,558				brief
Median value (dollars)	149,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,323	(X)	1,088	map	
Not mortgaged (dollars)	446	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60544

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	44,284			map	brief
Male	21,937	49.5	49.1%	map	brief
Female	22,347	50.5	50.9%	map	brief
Median age (years)	31.9	(X)	35.3	map	brief
Under 5 years	4,893	11.0	6.8%	map	
18 years and over	30,300	68.4	74.3%		
65 years and over	3,542	8.0	12.4%	map	brief
One race	43,657	98.6	97.6%		
White	40,917	92.4	75.1%	map	brief
Black or African American	920	2.1	12.3%	map	brief
American Indian and Alaska Native	68	0.2	0.9%	map	brief
Asian	854	1.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	8	0.0	0.1%	map	brief
Some other race	890	2.0	5.5%	map	
Two or more races	627	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	2,738	6.2	12.5%	map	brief
Household population	44,205	99.8	97.2%	map	brief
Group quarters population	79	0.2	2.8%	map	
Average household size	2.95	(X)	2.59	map	brief
Average family size	3.29	(X)	3.14	map	
Total housing units	15,712			map	
Occupied housing units	15,007	95.5	91.0%		brief
Owner-occupied housing units	14,164	94.4	66.2%	map	
Renter-occupied housing units	843	5.6	33.8%	map	brief
Vacant housing units	705	4.5	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	27,776				
High school graduate or higher	25,963	93.5	80.4%	map	brief
Bachelor's degree or higher	8,437	30.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,306	10.9	12.7%	map	brief
Disability status (population 5 years and over)	3,803	9.7	19.3%	map	brief
Foreign born	2,056	4.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	11,289	73.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	11,563	70.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,518	9.0	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	22,905	73.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	37.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	70,417	(X)	41,994	map	
Median family income in 1999 (dollars)	75,360	(X)	50,046	map	
Per capita income in 1999 (dollars)	26,497	(X)	21,587	map	
Families below poverty level	81	0.7	9.2%	map	brief
Individuals below poverty level	593	1.4	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	13,350				brief
Median value (dollars)	170,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,446	(X)	1,088	map	
Not mortgaged (dollars)	441	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60435

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	52,542			map	brief
Male	25,270	48.1	49.1%	map	brief
Female	27,272	51.9	50.9%	map	brief
Median age (years)	34.6	(X)	35.3	map	brief
Under 5 years	4,000	7.6	6.8%	map	
18 years and over	39,764	75.7	74.3%		
65 years and over	7,751	14.8	12.4%	map	brief
One race	51,522	98.1	97.6%		
White	42,937	81.7	75.1%	map	brief
Black or African American	4,849	9.2	12.3%	map	brief
American Indian and Alaska Native	138	0.3	0.9%	map	brief
Asian	729	1.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	33	0.1	0.1%	map	brief
Some other race	2,836	5.4	5.5%	map	
Two or more races	1,020	1.9	2.4%	map	brief
Hispanic or Latino (of any race)	6,069	11.6	12.5%	map	brief
Household population	51,488	98.0	97.2%	map	brief
Group quarters population	1,054	2.0	2.8%	map	
Average household size	2.43	(X)	2.59	map	brief
Average family size	3.08	(X)	3.14	map	
Total housing units	22,394			map	
Occupied housing units	21,196	94.7	91.0%		brief
Owner-occupied housing units	14,161	66.8	66.2%	map	
Renter-occupied housing units	7,035	33.2	33.8%	map	brief
Vacant housing units	1,198	5.3	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	34,489				
High school graduate or higher	29,005	84.1	80.4%	map	brief
Bachelor's degree or higher	6,679	19.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	5,201	13.1	12.7%	map	brief
Disability status (population 5 years and over)	8,210	17.3	19.3%	map	brief
Foreign born	3,876	7.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,824	55.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,534	47.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	6,525	13.5	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	26,975	65.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	26.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,910	(X)	41,994	map	
Median family income in 1999 (dollars)	55,028	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,830	(X)	21,587	map	
Families below poverty level	813	6.1	9.2%	map	brief
Individuals below poverty level	4,227	8.3	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	12,677				brief
Median value (dollars)	113,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,063	(X)	1,088	map	
Not mortgaged (dollars)	332	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60446

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	20,141			map	brief
Male	10,139	50.3	49.1%	map	brief
Female	10,002	49.7	50.9%	map	brief
Median age (years)	30.6	(X)	35.3	map	brief
Under 5 years	1,911	9.5	6.8%	map	
18 years and over	14,126	70.1	74.3%		
65 years and over	1,167	5.8	12.4%	map	brief
One race	19,653	97.6	97.6%		
White	17,177	85.3	75.1%	map	brief
Black or African American	898	4.5	12.3%	map	brief
American Indian and Alaska Native	77	0.4	0.9%	map	brief
Asian	482	2.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	1,014	5.0	5.5%	map	
Two or more races	488	2.4	2.4%	map	brief
Hispanic or Latino (of any race)	2,723	13.5	12.5%	map	brief
Household population	20,141	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.99	(X)	2.59	map	brief
Average family size	3.34	(X)	3.14	map	
Total housing units	7,348			map	
Occupied housing units	6,733	91.6	91.0%		brief
Owner-occupied housing units	5,800	86.1	66.2%	map	
Renter-occupied housing units	933	13.9	33.8%	map	brief
Vacant housing units	615	8.4	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	12,531				
High school graduate or higher	10,557	84.2	80.4%	map	brief
Bachelor's degree or higher	2,356	18.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,700	12.1	12.7%	map	brief
Disability status (population 5 years and over)	2,595	14.2	19.3%	map	brief
Foreign born	1,907	9.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,711	62.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,713	64.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,283	18.0	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	11,203	76.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	33.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	60,692	(X)	41,994	map	
Median family income in 1999 (dollars)	63,299	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,991	(X)	21,567	map	
Families below poverty level	54	1.0	9.2%	map	brief
Individuals below poverty level	360	1.8	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	5,668				brief
Median value (dollars)	117,400	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,186	(X)	1,088	map	
Not mortgaged (dollars)	374	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

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## FACT SHEET

## Zip Code Tabulation Area 60564

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	32,206			map	brief
Male	16,005	49.7	49.1%	map	brief
Female	16,201	50.3	50.9%	map	brief
Median age (years)	32.3	(X)	35.3	map	brief
Under 5 years	3,558	11.0	6.8%	map	
18 years and over	19,790	61.4	74.3%		
65 years and over	724	2.2	12.4%	map	brief
One race	31,756	98.6	97.6%		
White	27,659	85.9	75.1%	map	brief
Black or African American	1,176	3.7	12.3%	map	brief
American Indian and Alaska Native	31	0.1	0.9%	map	brief
Asian	2,667	8.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	220	0.7	5.5%	map	
Two or more races	450	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	972	3.0	12.5%	map	brief
Household population	32,206	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	3.37	(X)	2.59	map	brief
Average family size	3.60	(X)	3.14	map	
Total housing units	10,034			map	
Occupied housing units	9,563	95.3	91.0%		brief
Owner-occupied housing units	9,341	97.7	66.2%	map	
Renter-occupied housing units	222	2.3	33.8%	map	brief
Vacant housing units	471	4.7	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	18,258				
High school graduate or higher	17,793	97.5	80.4%	map	brief
Bachelor's degree or higher	11,351	62.2	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,243	6.3	12.7%	map	brief
Disability status (population 5 years and over)	1,599	5.6	19.3%	map	brief
Foreign born	3,142	9.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	8,061	78.6	56.7%		brief
Female, Now married, except separated (population 15 years and over)	8,178	76.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,754	13.2	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	15,211	74.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	39.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	107,617	(X)	41,994	map	
Median family income in 1999 (dollars)	111,347	(X)	50,046	map	
Per capita income in 1999 (dollars)	37,409	(X)	21,587	map	
Families below poverty level	79	0.9	9.2%	map	brief
Individuals below poverty level	405	1.3	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	8,883				brief
Median value (dollars)	301,400	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,973	(X)	1,088	map	
Not mortgaged (dollars)	590	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

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## FACT SHEET

## Zip Code Tabulation Area 60504

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	44,412			map	brief
Male	22,101	49.8	49.1%	map	brief
Female	22,311	50.2	50.9%	map	brief
Median age (years)	30.1	(X)	35.3	map	brief
Under 5 years	5,182	11.7	6.8%	map	
18 years and over	30,459	68.6	74.3%		
65 years and over	1,072	2.4	12.4%	map	brief
One race	43,396	97.7	97.6%		
White	35,759	80.5	75.1%	map	brief
Black or African American	3,315	7.5	12.3%	map	brief
American Indian and Alaska Native	89	0.2	0.9%	map	brief
Asian	3,054	6.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	8	0.0	0.1%	map	brief
Some other race	1,171	2.6	5.5%	map	
Two or more races	1,016	2.3	2.4%	map	brief
Hispanic or Latino (of any race)	3,304	7.4	12.5%	map	brief
Household population	44,367	99.9	97.2%	map	brief
Group quarters population	45	0.1	2.8%	map	
Average household size	2.78	(X)	2.59	map	brief
Average family size	3.26	(X)	3.14	map	
Total housing units	16,882			map	
Occupied housing units	15,941	94.4	91.0%		brief
Owner-occupied housing units	12,571	78.9	66.2%	map	
Renter-occupied housing units	3,370	21.1	33.8%	map	brief
Vacant housing units	941	5.6	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	27,814				
High school graduate or higher	26,651	95.8	80.4%	map	brief
Bachelor's degree or higher	15,007	54.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,153	7.0	12.7%	map	brief
Disability status (population 5 years and over)	3,787	9.5	19.3%	map	brief
Foreign born	4,606	10.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,786	68.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,723	64.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	5,999	15.1	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	26,123	81.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	34.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	76,185	(X)	41,994	map	
Median family income in 1999 (dollars)	84,954	(X)	50,046	map	
Per capita income in 1999 (dollars)	32,452	(X)	21,587	map	
Families below poverty level	183	1.5	9.2%	map	brief
Individuals below poverty level	986	2.2	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	11,897				brief
Median value (dollars)	179,000	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,546	(X)	1,088	map	
Not mortgaged (dollars)	487	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60555

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	13,852			map	brief
Male	6,840	49.4	49.1%	map	brief
Female	7,012	50.6	50.9%	map	brief
Median age (years)	33.8	(X)	35.3	map	brief
Under 5 years	1,039	7.5	6.8%	map	
18 years and over	9,888	71.4	74.3%		
65 years and over	836	6.0	12.4%	map	brief
One race	13,679	98.8	97.6%		
White	12,380	89.4	75.1%	map	brief
Black or African American	324	2.3	12.3%	map	brief
American Indian and Alaska Native	41	0.3	0.9%	map	brief
Asian	466	3.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	463	3.3	5.5%	map	
Two or more races	173	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	1,362	9.8	12.5%	map	brief
Household population	13,832	99.9	97.2%	map	brief
Group quarters population	20	0.1	2.8%	map	
Average household size	2.71	(X)	2.59	map	brief
Average family size	3.27	(X)	3.14	map	
Total housing units	5,242			map	
Occupied housing units	5,102	97.3	91.0%		brief
Owner-occupied housing units	4,232	82.9	66.2%	map	
Renter-occupied housing units	870	17.1	33.8%	map	brief
Vacant housing units	140	2.7	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	8,774				
High school graduate or higher	8,155	92.9	80.4%	map	brief
Bachelor's degree or higher	3,543	40.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,129	11.5	12.7%	map	brief
Disability status (population 5 years and over)	1,552	12.3	19.3%	map	brief
Foreign born	1,332	9.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,173	60.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,187	60.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,728	13.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	8,179	79.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	63,736	(X)	41,994	map	
Median family income in 1999 (dollars)	73,508	(X)	50,046	map	
Per capita income in 1999 (dollars)	29,941	(X)	21,587	map	
Families below poverty level	32	0.9	9.2%	map	brief
Individuals below poverty level	214	1.6	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,662				brief
Median value (dollars)	150,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,299	(X)	1,088	map	
Not mortgaged (dollars)	446	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60563

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	31,405			map	brief
Male	15,206	48.4	49.1%	map	brief
Female	16,199	51.6	50.9%	map	brief
Median age (years)	34.3	(X)	35.3	map	brief
Under 5 years	2,123	6.8	6.8%	map	
18 years and over	24,020	76.5	74.3%		
65 years and over	3,047	9.7	12.4%	map	brief
One race	30,951	98.6	97.6%		
White	25,961	82.7	75.1%	map	brief
Black or African American	1,413	4.5	12.3%	map	brief
American Indian and Alaska Native	51	0.2	0.9%	map	brief
Asian	3,213	10.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	308	1.0	5.5%	map	
Two or more races	454	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	1,297	4.1	12.5%	map	brief
Household population	30,593	97.4	97.2%	map	brief
Group quarters population	812	2.6	2.8%	map	
Average household size	2.36	(X)	2.59	map	brief
Average family size	3.02	(X)	3.14	map	
Total housing units	13,872			map	
Occupied housing units	12,962	93.4	91.0%		brief
Owner-occupied housing units	7,669	59.2	66.2%	map	
Renter-occupied housing units	5,293	40.8	33.8%	map	brief
Vacant housing units	910	6.6	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	21,568				
High school graduate or higher	20,527	95.2	80.4%	map	brief
Bachelor's degree or higher	11,562	53.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,051	8.5	12.7%	map	brief
Disability status (population 5 years and over)	3,192	11.1	19.3%	map	brief
Foreign born	4,158	13.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	7,266	60.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	7,657	57.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,931	16.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	18,262	73.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	66,592	(X)	41,994	map	
Median family income in 1999 (dollars)	85,253	(X)	50,046	map	
Per capita income in 1999 (dollars)	35,243	(X)	21,587	map	
Families below poverty level	190	2.4	9.2%	map	brief
Individuals below poverty level	1,083	3.5	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,369				brief
Median value (dollars)	213,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,609	(X)	1,088	map	
Not mortgaged (dollars)	530	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60540

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	42,065			map	brief
Male	20,678	49.2	49.1%	map	brief
Female	21,387	50.8	50.9%	map	brief
Median age (years)	35.8	(X)	35.3	map	brief
Under 5 years	3,167	7.5	6.8%	map	
18 years and over	29,995	71.3	74.3%		
65 years and over	3,508	8.3	12.4%	map	brief
One race	41,544	98.8	97.6%		
White	36,691	87.2	75.1%	map	brief
Black or African American	828	2.0	12.3%	map	brief
American Indian and Alaska Native	34	0.1	0.9%	map	brief
Asian	3,565	8.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	9	0.0	0.1%	map	brief
Some other race	417	1.0	5.5%	map	
Two or more races	521	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	1,473	3.5	12.5%	map	brief
Household population	41,057	97.6	97.2%	map	brief
Group quarters population	1,008	2.4	2.8%	map	
Average household size	2.77	(X)	2.59	map	brief
Average family size	3.25	(X)	3.14	map	
Total housing units	15,330			map	
Occupied housing units	14,797	96.5	91.0%		brief
Owner-occupied housing units	11,624	78.6	66.2%	map	brief
Renter-occupied housing units	3,173	21.4	33.8%	map	brief
Vacant housing units	533	3.5	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	26,743				
High school graduate or higher	25,631	95.8	80.4%	map	brief
Bachelor's degree or higher	16,225	60.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,725	9.1	12.7%	map	brief
Disability status (population 5 years and over)	3,297	8.5	19.3%	map	brief
Foreign born	5,138	12.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,643	69.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,395	63.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	6,121	15.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	22,379	71.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	30.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	87,514	(X)	41,994	map	
Median family income in 1999 (dollars)	100,789	(X)	50,046	map	
Per capita income in 1999 (dollars)	36,907	(X)	21,587	map	
Families below poverty level	166	1.5	9.2%	map	brief
Individuals below poverty level	825	2.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	10,988				brief
Median value (dollars)	243,400	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,741	(X)	1,088	map	
Not mortgaged (dollars)	525	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60490

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	9,263			map	brief
Male	4,591	49.6	49.1%	map	brief
Female	4,672	50.4	50.9%	map	brief
Median age (years)	31.7	(X)	35.3	map	brief
Under 5 years	1,161	12.5	6.8%	map	
18 years and over	5,988	64.6	74.3%		
65 years and over	219	2.4	12.4%	map	brief
One race	9,084	98.1	97.6%		
White	6,596	71.2	75.1%	map	brief
Black or African American	1,445	15.6	12.3%	map	brief
American Indian and Alaska Native	25	0.3	0.9%	map	brief
Asian	777	8.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	237	2.6	5.5%	map	
Two or more races	179	1.9	2.4%	map	brief
Hispanic or Latino (of any race)	694	7.5	12.5%	map	brief
Household population	9,263	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	3.34	(X)	2.59	map	brief
Average family size	3.51	(X)	3.14	map	
Total housing units	2,836			map	
Occupied housing units	2,773	97.8	91.0%		brief
Owner-occupied housing units	2,725	98.3	66.2%	map	
Renter-occupied housing units	48	1.7	33.8%	map	brief
Vacant housing units	63	2.2	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	5,666				
High school graduate or higher	5,320	93.9	80.4%	map	brief
Bachelor's degree or higher	2,429	42.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	371	6.0	12.7%	map	brief
Disability status (population 5 years and over)	693	8.4	19.3%	map	brief
Foreign born	917	9.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,355	72.3	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,467	75.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,340	16.1	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,134	80.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	38.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	87,512	(X)	41,994	map	
Median family income in 1999 (dollars)	87,470	(X)	50,046	map	
Per capita income in 1999 (dollars)	27,852	(X)	21,587	map	
Families below poverty level	52	2.1	9.2%	map	brief
Individuals below poverty level	270	2.8	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	2,630				brief
Median value (dollars)	187,200	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,653	(X)	1,088	map	
Not mortgaged (dollars)	448	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
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## FACT SHEET

## Zip Code Tabulation Area 60565

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	40,640			map	brief
Male	19,967	49.1	49.1%	map	brief
Female	20,673	50.9	50.9%	map	brief
Median age (years)	35.4	(X)	35.3	map	brief
Under 5 years	3,211	7.9	6.8%	map	
18 years and over	26,561	65.4	74.3%		
65 years and over	1,855	4.6	12.4%	map	brief
One race	40,211	98.9	97.6%		
White	34,951	86.0	75.1%	map	brief
Black or African American	957	2.4	12.3%	map	brief
American Indian and Alaska Native	52	0.1	0.9%	map	brief
Asian	4,049	10.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	14	0.0	0.1%	map	brief
Some other race	188	0.5	5.5%	map	
Two or more races	429	1.1	2.4%	map	brief
Hispanic or Latino (of any race)	978	2.4	12.5%	map	brief
Household population	40,474	99.6	97.2%	map	brief
Group quarters population	166	0.4	2.8%	map	
Average household size	3.17	(X)	2.59	map	brief
Average family size	3.50	(X)	3.14	map	
Total housing units	12,896			map	
Occupied housing units	12,762	99.0	91.0%		brief
Owner-occupied housing units	11,702	91.7	66.2%	map	
Renter-occupied housing units	1,060	8.3	33.8%	map	brief
Vacant housing units	134	1.0	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	24,129				
High school graduate or higher	23,427	97.1	80.4%	map	brief
Bachelor's degree or higher	14,678	60.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,203	8.3	12.7%	map	brief
Disability status (population 5 years and over)	2,475	6.7	19.3%	map	brief
Foreign born	4,223	10.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,203	73.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,125	68.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	5,179	13.9	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	20,760	74.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	33.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	97,807	(X)	41,994	map	
Median family income in 1999 (dollars)	105,247	(X)	50,046	map	
Per capita income in 1999 (dollars)	35,144	(X)	21,587	map	
Families below poverty level	162	1.5	9.2%	map	brief
Individuals below poverty level	793	2.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	10,779				brief
Median value (dollars)	249,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,838	(X)	1,088	map	
Not mortgaged (dollars)	558	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60440

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	46,546			map	brief
Male	23,256	50.0	49.1%	map	brief
Female	23,290	50.0	50.9%	map	brief
Median age (years)	30.9	(X)	35.3	map	brief
Under 5 years	4,157	8.9	6.8%	map	
18 years and over	31,836	68.4	74.3%		
65 years and over	2,185	4.7	12.4%	map	brief
One race	45,166	97.0	97.6%		
White	29,369	63.1	75.1%	map	brief
Black or African American	9,981	21.4	12.3%	map	brief
American Indian and Alaska Native	104	0.2	0.9%	map	brief
Asian	2,753	5.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	32	0.1	0.1%	map	brief
Some other race	2,927	6.3	5.5%	map	
Two or more races	1,380	3.0	2.4%	map	brief
Hispanic or Latino (of any race)	6,631	14.2	12.5%	map	brief
Household population	46,267	99.4	97.2%	map	brief
Group quarters population	279	0.6	2.8%	map	
Average household size	3.19	(X)	2.59	map	brief
Average family size	3.57	(X)	3.14	map	
Total housing units	14,912			map	
Occupied housing units	14,503	97.3	91.0%		brief
Owner-occupied housing units	11,970	82.5	66.2%	map	
Renter-occupied housing units	2,533	17.5	33.8%	map	brief
Vacant housing units	409	2.7	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	27,704				
High school graduate or higher	23,756	85.7	80.4%	map	brief
Bachelor's degree or higher	7,263	26.2	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,523	11.1	12.7%	map	brief
Disability status (population 5 years and over)	5,537	13.2	19.3%	map	brief
Foreign born	7,097	15.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,094	60.6	56.7%		brief
Female, Now married, except separated (population 15 years and over)	9,948	57.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	9,022	21.4	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	25,396	76.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	32.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	64,244	(X)	41,994	map	
Median family income in 1999 (dollars)	67,436	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,574	(X)	21,587	map	
Families below poverty level	370	3.1	9.2%	map	brief
Individuals below poverty level	2,059	4.5	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	11,414				brief
Median value (dollars)	132,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,299	(X)	1,088	map	
Not mortgaged (dollars)	385	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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ATTACHMENT-27B


**U.S. Census Bureau**  
**American FactFinder**

## FACT SHEET

**Zip Code Tabulation Area 60532**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	27,341			map	brief
Male	13,962	51.1	49.1%	map	brief
Female	13,379	48.9	50.9%	map	brief
Median age (years)	33.7	(X)	35.3	map	brief
Under 5 years	1,685	6.2	6.8%	map	
18 years and over	21,018	76.9	74.3%		
65 years and over	2,082	7.6	12.4%	map	brief
One race	26,948	98.6	97.6%		
White	22,957	84.0	75.1%	map	brief
Black or African American	917	3.4	12.3%	map	brief
American Indian and Alaska Native	52	0.2	0.9%	map	brief
Asian	2,538	9.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	6	0.0	0.1%	map	brief
Some other race	478	1.7	5.5%	map	
Two or more races	393	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	1,408	5.1	12.5%	map	brief
Household population	26,594	97.3	97.2%	map	brief
Group quarters population	747	2.7	2.8%	map	
Average household size	2.33	(X)	2.59	map	brief
Average family size	3.14	(X)	3.14	map	
Total housing units	11,871			map	
Occupied housing units	11,406	96.1	91.0%		brief
Owner-occupied housing units	6,397	56.1	66.2%	map	
Renter-occupied housing units	5,009	43.9	33.8%	map	brief
Vacant housing units	465	3.9	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	17,911				
High school graduate or higher	16,983	94.8	80.4%	map	brief
Bachelor's degree or higher	9,029	50.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,856	8.9	12.7%	map	brief
Disability status (population 5 years and over)	2,931	11.5	19.3%	map	brief
Foreign born	3,461	12.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	5,704	51.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,672	52.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,373	17.2	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	16,286	75.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	62,145	(X)	41,994	map	
Median family income in 1999 (dollars)	85,150	(X)	50,046	map	
Per capita income in 1999 (dollars)	34,125	(X)	21,587	map	
Families below poverty level	108	1.7	9.2%	map	brief
Individuals below poverty level	913	3.4	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	5,366				brief
Median value (dollars)	214,000	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,625	(X)	1,088	map	
Not mortgaged (dollars)	515	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

## Zip Code Tabulation Area 60441

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	49,103			map	brief
Male	25,958	52.9	49.1%	map	brief
Female	23,145	47.1	50.9%	map	brief
Median age (years)	34.2	(X)	35.3	map	brief
Under 5 years	3,386	6.9	6.8%	map	
18 years and over	35,949	73.2	74.3%		
65 years and over	3,773	7.7	12.4%	map	brief
One race	48,558	98.9	97.6%		
White	43,444	88.5	75.1%	map	brief
Black or African American	3,795	7.7	12.3%	map	brief
American Indian and Alaska Native	70	0.1	0.9%	map	brief
Asian	520	1.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	14	0.0	0.1%	map	brief
Some other race	715	1.5	5.5%	map	
Two or more races	545	1.1	2.4%	map	brief
Hispanic or Latino (of any race)	2,394	4.9	12.5%	map	brief
Household population	45,315	92.3	97.2%	map	brief
Group quarters population	3,788	7.7	2.8%	map	
Average household size	2.99	(X)	2.59	map	brief
Average family size	3.34	(X)	3.14	map	
Total housing units	15,629			map	
Occupied housing units	15,166	97.0	91.0%		brief
Owner-occupied housing units	13,344	88.0	66.2%	map	
Renter-occupied housing units	1,822	12.0	33.8%	map	brief
Vacant housing units	463	3.0	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	31,062				
High school graduate or higher	26,264	84.6	80.4%	map	brief
Bachelor's degree or higher	6,644	21.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,765	10.4	12.7%	map	brief
Disability status (population 5 years and over)	4,978	11.6	19.3%	map	brief
Foreign born	2,610	5.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	13,103	64.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	11,314	63.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,429	9.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	24,953	66.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	32.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	65,322	(X)	41,994	map	
Median family income in 1999 (dollars)	71,285	(X)	50,046	map	
Per capita income in 1999 (dollars)	25,278	(X)	21,587	map	
Families below poverty level	295	2.4	9.2%	map	brief
Individuals below poverty level	1,305	2.9	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	12,488				brief
Median value (dollars)	182,400	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,422	(X)	1,088	map	
Not mortgaged (dollars)	446	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60517

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	31,344			map	brief
Male	15,544	49.6	49.1%	map	brief
Female	15,800	50.4	50.9%	map	brief
Median age (years)	32.9	(X)	35.3	map	brief
Under 5 years	2,346	7.5	6.8%	map	
18 years and over	22,857	72.9	74.3%		
65 years and over	1,713	5.5	12.4%	map	brief
One race	30,696	97.9	97.6%		
White	23,693	75.6	75.1%	map	brief
Black or African American	2,517	8.0	12.3%	map	brief
American Indian and Alaska Native	52	0.2	0.9%	map	brief
Asian	3,434	11.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	995	3.2	5.5%	map	
Two or more races	648	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	2,881	9.2	12.5%	map	brief
Household population	31,342	100.0	97.2%	map	brief
Group quarters population	2	0.0	2.8%	map	
Average household size	2.70	(X)	2.59	map	brief
Average family size	3.25	(X)	3.14	map	
Total housing units	11,921			map	
Occupied housing units	11,607	97.4	91.0%		brief
Owner-occupied housing units	7,813	67.3	66.2%	map	
Renter-occupied housing units	3,794	32.7	33.8%	map	brief
Vacant housing units	314	2.6	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	20,163				
High school graduate or higher	18,156	90.0	80.4%	map	brief
Bachelor's degree or higher	7,792	38.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,023	8.8	12.7%	map	brief
Disability status (population 5 years and over)	3,648	12.5	19.3%	map	brief
Foreign born	5,362	17.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	7,192	60.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,932	56.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	6,456	22.1	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	17,784	74.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	61,769	(X)	41,994	map	
Median family income in 1999 (dollars)	70,802	(X)	50,046	map	
Per capita income in 1999 (dollars)	27,157	(X)	21,587	map	
Families below poverty level	246	2.9	9.2%	map	brief
Individuals below poverty level	1,200	3.8	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,506				brief
Median value (dollars)	167,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,426	(X)	1,088	map	
Not mortgaged (dollars)	472	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60515

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	27,514			map	brief
Male	12,983	47.2	49.1%	map	brief
Female	14,531	52.8	50.9%	map	brief
Median age (years)	39.8	(X)	35.3	map	brief
Under 5 years	1,748	6.4	6.8%	map	
18 years and over	20,899	76.0	74.3%		
65 years and over	4,497	16.3	12.4%	map	brief
One race	27,244	99.0	97.6%		
White	25,807	93.8	75.1%	map	brief
Black or African American	347	1.3	12.3%	map	brief
American Indian and Alaska Native	29	0.1	0.9%	map	brief
Asian	847	3.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	212	0.8	5.5%	map	
Two or more races	270	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	812	3.0	12.5%	map	brief
Household population	26,930	97.9	97.2%	map	brief
Group quarters population	584	2.1	2.8%	map	
Average household size	2.41	(X)	2.59	map	brief
Average family size	3.07	(X)	3.14	map	
Total housing units	11,504			map	
Occupied housing units	11,155	97.0	91.0%		brief
Owner-occupied housing units	8,906	79.8	66.2%	map	
Renter-occupied housing units	2,249	20.2	33.8%	map	brief
Vacant housing units	349	3.0	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	19,330				
High school graduate or higher	17,755	91.9	80.4%	map	brief
Bachelor's degree or higher	8,642	44.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,457	11.7	12.7%	map	brief
Disability status (population 5 years and over)	3,286	12.8	19.3%	map	brief
Foreign born	1,877	6.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,548	63.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,639	55.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,592	10.0	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	14,369	66.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	26.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	61,179	(X)	41,994	map	
Median family income in 1999 (dollars)	79,730	(X)	50,046	map	
Per capita income in 1999 (dollars)	31,809	(X)	21,587	map	
Families below poverty level	59	0.8	9.2%	map	brief
Individuals below poverty level	625	2.3	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	7,309				brief
Median value (dollars)	199,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,523	(X)	1,088	map	
Not mortgaged (dollars)	437	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60516

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	30,593			map	brief
Male	15,195	49.7	49.1%	map	brief
Female	15,398	50.3	50.9%	map	brief
Median age (years)	38.1	(X)	35.3	map	brief
Under 5 years	1,918	6.3	6.8%	map	
18 years and over	22,637	74.0	74.3%		
65 years and over	3,071	10.0	12.4%	map	brief
One race	30,181	98.7	97.6%		
White	26,535	86.7	75.1%	map	brief
Black or African American	760	2.5	12.3%	map	brief
American Indian and Alaska Native	35	0.1	0.9%	map	brief
Asian	2,484	8.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	362	1.2	5.5%	map	
Two or more races	412	1.3	2.4%	map	brief
Hispanic or Latino (of any race)	1,320	4.3	12.5%	map	brief
Household population	30,501	99.7	97.2%	map	brief
Group quarters population	92	0.3	2.8%	map	
Average household size	2.73	(X)	2.59	map	brief
Average family size	3.19	(X)	3.14	map	
Total housing units	11,408			map	
Occupied housing units	11,177	98.0	91.0%		brief
Owner-occupied housing units	9,495	85.0	66.2%	map	
Renter-occupied housing units	1,682	15.0	33.8%	map	brief
Vacant housing units	231	2.0	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	20,507				
High school graduate or higher	19,361	94.4	80.4%	map	brief
Bachelor's degree or higher	9,031	44.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,303	10.1	12.7%	map	brief
Disability status (population 5 years and over)	3,019	10.5	19.3%	map	brief
Foreign born	3,791	12.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	7,743	65.3	56.7%		brief
Female, Now married, except separated (population 15 years and over)	7,772	62.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,616	16.1	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	17,397	73.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	31.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	73,687	(X)	41,994	map	
Median family income in 1999 (dollars)	81,739	(X)	50,046	map	
Per capita income in 1999 (dollars)	31,685	(X)	21,587	map	
Families below poverty level	151	1.8	9.2%	map	brief
Individuals below poverty level	785	2.6	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	8,577				brief
Median value (dollars)	210,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,494	(X)	1,088	map	
Not mortgaged (dollars)	487	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60559

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	25,954			map	brief
Male	12,447	48.0	49.1%	map	brief
Female	13,507	52.0	50.9%	map	brief
Median age (years)	35.5	(X)	35.3	map	brief
Under 5 years	1,815	7.0	6.8%	map	
18 years and over	20,016	77.1	74.3%		
65 years and over	3,390	13.1	12.4%	map	brief
One race	25,409	97.9	97.6%		
White	20,275	78.1	75.1%	map	brief
Black or African American	1,343	5.2	12.3%	map	brief
American Indian and Alaska Native	37	0.1	0.9%	map	brief
Asian	3,131	12.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	623	2.4	5.5%	map	
Two or more races	545	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	1,808	7.0	12.5%	map	brief
Household population	25,290	97.4	97.2%	map	brief
Group quarters population	664	2.6	2.8%	map	
Average household size	2.43	(X)	2.59	map	brief
Average family size	3.07	(X)	3.14	map	
Total housing units	10,743			map	
Occupied housing units	10,393	96.7	91.0%		brief
Owner-occupied housing units	6,125	58.9	66.2%	map	
Renter-occupied housing units	4,268	41.1	33.8%	map	brief
Vacant housing units	350	3.3	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	17,929				
High school graduate or higher	15,881	88.6	80.4%	map	brief
Bachelor's degree or higher	6,607	36.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,987	9.9	12.7%	map	brief
Disability status (population 5 years and over)	3,649	15.6	19.3%	map	brief
Foreign born	5,088	19.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	5,723	56.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,720	52.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	8,070	25.3	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	14,144	68.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	53,438	(X)	41,994	map	
Median family income in 1999 (dollars)	65,417	(X)	50,046	map	
Per capita income in 1999 (dollars)	26,664	(X)	21,587	map	
Families below poverty level	219	3.4	9.2%	map	brief
Individuals below poverty level	1,287	5.1	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	5,110				brief
Median value (dollars)	174,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,382	(X)	1,088	map	
Not mortgaged (dollars)	430	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## U.S. Census Bureau

### American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60439

View a Fact Sheet for a race, ethnic, or ancestry group...

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population ~	20,004			map	brief
Male	9,651	48.2	49.1%	map	brief
Female	10,353	51.8	50.9%	map	brief
Median age (years)	39.0	(X)	35.3	map	brief
Under 5 years	1,317	6.6	6.8%	map	
18 years and over	14,478	72.4	74.3%		
65 years and over	2,608	13.0	12.4%	map	brief
One race	19,872	99.3	97.6%		
White	19,439	97.2	75.1%	map	brief
Black or African American	65	0.3	12.3%	map	brief
American Indian and Alaska Native	28	0.1	0.9%	map	brief
Asian	197	1.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	6	0.0	0.1%	map	brief
Some other race	137	0.7	5.5%	map	
Two or more races	132	0.7	2.4%	map	brief
Hispanic or Latino (of any race)	584	2.9	12.5%	map	brief
Household population	19,401	97.0	97.2%	map	brief
Group quarters population	603	3.0	2.8%	map	
Average household size	2.94	(X)	2.59	map	brief
Average family size	3.35	(X)	3.14	map	
Total housing units	6,793			map	
Occupied housing units	6,602	97.2	91.0%		brief
Owner-occupied housing units	5,715	86.6	66.2%	map	
Renter-occupied housing units	887	13.4	33.8%	map	brief
Vacant housing units	191	2.8	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	13,241				
High school graduate or higher	11,497	86.8	80.4%	map	brief
Bachelor's degree or higher	4,116	31.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,548	10.6	12.7%	map	brief
Disability status (population 5 years and over)	2,141	11.6	19.3%	map	brief
Foreign born	1,781	8.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,902	67.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,088	61.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,995	15.9	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	9,908	65.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	34.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	76,857	(X)	41,994	map	
Median family income in 1999 (dollars)	84,942	(X)	50,046	map	
Per capita income in 1999 (dollars)	31,044	(X)	21,587	map	
Families below poverty level	72	1.3	9.2%	map	brief
Individuals below poverty level	565	2.9	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	5,412				brief
Median value (dollars)	240,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,585	(X)	1,088	map	
Not mortgaged (dollars)	465	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

**Zip Code Tabulation Area 60561**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	23,570			map	brief
Male	11,550	49.0	49.1%	map	brief
Female	12,020	51.0	50.9%	map	brief
Median age (years)	40.9	(X)	35.3	map	brief
Under 5 years	1,255	5.3	6.8%	map	
18 years and over	18,137	76.9	74.3%		
65 years and over	2,920	12.4	12.4%	map	brief
One race	23,279	98.8	97.6%		
White	19,882	84.4	75.1%	map	brief
Black or African American	441	1.9	12.3%	map	brief
American Indian and Alaska Native	27	0.1	0.9%	map	brief
Asian	2,687	11.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	6	0.0	0.1%	map	brief
Some other race	236	1.0	5.5%	map	
Two or more races	291	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	856	3.6	12.5%	map	brief
Household population	23,466	99.6	97.2%	map	brief
Group quarters population	104	0.4	2.8%	map	
Average household size	2.62	(X)	2.59	map	brief
Average family size	3.09	(X)	3.14	map	
Total housing units	9,157			map	
Occupied housing units	8,961	97.9	91.0%		brief
Owner-occupied housing units	7,742	86.4	66.2%	map	
Renter-occupied housing units	1,219	13.6	33.8%	map	brief
Vacant housing units	196	2.1	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	16,555				
High school graduate or higher	15,466	93.4	80.4%	map	brief
Bachelor's degree or higher	7,173	43.3	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,931	10.7	12.7%	map	brief
Disability status (population 5 years and over)	2,820	12.7	19.3%	map	brief
Foreign born	3,672	15.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,149	68.3	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,075	61.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,911	22.0	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	12,962	69.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	32.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	74,949	(X)	41,994	map	
Median family income in 1999 (dollars)	86,725	(X)	50,046	map	
Per capita income in 1999 (dollars)	34,304	(X)	21,587	map	
Families below poverty level	117	1.7	9.2%	map	brief
Individuals below poverty level	515	2.2	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,893				brief
Median value (dollars)	213,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,571	(X)	1,088	map	
Not mortgaged (dollars)	556	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60514

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	17,313			map	brief
Male	8,156	47.1	49.1%	map	brief
Female	9,157	52.9	50.9%	map	brief
Median age (years)	38.8	(X)	35.3	map	brief
Under 5 years	1,177	6.8	6.8%	map	
18 years and over	13,333	77.0	74.3%		
65 years and over	2,511	14.5	12.4%	map	brief
One race	17,044	98.4	97.6%		
White	15,516	89.6	75.1%	map	brief
Black or African American	382	2.2	12.3%	map	brief
American Indian and Alaska Native	6	0.0	0.9%	map	brief
Asian	957	5.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	8	0.0	0.1%	map	brief
Some other race	175	1.0	5.5%	map	
Two or more races	269	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	676	3.9	12.5%	map	brief
Household population	17,206	99.4	97.2%	map	brief
Group quarters population	107	0.6	2.8%	map	
Average household size	2.24	(X)	2.59	map	brief
Average family size	2.99	(X)	3.14	map	
Total housing units	8,144			map	
Occupied housing units	7,669	94.2	91.0%		brief
Owner-occupied housing units	5,696	74.3	66.2%	map	
Renter-occupied housing units	1,973	25.7	33.8%	map	brief
Vacant housing units	475	5.8	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	12,224				
High school graduate or higher	11,559	94.6	80.4%	map	brief
Bachelor's degree or higher	6,164	50.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,404	10.5	12.7%	map	brief
Disability status (population 5 years and over)	1,796	11.1	19.3%	map	brief
Foreign born	2,250	13.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,985	62.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,951	52.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,799	17.3	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	9,570	69.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	61,747	(X)	41,994	map	
Median family income in 1999 (dollars)	81,157	(X)	50,046	map	
Per capita income in 1999 (dollars)	37,093	(X)	21,587	map	
Families below poverty level	63	1.4	9.2%	map	brief
Individuals below poverty level	293	1.7	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,792				brief
Median value (dollars)	266,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,761	(X)	1,088	map	
Not mortgaged (dollars)	532	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60521

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	37,496			map	brief
Male	18,148	48.4	49.1%	map	brief
Female	19,348	51.6	50.9%	map	brief
Median age (years)	39.7	(X)	35.3	map	brief
Under 5 years	2,579	6.9	6.8%	map	
18 years and over	26,556	70.8	74.3%		
65 years and over	4,814	12.8	12.4%	map	brief
One race	36,983	98.6	97.6%		
White	32,439	86.5	75.1%	map	brief
Black or African American	1,181	3.1	12.3%	map	brief
American Indian and Alaska Native	22	0.1	0.9%	map	brief
Asian	3,030	8.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	7	0.0	0.1%	map	brief
Some other race	304	0.8	5.5%	map	
Two or more races	513	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	1,187	3.2	12.5%	map	brief
Household population	36,830	98.2	97.2%	map	brief
Group quarters population	666	1.8	2.8%	map	
Average household size	2.82	(X)	2.59	map	brief
Average family size	3.27	(X)	3.14	map	
Total housing units	13,741			map	
Occupied housing units	13,061	95.1	91.0%		brief
Owner-occupied housing units	10,797	82.7	66.2%	map	brief
Renter-occupied housing units	2,264	17.3	33.8%	map	brief
Vacant housing units	680	4.9	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	24,371				
High school graduate or higher	23,114	94.8	80.4%	map	brief
Bachelor's degree or higher	13,922	57.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,952	11.2	12.7%	map	brief
Disability status (population 5 years and over)	3,876	11.3	19.3%	map	brief
Foreign born	4,294	11.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	9,499	70.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	9,386	63.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	5,299	15.2	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	17,641	63.6	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	30.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	91,727	(X)	41,994	map	
Median family income in 1999 (dollars)	114,584	(X)	50,046	map	
Per capita income in 1999 (dollars)	54,170	(X)	21,587	map	
Families below poverty level	302	3.0	9.2%	map	brief
Individuals below poverty level	1,332	3.6	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	9,472				brief
Median value (dollars)	435,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	2,477	(X)	1,088	map	
Not mortgaged (dollars)	692	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
**American FactFinder**

## FACT SHEET

**Zip Code Tabulation Area 60558**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	12,539			map	brief
Male	6,052	48.3	49.1%	map	brief
Female	6,487	51.7	50.9%	map	brief
Median age (years)	39.8	(X)	35.3	map	brief
Under 5 years	1,011	8.1	6.8%	map	
18 years and over	8,654	69.0	74.3%		
65 years and over	1,819	14.5	12.4%	map	brief
One race	12,473	99.5	97.6%		
White	12,332	98.3	75.1%	map	brief
Black or African American	23	0.2	12.3%	map	brief
American Indian and Alaska Native	5	0.0	0.9%	map	brief
Asian	90	0.7	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	23	0.2	5.5%	map	
Two or more races	66	0.5	2.4%	map	brief
Hispanic or Latino (of any race)	210	1.7	12.5%	map	brief
Household population	12,539	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.89	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	4,459			map	
Occupied housing units	4,334	97.2	91.0%		brief
Owner-occupied housing units	4,135	95.4	66.2%	map	
Renter-occupied housing units	199	4.6	33.8%	map	brief
Vacant housing units	125	2.8	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	8,312				
High school graduate or higher	8,073	97.1	80.4%	map	brief
Bachelor's degree or higher	5,481	65.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,164	13.2	12.7%	map	brief
Disability status (population 5 years and over)	976	8.4	19.3%	map	brief
Foreign born	477	3.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,411	77.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,346	68.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	858	7.4	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,917	64.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	98,806	(X)	41,994	map	
Median family income in 1999 (dollars)	108,867	(X)	50,046	map	
Per capita income in 1999 (dollars)	43,696	(X)	21,587	map	
Families below poverty level	26	0.7	9.2%	map	brief
Individuals below poverty level	118	0.9	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,980				brief
Median value (dollars)	325,000	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,954	(X)	1,088	map	
Not mortgaged (dollars)	565	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

## Zip Code Tabulation Area 60185

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	32,936			map	brief
Male	17,269	52.4	49.1%	map	brief
Female	15,667	47.6	50.9%	map	brief
Median age (years)	30.3	(X)	35.3	map	brief
Under 5 years	3,018	9.2	6.8%	map	
18 years and over	23,070	70.0	74.3%		
65 years and over	1,983	6.0	12.4%	map	brief
One race	32,080	97.4	97.6%		
White	26,793	81.3	75.1%	map	brief
Black or African American	515	1.6	12.3%	map	brief
American Indian and Alaska Native	105	0.3	0.9%	map	brief
Asian	616	1.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	10	0.0	0.1%	map	brief
Some other race	4,041	12.3	5.5%	map	
Two or more races	856	2.6	2.4%	map	brief
Hispanic or Latino (of any race)	12,464	37.8	12.5%	map	brief
Household population	32,553	98.8	97.2%	map	brief
Group quarters population	383	1.2	2.8%	map	
Average household size	3.43	(X)	2.59	map	brief
Average family size	3.71	(X)	3.14	map	
Total housing units	9,761			map	
Occupied housing units	9,504	97.4	91.0%		brief
Owner-occupied housing units	7,305	76.9	66.2%	map	
Renter-occupied housing units	2,199	23.1	33.8%	map	brief
Vacant housing units	257	2.6	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	19,240				
High school graduate or higher	14,232	74.0	80.4%	map	brief
Bachelor's degree or higher	4,412	22.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,866	8.0	12.7%	map	brief
Disability status (population 5 years and over)	4,330	14.5	19.3%	map	brief
Foreign born	9,148	27.6	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	7,818	60.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	7,461	63.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	11,860	39.4	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	17,408	72.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	66,953	(X)	41,994	map	
Median family income in 1999 (dollars)	70,777	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,529	(X)	21,587	map	
Families below poverty level	383	4.7	9.2%	map	brief
Individuals below poverty level	2,334	7.1	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,835				brief
Median value (dollars)	172,000	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,499	(X)	1,088	map	
Not mortgaged (dollars)	482	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## U.S. Census Bureau

### American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60190

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	12,065			map	brief
Male	6,233	51.7	49.1%	map	brief
Female	5,832	48.3	50.9%	map	brief
Median age (years)	37.1	(X)	35.3	map	brief
Under 5 years	840	7.0	6.8%	map	
18 years and over	8,696	72.1	74.3%		
65 years and over	926	7.7	12.4%	map	brief
One race	11,890	98.5	97.6%		
White	11,013	91.3	75.1%	map	brief
Black or African American	307	2.5	12.3%	map	brief
American Indian and Alaska Native	16	0.1	0.9%	map	brief
Asian	402	3.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	150	1.2	5.5%	map	
Two or more races	175	1.5	2.4%	map	brief
Hispanic or Latino (of any race)	505	4.2	12.5%	map	brief
Household population	11,288	93.6	97.2%	map	brief
Group quarters population	777	6.4	2.8%	map	
Average household size	2.92	(X)	2.59	map	brief
Average family size	3.28	(X)	3.14	map	
Total housing units	3,944			map	
Occupied housing units	3,871	98.1	91.0%		brief
Owner-occupied housing units	3,702	95.6	66.2%	map	
Renter-occupied housing units	169	4.4	33.8%	map	brief
Vacant housing units	73	1.9	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	7,873				
High school graduate or higher	7,153	90.9	80.4%	map	brief
Bachelor's degree or higher	3,363	42.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	887	10.3	12.7%	map	brief
Disability status (population 5 years and over)	1,052	9.9	19.3%	map	brief
Foreign born	808	6.6	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,382	71.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,043	68.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,117	9.9	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	6,121	68.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	30.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	84,502	(X)	41,994	map	
Median family income in 1999 (dollars)	93,522	(X)	50,046	map	
Per capita income in 1999 (dollars)	36,851	(X)	21,587	map	
Families below poverty level	19	0.6	9.2%	map	brief
Individuals below poverty level	273	2.4	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,558				brief
Median value (dollars)	211,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,680	(X)	1,088	map	
Not mortgaged (dollars)	559	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
**American FactFinder**

## FACT SHEET

**Zip Code Tabulation Area 60184**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	698			map	brief
Male	337	48.3	49.1%	map	brief
Female	361	51.7	50.9%	map	brief
Median age (years)	41.8	(X)	35.3	map	brief
Under 5 years	38	5.4	6.8%	map	
18 years and over	528	75.6	74.3%		
65 years and over	78	11.2	12.4%	map	brief
One race	689	98.7	97.6%		
White	672	96.3	75.1%	map	brief
Black or African American	4	0.6	12.3%	map	brief
American Indian and Alaska Native	0	0.0	0.9%	map	brief
Asian	13	1.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	0	0.0	5.5%	map	
Two or more races	9	1.3	2.4%	map	brief
Hispanic or Latino (of any race)	20	2.9	12.5%	map	brief
Household population	698	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.78	(X)	2.59	map	brief
Average family size	3.05	(X)	3.14	map	
Total housing units	259			map	
Occupied housing units	251	96.9	91.0%		brief
Owner-occupied housing units	243	96.8	66.2%	map	
Renter-occupied housing units	8	3.2	33.8%	map	brief
Vacant housing units	8	3.1	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	543				
High school graduate or higher	517	95.2	80.4%	map	brief
Bachelor's degree or higher	294	54.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	75	12.9	12.7%	map	brief
Disability status (population 5 years and over)	72	10.0	19.3%	map	brief
Foreign born	63	8.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	206	68.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	208	70.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	104	14.4	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	483	81.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	37.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	93,785	(X)	41,994	map	
Median family income in 1999 (dollars)	106,833	(X)	50,046	map	
Per capita income in 1999 (dollars)	54,869	(X)	21,587	map	
Families below poverty level	0	0.0	9.2%	map	brief
Individuals below poverty level	4	0.5	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	225				brief
Median value (dollars)	433,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	2,580	(X)	1,088	map	
Not mortgaged (dollars)	1,000	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60103

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	75,585			map	brief
Male	38,144	50.5	49.1%	map	brief
Female	37,441	49.5	50.9%	map	brief
Median age (years)	31.8	(X)	35.3	map	brief
Under 5 years	7,275	9.6	6.8%	map	
18 years and over	51,762	68.5	74.3%		
65 years and over	3,720	4.9	12.4%	map	brief
One race	73,902	97.8	97.6%		
White	58,778	77.8	75.1%	map	brief
Black or African American	3,093	4.1	12.3%	map	brief
American Indian and Alaska Native	153	0.2	0.9%	map	brief
Asian	7,413	9.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	12	0.0	0.1%	map	brief
Some other race	4,453	5.9	5.5%	map	
Two or more races	1,683	2.2	2.4%	map	brief
Hispanic or Latino (of any race)	12,113	16.0	12.5%	map	brief
Household population	75,384	99.7	97.2%	map	brief
Group quarters population	201	0.3	2.8%	map	
Average household size	3.21	(X)	2.59	map	brief
Average family size	3.54	(X)	3.14	map	
Total housing units	23,885			map	
Occupied housing units	23,463	98.2	91.0%		brief
Owner-occupied housing units	20,821	88.7	66.2%	map	
Renter-occupied housing units	2,642	11.3	33.8%	map	brief
Vacant housing units	422	1.8	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	45,905				
High school graduate or higher	39,280	85.6	80.4%	map	brief
Bachelor's degree or higher	13,683	29.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	4,194	8.1	12.7%	map	brief
Disability status (population 5 years and over)	8,732	12.8	19.3%	map	brief
Foreign born	14,999	19.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	17,620	64.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	17,633	62.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	19,026	27.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	40,947	75.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	32.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	70,938	(X)	41,894	map	
Median family income in 1999 (dollars)	74,919	(X)	50,046	map	
Per capita income in 1999 (dollars)	25,025	(X)	21,587	map	
Families below poverty level	556	2.9	9.2%	map	brief
Individuals below poverty level	3,045	4.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	18,978				brief
Median value (dollars)	168,400	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,484	(X)	1,088	map	
Not mortgaged (dollars)	457	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60187

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	61,481			map	brief
Male	29,709	48.3	49.1%	map	brief
Female	31,772	51.7	50.9%	map	brief
Median age (years)	36.2	(X)	35.3	map	brief
Under 5 years	3,990	6.5	6.8%	map	
18 years and over	44,811	72.9	74.3%		
65 years and over	6,753	11.0	12.4%	map	brief
One race	60,741	98.8	97.6%		
White	55,770	90.7	75.1%	map	brief
Black or African American	1,474	2.4	12.3%	map	brief
American Indian and Alaska Native	68	0.1	0.9%	map	brief
Asian	2,860	4.7	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	11	0.0	0.1%	map	brief
Some other race	558	0.9	5.5%	map	
Two or more races	740	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	2,045	3.3	12.5%	map	brief
Household population	57,984	94.3	97.2%	map	brief
Group quarters population	3,497	5.7	2.8%	map	
Average household size	2.69	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	22,079			map	
Occupied housing units	21,537	97.5	91.0%		brief
Owner-occupied housing units	16,391	76.1	66.2%	map	
Renter-occupied housing units	5,146	23.9	33.8%	map	brief
Vacant housing units	542	2.5	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	39,061				
High school graduate or higher	37,111	95.0	80.4%	map	brief
Bachelor's degree or higher	22,567	57.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	4,260	9.5	12.7%	map	brief
Disability status (population 5 years and over)	5,141	9.1	19.3%	map	brief
Foreign born	5,497	8.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	14,624	64.3	56.7%		brief
Female, Now married, except separated (population 15 years and over)	14,802	58.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	6,283	10.9	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	32,571	69.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	75,242	(X)	41,994	map	
Median family income in 1999 (dollars)	91,382	(X)	50,046	map	
Per capita income in 1999 (dollars)	34,972	(X)	21,587	map	
Families below poverty level	345	2.2	9.2%	map	brief
Individuals below poverty level	1,926	3.3	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	14,713				brief
Median value (dollars)	226,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,645	(X)	1,088	map	
Not mortgaged (dollars)	561	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## U.S. Census Bureau

### American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60188

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	43,730			map	brief
Male	21,618	49.4	49.1%	map	brief
Female	22,112	50.6	50.9%	map	brief
Median age (years)	31.4	(X)	35.3	map	brief
Under 5 years	3,575	8.2	6.8%	map	
18 years and over	30,086	68.8	74.3%		
65 years and over	2,449	5.6	12.4%	map	brief
One race	42,833	97.9	97.6%		
White	34,568	79.0	75.1%	map	brief
Black or African American	1,784	4.1	12.3%	map	brief
American Indian and Alaska Native	72	0.2	0.9%	map	brief
Asian	4,792	11.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	1,613	3.7	5.5%	map	
Two or more races	897	2.1	2.4%	map	brief
Hispanic or Latino (of any race)	4,252	9.7	12.5%	map	brief
Household population	43,645	99.8	97.2%	map	brief
Group quarters population	85	0.2	2.8%	map	
Average household size	2.95	(X)	2.59	map	brief
Average family size	3.46	(X)	3.14	map	
Total housing units	15,157			map	
Occupied housing units	14,813	97.7	91.0%		brief
Owner-occupied housing units	10,673	72.1	66.2%	map	
Renter-occupied housing units	4,140	27.9	33.8%	map	brief
Vacant housing units	344	2.3	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	26,224				
High school graduate or higher	23,552	89.8	80.4%	map	brief
Bachelor's degree or higher	8,620	32.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,174	7.2	12.7%	map	brief
Disability status (population 5 years and over)	4,262	10.7	19.3%	map	brief
Foreign born	7,233	16.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	9,872	62.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	9,889	60.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	8,754	22.0	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	24,150	77.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	65,766	(X)	41,994	map	
Median family income in 1999 (dollars)	75,683	(X)	50,046	map	
Per capita income in 1999 (dollars)	25,436	(X)	21,587	map	
Families below poverty level	256	2.3	9.2%	map	brief
Individuals below poverty level	1,421	3.3	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	9,386				brief
Median value (dollars)	171,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,496	(X)	1,088	map	
Not mortgaged (dollars)	488	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## U.S. Census Bureau

### American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60139

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	32,303			map	brief
Male	16,459	51.0	49.1%	map	brief
Female	15,844	49.0	50.9%	map	brief
Median age (years)	30.6	(X)	35.3	map	brief
Under 5 years	2,578	8.0	6.8%	map	
18 years and over	23,646	73.2	74.3%		
65 years and over	1,643	5.1	12.4%	map	brief
One race	31,373	97.1	97.6%		
White	20,730	64.2	75.1%	map	brief
Black or African American	1,523	4.7	12.3%	map	brief
American Indian and Alaska Native	91	0.3	0.9%	map	brief
Asian	6,435	19.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	25	0.1	0.1%	map	brief
Some other race	2,569	8.0	5.5%	map	
Two or more races	930	2.9	2.4%	map	brief
Hispanic or Latino (of any race)	5,856	18.1	12.5%	map	brief
Household population	32,287	100.0	97.2%	map	brief
Group quarters population	16	0.0	2.8%	map	
Average household size	2.94	(X)	2.59	map	brief
Average family size	3.54	(X)	3.14	map	
Total housing units	11,296			map	
Occupied housing units	10,980	97.2	91.0%		brief
Owner-occupied housing units	7,756	70.6	66.2%	map	
Renter-occupied housing units	3,224	29.4	33.8%	map	brief
Vacant housing units	316	2.8	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	19,888				
High school graduate or higher	16,249	81.7	80.4%	map	brief
Bachelor's degree or higher	5,374	27.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,719	7.3	12.7%	map	brief
Disability status (population 5 years and over)	4,787	16.1	19.3%	map	brief
Foreign born	9,627	29.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,966	55.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,923	56.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	11,975	40.4	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	18,369	75.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	27.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	56,791	(X)	41,994	map	
Median family income in 1999 (dollars)	64,856	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,070	(X)	21,587	map	
Families below poverty level	364	4.6	9.2%	map	brief
Individuals below poverty level	1,937	6.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,815				brief
Median value (dollars)	144,000	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,339	(X)	1,088	map	
Not mortgaged (dollars)	447	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

## Zip Code Tabulation Area 60108

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	21,960			map	brief
Male	10,574	48.2	49.1%	map	brief
Female	11,386	51.8	50.9%	map	brief
Median age (years)	38.1	(X)	35.3	map	brief
Under 5 years	1,201	5.5	6.8%	map	
18 years and over	17,153	78.1	74.3%		
65 years and over	2,687	12.2	12.4%	map	brief
One race	21,615	98.4	97.6%		
White	18,711	85.2	75.1%	map	brief
Black or African American	577	2.6	12.3%	map	brief
American Indian and Alaska Native	30	0.1	0.9%	map	brief
Asian	1,963	8.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	331	1.5	5.5%	map	
Two or more races	345	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	1,081	4.9	12.5%	map	brief
Household population	21,145	96.3	97.2%	map	brief
Group quarters population	815	3.7	2.8%	map	
Average household size	2.55	(X)	2.59	map	brief
Average family size	3.09	(X)	3.14	map	
Total housing units	8,480			map	
Occupied housing units	8,296	97.8	91.0%		brief
Owner-occupied housing units	6,038	72.8	66.2%	map	
Renter-occupied housing units	2,258	27.2	33.8%	map	brief
Vacant housing units	184	2.2	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	15,488				
High school graduate or higher	13,818	89.2	80.4%	map	brief
Bachelor's degree or higher	5,194	33.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,995	11.6	12.7%	map	brief
Disability status (population 5 years and over)	2,766	13.7	19.3%	map	brief
Foreign born	2,912	13.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	5,281	61.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,213	55.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,932	18.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	12,604	70.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	30.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	67,323	(X)	41,994	map	
Median family income in 1999 (dollars)	78,236	(X)	50,046	map	
Per capita income in 1999 (dollars)	30,598	(X)	21,587	map	
Families below poverty level	104	1.8	9.2%	map	brief
Individuals below poverty level	572	2.7	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	5,547				brief
Median value (dollars)	209,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,481	(X)	1,088	map	
Not mortgaged (dollars)	565	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60137

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	38,026			map	brief
Male	18,668	49.1	49.1%	map	brief
Female	19,358	50.9	50.9%	map	brief
Median age (years)	37.4	(X)	35.3	map	brief
Under 5 years	2,812	7.4	6.8%	map	
18 years and over	27,303	71.8	74.3%		
65 years and over	4,141	10.9	12.4%	map	brief
One race	37,450	98.5	97.6%		
White	34,355	90.3	75.1%	map	brief
Black or African American	785	2.1	12.3%	map	brief
American Indian and Alaska Native	52	0.1	0.9%	map	brief
Asian	1,605	4.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	10	0.0	0.1%	map	brief
Some other race	643	1.7	5.5%	map	
Two or more races	576	1.5	2.4%	map	brief
Hispanic or Latino (of any race)	1,698	4.5	12.5%	map	brief
Household population	37,913	99.7	97.2%	map	brief
Group quarters population	113	0.3	2.8%	map	
Average household size	2.71	(X)	2.59	map	brief
Average family size	3.22	(X)	3.14	map	
Total housing units	14,350			map	
Occupied housing units	13,991	97.5	91.0%		brief
Owner-occupied housing units	11,426	81.7	66.2%	map	
Renter-occupied housing units	2,565	18.3	33.8%	map	brief
Vacant housing units	359	2.5	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	25,095				
High school graduate or higher	23,571	93.9	80.4%	map	brief
Bachelor's degree or higher	13,328	53.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,936	10.7	12.7%	map	brief
Disability status (population 5 years and over)	3,770	10.7	19.3%	map	brief
Foreign born	3,845	10.1	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	9,531	67.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	9,606	63.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,593	13.0	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	20,011	70.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	74,335	(X)	41,994	map	
Median family income in 1999 (dollars)	88,668	(X)	50,046	map	
Per capita income in 1999 (dollars)	37,277	(X)	21,587	map	
Families below poverty level	138	1.3	9.2%	map	brief
Individuals below poverty level	1,048	2.8	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	10,093				brief
Median value (dollars)	244,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,753	(X)	1,088	map	
Not mortgaged (dollars)	568	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60148

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	50,460			map	brief
Male	24,643	48.8	49.1%	map	brief
Female	25,817	51.2	50.9%	map	brief
Median age (years)	36.7	(X)	35.3	map	brief
Under 5 years	3,142	6.2	6.8%	map	
18 years and over	38,715	76.7	74.3%		
65 years and over	7,082	14.0	12.4%	map	brief
One race	49,595	98.3	97.6%		
White	43,685	86.6	75.1%	map	brief
Black or African American	1,557	3.1	12.3%	map	brief
American Indian and Alaska Native	86	0.2	0.9%	map	brief
Asian	3,446	6.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	9	0.0	0.1%	map	brief
Some other race	812	1.6	5.5%	map	
Two or more races	865	1.7	2.4%	map	brief
Hispanic or Latino (of any race)	2,581	5.1	12.5%	map	brief
Household population	49,079	97.3	97.2%	map	brief
Group quarters population	1,381	2.7	2.8%	map	
Average household size	2.53	(X)	2.59	map	brief
Average family size	3.14	(X)	3.14	map	
Total housing units	19,998			map	
Occupied housing units	19,396	97.0	91.0%		brief
Owner-occupied housing units	14,700	75.8	66.2%	map	
Renter-occupied housing units	4,696	24.2	33.8%	map	brief
Vacant housing units	602	3.0	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	34,678				
High school graduate or higher	31,311	90.3	80.4%	map	brief
Bachelor's degree or higher	11,951	34.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	4,121	10.7	12.7%	map	brief
Disability status (population 5 years and over)	6,418	13.9	19.3%	map	brief
Foreign born	5,755	11.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	11,622	58.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	11,739	56.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	7,133	15.1	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	27,993	70.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	27.2	(X)	25.5	map	brief
Median household income in 1999 (dollars)	60,378	(X)	41,994	map	
Median family income in 1999 (dollars)	69,585	(X)	50,046	map	
Per capita income in 1999 (dollars)	27,230	(X)	21,587	map	
Families below poverty level	286	2.2	9.2%	map	brief
Individuals below poverty level	1,951	4.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	12,544				brief
Median value (dollars)	170,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,386	(X)	1,088	map	
Not mortgaged (dollars)	439	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60157

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	2,111			map	brief
Male	1,073	50.8	49.1%	map	brief
Female	1,038	49.2	50.9%	map	brief
Median age (years)	41.4	(X)	35.3	map	brief
Under 5 years	132	6.3	6.8%	map	
18 years and over	1,588	75.2	74.3%		
65 years and over	298	14.1	12.4%	map	brief
One race	2,085	98.8	97.6%		
White	1,995	94.5	75.1%	map	brief
Black or African American	15	0.7	12.3%	map	brief
American Indian and Alaska Native	3	0.1	0.9%	map	brief
Asian	41	1.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	31	1.5	5.5%	map	
Two or more races	26	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	78	3.7	12.5%	map	brief
Household population	2,111	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.89	(X)	2.59	map	brief
Average family size	3.14	(X)	3.14	map	
Total housing units	746			map	
Occupied housing units	730	97.9	91.0%		brief
Owner-occupied housing units	714	97.8	66.2%	map	
Renter-occupied housing units	16	2.2	33.8%	map	brief
Vacant housing units	16	2.1	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	1,543				
High school graduate or higher	1,416	91.8	80.4%	map	brief
Bachelor's degree or higher	545	35.3	24.4%	map	
Civilian veterans (civilian population 18 years and over)	161	9.6	12.7%	map	brief
Disability status (population 5 years and over)	286	14.3	19.3%	map	brief
Foreign born	288	13.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	629	73.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	653	73.0	52.1%		brief
Speak a language other than English at home (population 5 years and over)	355	17.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,029	59.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.2	(X)	25.5	map	brief
Median household income in 1999 (dollars)	81,251	(X)	41,994	map	
Median family income in 1999 (dollars)	86,553	(X)	50,046	map	
Per capita income in 1999 (dollars)	36,250	(X)	21,587	map	
Families below poverty level	25	3.9	9.2%	map	brief
Individuals below poverty level	75	3.6	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	708				brief
Median value (dollars)	254,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,757	(X)	1,088	map	
Not mortgaged (dollars)	465	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60101

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	38,141			map	brief
Male	19,363	50.8	49.1%	map	brief
Female	18,778	49.2	50.9%	map	brief
Median age (years)	32.5	(X)	35.3	map	brief
Under 5 years	2,862	7.5	6.8%	map	
18 years and over	28,163	73.8	74.3%		
65 years and over	3,332	8.7	12.4%	map	brief
One race	37,250	97.7	97.6%		
White	29,095	76.3	75.1%	map	brief
Black or African American	925	2.4	12.3%	map	brief
American Indian and Alaska Native	129	0.3	0.9%	map	brief
Asian	2,936	7.7	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	6	0.0	0.1%	map	brief
Some other race	4,159	10.9	5.5%	map	
Two or more races	891	2.3	2.4%	map	brief
Hispanic or Latino (of any race)	10,537	27.6	12.5%	map	brief
Household population	37,974	99.6	97.2%	map	brief
Group quarters population	167	0.4	2.8%	map	
Average household size	3.06	(X)	2.59	map	brief
Average family size	3.46	(X)	3.14	map	
Total housing units	12,573			map	
Occupied housing units	12,395	98.6	91.0%		brief
Owner-occupied housing units	8,652	69.8	66.2%	map	
Renter-occupied housing units	3,743	30.2	33.8%	map	brief
Vacant housing units	178	1.4	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	23,774				
High school graduate or higher	17,622	74.1	80.4%	map	brief
Bachelor's degree or higher	4,481	18.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,282	8.2	12.7%	map	brief
Disability status (population 5 years and over)	5,642	16.1	19.3%	map	brief
Foreign born	12,506	33.1	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	8,747	59.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	8,613	58.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	15,806	45.2	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	19,550	67.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	54,495	(X)	41,994	map	
Median family income in 1999 (dollars)	59,456	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,615	(X)	21,587	map	
Families below poverty level	687	7.1	9.2%	map	brief
Individuals below poverty level	3,474	9.2	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	7,556				brief
Median value (dollars)	173,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,439	(X)	1,088	map	
Not mortgaged (dollars)	465	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
**American FactFinder**

## FACT SHEET

## Zip Code Tabulation Area 60143

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	10,021			map	brief
Male	4,889	48.8	49.1%	map	brief
Female	5,132	51.2	50.9%	map	brief
Median age (years)	37.9	(X)	35.3	map	brief
Under 5 years	620	6.2	6.8%	map	
18 years and over	7,715	77.0	74.3%		
65 years and over	1,200	12.0	12.4%	map	brief
One race	9,777	97.6	97.6%		
White	8,946	89.3	75.1%	map	brief
Black or African American	143	1.4	12.3%	map	brief
American Indian and Alaska Native	26	0.3	0.9%	map	brief
Asian	498	5.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	162	1.6	5.5%	map	
Two or more races	244	2.4	2.4%	map	brief
Hispanic or Latino (of any race)	644	6.4	12.5%	map	brief
Household population	9,876	98.6	97.2%	map	brief
Group quarters population	145	1.4	2.8%	map	
Average household size	2.60	(X)	2.59	map	brief
Average family size	3.08	(X)	3.14	map	
Total housing units	3,890			map	
Occupied housing units	3,805	97.8	91.0%		brief
Owner-occupied housing units	2,955	77.7	66.2%	map	
Renter-occupied housing units	850	22.3	33.8%	map	brief
Vacant housing units	85	2.2	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	6,839				
High school graduate or higher	6,017	88.0	80.4%	map	brief
Bachelor's degree or higher	2,130	31.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	791	10.3	12.7%	map	brief
Disability status (population 5 years and over)	1,076	11.6	19.3%	map	brief
Foreign born	1,670	16.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,442	62.3	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,383	57.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,006	21.4	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,600	70.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	26.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	70,172	(X)	41,994	map	
Median family income in 1999 (dollars)	77,342	(X)	50,046	map	
Per capita income in 1999 (dollars)	33,598	(X)	21,587	map	
Families below poverty level	87	3.2	9.2%	map	brief
Individuals below poverty level	470	4.8	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	2,556				brief
Median value (dollars)	212,800	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,562	(X)	1,088	map	
Not mortgaged (dollars)	528	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60523

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	10,231			map	brief
Male	4,545	44.4	49.1%	map	brief
Female	5,686	55.6	50.9%	map	brief
Median age (years)	53.3	(X)	35.3	map	brief
Under 5 years	287	2.8	6.8%	map	
18 years and over	8,553	83.6	74.3%		
65 years and over	3,078	30.1	12.4%	map	brief
One race	10,088	98.6	97.6%		
White	8,117	79.3	75.1%	map	brief
Black or African American	119	1.2	12.3%	map	brief
American Indian and Alaska Native	2	0.0	0.9%	map	brief
Asian	1,825	17.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	21	0.2	5.5%	map	
Two or more races	143	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	241	2.4	12.5%	map	brief
Household population	9,590	93.7	97.2%	map	brief
Group quarters population	641	6.3	2.8%	map	
Average household size	2.45	(X)	2.59	map	brief
Average family size	2.97	(X)	3.14	map	
Total housing units	4,078			map	
Occupied housing units	3,911	95.9	91.0%		brief
Owner-occupied housing units	3,319	84.9	66.2%	map	
Renter-occupied housing units	592	15.1	33.8%	map	brief
Vacant housing units	167	4.1	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	7,761				
High school graduate or higher	7,069	91.1	80.4%	map	brief
Bachelor's degree or higher	4,237	54.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,120	13.3	12.7%	map	brief
Disability status (population 5 years and over)	1,360	15.1	19.3%	map	brief
Foreign born	1,963	19.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,725	69.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,048	62.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,502	25.9	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	4,474	51.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	109,942	(X)	41,994	map	
Median family income in 1999 (dollars)	154,945	(X)	50,046	map	
Per capita income in 1999 (dollars)	68,305	(X)	21,587	map	
Families below poverty level	43	1.6	9.2%	map	brief
Individuals below poverty level	279	3.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	2,785				brief
Median value (dollars)	558,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	2,963	(X)	1,088	map	
Not mortgaged (dollars)	837	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
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## FACT SHEET

## Zip Code Tabulation Area 60181

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	30,161			map	brief
Male	15,087	50.0	49.1%	map	brief
Female	15,074	50.0	50.9%	map	brief
Median age (years)	34.9	(X)	35.3	map	brief
Under 5 years	2,052	6.8	6.8%	map	
18 years and over	22,489	74.6	74.3%		
65 years and over	3,644	12.1	12.4%	map	brief
One race	29,565	98.0	97.6%		
White	25,724	85.3	75.1%	map	brief
Black or African American	853	2.8	12.3%	map	brief
American Indian and Alaska Native	69	0.2	0.9%	map	brief
Asian	1,700	5.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	17	0.1	0.1%	map	brief
Some other race	1,202	4.0	5.5%	map	
Two or more races	596	2.0	2.4%	map	brief
Hispanic or Latino (of any race)	4,413	14.6	12.5%	map	brief
Household population	30,005	99.5	97.2%	map	brief
Group quarters population	156	0.5	2.8%	map	
Average household size	2.71	(X)	2.59	map	brief
Average family size	3.28	(X)	3.14	map	
Total housing units	11,419			map	
Occupied housing units	11,066	96.9	91.0%		brief
Owner-occupied housing units	8,084	73.1	66.2%	map	
Renter-occupied housing units	2,982	26.9	33.8%	map	brief
Vacant housing units	353	3.1	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	19,926				
High school graduate or higher	16,969	85.2	80.4%	map	brief
Bachelor's degree or higher	5,050	25.3	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,381	10.6	12.7%	map	brief
Disability status (population 5 years and over)	4,453	15.8	19.3%	map	brief
Foreign born	5,361	17.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,884	59.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,517	53.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	6,457	22.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	16,963	72.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	25.6	(X)	25.5	map	brief
Median household income in 1999 (dollars)	54,517	(X)	41,994	map	
Median family income in 1999 (dollars)	62,339	(X)	50,046	map	
Per capita income in 1999 (dollars)	23,830	(X)	21,587	map	
Families below poverty level	287	3.7	9.2%	map	brief
Individuals below poverty level	1,524	5.1	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	7,410				brief
Median value (dollars)	152,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,241	(X)	1,088	map	
Not mortgaged (dollars)	417	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60126

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	45,355			map	brief
Male	21,856	48.2	49.1%	map	brief
Female	23,499	51.8	50.9%	map	brief
Median age (years)	38.7	(X)	35.3	map	brief
Under 5 years	3,157	7.0	6.8%	map	
18 years and over	33,781	74.5	74.3%		
65 years and over	7,177	15.8	12.4%	map	brief
One race	44,903	99.0	97.6%		
White	42,233	93.1	75.1%	map	brief
Black or African American	425	0.9	12.3%	map	brief
American Indian and Alaska Native	26	0.1	0.9%	map	brief
Asian	1,733	3.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	8	0.0	0.1%	map	brief
Some other race	478	1.1	5.5%	map	
Two or more races	452	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	1,875	4.1	12.5%	map	brief
Household population	43,764	96.5	97.2%	map	brief
Group quarters population	1,591	3.5	2.8%	map	
Average household size	2.65	(X)	2.59	map	brief
Average family size	3.19	(X)	3.14	map	
Total housing units	17,082			map	
Occupied housing units	16,538	96.8	91.0%		brief
Owner-occupied housing units	13,818	83.6	66.2%	map	
Renter-occupied housing units	2,720	16.4	33.8%	map	brief
Vacant housing units	544	3.2	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	30,649				
High school graduate or higher	27,994	91.3	80.4%	map	brief
Bachelor's degree or higher	13,565	44.3	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,840	11.4	12.7%	map	brief
Disability status (population 5 years and over)	4,950	11.9	19.3%	map	brief
Foreign born	3,829	8.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	11,017	65.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	11,328	60.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	5,698	13.5	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	23,797	67.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	26.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	69,268	(X)	41,994	map	
Median family income in 1999 (dollars)	81,018	(X)	50,046	map	
Per capita income in 1999 (dollars)	31,825	(X)	21,587	map	
Families below poverty level	240	2.0	9.2%	map	brief
Individuals below poverty level	1,122	2.6	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	12,539				brief
Median value (dollars)	209,000	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,531	(X)	1,088	map	
Not mortgaged (dollars)	463	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## U.S. Census Bureau

### American FactFinder

## FACT SHEET

**Zip Code Tabulation Area 60162**


View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:**

General Characteristics - show more >>	Number	Percent	U.S.		
Total population *	8,513			map	brief
Male	4,100	48.2	49.1%	map	brief
Female	4,413	51.8	50.9%	map	brief
Median age (years)	36.4	(X)	35.3	map	brief
Under 5 years	554	6.5	6.8%	map	
18 years and over	6,404	75.2	74.3%		
65 years and over	1,332	15.6	12.4%	map	brief
One race	8,288	97.4	97.6%		
White	4,197	49.3	75.1%	map	brief
Black or African American	3,147	37.0	12.3%	map	brief
American Indian and Alaska Native	15	0.2	0.9%	map	brief
Asian	429	5.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.1	0.1%	map	brief
Some other race	495	5.8	5.5%	map	
Two or more races	225	2.6	2.4%	map	brief
Hispanic or Latino (of any race)	1,125	13.2	12.5%	map	brief
Household population	8,271	97.2	97.2%	map	brief
Group quarters population	242	2.8	2.8%	map	
Average household size	2.65	(X)	2.59	map	brief
Average family size	3.25	(X)	3.14	map	
Total housing units	3,231			map	
Occupied housing units	3,119	96.5	91.0%		brief
Owner-occupied housing units	2,182	70.0	66.2%	map	
Renter-occupied housing units	937	30.0	33.8%	map	brief
Vacant housing units	112	3.5	9.0%	map	
<b>Social Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
Population 25 years and over	5,833				
High school graduate or higher	4,711	80.8	80.4%	map	brief
Bachelor's degree or higher	1,145	19.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	750	11.5	12.7%	map	brief
Disability status (population 5 years and over)	1,367	17.6	19.3%	map	brief
Foreign born	1,186	14.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,635	50.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,750	48.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,774	22.2	17.9%	map	brief
<b>Economic Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
In labor force (population 16 years and over)	4,201	62.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	49,867	(X)	41,994	map	
Median family income in 1999 (dollars)	59,508	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,519	(X)	21,587	map	
Families below poverty level	103	4.7	9.2%	map	brief
Individuals below poverty level	517	6.3	12.4%	map	
<b>Housing Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
Single-family owner-occupied homes	2,088				brief
Median value (dollars)	133,800	(X)	119,600	map	brief
Median of selected monthly owner costs		(X)			brief
With a mortgage (dollars)	1,221	(X)	1,088	map	
Not mortgaged (dollars)	351	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## U.S. Census Bureau

### American FactFinder

#### FACT SHEET

### Zip Code Tabulation Area 60163

View a Fact Sheet for a race, ethnic, or ancestry group

#### Census 2000 Demographic Profile Highlights:

##### General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	5,212			map	brief
Male	2,561	49.1	49.1%	map	brief
Female	2,651	50.9	50.9%	map	brief
Median age (years)	37.0	(X)	35.3	map	brief
Under 5 years	349	6.7	6.8%	map	
18 years and over	3,873	74.3	74.3%		
65 years and over	759	14.6	12.4%	map	brief
One race	5,107	98.0	97.6%		
White	3,091	59.3	75.1%	map	brief
Black or African American	1,460	28.0	12.3%	map	brief
American Indian and Alaska Native	6	0.1	0.9%	map	brief
Asian	186	3.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	363	7.0	5.5%	map	
Two or more races	105	2.0	2.4%	map	brief
Hispanic or Latino (of any race)	817	15.7	12.5%	map	brief
Household population	5,205	99.9	97.2%	map	brief
Group quarters population	7	0.1	2.8%	map	
Average household size	2.79	(X)	2.59	map	brief
Average family size	3.27	(X)	3.14	map	
Total housing units	1,901			map	
Occupied housing units	1,864	98.1	91.0%		brief
Owner-occupied housing units	1,602	85.9	66.2%	map	
Renter-occupied housing units	262	14.1	33.8%	map	brief
Vacant housing units	37	1.9	9.0%	map	

##### Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	3,535				
High school graduate or higher	2,916	82.5	80.4%	map	brief
Bachelor's degree or higher	725	20.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	472	12.2	12.7%	map	brief
Disability status (population 5 years and over)	992	20.2	19.3%	map	brief
Foreign born	668	12.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,176	59.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,133	54.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,219	24.9	17.9%	map	brief

##### Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	2,529	63.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	59,922	(X)	41,994	map	
Median family income in 1999 (dollars)	67,091	(X)	50,046	map	
Per capita income in 1999 (dollars)	24,173	(X)	21,587	map	
Families below poverty level	65	4.7	9.2%	map	brief
Individuals below poverty level	334	6.4	12.4%	map	

##### Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	1,504				brief
Median value (dollars)	137,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,190	(X)	1,088	map	
Not mortgaged (dollars)	349	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
**American FactFinder**

## FACT SHEET

**Zip Code Tabulation Area 60164**

View a Fact Sheet for a race, ethnic, or ancestry group.

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	21,682			map	brief
Male	10,844	50.0	49.1%	map	brief
Female	10,838	50.0	50.9%	map	brief
Median age (years)	34.9	(X)	35.3	map	brief
Under 5 years	1,444	6.7	6.8%	map	
18 years and over	15,878	73.2	74.3%		
65 years and over	2,841	13.1	12.4%	map	brief
One race	21,112	97.4	97.6%		
White	16,268	75.0	75.1%	map	brief
Black or African American	615	2.8	12.3%	map	brief
American Indian and Alaska Native	102	0.5	0.9%	map	brief
Asian	869	4.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	16	0.1	0.1%	map	brief
Some other race	3,242	15.0	5.5%	map	
Two or more races	570	2.6	2.4%	map	brief
Hispanic or Latino (of any race)	7,574	34.9	12.5%	map	brief
Housethold population	21,212	97.8	97.2%	map	brief
Group quarters population	470	2.2	2.8%	map	
Average household size	3.04	(X)	2.59	map	brief
Average family size	3.61	(X)	3.14	map	
Total housing units	7,188			map	
Occupied housing units	6,971	97.0	91.0%		brief
Owner-occupied housing units	5,337	76.6	66.2%	map	
Renter-occupied housing units	1,634	23.4	33.8%	map	brief
Vacant housing units	217	3.0	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	13,767				
High school graduate or higher	9,459	68.7	80.4%	map	brief
Bachelor's degree or higher	1,189	8.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,607	10.1	12.7%	map	brief
Disability status (population 5 years and over)	4,292	21.5	19.3%	map	brief
Foreign born	5,416	25.1	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,593	54.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,724	55.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	7,933	39.2	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	10,462	62.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	23.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	50,068	(X)	41,994	map	
Median family income in 1999 (dollars)	55,087	(X)	50,046	map	
Per capita income in 1999 (dollars)	17,933	(X)	21,587	map	
Families below poverty level	260	5.1	9.2%	map	brief
Individuals below poverty level	1,528	7.2	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	4,748				brief
Median value (dollars)	137,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,207	(X)	1,088	map	
Not mortgaged (dollars)	328	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60464

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population ---	9,520			map	brief
Male	4,506	47.3	49.1%	map	brief
Female	5,014	52.7	50.9%	map	brief
Median age (years)	45.4	(X)	35.3	map	brief
Under 5 years	386	4.1	6.8%	map	
18 years and over	7,272	76.4	74.3%		
65 years and over	1,901	20.0	12.4%	map	brief
One race	9,433	99.1	97.6%		
White	9,138	96.0	75.1%	map	brief
Black or African American	36	0.4	12.3%	map	brief
American Indian and Alaska Native	7	0.1	0.9%	map	brief
Asian	228	2.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	24	0.3	5.5%	map	
Two or more races	87	0.9	2.4%	map	brief
Hispanic or Latino (of any race)	198	2.1	12.5%	map	brief
Household population	9,373	98.5	97.2%	map	brief
Group quarters population	147	1.5	2.8%	map	
Average household size	2.65	(X)	2.59	map	brief
Average family size	3.19	(X)	3.14	map	
Total housing units	3,619			map	
Occupied housing units	3,536	97.7	91.0%		brief
Owner-occupied housing units	3,236	91.5	66.2%	map	
Renter-occupied housing units	300	8.5	33.8%	map	brief
Vacant housing units	83	2.3	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	6,634				
High school graduate or higher	6,057	91.3	80.4%	map	brief
Bachelor's degree or higher	2,686	40.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	951	13.1	12.7%	map	brief
Disability status (population 5 years and over)	1,057	11.9	19.3%	map	brief
Foreign born	915	9.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,339	64.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,401	58.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,414	15.7	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	4,353	57.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	34.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	76,846	(X)	41,994	map	
Median family income in 1999 (dollars)	91,659	(X)	50,046	map	
Per capita income in 1999 (dollars)	36,543	(X)	21,587	map	
Families below poverty level	71	2.8	9.2%	map	brief
Individuals below poverty level	318	3.5	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	2,802				brief
Median value (dollars)	284,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,754	(X)	1,088	map	
Not mortgaged (dollars)	624	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
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## FACT SHEET

## Zip Code Tabulation Area 60480

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	4,758			map	brief
Male	2,405	50.5	49.1%	map	brief
Female	2,353	49.5	50.9%	map	brief
Median age (years)	40.2	(X)	35.3	map	brief
Under 5 years	240	5.0	6.8%	map	
18 years and over	3,653	76.8	74.3%		
65 years and over	495	10.4	12.4%	map	brief
One race	4,651	97.8	97.6%		
White	4,474	94.0	75.1%	map	brief
Black or African American	28	0.6	12.3%	map	brief
American Indian and Alaska Native	6	0.1	0.9%	map	brief
Asian	90	1.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	52	1.1	5.5%	map	
Two or more races	107	2.2	2.4%	map	brief
Hispanic or Latino (of any race)	257	5.4	12.5%	map	brief
Household population	4,758	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.61	(X)	2.59	map	brief
Average family size	3.16	(X)	3.14	map	
Total housing units	1,860			map	
Occupied housing units	1,824	98.1	91.0%		brief
Owner-occupied housing units	1,545	84.7	66.2%	map	
Renter-occupied housing units	279	15.3	33.8%	map	brief
Vacant housing units	36	1.9	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	3,284				
High school graduate or higher	2,818	85.8	80.4%	map	brief
Bachelor's degree or higher	747	22.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	465	12.9	12.7%	map	brief
Disability status (population 5 years and over)	618	14.2	19.3%	map	brief
Foreign born	625	13.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,157	58.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,149	65.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	969	22.3	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	2,633	71.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	33.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	56,563	(X)	41,994	map	
Median family income in 1999 (dollars)	66,944	(X)	50,046	map	
Per capita income in 1999 (dollars)	29,601	(X)	21,587	map	
Families below poverty level	81	6.2	9.2%	map	brief
Individuals below poverty level	304	6.5	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	1,375				brief
Median value (dollars)	207,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,340	(X)	1,088	map	
Not mortgaged (dollars)	496	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60525


View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	32,475			map	brief
Male	15,751	48.5	49.1%	map	brief
Female	16,724	51.5	50.9%	map	brief
Median age (years)	40.5	(X)	35.3	map	brief
Under 5 years	2,189	6.7	6.8%	map	
18 years and over	24,497	75.4	74.3%		
65 years and over	5,224	16.1	12.4%	map	brief
One race	32,147	99.0	97.6%		
White	29,870	92.0	75.1%	map	brief
Black or African American	1,136	3.5	12.3%	map	brief
American Indian and Alaska Native	37	0.1	0.9%	map	brief
Asian	389	1.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	711	2.2	5.5%	map	
Two or more races	328	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	2,206	6.8	12.5%	map	brief
Household population	31,678	97.5	97.2%	map	brief
Group quarters population	797	2.5	2.8%	map	
Average household size	2.49	(X)	2.59	map	brief
Average family size	3.10	(X)	3.14	map	
Total housing units	13,236			map	
Occupied housing units	12,719	96.1	91.0%		brief
Owner-occupied housing units	10,301	81.0	66.2%	map	
Renter-occupied housing units	2,418	19.0	33.8%	map	brief
Vacant housing units	517	3.9	9.0%	map	
<b>Social Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
Population 25 years and over	22,563				
High school graduate or higher	20,103	89.1	80.4%	map	brief
Bachelor's degree or higher	9,269	41.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,118	12.7	12.7%	map	brief
Disability status (population 5 years and over)	4,061	13.5	19.3%	map	brief
Foreign born	3,139	9.6	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	7,527	61.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	7,416	54.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,127	13.5	17.9%	map	brief
<b>Economic Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
In labor force (population 16 years and over)	16,711	65.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	62,895	(X)	41,994	map	
Median family income in 1999 (dollars)	81,042	(X)	50,046	map	
Per capita income in 1999 (dollars)	32,429	(X)	21,587	map	
Families below poverty level	286	3.3	9.2%	map	brief
Individuals below poverty level	1,497	4.7	12.4%	map	
<b>Housing Characteristics - show more &gt;&gt;</b>	<b>Number</b>	<b>Percent</b>	<b>U.S.</b>		
Single-family owner-occupied homes	7,554				brief
Median value (dollars)	241,400	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,651	(X)	1,088	map	
Not mortgaged (dollars)	466	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60526

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	13,301			map	brief
Male	6,077	45.7	49.1%	map	brief
Female	7,224	54.3	50.9%	map	brief
Median age (years)	41.1	(X)	35.3	map	brief
Under 5 years	919	6.9	6.8%	map	
18 years and over	10,152	76.3	74.3%		
65 years and over	2,904	21.8	12.4%	map	brief
One race	13,167	99.0	97.6%		
White	12,400	93.2	75.1%	map	brief
Black or African American	409	3.1	12.3%	map	brief
American Indian and Alaska Native	14	0.1	0.9%	map	brief
Asian	218	1.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	121	0.9	5.5%	map	
Two or more races	134	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	472	3.5	12.5%	map	brief
Household population	12,960	97.4	97.2%	map	brief
Group quarters population	341	2.6	2.8%	map	
Average household size	2.38	(X)	2.59	map	brief
Average family size	3.05	(X)	3.14	map	
Total housing units	5,563			map	
Occupied housing units	5,435	97.7	91.0%		brief
Owner-occupied housing units	3,892	71.6	66.2%	map	
Renter-occupied housing units	1,543	28.4	33.8%	map	brief
Vacant housing units	128	2.3	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	9,445				
High school graduate or higher	8,715	92.3	80.4%	map	brief
Bachelor's degree or higher	3,926	41.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,374	13.5	12.7%	map	brief
Disability status (population 5 years and over)	1,839	15.3	19.3%	map	brief
Foreign born	934	7.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,024	63.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,078	52.6	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,256	10.2	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	6,413	61.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	59,124	(X)	41,994	map	
Median family income in 1999 (dollars)	76,547	(X)	50,046	map	
Per capita income in 1999 (dollars)	30,379	(X)	21,587	map	
Families below poverty level	43	1.2	9.2%	map	brief
Individuals below poverty level	333	2.6	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,593				brief
Median value (dollars)	205,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,465	(X)	1,088	map	
Not mortgaged (dollars)	476	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60458

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	14,226			map	brief
Male	6,979	49.1	49.1%	map	brief
Female	7,247	50.9	50.9%	map	brief
Median age (years)	31.4	(X)	35.3	map	brief
Under 5 years	1,198	8.4	6.8%	map	
18 years and over	10,266	72.2	74.3%		
65 years and over	1,127	7.9	12.4%	map	brief
One race	13,656	96.0	97.6%		
White	10,546	74.1	75.1%	map	brief
Black or African American	2,466	17.3	12.3%	map	brief
American Indian and Alaska Native	28	0.2	0.9%	map	brief
Asian	224	1.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	389	2.7	5.5%	map	
Two or more races	570	4.0	2.4%	map	brief
Hispanic or Latino (of any race)	1,049	7.4	12.5%	map	brief
Household population	14,209	99.9	97.2%	map	brief
Group quarters population	17	0.1	2.8%	map	
Average household size	2.67	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	5,779			map	
Occupied housing units	5,318	92.0	91.0%		brief
Owner-occupied housing units	2,992	56.3	66.2%	map	
Renter-occupied housing units	2,326	43.7	33.8%	map	brief
Vacant housing units	461	8.0	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	8,682				
High school graduate or higher	6,854	78.9	80.4%	map	brief
Bachelor's degree or higher	1,015	11.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,004	9.8	12.7%	map	brief
Disability status (population 5 years and over)	2,441	18.8	19.3%	map	brief
Foreign born	2,258	16.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,621	50.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,686	47.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,290	25.3	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	7,526	71.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	32.2	(X)	25.5	map	brief
Median household income in 1999 (dollars)	47,249	(X)	41,994	map	
Median family income in 1999 (dollars)	52,262	(X)	50,046	map	
Per capita income in 1999 (dollars)	20,448	(X)	21,587	map	
Families below poverty level	269	7.5	9.2%	map	brief
Individuals below poverty level	1,080	7.7	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	1,836				brief
Median value (dollars)	142,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,189	(X)	1,088	map	
Not mortgaged (dollars)	370	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60154

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	16,714			map	brief
Male	7,786	46.6	49.1%	map	brief
Female	8,928	53.4	50.9%	map	brief
Median age (years)	44.9	(X)	35.3	map	brief
Under 5 years	939	5.6	6.8%	map	
18 years and over	13,613	81.4	74.3%		
65 years and over	4,243	25.4	12.4%	map	brief
One race	16,521	98.8	97.6%		
White	14,379	86.0	75.1%	map	brief
Black or African American	1,227	7.3	12.3%	map	brief
American Indian and Alaska Native	11	0.1	0.9%	map	brief
Asian	573	3.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	330	2.0	5.5%	map	
Two or more races	193	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	939	5.6	12.5%	map	brief
Household population	16,599	99.3	97.2%	map	brief
Group quarters population	115	0.7	2.8%	map	
Average household size	2.38	(X)	2.59	map	brief
Average family size	2.88	(X)	3.14	map	
Total housing units	7,074			map	
Occupied housing units	6,968	98.5	91.0%		brief
Owner-occupied housing units	6,521	93.6	66.2%	map	
Renter-occupied housing units	447	6.4	33.8%	map	brief
Vacant housing units	106	1.5	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	12,657				
High school graduate or higher	11,285	89.2	80.4%	map	brief
Bachelor's degree or higher	3,921	31.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,065	15.4	12.7%	map	brief
Disability status (population 5 years and over)	2,560	16.6	19.3%	map	brief
Foreign born	1,572	9.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,172	65.8	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,086	54.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,395	15.4	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	8,363	61.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	25.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	59,105	(X)	41,894	map	
Median family income in 1999 (dollars)	70,339	(X)	50,046	map	
Per capita income in 1999 (dollars)	29,720	(X)	21,587	map	
Families below poverty level	50	1.0	9.2%	map	brief
Individuals below poverty level	402	2.4	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,118				brief
Median value (dollars)	169,400	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,368	(X)	1,088	map	
Not mortgaged (dollars)	423	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

**Zip Code Tabulation Area 60155**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population ---	8,254			map	brief
Male	3,806	46.1	49.1%	map	brief
Female	4,448	53.9	50.9%	map	brief
Median age (years)	36.5	(X)	35.3	map	brief
Under 5 years	548	6.6	6.8%	map	
18 years and over	6,167	74.7	74.3%		
65 years and over	883	10.7	12.4%	map	brief
One race	8,097	98.1	97.6%		
White	1,819	22.0	75.1%	map	brief
Black or African American	6,035	73.1	12.3%	map	brief
American Indian and Alaska Native	13	0.2	0.9%	map	brief
Asian	108	1.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	122	1.5	5.5%	map	
Two or more races	157	1.9	2.4%	map	brief
Hispanic or Latino (of any race)	321	3.9	12.5%	map	brief
Household population	8,254	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.59	(X)	2.59	map	brief
Average family size	3.19	(X)	3.14	map	
Total housing units	3,320			map	
Occupied housing units	3,192	96.1	91.0%		brief
Owner-occupied housing units	2,217	69.5	66.2%	map	brief
Renter-occupied housing units	975	30.5	33.8%	map	brief
Vacant housing units	128	3.9	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	5,565				
High school graduate or higher	4,630	83.2	80.4%	map	brief
Bachelor's degree or higher	928	16.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	771	12.4	12.7%	map	brief
Disability status (population 5 years and over)	1,695	21.9	19.3%	map	brief
Foreign born	325	3.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,391	47.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,476	41.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	558	7.2	17.9%	map	brief

**Economic Characteristics - show more >>**


	Number	Percent	U.S.		
In labor force (population 16 years and over)	4,441	68.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	28.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	47,726	(X)	41,994	map	
Median family income in 1999 (dollars)	59,645	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,240	(X)	21,587	map	
Families below poverty level	102	4.8	9.2%	map	brief
Individuals below poverty level	512	6.3	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	2,042				brief
Median value (dollars)	122,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,119	(X)	1,088	map	
Not mortgaged (dollars)	337	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60104

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	20,571			map	brief
Male	9,630	46.8	49.1%	map	brief
Female	10,941	53.2	50.9%	map	brief
Median age (years)	32.3	(X)	35.3	map	brief
Under 5 years	1,566	7.6	6.8%	map	
18 years and over	14,280	69.4	74.3%		
65 years and over	1,623	7.9	12.4%	map	brief
One race	20,247	98.4	97.6%		
White	2,380	11.6	75.1%	map	brief
Black or African American	16,856	81.9	12.3%	map	brief
American Indian and Alaska Native	48	0.2	0.9%	map	brief
Asian	208	1.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	751	3.7	5.5%	map	
Two or more races	324	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	1,592	7.7	12.5%	map	brief
Household population	20,489	99.6	97.2%	map	brief
Group quarters population	82	0.4	2.8%	map	
Average household size	3.18	(X)	2.59	map	brief
Average family size	3.58	(X)	3.14	map	
Total housing units	6,685			map	
Occupied housing units	6,439	96.3	91.0%		brief
Owner-occupied housing units	4,900	76.1	66.2%	map	
Renter-occupied housing units	1,539	23.9	33.8%	map	brief
Vacant housing units	246	3.7	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	12,216				
High school graduate or higher	9,346	76.5	80.4%	map	brief
Bachelor's degree or higher	1,449	11.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,518	10.6	12.7%	map	brief
Disability status (population 5 years and over)	3,720	19.5	19.3%	map	brief
Foreign born	1,219	5.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,410	47.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,305	39.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,101	11.0	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	10,263	68.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.1	(X)	25.5	map	brief
Median household income in 1999 (dollars)	52,693	(X)	41,994	map	
Median family income in 1999 (dollars)	56,686	(X)	50,046	map	
Per capita income in 1999 (dollars)	19,363	(X)	21,587	map	
Families below poverty level	311	6.1	9.2%	map	brief
Individuals below poverty level	1,482	7.3	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	4,470				brief
Median value (dollars)	115,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,204	(X)	1,088	map	
Not mortgaged (dollars)	380	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
**American FactFinder**

## FACT SHEET

**Zip Code Tabulation Area 60165**

View a Fact Sheet for a race, ethnic, or ancestry group

**Census 2000 Demographic Profile Highlights:****General Characteristics - show more >>**

	Number	Percent	U.S.		
Total population	5,171			map	brief
Male	2,751	53.2	49.1%	map	brief
Female	2,420	46.8	50.9%	map	brief
Median age (years)	26.7	(X)	35.3	map	brief
Under 5 years	532	10.3	6.8%	map	
18 years and over	3,473	67.2	74.3%		
65 years and over	306	5.9	12.4%	map	brief
One race	5,022	97.1	97.6%		
White	2,820	54.5	75.1%	map	brief
Black or African American	92	1.8	12.3%	map	brief
American Indian and Alaska Native	24	0.5	0.9%	map	brief
Asian	94	1.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	1,991	38.5	5.5%	map	
Two or more races	149	2.9	2.4%	map	brief
Hispanic or Latino (of any race)	4,072	78.7	12.5%	map	brief
Household population	5,154	99.7	97.2%	map	brief
Group quarters population	17	0.3	2.8%	map	
Average household size	4.07	(X)	2.59	map	brief
Average family size	4.33	(X)	3.14	map	
Total housing units	1,316			map	
Occupied housing units	1,265	96.1	91.0%		brief
Owner-occupied housing units	777	61.4	66.2%	map	
Renter-occupied housing units	488	38.6	33.8%	map	brief
Vacant housing units	51	3.9	9.0%	map	

**Social Characteristics - show more >>**

	Number	Percent	U.S.		
Population 25 years and over	2,742				
High school graduate or higher	1,190	43.4	80.4%	map	brief
Bachelor's degree or higher	122	4.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	139	4.0	12.7%	map	brief
Disability status (population 5 years and over)	985	21.7	19.3%	map	brief
Foreign born	2,574	50.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	957	49.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	901	51.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,508	77.1	17.9%	map	brief

**Economic Characteristics - show more >>**

	Number	Percent	U.S.		
In labor force (population 16 years and over)	2,031	56.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	25.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	38,720	(X)	41,994	map	
Median family income in 1999 (dollars)	40,406	(X)	50,046	map	
Per capita income in 1999 (dollars)	12,748	(X)	21,587	map	
Families below poverty level	128	12.4	9.2%	map	brief
Individuals below poverty level	804	16.0	12.4%	map	

**Housing Characteristics - show more >>**

	Number	Percent	U.S.		
Single-family owner-occupied homes	500				brief
Median value (dollars)	118,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,255	(X)	1,088	map	
Not mortgaged (dollars)	428	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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U.S. Census Bureau

American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60160

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	23,034			map	brief
Male	11,566	50.2	49.1%	map	brief
Female	11,468	49.8	50.9%	map	brief
Median age (years)	30.5	(X)	35.3	map	brief
Under 5 years	2,061	8.9	6.8%	map	
18 years and over	16,712	72.6	74.3%		
65 years and over	2,490	10.8	12.4%	map	brief
One race	22,349	97.0	97.6%		
White	16,463	71.5	75.1%	map	brief
Black or African American	653	2.8	12.3%	map	brief
American Indian and Alaska Native	114	0.5	0.9%	map	brief
Asian	466	2.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	3	0.0	0.1%	map	brief
Some other race	4,650	20.2	5.5%	map	
Two or more races	685	3.0	2.4%	map	brief
Hispanic or Latino (of any race)	12,444	54.0	12.5%	map	brief
Household population	22,972	99.7	97.2%	map	brief
Group quarters population	62	0.3	2.8%	map	
Average household size	3.04	(X)	2.59	map	brief
Average family size	3.62	(X)	3.14	map	
Total housing units	7,835			map	
Occupied housing units	7,565	96.6	91.0%		brief
Owner-occupied housing units	4,144	54.8	66.2%	map	
Renter-occupied housing units	3,421	45.2	33.8%	map	brief
Vacant housing units	270	3.4	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	13,886				
High school graduate or higher	8,377	60.3	80.4%	map	brief
Bachelor's degree or higher	1,320	9.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,306	7.8	12.7%	map	brief
Disability status (population 5 years and over)	3,841	18.1	19.3%	map	brief
Foreign born	8,230	35.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	4,611	52.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	4,500	50.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	12,065	56.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	10,961	63.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	24.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	41,064	(X)	41,994	map	
Median family income in 1999 (dollars)	47,200	(X)	50,046	map	
Per capita income in 1999 (dollars)	16,139	(X)	21,587	map	
Families below poverty level	464	8.5	9.2%	map	brief
Individuals below poverty level	2,323	10.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	2,868				brief
Median value (dollars)	154,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,260	(X)	1,088	map	
Not mortgaged (dollars)	399	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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# U.S. Census Bureau

## American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60153

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population -	26,863			map	brief
Male	12,562	46.8	49.1%	map	brief
Female	14,301	53.2	50.9%	map	brief
Median age (years)	30.7	(X)	35.3	map	brief
Under 5 years	2,139	8.0	6.8%	map	
18 years and over	18,374	68.4	74.3%		
65 years and over	2,592	9.6	12.4%	map	brief
One race	26,436	98.4	97.6%		
White	2,696	10.0	75.1%	map	brief
Black or African American	22,118	82.3	12.3%	map	brief
American Indian and Alaska Native	34	0.1	0.9%	map	brief
Asian	82	0.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	1,505	5.6	5.5%	map	
Two or more races	427	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	2,856	10.6	12.5%	map	brief
Household population	26,674	99.3	97.2%	map	brief
Group quarters population	189	0.7	2.8%	map	
Average household size	3.37	(X)	2.59	map	brief
Average family size	3.84	(X)	3.14	map	
Total housing units	8,455			map	
Occupied housing units	7,921	93.7	91.0%		brief
Owner-occupied housing units	4,988	63.0	66.2%	map	
Renter-occupied housing units	2,933	37.0	33.8%	map	brief
Vacant housing units	534	6.3	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	15,511				
High school graduate or higher	11,584	74.7	80.4%	map	brief
Bachelor's degree or higher	1,601	10.3	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,779	9.7	12.7%	map	brief
Disability status (population 5 years and over)	5,399	21.8	19.3%	map	brief
Foreign born	1,981	7.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,779	42.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,567	32.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,164	12.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	12,320	63.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	41,970	(X)	41,994	map	
Median family income in 1999 (dollars)	47,135	(X)	50,046	map	
Per capita income in 1999 (dollars)	14,982	(X)	21,587	map	
Families below poverty level	683	11.1	9.2%	map	brief
Individuals below poverty level	3,576	13.4	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	4,287				brief
Median value (dollars)	106,400	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,169	(X)	1,088	map	
Not mortgaged (dollars)	403	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60141

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	247			map	brief
Male	195	78.9	49.1%	map	brief
Female	52	21.1	50.9%	map	brief
Median age (years)	48.9	(X)	35.3	map	brief
Under 5 years	0	0.0	6.8%	map	
18 years and over	243	98.4	74.3%		
65 years and over	77	31.2	12.4%	map	brief
One race	246	99.6	97.6%		
White	123	49.8	75.1%	map	brief
Black or African American	122	49.4	12.3%	map	brief
American Indian and Alaska Native	0	0.0	0.9%	map	brief
Asian	0	0.0	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	1	0.4	5.5%	map	
Two or more races	1	0.4	2.4%	map	brief
Hispanic or Latino (of any race)	16	6.5	12.5%	map	brief
Household population	19	7.7	97.2%	map	brief
Group quarters population	228	92.3	2.8%	map	
Average household size	2.38	(X)	2.59	map	brief
Average family size	3.00	(X)	3.14	map	
Total housing units	14			map	
Occupied housing units	8	57.1	91.0%		brief
Owner-occupied housing units	0	0.0	66.2%	map	
Renter-occupied housing units	8	100.0	33.8%	map	brief
Vacant housing units	6	42.9	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	223				
High school graduate or higher	112	50.2	80.4%	map	brief
Bachelor's degree or higher	11	4.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	43	18.7	12.7%	map	brief
Disability status (population 5 years and over)	0	(X)	19.3%	map	brief
Foreign born	12	5.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	105	55.6	56.7%		brief
Female, Now married, except separated (population 15 years and over)	7	17.1	52.1%		brief
Speak a language other than English at home (population 5 years and over)	18	7.8	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	0	0.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	(X)	(X)	25.5	map	brief
Median household income in 1999 (dollars)	0	(X)	41,994	map	
Median family income in 1999 (dollars)	0	(X)	50,046	map	
Per capita income in 1999 (dollars)	10,591	(X)	21,587	map	
Families below poverty level	0	(X)	9.2%	map	brief
Individuals below poverty level	0	(X)	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	0				brief
Median value (dollars)	0	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	0	(X)	1,088	map	
Not mortgaged (dollars)	0	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

## Zip Code Tabulation Area 60130

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	15,688			map	brief
Male	7,441	47.4	49.1%	map	brief
Female	8,247	52.6	50.9%	map	brief
Median age (years)	35.7	(X)	35.3	map	brief
Under 5 years	1,036	6.6	6.8%	map	
18 years and over	12,588	80.2	74.3%		
65 years and over	1,916	12.2	12.4%	map	brief
One race	15,245	97.2	97.6%		
White	8,808	56.1	75.1%	map	brief
Black or African American	4,892	31.2	12.3%	map	brief
American Indian and Alaska Native	23	0.1	0.9%	map	brief
Asian	1,071	6.8	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	11	0.1	0.1%	map	brief
Some other race	440	2.8	5.5%	map	
Two or more races	443	2.8	2.4%	map	brief
Hispanic or Latino (of any race)	1,230	7.8	12.5%	map	brief
Household population	15,472	98.6	97.2%	map	brief
Group quarters population	216	1.4	2.8%	map	
Average household size	2.03	(X)	2.59	map	brief
Average family size	2.94	(X)	3.14	map	
Total housing units	7,981			map	
Occupied housing units	7,632	95.6	91.0%		brief
Owner-occupied housing units	3,420	44.8	66.2%	map	
Renter-occupied housing units	4,212	55.2	33.8%	map	brief
Vacant housing units	349	4.4	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	11,623				
High school graduate or higher	10,260	88.3	80.4%	map	brief
Bachelor's degree or higher	4,217	36.3	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,270	10.1	12.7%	map	brief
Disability status (population 5 years and over)	2,437	17.0	19.3%	map	brief
Foreign born	2,329	14.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,608	44.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,751	39.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,826	19.4	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	9,028	70.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	44,103	(X)	41,994	map	
Median family income in 1999 (dollars)	52,611	(X)	50,046	map	
Per capita income in 1999 (dollars)	26,045	(X)	21,587	map	
Families below poverty level	222	6.3	9.2%	map	brief
Individuals below poverty level	1,074	7.0	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	1,662				brief
Median value (dollars)	138,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,317	(X)	1,088	map	
Not mortgaged (dollars)	370	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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**U.S. Census Bureau**  
American FactFinder

## FACT SHEET

## Zip Code Tabulation Area 60304

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	17,839			map	brief
Male	8,483	47.6	49.1%	map	brief
Female	9,356	52.4	50.9%	map	brief
Median age (years)	34.4	(X)	35.3	map	brief
Under 5 years	1,457	8.2	6.8%	map	
18 years and over	12,830	71.9	74.3%		
65 years and over	1,273	7.1	12.4%	map	brief
One race	17,240	96.6	97.6%		
White	12,214	68.5	75.1%	map	brief
Black or African American	3,880	21.8	12.3%	map	brief
American Indian and Alaska Native	40	0.2	0.9%	map	brief
Asian	729	4.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	373	2.1	5.5%	map	
Two or more races	599	3.4	2.4%	map	brief
Hispanic or Latino (of any race)	963	5.4	12.5%	map	brief
Household population	17,819	99.9	97.2%	map	brief
Group quarters population	20	0.1	2.8%	map	
Average household size	2.59	(X)	2.59	map	brief
Average family size	3.21	(X)	3.14	map	
Total housing units	7,029			map	
Occupied housing units	6,881	97.9	91.0%		brief
Owner-occupied housing units	4,491	65.3	66.2%	map	
Renter-occupied housing units	2,390	34.7	33.8%	map	brief
Vacant housing units	148	2.1	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	11,552				
High school graduate or higher	10,766	93.2	80.4%	map	brief
Bachelor's degree or higher	6,666	57.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,026	8.0	12.7%	map	brief
Disability status (population 5 years and over)	1,704	10.4	19.3%	map	brief
Foreign born	1,589	8.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,660	57.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,604	48.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,348	14.3	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
In labor force (population 16 years and over)	10,489	78.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	61,982	(X)	41,994	map	
Median family income in 1999 (dollars)	76,673	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,807	(X)	21,587	map	
Families below poverty level	158	3.4	9.2%	map	brief
Individuals below poverty level	789	4.4	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,943				brief
Median value (dollars)	186,900	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,526	(X)	1,088	map	
Not mortgaged (dollars)	488	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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## FACT SHEET

## Zip Code Tabulation Area 60301

View a Fact Sheet for a race, ethnic, or ancestry group

## Census 2000 Demographic Profile Highlights:

## General Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Total population	2,158			map	brief
Male	939	43.5	49.1%	map	brief
Female	1,219	56.5	50.9%	map	brief
Median age (years)	37.3	(X)	35.3	map	brief
Under 5 years	95	4.4	6.8%	map	
18 years and over	1,889	87.5	74.3%		
65 years and over	241	11.2	12.4%	map	brief
One race	2,100	97.3	97.6%		
White	1,442	66.8	75.1%	map	brief
Black or African American	423	19.6	12.3%	map	brief
American Indian and Alaska Native	1	0.0	0.9%	map	brief
Asian	199	9.2	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.2	0.1%	map	brief
Some other race	31	1.4	5.5%	map	
Two or more races	58	2.7	2.4%	map	brief
Hispanic or Latino (of any race)	98	4.5	12.5%	map	brief
Household population	2,158	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	1.66	(X)	2.59	map	brief
Average family size	2.50	(X)	3.14	map	
Total housing units	1,340			map	
Occupied housing units	1,302	97.2	91.0%		brief
Owner-occupied housing units	410	31.5	66.2%	map	
Renter-occupied housing units	892	68.5	33.8%	map	brief
Vacant housing units	38	2.8	9.0%	map	

## Social Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Population 25 years and over	1,836				
High school graduate or higher	1,753	95.5	80.4%	map	brief
Bachelor's degree or higher	1,261	68.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	128	6.5	12.7%	map	brief
Disability status (population 5 years and over)	286	13.3	19.3%	map	brief
Foreign born	451	20.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	364	40.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	318	27.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	410	19.0	17.9%	map	brief

## Economic Characteristics - show more &gt;&gt;


	Number	Percent	U.S.		
In labor force (population 16 years and over)	1,564	77.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	29.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	60,399	(X)	41,994	map	
Median family income in 1999 (dollars)	66,397	(X)	50,046	map	
Per capita income in 1999 (dollars)	50,904	(X)	21,587	map	
Families below poverty level	26	5.1	9.2%	map	brief
Individuals below poverty level	193	8.6	12.4%	map	

## Housing Characteristics - show more &gt;&gt;

	Number	Percent	U.S.		
Single-family owner-occupied homes	72				brief
Median value (dollars)	246,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,971	(X)	1,088	map	
Not mortgaged (dollars)	750	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

The letters PDF or symbol  indicate a document is in the Portable Document Format (PDF). To view the file you will need the Adobe® Acrobat® Reader, which is available for free from the Adobe web site.

ASTC's within 30-Minutes  
of Proposed

Naperville Fertility Clinic, LLC

(These Facilities Are Not Conflicted Out by Limited Specialties)

Name	Address	City	Travel Time 77 IAC 1100.510(d)	Adjusted Drive Distance
THE CENTER FOR SURGERY	475 EAST DIEHL ROAD	NAPERVILLE	6.9	2.52
DuPage Orthopedic Group Surgery Center	27650 Ferry Road	Warrenville	8.05	3.1
MIDWEST ENDOSCOPY CENTER	1243 Rickert Drive	NAPERVILLE	9.2	2.82
NAPERVILLE SURGICAL CENTRE	1263 RICKERT DRIVE	NAPERVILLE	10.35	2.97
CASTLE SURGICENTER, LLC	2111 OGDEN AVENUE	AURORA	16.1	7.29
DMG Center for Pain Management	2940 Rolling Ridge Road	Naperville	17.25	7.65
KENDALL POINTE SURGERY CENTER, LLC	100 WEST FIFTH STREET	OSWEGO	20.7	10.49
AMBUL. SURGICENTER OF DOWNERS GROVE	4333 MAIN STREET	DOWNERS GROVE	21.85	8.18
MIDWEST CENTER FOR DAY SURGERY	3811 HIGHLAND AVENUE	DOWNERS GROVE	21.85	10.68
DuPage Medical Group Surgery Center	2725 South Technology Drive	Lombard	23	10.7
Plainfield Surgery Center	24600 W 127th Street	Plainfield	24.15	11.58
OAK BROOK SURGICAL CENTER, THE	2425 WEST 22ND STREET	OAKBROOK	24.15	11.71
DREYER AMBULATORY SURGERY CENTER	1221 NORTH HIGHLAND AVENUE	AURORA	26.45	10.25
Westmont Surgery Center	530 NORTH CASS AVENUE	WESTMONT	26.45	11.11
DuPage Eye Surgery Center	2015 North Main Street	Wheaton	26.45	9.02
LOYOLA AMB. SURG. CTR. AT OAKBROOK	1 South 224 Summit, Suite 201	Oakbrook Terrace	26.45	12.47
ELMHURST OUTPATIENT SURGERY CENTER	1200 SOUTH YORK ROAD	ELMHURST	27.6	15.51
ELMHURST MEDICAL & SURGICAL CENTER	340 WEST BUTTERFIELD ROAD	ELMHURST	28.75	13.65
CHICAGO PROSTATE CANCER SURGERY CENTER	815 PASQUINELLI DRIVE	WESTMONT	29.9	15.34
AIDEN CENTER FOR DAY SURGERY CENTER, LL	1580 WEST LAKE STREET	ADDISON	32.2	18.17
CHILDREN'S MEM. SPEC. PED.	2301 ENTERPRISE DRIVE	WESTCHESTER	33.35	15.37
Eye Surgery Center of Hinsdale	950 North York Road	Hinsdale	34.5	12.68
HINSDALE SURGICAL CENTER	908 NORTH ELM STREET	HINSDALE	34.5	12.77
FOX VALLEY ORTHOPAEDIC ASSOCIATES	2525 KANEVILLE ROAD	GENEVA	35.65	16.69
Tri-Cities Surgery Center	300 Randall Road	Geneva	37.95	15.77
FOREST MEDICAL-SURGICAL CENTER	9050 West 81st Street	Justice	37.95	20.01
HEALTHSOUTH AMSURG SURGERY CENTER	902 129th INFANTRY DRIVE	JOLIET	42.55	18.22
LOYOLA UNIVERSITY AMB. SURG. CTR.	2160 SOUTH FIRST AVENUE	MAYWOOD	43.7	20.35
NOVAMED SURGERY CENTER OF RIVER FOR	7427 WEST LAKE STREET	RIVER FOREST	46	22.63

Source: Ambulatory Surgical Treatment Center Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development  
www.mapquest.com

Hospital's within 30-Minute Travel Time  
of Proposed  
Naperville Fertility Center, LLC

NAME	STREET	CITY	ZIP	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
Edward Hospital	809 South Washington	Naperville	60566-0000	3.45	0.97
Rush Copley Memorial Hospital	2000 Ogden Avenue	Aurora	60504-4206	16.1	7.54
Central DuPage Hospital	25 North Winfield Road	Winfield	60190-0000	19.55	7.78
Adventist Bolingbrook Hospital	500 Remington Road	Bolingbrook	60440	21.85	9.25
Advocate Good Samaritan Hospital	3815 Highland Avenue	Downers Grove	60515-0000	21.85	10.68
Provena Mercy Center	1325 North Highland Avenue	Aurora	60506-1458	26.45	10.62
Elmhurst Memorial Hospital	S York Rd & Roosevelt Rd	Elmhurst	60126	28.75	15.81
LaGrange Memorial Hospital	5101 Gilbert Avenue	LaGrange	60525-0000	33.35	15.97
Glen Oaks Medical Center	701 Winthrop Avenue	Glendale Height	60139-0000	35.65	13.24
DeInor Community Hospital	300 Randall Road	Geneva	60134-0000	37.95	15.77
Hinsdale Hospital	120 North Oak Street	Hinsdale	60521-0000	37.95	13.34
Loyola University Medical Center/Foster G. McGaw	2160 South 1st Avenue	Maywood	60153-0000	43.7	20.35
Westlake Community Hospital	1225 Lake Street	Meirose Park	60160-0000	44.85	21.02
Alexian Brothers Medical Center	800 Biesterfield Road	Elk Grove Villa	60007-0000	46	21.22

www.mapquest.com



Listing and Description of CPT Codes  
by Time Per Procedure

February 1, 2010 through January 31, 2011

CPT	PATIENT INITIALS	ZIP CODE	Total Cases	Procedure Time	Maximum Time per Procedure
58340			227	35min	7945
58345			41	60min	15900
58576			285	35min	13895
58574			397		
58350			9		
58600			1		
58559			7	2-2.5hrs	1050
58560			4	2-2.5hrs	600
58561			2	2-2.5hrs	300
58558			35	2-2.5hrs	5250
49320			1	2-4hrs	240
58559			1	2-2.5hrs	150
59150			4	2-4hrs	960
49322			3	2-4hrs	720
58562			3	2-4hrs	720
58560			3	2-4hrs	720
58561			5	2-4hrs	1200
58740			2		
58345			1		
59820			16		
57130			1		
Total procedures/Time			1,028		49650
Weighted Average Time per Procedures (hours)			957		0.86

ILLINOIS AMBULATORY SURGICAL TREATMENT CENTER SUMMARY CALENDAR YEAR 2009

Health Service Area 007

Health Service Area 007		NUMBER OF PATIENTS BY PRIMARY PAYMENT SOURCE			
		PAYMENT SOURCE	MALE	FEMALE	TOTAL
Number of Ambulatory Surgical Treatment Centers	40	Medicaid	1,254	1,808	3,062
Number of Operating Rooms	148	Medicare	17,828	26,897	44,725
Number of Procedure Rooms	32	Other Public	58	78	136
Number of Recovery Stations Stage 1	248	Insurance	43,146	50,980	94,126
Number of Recovery Stations Stage 2	290	Private Pay	753	3,257	4,010
Number of Exam Rooms	38	Charity Care	169	264	433
<b>Type of Ownership</b>		<b>TOTAL</b>	<b>63,208</b>	<b>83,284</b>	<b>146,492</b>
For Profit	40				
Not For Profit	3				
Government	0				

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
18.5%	0.9%	0.7%	77.0%	2.9%	100.0%		0.23%
50,368,310	2,491,186	1,790,562	209,969,088	7,944,046	272,563,191	630,864	

OPERATING ROOM UTILIZATION FOR THE REPORTING YEAR

STAFFING PATTERNS

SURGERY AREA	TOTAL SURGERIES PERFORMED	SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)	TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)	PERSONNEL FULL-TIME EQUIVALENTS	
						Administrator	Physicians
Cardiovascular	53	37	22.30	59.30	1.12		30.91
Dermatology	2,079	1,761	767.60	2,528.65	1.22		13.50
Gastroenterology	4,921	2,673	1,706.45	4,379.90	0.89		2.50
General	7,054	6,548	2,433.80	8,981.40	1.27		31.26
Laser Eye	749	340	234.07	574.12	0.77		429.61
Neurological	2,403	1,023	1,197.60	2,220.60	0.92		47.30
OB/Gynecology	8,205	7,129	4,726.80	11,856.05	1.44		187.85
Ophthalmology	29,648	14,838	9,483.90	24,321.65	0.82		193.03
Oral/Maxillofacial	1,409	1,211	662.15	1,872.90	1.33		
Orthopedic	20,861	22,683	8,980.90	31,664.25	1.52		
Otolaryngology	7,921	6,986	3,023.40	10,009.80	1.26		
Pain Management	9,913	3,443	2,375.45	5,818.45	0.59		
Plastic	4,530	5,239	2,246.05	7,485.05	1.65		
Podiatry	6,232	6,982	2,680.70	9,662.45	1.55		
Thoracic	19	24	7.70	31.70	1.67		
Urology	6,015	4,744	2,263.15	7,006.85	1.16		
<b>TOTAL</b>	<b>112,012</b>	<b>85,661</b>	<b>42,812.02</b>	<b>128,473.12</b>	<b>1.15</b>	<b>TOTAL</b>	<b>935.96</b>

PROCEDURE ROOM UTILIZATION FOR THE REPORTING YEAR

SURGERY AREA	PROCEDURE ROOMS	TOTAL SURGERIES	SURGERY TIME (HOURS)	PREP and CLEAN-UP TIME (HOURS)	TOTAL SURGERY (HOURS)	AVERAGE CASE TIME (HOURS)
Cataract		1,672	660.25	279.00	939.25	0.56
Gastro-Intestinal	21	24,419	11,607.01	7,431.91	19,038.92	0.78
Laser Eye	7	2,842	501.35	506.84	1,008.19	0.35
Multi Plastic	1	603	33.75	301.50	335.25	0.56
Pain Management	3	4,944	1,098.50	852.00	1,950.50	0.39
<b>TOTALS</b>	<b>32</b>	<b>34,480</b>	<b>13,900.86</b>	<b>9,371.25</b>	<b>23,272.11</b>	<b>0.67</b>

ATTACHMENT-27F

# CHARLES H. FOLEY & ASSOCIATES INC.

1638 South MacArthur Boulevard • Springfield, Illinois 62704  
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Barry C. Finn  
Administrator  
Rush-Copley Medical Center  
2000 Ogden Avenue  
Aurora, Illinois 60504

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Finn:

Naperville Fertility Center, Inc (Operator), and Randy Morris, M.D. will soon file a Certificate of Need application with the Illinois Health Facilities and Services Review Board, seeking approval for the development of a single specialty ASTC to perform obstetrics/gynecologic procedures as they relate to reproductive endocrinology/fertility.

Naperville Fertility Center will have a single surgery suite adjacent and connected to an IVF lab to be located at 11-15 North Washington in Naperville and will be comprised of approximately 6,296 gross square feet. The estimated project cost is projected to be \$6,935,250.

It is projected during its first twelve months of operation; up to 1,468.8 hours of surgery will be performed in the facility. By the second full year of operation, it is estimated that the facility be optimally utilized at the State's optimal rate of 1,500 hours.

Consistent with the provisions of Section 1110.1540.e of the Health Facilities Planning Act, your comments related to this project's impact on your facility, including the manner in which you estimated potential impact, would be appreciated. Should you elect to respond to this request, your response will be forwarded directly to the Illinois Health Facilities Planning Board.

Sincerely,



Charles H. Foley, MHSA  
Health Care Consultant



Health Care Consulting

ATTACHMENT-27G



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1638 South MacArthur Boulevard • Springfield, Illinois 62704  
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. James D. Witt  
Administrator  
Provena Mercy Medical Center  
1325 North Highland Avenue  
Aurora, Illinois 60506

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Witt:

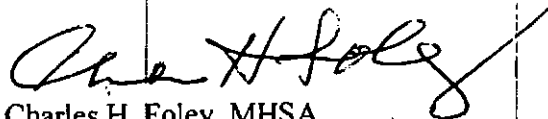
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Charles H. Foley, MHSA  
Health Care Consultant



Health Care Consulting

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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Rick Mace  
Administrator  
Adventist Bolingbrook Hospital  
500 Remington Blvd  
Bolingbrook, Illinois 60440

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Mace:

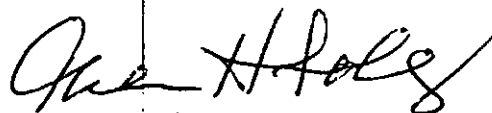
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**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Pamela Meyer Davis  
Administrator  
Edward Hospital  
801 South Washington  
Naperville, Illinois 60540

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Davis:

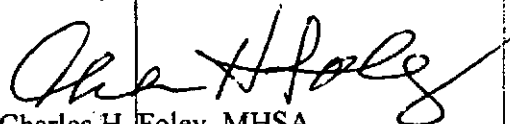
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**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. David S. Fox  
Administrator  
Advocate Good Samaritan Hospital  
3815 Highland Avenue  
Downers Grove, Illinois 60515

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Fox:

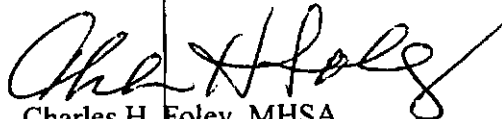
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Health Care Consultant



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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Maureen Taus  
Administrator  
Central DuPage Hospital  
25 North Winfield Road  
Winfield, Illinois 60190

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Taus:

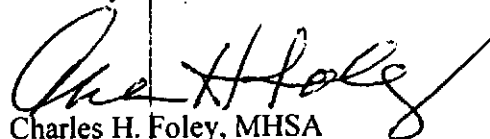
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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Angie Burns  
Administrator  
Kendall Pointe Surgery Center  
100 West Fifth Street  
Oswego, Illinois 60543-8314

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Burns:

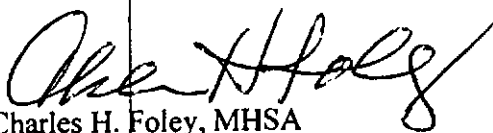
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Sincerely,

  
Charles H. Foley, MHSA  
Health Care Consultant



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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Donna L. Wilson  
Administrator  
Castle Surgicenter  
2111 Ogden Avenue  
Aurora, Illinois 60504-7597

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Wilson:

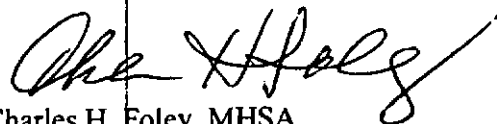
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Sincerely,



Charles H. Foley, MHSA  
Health Care Consultant



# CHARLES H. FOLEY & ASSOCIATES INC.

1638 South MacArthur Boulevard • Springfield, Illinois 62704  
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Donna Cooper  
Administrator  
Dreyer Ambulatory Surgery Center  
1221 North Highland Avenue  
Aurora, Illinois 60506

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Cooper:

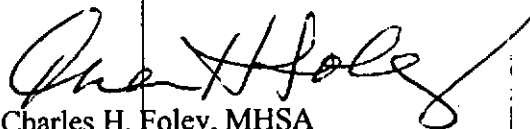
Naperville Fertility Center, Inc (Operator), and Randy Morris, M.D. will soon file a Certificate of Need application with the Illinois Health Facilities and Services Review Board, seeking approval for the development of a single specialty ASTC to perform obstetrics/gynecologic procedures as they relate to reproductive endocrinology and infertility.

Naperville Fertility Center will have a single surgery suite adjacent and connected to an IVF lab to be located at 11-15 North Washington in Naperville and will be comprised of approximately 6,296 gross square feet. The estimated project cost is projected to be \$6,935,250.

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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Dolores Stam, RN  
Administrator  
Plainfield Surgery Center  
24600 West 127<sup>th</sup> Street, Building C  
Plainfield, Illinois 60585

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Stam:

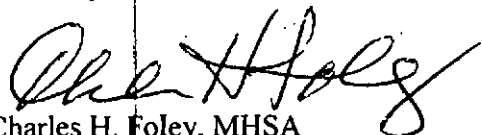
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Certified Mail  
Receipt Requested

July 12, 2011

Ms. Pam Scott  
Administrator  
Midwest Endoscopy Center  
1243 Rickert Drive  
Naperville, Illinois 60540

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Scott:

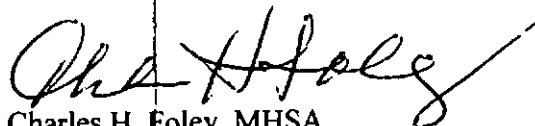
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**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Ronald Ladniak  
Administrator  
Naperville Surgical Centre  
1263 Rickert Drive  
Naperville, Illinois 60540-0954

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Ladniak:

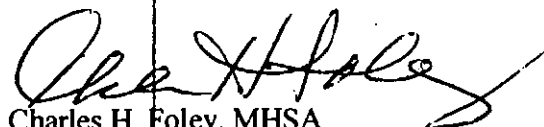
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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Barbara J. Kiel  
Administrator  
DuPage Orthopaedic Surgery Center  
27650 Ferry Road, Suite 140  
Warrenville, Illinois 60555

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Kiel:

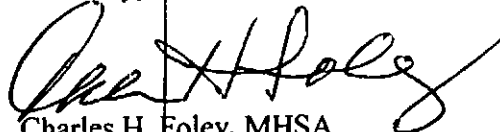
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**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Anthony Fato  
Administrator  
The Center for Surgery  
475 East Diehl Road  
Naperville, Illinois 60563-1253

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Fato:

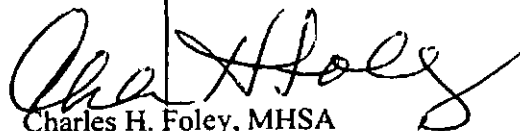
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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Inga Ferdkoff  
Administrator  
Ambulatory Surgicenter of Downers Grove  
4333 Main Street  
Downers Grove, Illinois 60515

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Ferdkoff:

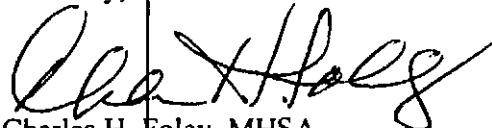
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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Ronald Ladniak  
Administrator  
Westmont Surgery Center  
530 North Cass Avenue  
Westmont, Illinois 60559-9952

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Ladniak:

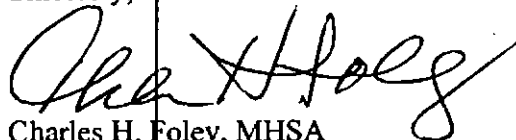
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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Ronald Ladniak  
Administrator  
Midwest Center for Day Surgery  
3811 Highland Avenue  
Downers Grove, Illinois 60515-9901

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Ladniak:

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Health Care Consultant





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1638 South MacArthur Boulevard • Springfield, Illinois 62704  
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Jennifer Broucek  
Administrator  
Chicago Prostate Cancer Surgery Center  
815 Pasqueinelli Drive  
Westmont, Illinois 60559

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Broucek:

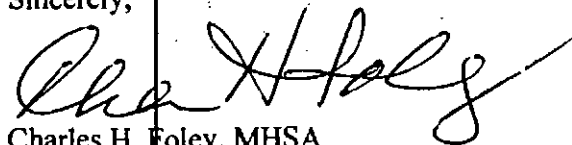
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**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Eric Myers  
Administrator  
DuPage Eye Surgery Center  
2015 North Main Street  
Wheaton, Illinois 60187

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Myers:


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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Erik Baier  
Administrator  
DMG Surgical Center  
2725 South Technology Drive  
Lombard, Illinois 60148

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Baier:


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**Certified Mail**  
**Receipt Requested**

July 12, 2011

Ms. Ali Nili  
Administrator  
Oak Brook Surgical Centre, The  
2425 West 22<sup>nd</sup> Street, Suite 101  
Oakbrook, Illinois 60523

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Nili:

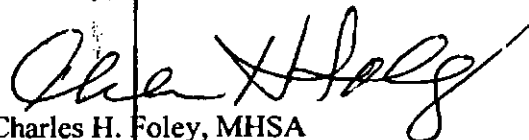
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**Certified Mail**  
**Receipt Requested**

July 12, 2011

Mr. Geoffrey J. Abbott  
Administrator  
Loyola Ambulatory Surgery Center at Oakbrook  
1 South 224 Summit, Suite 201  
Oakbrook Terrace, Illinois 60181

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Mr. Abbott:

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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

Certified Mail  
Receipt Requested

July 12, 2011

Ms. Tina Mentz  
Administrator  
Elmhurst Outpatient Surgery Center  
1200 South York Road, Suite 1400  
Elmhurst, Illinois 60126-6533

Re: The establishment of a Limited Specialty  
Ambulatory Surgical Treatment Center

Dear Ms. Mentz:

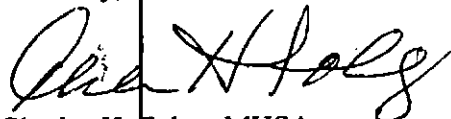
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0608  
 JUN 12 2011  
 SWS STN 05 FLD 62704  
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 USPS

Sent To: Mr. James D. Witt, Administrator  
 Provena Mercy Medical Center  
 Street, Apt. No., or PO Box No.: 1335 North Highland Avenue  
 City, State, ZIP+4: Aurora, IL 60506

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0006 9684 1867

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<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

0608  
 JUN 12 2011  
 SWS STN 05 FLD 62704  
 Postmark Here  
 USPS

Sent To: Mr. Barry C. Finn, Administrator  
 Rush-Copley Medical Center  
 Street, Apt. No., or PO Box No.: 2000 Ogden Avenue  
 City, State, ZIP+4: Aurora, IL 60504

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0006 9684 1892

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Sent To: Ms. Pamela Meyer-Davis, Administrator  
 Edward Hospital  
 Street, Apt. No., or PO Box No.: 801 South Washington  
 City, State, ZIP+4: Naperville, IL 60540

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0006 9684 1885

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<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

0608  
 JUL 12 2011  
 SWS STN 05 FLD 62704  
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 USPS

Sent To: Mr. Rick Mace, Administrator  
 Adventist Bolingbrook Hospital  
 Street, Apt. No., or PO Box No.: 500 Remington Blvd  
 City, State, ZIP+4: Bolingbrook, IL 60440

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0006 9684 1915

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Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

0608  
 JUL 12 2011  
 SWS STN 05 FLD 62704  
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Sent To: Ms. Maureen Taus, Administrator  
 Central DuPage Hospital  
 Street, Apt. No., or PO Box No.: 25 North Winfield Rd.  
 City, State, ZIP+4: Winfield, IL 60190

PS Form 3800, June 2002 See Reverse for Instructions

7005 1820 0006 9684 1906

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Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>

0608  
 JUL 12 2011  
 SWS STN 05 FLD 62704  
 Postmark Here  
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Sent To: Mr. David S. Fox, Administrator  
 Advocate Good Samaritan Hospital  
 Street, Apt. No., or PO Box No.: 3815 Highland Avenue  
 City, State, ZIP+4: Downers Grove, IL 60515

PS Form 3800, June 2002 See Reverse for Instructions

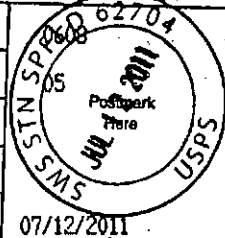
7005 1620 0006 9684 1939

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Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>



Sent To Ms. Donna L. Wilton, Administrator  
Castle Surgery Center  
Street, Apt. No.,  
or PO Box No. 2111 Ogden Avenue  
City, State, ZIP+4 Aurora IL 60504-7597

PS Form 3800, June 2002 See Reverse for Instructions

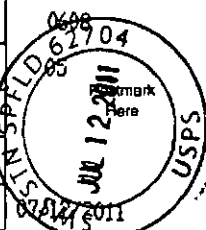
7010 2780 0000 8789 1293

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Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>



Sent To Ms. Dolores Stamen, Administrator  
Plainfield Surgery Center  
Street, Apt. No.,  
or PO Box No. 24600 W. 127th St. Bldg C  
City, State, ZIP+4 Plainfield IL 60585

PS Form 3800, August 2006 See Reverse for Instructions

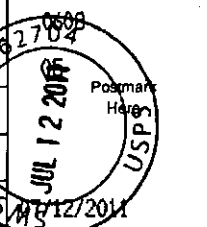
7010 2780 0000 8789 1306

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Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>



Sent To Mr. Ronald Kadriak, Administrator  
Naperville Surgical Centre  
Street, Apt. No.,  
or PO Box No. 1263 Rickett Drive  
City, State, ZIP+4 Naperville IL 60540-0954

PS Form 3800, August 2006 See Reverse for Instructions

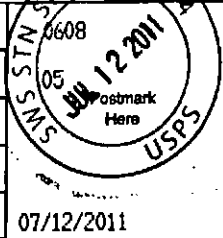
7005 1620 0006 9684 1922

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Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>



Sent To Ms. Anne Burns, Administrator  
Kendall Pointe Surgery Center  
Street, Apt. No.,  
or PO Box No. 100 West Fifth Street  
City, State, ZIP+4 Aurora IL 60543-8314

PS Form 3800, June 2002 See Reverse for Instructions

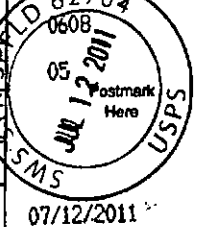
7005 1620 0006 9684 1946

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Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>



Sent To Ms. Donna Cooper, Administrator  
Oxley Ambulatory Surgery Center  
Street, Apt. No.,  
or PO Box No. 1221 North Highland Ave  
City, State, ZIP+4 Aurora IL 60506

PS Form 3800, June 2002 See Reverse for Instructions

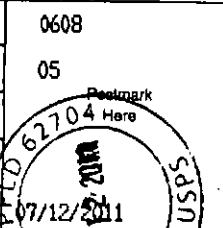
7010 2780 0000 8789 1303

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Certified Fee	\$2.85
Return Receipt Fee (Endorsement Required)	\$2.30
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>



Sent To Ms. Pam Scott, Administrator  
Midwest Endoscopy Center  
Street, Apt. No.,  
or PO Box No. 1263 Rickett Drive  
City, State, ZIP+4 Naperville IL 60540

PS Form 3800, August 2006 See Reverse for Instructions



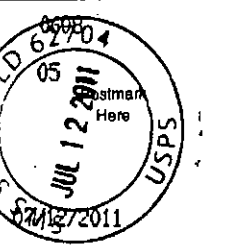
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NAPEVILLE IL 60555 OFFICIAL USE

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Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.59



Sent To Mr. Anthony Fato, Administrator  
The Center for Surgery  
Street, Apt. No., or PO Box No. ANS East Ditch Rd.  
City, State, ZIP+4 Naperville IL 60568-1253  
PS Form 3800, August 2006 See Reverse for Instructions

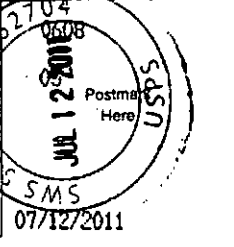
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WESTMONT IL 60559 OFFICIAL USE

Postage	\$	\$0.44
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.59



Sent To Mr. Ronald Lachal, Administrator  
Westmont Surgery Center  
Street, Apt. No., or PO Box No. 530 North Cass Avenue  
City, State, ZIP+4 Westmont IL 60559-9952  
PS Form 3800, August 2006 See Reverse for Instructions

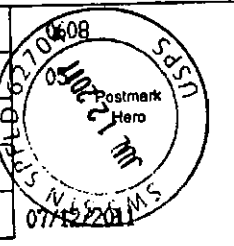
7010 2780 0000 8789 1378

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WESTMONT IL 60559 OFFICIAL USE

Postage	\$	\$0.44
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.59



Sent To Ms. Jennifer Broucek, Administrator  
Chicago Prostate Cancer Surgery Center  
Street, Apt. No., or PO Box No. 815 Paqueinelli Dr  
City, State, ZIP+4 Westmont IL 60559  
PS Form 3800, August 2006 See Reverse for Instructions

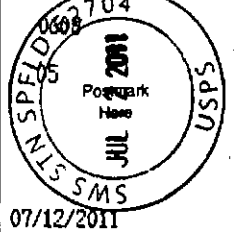
7010 2780 0000 8789 1323

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WARRENVILLE IL 60555 OFFICIAL USE

Postage	\$	\$0.44
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.59



Sent To Ms. Barbara J. Kiel, Administrator  
Duffage Orthopaedic Surgery Center  
Street, Apt. No., or PO Box No. 27650 Ferny Rd, Suite 140  
City, State, ZIP+4 Warrenville IL 60555  
PS Form 3800, August 2006 See Reverse for Instructions

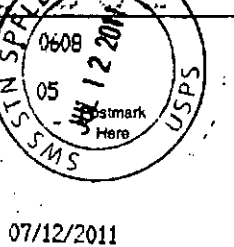
7010 2780 0000 8789 1347

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DOWNERS GROVE IL 60515 OFFICIAL USE

Postage	\$	\$0.44
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.59



Sent To Ms. Inga Ferd Koff, Administrator  
Ambulatory Surgery Center - Downers Grove  
Street, Apt. No., or PO Box No. 4333 Main Street  
City, State, ZIP+4 Downers Grove IL 60515  
PS Form 3800, August 2006 See Reverse for Instructions

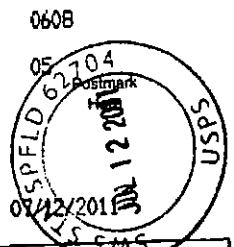
7010 2780 0000 8789 1361

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DOWNERS GROVE IL 60515 OFFICIAL USE

Postage	\$	\$0.44
Certified Fee		\$2.85
Return Receipt Fee (Endorsement Required)		\$2.30
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.59



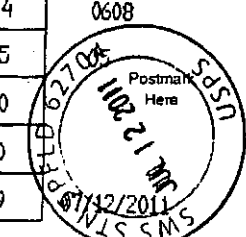
Sent To Mr. Ronald Lachnick, Administrator  
Midwest Center for Pain Surgery  
Street, Apt. No., or PO Box No. 3811 Ashland Avenue  
City, State, ZIP+4 Downers Grove IL 60515-9901  
PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1392

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LOMBARD IL 60148 **OFFICIAL USE**

Postage	\$ 0.44	
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>	

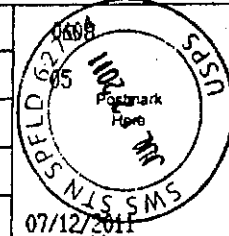
Sent To Mr. Erik Biver, Administrator  
Dmg. Surgical Center  
Street, Apt. No., or PO Box No. 2725 South Technology Drive  
City, State, ZIP+4 Lombard, IL 60148  
PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1385

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WHEATON IL 60187 **OFFICIAL USE**

Postage	\$ 0.44	
Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>	

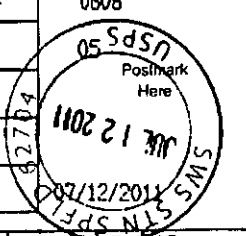
Sent To Mr. Eric Niles, Administrator  
Dupuy Eye Surgery Center  
Street, Apt. No., or PO Box No. 2015 North Main Street  
City, State, ZIP+4 Wheaton, IL 60187  
PS Form 3800, August 2006 See Reverse for Instructions

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ELMHURST IL 60126 **OFFICIAL USE**

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Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>	

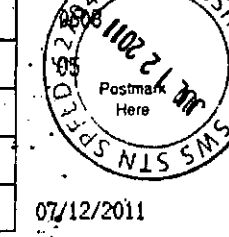
Sent To Ms. Tina Mentz, Administrator  
Elmhurst Outpatient Surgery  
Street, Apt. No., or PO Box No. 1200 So. York Rd. Bldg 1400  
City, State, ZIP+4 Elmhurst, IL 60126-6533  
PS Form 3800, August 2006 See Reverse for Instructions

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VILCA PARK IL 60181 **OFFICIAL USE**

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Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>	

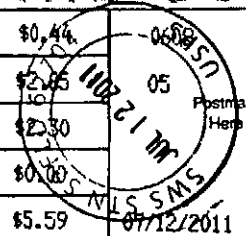
Sent To Mr. Geoffrey J. Abbott, Administrator  
Layola ASC at Oakbrook  
Street, Apt. No., or PO Box No. 1 South 204 Summit, Suite 201  
City, State, ZIP+4 Oakbrook Terrace, IL 60181  
PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1408

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OAK BROOK IL 60523 **OFFICIAL USE**

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Certified Fee	\$2.85	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.59</b>	

Sent To Ms. Ali N.T., Administrator  
Oak Brook Surgical Centre  
Street, Apt. No., or PO Box No. 2425 West 22nd St. Suite 101  
City, State, ZIP+4 Oak Brook, IL 60523  
PS Form 3800, August 2006 See Reverse for Instructions

Facilities within 30-Minutes  
Contacted on Issue of Impact

ASTC FACILITIES

Name	Address	City	Zip	License	Travel Time 77 IAC 1100.510(d)	Adjusted Drive Distance
THE CENTER FOR SURGERY	475 EAST DIEHL ROAD	NAPERVILLE	60563-1253	7001860	6.9	2.52
DuPage Orthopedic Group Surgery Center	27650 Fenty Road	Warrenville	60565	7003064	8.05	3.1
MIDWEST ENDOSCOPY CENTER	1243 Rickert Drive	NAPERVILLE	60540	7003127	9.2	2.82
NAPERVILLE SURGICAL CENTRE	1263 RICKERT DRIVE	NAPERVILLE	60540-0954	7001787	10.35	2.97
CASTLE SURGICENTER, LLC	2111 OGDEN AVENUE	AURORA	60504-7597	7002611	16.1	7.29
DMG Center for Pain Management	2940 Rolling Ridge Road	Naperville		New Permit	17.25	7.65
KENDALL POINTE SURGERY CENTER, LLC	100 WEST FIFTH STREET	OSWEGO	60543-8314	7002538	20.7	10.49
AMBUL. SURGICENTER OF DOWNERS GROVE	4333 MAIN STREET	DOWNERS GROVE	60515-	7002082	21.85	8.18
MIDWEST CENTER FOR DAY SURGERY	3811 HIGHLAND AVENUE	DOWNERS GROVE	60515-9901	7001076	21.85	10.68
DuPage Medical Group Surgery Center	2725 South Technology Drive	Lombard	60148	7003023	23	10.7
Plainfield Surgery Center	24600 W 127th Street	Plainfield	60544	7003135	24.15	11.58
OAK BROOK SURGICAL CENTER, THE	2425 WEST 22ND STREET	OAKBROOK	60523	7001548	24.15	11.71
DREYER AMBULATORY SURGERY CENTER	1221 NORTH HIGHLAND AVENUE	AURORA	60506-	7001779	26.45	10.25
Westmont Surgery Center	530 NORTH CASS AVENUE	WESTMONT	60559-9952	7002587	26.45	11.11
DuPage Eye Surgery Center	2015 North Main Street	Wheaton	60187	7003121	26.45	9.02
LOYOLA AMB. SURG. CTR. AT OAKBROOK	1 South 224 Summit, Suite 201	Oakbrook Terrace	60181-	7002181	26.45	12.47
ELMHURST OUTPATIENT SURGERY CENTER	1200 SOUTH YORK ROAD	ELMHURST	60126-6533	7002330	27.6	15.77
ELMHURST MEDICAL & SURGICAL CENTER	340 WEST BUTTERFIELD ROAD	ELMHURST	60148	New Permit	28.75	13.05
CHICAGO PROSTATE CANCER SURGERY CENTER	815 PASQUINELLI DRIVE	WESTMONT	60559	7003098	29.9	15.34

Source: Ambulatory Surgical Treatment Center Questionnaire for 2009, Illinois Department of Public Health, Health Systems Development  
www.mapquest.com

Facilities within 30-Minutes  
Contacted on Issue of Impact

HOSPITAL FACILITIES	NAME	STREET	CITY	ZIP	Travel Time Adjusted	
					77 IAC 1100.510(d)	Drive Distance
Edward Hospital		809 South Washington	Naperville	60566-0000	3.45	0.97
Rush Copley Memorial Hospital		2000 Ogden Avenue	Aurora	60504-4206	16.1	7.54
Central DuPage Hospital		25 North Winfield Road	Winfield	60190-0000	19.55	7.78
Adventist Bolingbrook Hospital		500 Remington Road	Bolingbrook	60440	21.85	9.25
Advocate Good Samaritan Hospital		3815 Highland Avenue	Downers Grove	60515-0000	21.85	10.68
Provena Mercy Center		1325 North Highland Avenue	Aurora	60506-1458	26.45	10.62
Elmhurst Memorial Hospital		S York Rd & Roosevelt Rd	Elmhurst	60126	28.75	15.81

www.mapquest.com

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>J. Balazscki</i>	
1. Article Addressed to:  Ms. Dolores Stam, RN Administrator Plainfield Surgery Center 24600 West 127th Street, Building C Plainfield, Illinois 60585		B. Received by (Printed Name) <i>J. Balazscki</i>	C. Date of Delivery 7/14
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, August 2001		Domestic Return Receipt	102595-02-M-1540

7010 2780 0000 8789 1293

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to:  Ms. Tina Mentz Administrator Elmhurst Outpatient Surgery 1200 South York Rd, Suite 1400 Elmhurst, IL 60126 - 6533		B. Received by (Printed Name)	C. Date of Delivery JUL 15 20
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, August 2001		Domestic Return Receipt	102595-02-M-1540

7010 2780 0000 8789 1422

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>[Signature]</i>	
1. Article Addressed to:  Mr. Geoffrey J. Abbott Administrator Loyola ASC at Oakbrook 1 South 224 Summit, Suite 201 Oakbrook Terrace, IL 60181		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 7-15-11
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, August 2001		Domestic Return Receipt	ATTACHMENT-27 I 102595-02-M-1540

7010 2780 0000 8789 1415

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Donna L. Wilson, Administrator  
 Castle Surgicenter  
 2111 Ogden Avenue  
 Aurora, Illinois 60504-7597

2. Article Number

(Transfer from service label) 7005 1820 0006 9684 1939

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X M. J. Semler*

- Agent  
 Addressee

B. Received by (Printed Name)

*M.L. Semler*

C. Date of Delivery

*7-14-11*

- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Barry C. Finn, Administrator  
 Rush-Copley Medical Center  
 2000 Ogden Avenue  
 Aurora, Illinois 60504

2. Article Number

(Transfer from service label) 7005 1820 0006 9684 1861

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Andrew Fabian*

- Agent  
 Addressee

B. Received by (Printed Name)

*Andrew Fabian*

C. Date of Delivery

*7-14-11*

- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Pam Scott  
 Administrator  
 Midwest Endoscopy Center  
 1243 Rieckert Drive  
 Naperville, IL 60540

2. Article Number

(Transfer from service label) 7010 2780 0000 8789 1307

PS Form 3811, August 2001

Domestic Return Receipt

ATTACHMENT-271

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*X Pam Scott*

- Agent  
 Addressee

B. Received by (Printed Name)

*Pam Scott*

C. Date of Delivery

*7/14/11*

- D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Ronald Ladniak  
 Administrator  
 Naperville Surgical Centre  
 123 Rickert Drive  
 Naperville, IL 60540 -  
 0954

2. Article Number

(Transfer from service label)

7010 2780 0000 8789 1316

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Jean Milano  Agent  
 Addressee

B. Received by (Printed Name)

Jean Milano

C. Date of Delivery

7/14/11

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. David S. Fox, Administrator  
 Advocate Good Samaritan Hospital  
 3815 Highland Avenue  
 Downers Grove, Illinois 60515

2. Article Number

(Transfer from service label)

7005 1820 0006 9684 1908

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent  
 Addressee

B. Received by (Printed Name)

David Ladniak

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. Ronald Ladniak  
 Administrator  
 Westmont Surgery Ctr.  
 580 North Cass Ave.  
 Westmont, IL 60559 -  
 9957

2. Article Number

(Transfer from service label)

7010 2780 0000 8789 1354

PS Form 3811, August 2001

Domestic Return Receipt ATTACHMENT-27 I

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Dick Matney  Agent  
 Addressee

B. Received by (Printed Name)

Ronald Ladniak

C. Date of Delivery

7/13/11

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Chad Baker</i></p> <p>B. Received by (Printed Name)  <i>Chad Baker</i></p> <p>C. Date of Delivery  <i>7/14/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mr. Rick Mace, Administrator          Adventist Bolingbrook Hospital          500 Remington Blvd          Bolingbrook, Illinois 60440</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number          (Transfer from service label) 7005 1820 0006 9684 1885</p>		
PS Form 3811, August 2001	Domestic Return Receipt	102595-02-44-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Cathy Freer</i></p> <p>B. Received by (Printed Name)  <i>Cathy Freer</i></p> <p>C. Date of Delivery  <i>7/14/11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mr. Anthony Fato          Administrator          The Center for Surgery          475 East Diehl Rd          Naperville, IL 60563-1253</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number          (Transfer from service label) 7010 2780 0000 8789 1330</p>		
PS Form 3811, August 2001	Domestic Return Receipt	102595-02-44-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Angie Burns</i></p> <p>B. Received by (Printed Name)  <i>Angie Burns</i></p> <p>C. Date of Delivery  <i>7-14-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Ms. Angie Burns, Administrator          Kendall Pointe Surgery Center          100 West Fifth Street          Oswego, Illinois 60543-8314</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number          (Transfer from service label) 7005 1820 0006 9684 1922</p>		
PS Form 3811, August 2001	Domestic Return Receipt ATTACHMENT-271	102595-02-44-1540



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. James D. Witt, Administrator  
 Provena Mercy Medical Center  
 1325 North Highland Avenue  
 Aurora, Illinois 60506

2. Article Number

(Transfer from service label)

7005 1820 0006 9684 1878

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *D. Weaver*

B. Received by (Printed Name) *GLENNER* C. Date of Delivery *7-14-11*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Donna Cooper, Administrator  
 Dreyer Ambulatory Surgery Center  
 1221 North Highland Avenue  
 Aurora, Illinois 60506

2. Article Number

(Transfer from service label)

7005 1820 0006 9684 1946

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Wendy Benton*

B. Received by (Printed Name) *W. Benton* C. Date of Delivery *7-14-11*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Julia Ferdkoff  
 Administrator  
 Ambulatory Surgicenter of  
 Downers Grove  
 4333 Main Street  
 Downers Grove, IL 60515

2. Article Number

(Transfer from service label)

7010 2780 0000 8789 1347

PS Form 3811, August 2001

Domestic Return Receipt ATTACHMENT-27 I

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *J. Pacheco*

B. Received by (Printed Name) *JIS Pacheco* C. Date of Delivery *7-14*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Mr. Ronald Kadniak  
 Administrator  
 Midwest Ctr. for Day Surgery  
 3011 Highland Avenue  
 Downers Grove, IL  
 60515-9901

## 2. Article Number

(Transfer from service label)

7010 2780 0000 8789 1361

PS Form 3811, August

7010 2780 0000 8789 1361

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Jan Peterson*

- 
- Agent
- 
- 
- Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

7-14-11

- D. Is delivery address different from item 1?
- 
- Yes
- 
- If YES, enter delivery address below:
- 
- No

## 3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Ms. Maureen Taus, Administrator  
 Central DuPage Hospital  
 25 North Winfield Road  
 Winfield, Illinois 60190

## 2. Article Number

(Transfer from service label)

7005 1820 0006 9684 1915

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *ATD*

- 
- Agent
- 
- 
- Addressee

## B. Received by (Printed Name)

*DIETZ*

## C. Date of Delivery

7-14-11

- D. Is delivery address different from item 1?
- 
- Yes
- 
- If YES, enter delivery address below:
- 
- No

## 3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Ms. Barbara J. Kiel  
 Administrator  
 DuPage Orthopaedic Surgery Ctr  
 27650 Ferry Rd. Suite 140  
 Warrenville, IL 60555

## 2. Article Number

(Transfer from service label)

7010 2780 0000 8789 1323

PS Form 3811, August 2001

Domestic Return Receipt ATTACHMENT-27 I

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Jan Silvestra*

- 
- Agent
- 
- 
- Addressee

## B. Received by (Printed Name)

*Jan Silvestra*

## C. Date of Delivery

7/14/11

- D. Is delivery address different from item 1?
- 
- Yes
- 
- If YES, enter delivery address below:
- 
- No

## 3. Service Type

- 
- Certified Mail
- 
- Express Mail
- 
- 
- Registered
- 
- Return Receipt for Merchandise
- 
- 
- Insured Mail
- 
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:  Ms. Pamela Meyer Davis Administrator Edward Hospital 801 South Washington Naperville, Illinois 60540	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540		



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i>	<input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee
1. Article Addressed to:  Ms. Jennifer Bruck Administrator Chicago Prostate Cancer Surgery Center 815 Pasquelli Drive Westmont, IL 60559	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Marela He...</i></p> <p>Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Ms. Ali Nili  Administrator  Oak Brook Surgical Centre  2425 West 22nd St. Suite 101  Oakbrook, IL 60523</p>	<p>D. Is delivery address different? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label) 7010 2780 0000 8789 1408</p>	
<p>PS Form 3811, August 2001      Domestic Return Receipt      102585-02-M-1540</p>	

**Naperville Fertility Center, Inc  
Fee Schedule**

CPT	Description	Rate
<b>Laparoscopy Procedures</b>		
49320	Laparoscopy, surgical, abdomen, peritoneum, and omentum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	\$ 3,744.00
49321	Laparoscopy, surgical with biopsy	\$ 5,704.96
49322	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	\$ 4,716.00
58350	Chromotubation of oviduct, including materials	\$ 3,677.00
58545	Laparoscopy, surgical; myomectomy 1-4 myomas total Weight < 250 grams	\$ 5,704.96
58546	Laparoscopy, surgical; myomectomy 5 or myomas total Weight > 250 grams	\$ 7,061.97
58551	Laparoscopy, surgical with removal of leiomyomata (single or multiple)	\$ 7,061.97
58552	Laparoscopy with removal of tube(s) or ovary(s)	\$ 7,061.97
58554	Laparoscopy with removal of tube(s) (and/or ovaries)	\$ 7,061.97
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	\$ 7,061.97
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)	\$ 7,061.97
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method	\$ 5,277.00
58672	Laparoscopy, surgical; with fimbrioplasty	\$ 7,061.97
58673	Laparoscopy, surgical; with salpingostomy	\$ 7,061.97
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	\$ 7,061.97
<b>Radiologic Procedures</b>		
58340	Catheterization and introduction of saline or contrast material for hysterosonography or hysterosalpingography	\$ 3,677.00
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography	\$ 3,052.43
<b>Hysteroscopy Procedures</b>		
58555	Hysteroscopy, diagnostic (separate procedure)	\$ 3,482.00
58558	Hysteroscopy, surgical with lysis of adhesions	\$ 5,681.72
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	\$ 5,681.72
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$ 5,681.72
<b>Vaginal Procedures</b>		
57800	Dilation of cervical canal, instrumental (separate procedure)	\$ 113.92
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	\$ 189.00
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	\$ 4,080.00
59820	Treatment of missed abortion, completed surgically; first trimester	\$ 3,541.00

**Naperville Fertility Center, Inc**  
**Fee Schedule**

<b>CPT</b>	<b>Description</b>	<b>Rate</b>
<b><i>In Vitro Fertilization Procedures</i></b>		
58970	Follicle puncture for retrieval	\$ 6,514.15
58974	embryo transfer, intrauterine	\$ 4,788.00
76705	Ultrasound guidance for embryo transfer	\$ 244.98
76948	Ultrasound guidance for egg retrieval	\$ 244.98

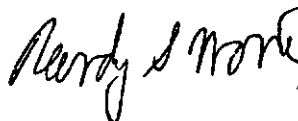
Ms. Courtney Avery  
Illinois Health Facilities Planning Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62702

June 21st 2011

Dear Mr. Constantino:

I hereby certify that the attached charge structure will be maintained for a minimum of two years following the opening of the proposed Ambulatory Surgical Treatment Center as per the 77 Illinois Administrative Code, Chapter II, Section 1110.1540.g of Subchapter A.

Sincerely,

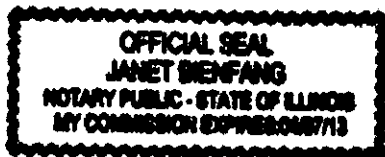


Randy S. Morris M.D.

Notarization

Subscribed and sworn to  
before me this 21st day of  
June 2011

Janet M. Bienfang  
Signature of Notary



June 29, 2011

Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street  
2<sup>nd</sup> Floor  
Springfield, IL 62761

We have been the independent accountants for Dr. Randy Morris and his medical practice, Randy Morris, M.D., S.C. since 1999. In that capacity, we are familiar with Dr. Morris' financial position and can confirm that he has liquid assets in excess of \$580,000, the estimated amount needed to cover start-up costs and initial operating deficits of the proposed Surgery Center. If you need further information, please do not hesitate to contact the undersigned.

Sincerely,



Laurence A. Sophian

ATTACHMENT-39





# Northern Trust

June 22, 2011

Dr. Randy Morris  
1149 Hobson Mill Drive  
Naperville, Illinois 60540

Dear Dr. Morris:

On behalf of Northern Trust Bank ("Bank") I am pleased to present you with the following financing proposal for a business line of credit for your medical practice in Naperville, Illinois. Please note that this proposal is for discussion purposes only and does not constitute a formal commitment to lend. A final commitment from the Bank will be subject to, but not limited to, the completion of the due diligence process, final negotiation of mutually acceptable terms and conditions, credit committee approval and the signing of mutually satisfactory loan documents.

Borrower:	Naperville Fertility Center, Inc.
Amount:	\$500,000
Purpose:	General business and working capital needs of surgery center
Collateral:	All assets of the medical practice including accounts receivable, inventory and equipment that is owned (not currently leased or pledged as collateral for an equipment loan). Borrowings will be limited to a 70% advance on eligible accounts receivable (90 days or less).
Term:	One (1) year
Rate:	Prime + 75 bp (equal to a current rate of 4.00%) with a floor of 4.00%
Repayment:	Interest only, principal due in full at maturity.
Prepayment:	No penalty
Guarantor(s):	None
Commitment Fee:	None

ATTACHMENT-39

**GENERAL TERMS AND CONDITIONS**

1. Borrower will provide the Bank with annual financial and tax reporting for the surgery center. Monthly accounts receivable statements and borrowing base certificate will be required when funds are outstanding under the line of credit.
2. Borrower will maintain a deposit account with Bank for all receipts and disbursements related to the medical practice.
3. The Credit Agreement will contain customary covenants for a transaction of this type, including the following:
  - o Restriction on any additional debt other than Northern Trust related financing
  - o Minimum net income of \$100,000

Northern Trust Bank is pleased to provide you with this financing proposal and we welcome the opportunity to assist you with all of your banking needs. Should the above terms and conditions prove acceptable, please acknowledge your acceptance by signing and returning this letter to the Bank.

Upon receiving your signed acceptance, our next steps would be to obtain credit committee approval and prepare loan documentation. If you have any questions or comments regarding the terms of this proposal, please do not hesitate to give me a call. We look forward to establishing a long and mutually beneficial relationship.

Sincerely,



Peter A. Paolilli  
Vice President  
The Northern Trust Company

AGREED AND ACCEPTED TO THIS \_\_\_\_ of June, 2011

By: \_\_\_\_\_  
Dr. Randy Morris & Jody Morris for Naperville Fertility Center, Inc.

PLEASE NOTE THE TERMS OF THIS PROPOSAL WILL EXPIRE ON DECEMBER 31<sup>ST</sup>, 2011



# Northern Trust

June 22, 2011

Dr. Randy Morris  
Naperville Fertility Center, Inc.  
Naperville, Illinois 60540

Dear Dr. Morris:

On behalf of Northern Trust Bank ("Bank") I am pleased to present you with the following financing proposal for the purchase of medical, lab and surgical equipment for your "to be developed" surgery center in Naperville, Illinois. Please note that this proposal is for discussion purposes only and does not constitute a formal commitment to lend. A final commitment from the Bank will be subject to, but not limited to, the completion of the due diligence process, final negotiation of mutually acceptable terms and conditions, credit committee approval and the signing of mutually satisfactory loan documents.

**Borrower:** Naperville Fertility Center, Inc.

**Amount:** Up to 80% of the cost of all medical, lab, surgical equipment and other facility capital expenditures as part of the "to be developed" surgery center located at 13 & 15 N. Washington St, Naperville, Illinois.

**Purpose:** Proceeds will be used to fund new medical, lab, surgical equipment and other facility capital expenditures for the "to be developed" surgery center located at 13 & 15 N. Washington St, Naperville, Illinois. Funding would be contingent upon the receipt of an approved "Certificate of Need" for the surgery center.

**Collateral:** First security interest in all equipment and related improvements from capital expenditures

**Term:** Five (5) years with full amortization

**Rate:** Bank Cost of Funds + 350 bps (equal to a current rate of 5.60%) \*

\* The Bank Cost of Funds rate is based on current market conditions and is subject to change on a daily basis until rate is locked.

**Repayment:** Monthly principal and interest payments based upon 5-year amortization

**Prepayment:** Subject to the greater of 1.0% of the outstanding principal balance or yield maintenance. The borrower has the option to request a loan without a prepayment penalty, which will be reflected in a slightly higher interest rate for the loan.

**Guarantor(s):** None

**Loan Fee:** 50 bp, payable at closing

ATTACHMENT-39

**GENERAL TERMS AND CONDITIONS**

1. Borrower will provide the Bank with annual financial and tax reporting for the surgery center.
2. Borrower will maintain a deposit account with Bank for all receipts and disbursements related to the surgery center.
3. The Credit Agreement will contain customary covenants for a transaction of this type, including the following:
  - o Restriction on any additional debt other than Northern Trust related financing
  - o Minimum net income of \$100,000
4. All closing costs pertaining to the documentation of this loan, whether or not the transaction closes, will be paid by the Borrower. These costs may include, but are not limited to legal fees.

Northern Trust Bank is pleased to provide you with this financing proposal and we welcome the opportunity to assist you with all of your banking needs. Should the above terms and conditions prove acceptable, please acknowledge your acceptance by signing and returning this letter to the Bank.

Upon receiving your signed acceptance our next step would be to obtain credit committee approval and begin working on the loan documentation. If you have any questions or comments regarding the terms of this proposal, please do not hesitate to give me a call. We look forward to establishing a long and mutually beneficial relationship.

Sincerely,



Peter A. Paolilli  
Vice President  
The Northern Trust Company

AGREED AND ACCEPTED TO THIS \_\_\_\_\_ of June, 2011

By: \_\_\_\_\_  
Dr. Randy Morris & Jody Morris for Naperville Fertility Center, Inc.

PLEASE NOTE THE TERMS OF THIS PROPOSAL WILL EXPIRE ON DECEMBER 31<sup>st</sup>, 2011

**Naperville Fertility Center, Inc.**  
**Exhibit - Financial Ratios Details**  
**For the 12 Months Ending December 31, 2014**

Based on the 2014 Balance Sheet and P&L

		<u>10.49</u>
<b>Current Ratio (a) / (b)</b>		
(a) Current Assets	2,200,687	
(b) Current Liabilities	209,825	
		<u>49.13%</u>
<b>Gross Margin Percentage ((c)-(d)) / (c)</b>		
(c) Revenue	5,452,396	
(d) Clinical Expenses	2,773,619	
		<u>25.07%</u>
<b>Net Margin Percentage (e) / (c)</b>		
(c) Revenue	5,452,396	
(e) Net Income	1,366,886	
		<u>0.23</u>
<b>Debt to Equity Ratio (f) / (g)</b>		
(f) Total Debt	535,042	
(g) Total Equity	2,362,335	
		<u>3.86</u>
<b>Projected Debt Service Coverage ((e)+(h)+(l))/((l)+(j))</b>		
(e) Net Income	1,366,886	
(h) Depreciation	170,667	
(l) Interest Expense	31,671	
(j) Principal Paydown	375,362	
		<u>148.03</u>
<b>Days Cash on Hand (k)/((l)-(h))/365)</b>		
(k) Cash	1,574,883	
(l) Operating Expenses	4,053,840	
(h) Depreciation	170,667	
		<u>3.87</u>
<b>Cushion Ratio (k)/((l)+(l))</b>		
(k) Cash	1,574,883	
(l) Interest Expense	31,671	
(j) Principal Paydown	375,362	

Mr. Michael Constantino  
Illinois Health Facilities Planning Board  
525 West Jefferson Street  
Springfield, Illinois 62761

June 21<sup>st</sup> 2011

Dear Mr. Constantino:

Regarding Criteria 1120.310.a, Reasonableness of Financing Arrangements, we hereby certify that:

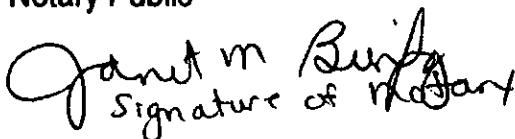
- 1) A portion or all of the cash and equivalents will be retained in the balance sheet asset accounts in order that the current ratio does not fall below 2.0 times; or
- 2) Borrowing is less costly than the liquidation of existing investments and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

Sincerely,



Randy S. Morris M.D.

State of Illinois  
County of DuPage  
Sworn to before me this  
21st day of June 2011  
Notary Public

  
Signature of Notary



**B. Criterion 1120.310(b), Conditions of Debt Financing**

Read the criterion and provide a notarized statement signed by two authorized representatives of the applicant entity (in the case of a corporation, one must be a member of the board of directors) that attests to the following as applicable:

1. The selected form of debt financing the project will be at the lowest net cost available or if a more costly form of financing is selected, that form is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional debt, term (years) financing costs, and other factors;
2. All or part of the project involves the leasing of equipment or facilities and the expenses incurred with such leasing are less costly than constructing a new facility or purchasing new equipment.

*Jody Marks*  
Board Member or Officer

\_\_\_\_\_  
Board Member or Officer

Notarization:  
Subscribed and sworn to me  
this 21 day of June 2011

*Janet M. Bienfang*  
Signature of Notary

Notarization:  
Subscribed and sworn before me  
this \_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

Seal



Seal

ATTACHMENT 75

ATTACHMENT-42

**Naperville Fertility Center, Inc.**  
**Exhibit A.**  
**Utilization Analysis**

Case Type	Anesth Type	(Per Case in Hours)			Est Volume	% of Total Volume	Preop Time	Total OR Time	Set Up /Clean Up	Recovery Time
		Surgery Time	OR Time							
Retrievals	MAC	0.50	1.00	357	27.2%	89.25	357.00	178.50	178.50	
Transfers	None	0.25	0.25	530	40.4%	132.50	132.50	176.67	795.00	
HSGs	MAC	0.25	0.75	304	23.2%	76.00	228.00	101.33	152.00	
D&C	MAC	0.25	0.75	24	1.8%	6.00	18.00	12.00	12.00	
Hysteroscopy	General	1.25	1.75	67	5.1%	16.75	117.25	67.00	100.50	
Laparoscopy	General	3.00	3.50	31	2.4%	7.75	108.50	31.00	46.50	
<b>Total</b>				<b>1,313</b>	<b>100.0%</b>	<b>326.25</b>	<b>961.25</b>	<b>566.50</b>	<b>1,284.50</b>	
<b>Total OR Time (Includes Set Up/Clean Up)</b>							<b>1,527.75</b>			
<b>Available OR Time</b>							<b>1,500.00</b>			
<b>Actual Utilization</b>							<b>101.85%</b>			

**Assumptions:**

All time is converted to hours  
 OR Time includes anesthesia time - additional 0.5 hours for all types of anesthesia (15 min to sleep, 15 min to wake)  
 Recovery Time assumes .50 for MAC anesthesia; 1.50 for General anesthesia; 1.50 for retrievals (even though no anesthesia required)  
 Preop Time assumes .25 per patient



**Naperville Fertility Center, Inc.  
Exhibit B  
Staffing Costs**

<b>Position</b>	<b>FTE</b>	<b>Annual Salary</b>	<b>Extended</b>	<b>20% Benefits</b>	<b>Total Cost</b>
Circulating RN	1.00	\$ 67,275	\$ 67,275	\$ 13,455	\$ 80,730
Scrub RN	1.00	67,275	67,275	13,455	80,730
Pre & Post RN	2.00	67,275	134,550	26,910	161,460
Lab Director	1.00	155,250	155,250	31,050	186,300
Embryologist	1.00	82,800	82,800	16,560	99,360
Nurse Manager	1.00	103,500	103,500	20,700	124,200
SPD Tech	1.00	47,362	47,362	9,472	56,834
Radiology Tech	0.25	51,750	12,938	2,588	15,525
<b>Total Clinical Staff</b>	<b>8.25</b>		<b>670,949</b>	<b>134,190</b>	<b>805,139</b>
Receptionist / Scheduler	1.00	34,445	34,445	6,889	41,334
Billor	1.00	40,903	40,903	8,181	49,084
<b>Total Admin Staff</b>	<b>2.00</b>		<b>75,348</b>	<b>15,070</b>	<b>90,418</b>
<b>Total W-2 Employees</b>	<b>10.25</b>		<b>746,297</b>	<b>149,259</b>	<b>895,557</b>
<b><u>Independent Contractor</u></b>					
Medical Director	1.00	35,000	35,000	-	35,000
<b>Grand Total Staffing Costs</b>	<b>11.25</b>		<b>\$ 781,297</b>	<b>\$ 149,259</b>	<b>\$ 930,557</b>

**Staffing Costs**

Naperville Fertility Center, Inc.  
Exhibit C - Projection  
April 2013 - February 2015

Item	Apr - May '13	Jun '13	Jul '13	Aug '13	Sep '13	Oct '13	Nov '13	Dec '13	Jan '14	Feb '14	Mar '14	Apr '14	May '14
<b>Revenue, Net of Contractual Allowances</b>		423,943	503,503	473,347	443,192	503,503	498,049	215,421	559,804	466,449	589,960	381,437	393,788
<b>Clinical Expenses</b>													
Medical Supplies		26,127	30,994	29,201	27,408	30,994	30,738	13,320	34,580	29,989	36,373	23,566	24,334
Professional Fees		89,186	105,989	99,527	93,064	105,989	104,697	45,239	117,622	98,234	124,085	80,138	82,723
Lab Expense		37,339	44,374	41,669	38,863	44,374	43,833	18,940	49,245	41,127	51,850	33,551	34,634
Clinical Staff		100,642	67,095	67,095	67,095	67,095	67,095	67,095	67,095	67,095	67,095	67,095	67,095
Clinical Expenses		219,747	248,452	237,491	226,529	248,452	248,363	144,594	268,542	225,145	279,503	204,350	208,788
<b>Gross Margin</b>		(100,642)	204,196	255,050	235,856	216,663	251,687	70,828	291,263	231,305	310,456	177,087	185,002
<b>Administrative Expenses</b>													
Rent - Base	67,506	33,753	33,753	33,753	33,753	33,753	33,753	33,753	33,753	33,753	33,753	33,753	33,753
Rent - CAM	33,884	16,947	16,947	16,947	16,947	16,947	16,947	16,947	16,947	16,947	16,947	16,947	16,947
Bad Debt	-	2,120	2,518	2,367	2,518	2,518	2,490	1,077	2,798	2,332	2,950	1,907	1,969
Admin Staff	11,302	7,535	7,535	7,535	7,535	7,535	7,535	7,535	7,535	7,535	7,535	7,535	7,535
Transcription	-	3,245	3,849	3,627	3,404	3,849	3,818	1,654	4,295	3,563	4,518	2,927	3,022
Medical Director	-	2,917	2,917	2,917	2,917	2,917	2,917	2,917	2,917	2,917	2,917	2,917	2,917
Linens & Laundry	-	2,380	2,823	2,660	2,496	2,823	2,800	1,213	3,150	2,613	3,313	2,148	2,216
Office Supplies	-	1,553	1,553	1,553	1,553	1,553	1,553	1,553	1,553	1,553	1,553	1,553	1,553
Equipment Repairs & Maintenance	-	2,083	2,083	2,083	2,083	2,083	2,083	2,083	2,083	2,083	2,083	2,083	2,083
Equipment Service Contracts	-	5,550	5,550	5,550	5,550	5,550	5,550	5,550	5,550	5,550	5,550	5,550	5,550
Housekeeping	-	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035	1,035
Waste (hazardous) Removal	-	844	1,001	943	885	1,001	993	430	1,175	928	1,175	781	786
Utilities	-	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156
Mealpractice & Business Insurance	-	1,725	1,725	1,725	1,725	1,725	1,725	1,725	1,725	1,725	1,725	1,725	1,725
Telephone	-	518	518	518	518	518	518	518	518	518	518	518	518
Dues, Subs & Licenses	-	345	345	345	345	345	345	345	345	345	345	345	345
Professional Fees	-	12,000	12,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000
JCAHO Survey	-	5,955	-	-	-	-	-	-	-	-	-	-	-
Depreciation Expense	-	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979
Interest Expense	-	4,121	4,542	4,963	4,834	4,580	4,242	3,862	3,482	3,102	2,802	2,668	2,621
Other	-	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156	2,156
<b>Administrative Expenses</b>	112,702	122,915	118,984	110,810	110,087	111,022	110,593	104,488	111,083	108,788	111,008	106,661	106,866
<b>Net Income</b>	(213,345)	81,281	136,066	125,046	108,576	144,028	141,094	(33,662)	189,169	122,517	199,448	70,426	78,137
<b>Beginning Cash</b>	-	18,652	29,133	23,110	119,360	237,177	277,236	280,819	438,222	414,590	252,912	361,008	543,799
Add: Net Income	(213,345)	81,281	136,066	125,046	108,576	144,028	141,094	(33,662)	189,169	122,517	199,448	70,426	78,137
Less: Revenue & Bad Debt	-	(421,824)	(500,985)	(470,981)	(440,978)	(500,985)	(495,959)	(214,343)	(587,005)	(464,117)	(587,005)	(379,530)	(391,819)
Add: Collections	-	-	74,879	438,013	498,081	467,836	454,015	502,420	446,264	276,028	543,570	488,095	553,161
Add: Depreciation	-	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979	13,979
Less: Capital Expenditures	(838,750)	-	-	-	-	-	-	-	-	-	-	-	-
Less: COB Procurement	(96,500)	-	-	-	-	-	-	-	-	-	-	-	-
Less: Term Deposit	(33,753)	-	-	-	-	-	-	-	-	-	-	-	-
Less: Term Loan Principal Pay down	530,000	(9,717)	(9,762)	(9,807)	(9,853)	(9,898)	(9,945)	(9,992)	(10,038)	(10,085)	(10,132)	(10,180)	(10,227)
Shareholder Capital Contribution	671,000	50,000	-	-	-	-	-	-	-	-	-	-	-
Term Loan	-	-	-	-	-	-	-	-	-	-	-	-	-
Line of Credit Draw/(Pay down)	-	286,760	280,000	-	(50,000)	(75,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(51,760)
<b>Ending Cash</b>	18,652	29,133	23,110	119,360	237,177	277,236	280,819	438,222	414,590	252,912	361,008	543,799	787,030
<b>Net Monthly Cash Flow</b>	18,652	10,480	(6,023)	96,250	117,817	40,059	3,583	159,402	(24,632)	(161,677)	108,095	182,791	243,231

Projection Details

Naperville Fertility Center, Inc.  
Exhibit C - Projection  
April 2013 - February 2015

Item	Jun '14	Jul '14	Aug '14	Sep '14	Oct '14	Nov '14	Dec '14	Jan '15	Feb '15	Totals
<b>Revenue, Net of Contractual Allowances</b>	423,843	503,503	473,347	443,182	503,503	488,049	215,421	559,804	466,449	9,539,608
<b>Clinical Expenses</b>										
Medical Supplies	26,911	31,824	30,077	28,230	31,824	31,660	13,719	35,817	29,549	595,932
Professional Fees	89,186	105,989	99,527	93,064	106,989	104,697	45,239	117,622	86,234	2,006,042
Lab Expense	37,338	44,374	41,689	38,963	44,374	43,833	18,940	49,245	41,127	839,865
Clinical Staff	67,095	67,095	67,095	67,095	67,095	67,095	67,095	67,095	67,095	1,509,635
Clinical Expenses	220,531	249,382	238,387	227,352	249,382	247,285	144,984	269,579	236,008	4,951,475
<b>Gross Margin</b>	203,412	254,120	234,960	215,841	254,120	250,765	70,427	290,225	230,444	4,588,133
<b>Administrative Expenses</b>										
Rent - Base	33,753	33,753	33,753	33,753	33,753	33,753	33,753	33,753	33,753	776,319
Rent - CAM	16,947	16,947	16,947	16,947	16,947	16,947	16,947	16,947	16,947	388,781
Bad Debt	2,518	2,518	2,367	2,216	2,518	2,490	1,077	2,789	2,302	47,699
Admin Staff	7,761	7,761	7,761	7,761	7,761	7,761	7,761	7,761	7,761	171,567
Transcription	3,342	3,342	3,736	3,506	3,342	3,832	1,704	4,424	3,670	74,015
Medical Director	3,004	3,004	3,004	3,004	3,004	3,004	3,004	3,004	3,004	62,038
Linens & Laundry	2,451	2,908	2,739	2,571	2,908	2,884	1,260	3,244	2,891	54,278
Office Supplies	1,599	1,599	1,599	1,599	1,599	1,599	1,599	1,599	1,599	33,022
Equipment Repairs & Maintenance	2,146	2,146	2,146	2,146	2,146	2,146	2,146	2,146	2,146	44,313
Equipment Service Contracts	5,550	5,550	5,550	5,550	5,550	5,550	5,550	5,550	5,550	116,550
Housekeeping	1,066	1,066	1,066	1,066	1,066	1,066	1,066	1,066	1,066	22,014
Waste (Hazardous) Removal	889	1,031	971	912	1,031	1,022	443	1,150	854	19,244
Utilities	2,221	2,221	2,221	2,221	2,221	2,221	2,221	2,221	2,221	45,863
Mainpractice & Business Insurance	2,206	2,206	2,206	2,206	2,206	2,206	2,206	2,206	2,206	40,553
Telephone	533	533	533	533	533	533	533	533	533	11,007
Dues, Subs & Licenses	355	355	355	355	355	355	355	355	355	7,338
Professional Fees	4,120	4,120	4,120	4,120	4,120	4,120	4,120	4,120	4,120	101,080
JCAHO Survey	1,890									7,845
Depreciation Expense	14,396	14,396	14,396	14,396	14,396	14,396	14,396	14,396	14,396	287,313
Interest Expense	2,573	2,525	2,477	2,429	2,380	2,331	2,282	2,233	2,183	67,228
Other	2,221	2,221	2,221	2,221	2,221	2,221	2,221	2,221	2,221	45,863
<b>Administrative Expenses</b>	111,123	110,824	110,168	109,511	110,879	110,537	104,634	111,727	109,709	2,494,930
<b>Net Income</b>	92,289	143,296	124,813	106,329	143,442	140,227	34,207	178,498	120,735	2,153,203
<b>Beginning Cash</b>	787,030	820,218	865,802	961,672	1,129,092	1,243,412	1,331,579	1,574,863	1,634,024	
Add: Net Income	92,289	143,296	124,813	106,329	143,442	140,227	34,207	178,498	120,735	2,153,203
Less: Revenue & Bad Debt	(421,824)	(500,985)	(470,981)	(440,976)	(500,985)	(495,559)	(214,343)	(557,005)	(464,117)	(9,491,910)
Add: Collections	383,602	399,200	438,013	498,091	467,936	454,015	502,420	448,284	276,028	8,611,843
Less: Capital Expenditures	(25,000)	14,396	14,396	14,396	14,396				14,396	254,125
Less: COI Procurement										(863,750)
Less: Rent Deposit										(86,500)
Less: Term Loan Principal Pay down	(10,275)	(10,323)	(10,371)	(10,419)	(10,468)	(10,517)	(10,566)	(10,615)	(10,665)	(33,753)
Shareholder Capital Contribution										(213,857)
Term Loan										580,000
Line of Credit Draw/(Pay down)										671,000
<b>Ending Cash</b>	820,218	865,802	961,672	1,129,092	1,243,412	1,331,579	1,574,863	1,634,024	1,570,402	1,570,402
<b>Net Monthly Cash Flow</b>	33,188	45,584	95,870	167,421	114,320	88,156	243,304	59,141	(63,622)	1,570,402

Projection Details

**Naperville Fertility Center, Inc.**  
**Exhibit E - Profit Loss Statement**  
**For the 12 Months Ending December 31, 2014**

	<u>Amount</u>	<u>Percent of Revenue</u>	
<b>Revenue, Net of Contractual Allowances</b>	\$ 5,452,396	100.00	%
<b>Clinical Expenses</b>			
Medical Supplies	341,985	6.27	
Professional Fees	1,146,494	21.03	
Lab Expense	480,000	8.80	
Clinical Staff	805,139	-14.77	
	<hr/>		
Clinical Expenses	2,773,619	50.87	
	<hr/>		
<b>Gross Margin</b>	2,678,778	49.13	
<b>Administrative Expenses</b>			
Rent - Base	405,036	7.43	
Rent - CAM	203,364	3.73	
Bad Debt	27,262	0.50	
Admin Staff	92,000	1.69	
Transcription	42,475	0.78	
Medical Director	35,613	0.65	
Linens & Laundry	31,148	0.57	
Office Supplies	18,956	0.35	
Equipment Repairs & Maintenance	25,438	0.47	
Equipment Service Contracts	66,600	1.22	
Housekeeping	12,637	0.23	
Waste (Hazardous) Removal	11,043	0.20	
Utilities	26,328	0.48	
Malpractice & Business Insurance	24,066	0.44	
Telephone	6,319	0.12	
Dues, Subs & Licenses	4,212	0.08	
Professional Fees	48,840	0.90	
JCAHO Survey	1,890	0.03	
Depreciation Expense	170,667	3.13	
Interest Expense	31,671	0.58	
Other	26,328	0.48	
	<hr/>		
Administrative Expenses	1,311,892	24.06	
	<hr/>		
<b>Net Income</b>	\$ 1,366,886	25.07	%

**Profit & Loss**

**Naperville Fertility Center, Inc.  
Exhibit D - Balance Sheet  
As of December 31, 2014**

**ASSETS**

<b>CURRENT ASSETS</b>	
Cash	\$ 1,574,883
Accounts Receivable	<u>625,804</u>
	2,200,687
 <b>PROPERTY AND EQUIPMENT</b>	
Less: Accumulated Depreciation	<u>863,750</u> <u>(297,313)</u>
	<u>566,438</u>
 <b>OTHER ASSETS</b>	
Deposits	33,753
Certificate of need	<u>96,500</u>
	<u>130,253</u>
	<u><u>\$ 2,897,377</u></u>

**LIABILITIES & EQUITY**

<b>CURRENT LIABILITIES</b>	
Current Portion of Long Term Debt	\$ 131,926
Accounts Payable	<u>77,899</u>
	209,825
 <b>LONG TERM DEBT</b>	
	<u>325,217</u>
	<u>535,042</u>
 <b>EQUITY</b>	
	<u>2,362,335</u>
	<u><u>\$ 2,897,377</u></u>

**Balance Sheet**

**XI. Safety Net Impact Statement**

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

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

This project is proposing the service of fertility treatment. As such, it will have little to no impact on essential safety net services in the community.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

The majority (99%) of the Applicant's historical procedures were performed in a licensed ASTC setting and not that of a safety net provider (hospital). Additionally, the majority (65%) of those procedures in an ASTC were performed in a facility that is greater than one hour adjusted travel time in accordance with Board's rules. Therefore, the project's impact on the ability of another provider or health care system to cross-subsidize safety net services within the proposed market (30-minute travel contour) is negligible at best.

3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

This application is not for the discontinuation, therefore, this item is not germane.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

ATTACHMENT-43

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

For the 3 fiscal years prior to this application, this applicant did not exist. Furthermore, due to the nature of the proposed service, this project will not provide charity care in accordance with the Board's rules. Therefore, it would appear that this item is not applicable.

## **XII. Charity Care Information**

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

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three audited fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

As this project is for the establishment of a new service, 3-years of audited financial statements are not available. Furthermore, it is this Applicant's contention that charity care in accordance with the Board's rules will not be provided by this Applicant.

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.

The Applicant does not own or operate one or more facilities (ASTCs), therefore, this item is not germane.

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.

Appended as ATTACHMENT-44A, is the Applicant's payor mix by source. It should be noted that no charity care was provide as it is defined in the Board's rules.



Payor Mix by Surgery CPT-2010

<u>Financial Class</u>	<u>Description</u>	<u>Total Charges</u>	<u>Total Payments</u>	<u>Insurance Admstments</u>
<b>AETNA</b>				
58340	Catheterization and introduction of saline or contrast material for hysterosonography or	\$12,350.00	\$1,896.59	\$10,378.38
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing	\$17,500.00	\$1,199.75	\$13,274.50
58350	Chromotubation of oviduct, including materials	\$500.00	\$40.77	\$459.23
58555	Hysteroscopy, diagnostic (separate procedure)	\$1,400.00	\$101.84	\$1,298.16
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or	\$4,400.00	\$412.11	\$3,987.89
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or	\$9,000.00	\$1,496.02	\$7,503.98
58800	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach	\$1,100.00	\$308.16	\$791.84
58970	Follicle puncture for oocyte retrieval, any method	\$44,000.00	\$39,846.02	\$1,179.05
58974	Embryo transfer, intrauterine	\$35,700.00	\$17,810.77	\$13,859.23
59820	Treatment of missed abortion, completed surgically; first trimester	\$1,200.00	\$376.59	\$823.41
74740	Hysterosalpingography, radiological supervision and interpretation	\$4,710.00	\$315.29	\$4,370.69
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$2,198.00	\$31.56	\$1,852.44
<b>TOTALS</b>		<b>\$134,058.00</b>	<b>\$63,835.47</b>	<b>\$59,778.80</b>
<b>BCBS</b>				
49320	Laparoscopy, surgical, abdomen, peritoneum, and omentum; diagnostic, with or without	\$6,600.00	\$1,182.50	\$5,417.50
49323	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)	\$5,000.00	\$263.10	\$4,733.00
57805	Dilation of cervical canal, instrumental (separate procedure)	\$1,800.00	\$0.00	\$1,440.00
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical	\$360.00	\$161.00	\$199.00
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)	\$6,000.00	\$1,732.05	\$4,207.50
58140	Myomectomy, excision of fibroid tumor of uterus, single or multiple (separate procedure);	\$13,500.00	\$5,228.66	\$8,271.34
58340	Catheterization and introduction of saline or contrast material for hysterosonography or	\$68,400.00	\$18,324.71	\$46,378.39
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing	\$62,500.00	\$11,171.73	\$49,798.00
58350	Chromotubation of oviduct, including materials	\$3,500.00	\$474.29	\$2,998.50
58555	Hysteroscopy, diagnostic (separate procedure)	\$5,600.00	\$849.00	\$4,711.00
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or	\$33,000.00	\$7,342.81	\$25,561.80
58560	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)	\$12,000.00	\$2,906.00	\$9,074.00
58561	Hysteroscopy, surgical; with removal of leiomyomata	\$3,200.00	\$1,032.00	\$2,168.00
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy	\$17,200.00	\$1,109.51	\$6,194.00
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or	\$4,500.00	\$1,313.00	\$3,187.00
58740	Lysis of adhesions (salpingolysis, ovariolysis)	\$8,000.00	\$1,618.00	\$6,382.00
58970	Follicle puncture for oocyte retrieval, any method	\$214,000.00	\$154,133.71	\$55,302.48
58974	Embryo transfer, intrauterine	\$204,000.00	\$117,038.69	\$77,348.05
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	\$5,000.00	\$2,292.40	\$2,233.00
59820	Treatment of missed abortion, completed surgically; first trimester	\$13,200.00	\$6,868.24	\$6,100.30
74740	Hysterosalpingography, radiological supervision and interpretation	\$25,120.00	\$1,904.32	\$22,531.81
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$7,222.00	\$952.57	\$6,219.00
<b>TOTALS</b>		<b>\$719,702.00</b>	<b>\$337,898.29</b>	<b>\$350,455.67</b>

**COMMERCIAL**

58340	Catheterization and introduction of saline or contrast material for hysterosonography or	\$4,275.00	\$593.62	\$2,428.82
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or	\$6,600.00	\$229.74	\$3,684.23
58970	Follicle puncture for oocyte retrieval, any method	\$12,000.00	\$3,795.00	\$8,205.00
58974	Embryo transfer, intrauterine	\$10,200.00	\$4,023.93	\$5,707.67
59820	Treatment of missed abortion, completed surgically; first trimester	\$2,400.00	\$0.00	\$644.29
74740	Hysterosalpingography, radiological supervision and interpretation	\$1,256.00	\$206.42	\$703.12

**TOTALS**

		<b>\$36,731.00</b>	<b>\$8,848.71</b>	<b>\$21,373.13</b>
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**CIGNA - Infertility**

58999	SGTRB Surgical Treatment Level II	\$5,300.00	\$4,429.07	\$870.93
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$3,720.00	\$2,775.00	\$65.00
S0201	Surgical Treatment - Level 2 (includes anesthesia)	\$179.00	\$1,569.27	\$394.73
S4015	IVF Cycle with or without ICSI -- completed	\$16,160.00	\$10,000.00	\$55.00
S4021	IVF Cycle with or without ICSI -- cancelled after retrieval	\$4,560.00	\$4,534.47	\$25.53
S4022	IVF Cycle with ICSI	\$36,397.00	\$35,448.15	\$22.59
S4037	Frozen Embryo Transfer	\$3,180.00	\$0.00	\$0.00

**TOTALS**

		<b>\$69,496.00</b>	<b>\$58,755.96</b>	<b>\$1,433.78</b>
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**HMOI - Infertility**

58999	SGTRB Surgical Treatment Level II	\$7,000.00	\$6,386.12	\$0.00
58999	SGTRC Surgical Treatment Level III	\$6,000.00	\$3,734.00	\$0.00
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$12,800.00	\$12,400.00	\$0.00
S0201	Surgical Treatment- Level 1 (includes anesthesia)	\$575.00	\$575.00	\$0.00
S0201	Surgical Treatment - Level 2 (includes anesthesia)	\$12,495.00	\$10,614.00	\$0.00
S4015	IVF Cycle with or without ICSI -- completed	\$214,570.00	\$186,820.00	\$0.00
S4021	IVF Cycle with or without ICSI -- cancelled after retrieval	\$17,520.00	\$12,960.00	\$0.00
S4022	IVF Cycle with ICSI	\$166,815.00	\$156,705.00	\$5,055.00
S4025	IVF Donor Cycle with or without ICSI -- completed	\$79,155.00	\$88,940.00	\$0.00
S4037	Frozen Embryo Transfer	\$69,625.00	\$65,075.69	\$1,259.31

**TOTALS**

		<b>\$586,555.00</b>	<b>\$544,209.81</b>	<b>\$6,314.31</b>
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**NAPERVILLE HEALTH CARE**

58340	Catheterization and introduction of saline or contrast material for hysterosonography or	\$1,900.00	\$516.99	\$1,383.01
58555	Hysteroscopy, diagnostic (separate procedure)	\$1,400.00	\$227.30	\$1,172.70
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or	\$2,200.00	\$320.40	\$1,879.60
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovanolysis) (separate procedure)	\$4,000.00	\$795.77	\$3,204.23
74740	Hysterosalpingography, radiological supervision and interpretation	\$314.00	\$23.59	\$290.41

**TOTALS**

		<b>\$9,814.00</b>	<b>\$1,884.05</b>	<b>\$7,929.95</b>
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**PARENT STEPS - Self Pay**

58970	Follicle puncture for oocyte retrieval, any method	\$2,000.00	\$2,000.00	\$0.00
58974	Embryo transfer, intrauterine	\$2,550.00	\$2,550.00	\$0.00

**TOTALS**

		<b>\$4,550.00</b>	<b>\$4,550.00</b>	<b>\$0.00</b>
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**OTHER/LOCAL UNIONS**

57800	Dilation of cervical canal, instrumental (separate procedure)	\$360.00	\$100.80	\$216.00
58340	Catheterization and introduction of saline or contrast material for hysterosonography or Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing Chromotubation of oviduct, including materials	\$1,425.00	\$369.38	\$1,029.24
58345	Hysteroscopy, diagnostic (separate procedure)	\$5,000.00	\$3,200.00	\$1,200.00
58350	Hysteroscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)	\$500.00	\$41.90	\$458.10
58555	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy)	\$1,400.00	\$102.71	\$1,297.29
58660	Follicle puncture for oocyte retrieval, any method	\$4,000.00	\$702.50	\$3,297.50
58661	Embryo transfer, intrauterine	\$4,300.00	\$696.00	\$3,604.00
58970	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$6,000.00	\$4,000.00	\$0.00
58974	Hysterosonography, with or without color flow Doppler	\$5,100.00	\$2,250.00	\$1,575.00
74742		\$628.00	\$401.92	\$150.72
76831		\$1,275.00	\$349.89	\$900.12

**TOTALS**

\$29,988.00 \$12,215.10 \$13,727.97

**PHCS**

58340	Catheterization and introduction of saline or contrast material for hysterosonography or Follicle puncture for oocyte retrieval, any method	\$1,425.00	\$131.92	\$993.52
58970	Embryo transfer, intrauterine	\$4,000.00	\$277.55	\$4,000.00
58974		\$2,550.00	\$468.40	\$2,550.00

**TOTALS**

\$7,975.00 \$877.87 \$7,543.52

**SELF PAY**

58340	Catheterization and introduction of saline or contrast material for hysterosonography or Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing Follicle puncture for oocyte retrieval, any method	\$9,025.00	\$5,084.86	\$0.00
58345	Hysteroscopy, surgical; with removal of adnexal structures (partial or total oophorectomy)	\$5,000.00	\$1,419.81	\$0.00
58970	Embryo transfer, intrauterine	\$82,000.00	\$58,159.98	\$0.00
58974	Hysterosalpingography, radiological supervision and interpretation	\$75,225.00	\$24,504.26	\$0.00
74740	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$2,198.00	\$1,246.75	\$0.00
74742		\$628.00	\$178.33	\$0.00

**TOTALS**

\$174,076.00 \$90,593.99 \$0.00

**UHC**

57800	Dilation of cervical canal, instrumental (separate procedure)	\$1,080.00	\$175.81	\$904.19
58340	Catheterization and introduction of saline or contrast material for hysterosonography or Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without removal of leiomyomata	\$19,000.00	\$17,826.22	\$651.27
58345	Hysteroscopy, surgical; with removal of adnexal structures (partial or total oophorectomy)	\$22,500.00	\$3,079.42	\$19,092.09
58558	Hysteroscopy, surgical; with removal of adnexal structures (partial or total oophorectomy)	\$11,000.00	\$1,548.52	\$9,439.82
58561	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy)	\$3,200.00	\$835.96	\$2,273.74
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy)	\$4,300.00	\$1,055.38	\$3,244.62
58970	Follicle puncture for oocyte retrieval, any method	\$58,000.00	\$19,748.92	\$36,029.18
58974	Embryo transfer, intrauterine	\$48,450.00	\$6,287.05	\$40,673.69
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	\$2,500.00	\$1,169.55	\$1,330.45
59820	Treatment of missed abortion, completed surgically; first trimester	\$4,800.00	\$1,805.59	\$2,732.08
74740	Hysterosalpingography, radiological supervision and interpretation	\$7,536.00	\$2,824.30	\$4,711.74
74742	Transcervical catheterization of fallopian tube, radiological supervision and interpretation	\$2,826.00	\$1,680.19	\$989.56

**TOTALS**

\$185,192.00 \$58,036.91 \$122,072.43

11-060



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

CERTIFICATE OF NEED PERMIT

RECEIVED

APPLICATION

JUL 20 2011

MAY 2010 EDITION

HEALTH FACILITIES & SERVICES REVIEW BOARD

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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
 525 WEST JEFFERSON STREET, 2nd FLOOR  
 SPRINGFIELD, ILLINOIS 62761  
 (217) 782-3516