

ORIGINAL

E-047-14

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR EXEMPTION FOR THE
CHANGE OF OWNERSHIP FOR AN EXISTING HEALTH CARE FACILITY

RECEIVED

OCT 31 2014

1. INFORMATION FOR EXISTING FACILITY

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Current Facility Name Adventist GlenOaks Hospital
Address 701 Winthrop Avenue
City Glendale Heights, IL Zip Code 60139 County DuPage
Name of current licensed entity for the facility Adventist GlenOaks Hospital
Does the current licensee: own this facility X OR lease this facility _____ (if leased, check if sublease ☐)
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
X Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____
Illinois State Senator for the district where the facility is located: Sen. Thomas Cullerton
State Senate District Number 23 Mailing address of the State Senator _____
338 South Ardmore Villa Park, IL 60181
Illinois State Representative for the district where the facility is located: Rep. Deborah Conroy
State Representative District Number 46 Mailing address of the State Representative _____
28 South Villa Avenue Villa Park, IL 60181

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

3. **NAME OF APPLICANT** (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant PLEASE SEE FOLLOWING PAGE
Address _____
City, State & Zip Code _____
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
_____ Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental _____
Limited Liability Company _____ Other, specify _____

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

Exact Legal Name of Entity to be Licensed Adventist GlenOaks Hospital
Address 701 Winthrop Avenue
City, State & Zip Code Glendale Heights, IL 60139
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
Not-for-Profit Corporation X For Profit Corporation _____ Partnership _____ Governmental _____
Limited Liability Company _____ Other, specify _____

5. **BUILDING/SITE OWNERSHIP. NAME OF LEGAL ENTITY THAT WILL OWN THE "BRICKS AND MORTAR" (BUILDING) OF THE FACILITY NAMED IN THIS APPLICATION IF DIFFERENT FROM THE OPERATING/LICENSED ENTITY**

Exact Legal Name of Entity That Will Own the Site Adventist GlenOaks Hospital
Address 701 Winthrop Avenue
City, State & Zip Code Glendale Heights, IL 60139
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
Not-for-Profit Corporation X For Profit Corporation _____ Partnership _____ Governmental _____
Limited Liability Company _____ Other, specify _____

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Alexian Brothers-AHS Midwest Region Health Co.
Address 3040 West Salt Creek Road
City, State & Zip Code Arlington Heights, IL 60005
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Ascension Health
Address 4600 Edmundson Road
City, State & Zip Code St. Louis, MO 63134
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Adventist Health System Sunbelt Healthcare Corporation
Address 900 Hope Way
City, State & Zip Code Altamonte Springs, FL 32714
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Alexian Brothers Health System
Address 3040 West Salt Creek Road
City, State & Zip Code Arlington Heights, IL 60005
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Adventist Hinsdale Hospital
Address 120 North Oak Street
City, State & Zip Code Hinsdale, IL 60525
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Adventist GlenOaks Hospital
Address 701 Winthrop Avenue
City, State & Zip Code Glendale Heights, IL 60139
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

NAME OF APPLICANT (complete this information for each co-applicant and insert after this page).

Exact Legal Name of Applicant Adventist Health System/Sunbelt, Inc.
Address 900 Hope Way
City, State & Zip Code Altamonte Springs, FL 32714
Type of ownership of the current licensed entity (check one of the following:) Sole Proprietorship
X Not-for-Profit Corporation For Profit Corporation Partnership Governmental
Limited Liability Company Other, specify

6. TRANSACTION TYPE. CHECK THE FOLLOWING THAT APPLY TO THE TRANSACTION:

- ☐ Purchase resulting in the issuance of a license to an entity different from current licensee;
- ☐ Lease resulting in the issuance of a license to an entity different from current licensee;
- ☐ Stock transfer resulting in the issuance of a license to a different entity from current licensee;
- ☐ Stock transfer resulting in no change from current licensee;
- ☐ Assignment or transfer of assets resulting in the issuance of a license to an entity different from the current licensee;
- ☐ Assignment or transfer of assets not resulting in the issuance of a license to an entity different from the current licensee;
- ☐ Change in membership or sponsorship of a not-for-profit corporation that is the licensed entity;
- ☐ Change of 50% or more of the voting members of a not-for-profit corporation's board of directors that controls a health care facility's operations, license, certification or physical plant and assets;
- ☐ Change in the sponsorship or control of the person who is licensed, certified or owns the physical plant and assets of a governmental health care facility;
- ☐ Sale or transfer of the physical plant and related assets of a health care facility not resulting in a change of current licensee;
- ☒ Any other transaction that results in a person obtaining control of a health care facility's operation or physical plant and assets, and explain in "Attachment 3 Narrative Description"

7. APPLICATION FEE. Submit the application fee in the form of a check or money order for \$2,500 payable to the Illinois Department of Public Health and append as **ATTACHMENT #1**.

8. FUNDING. Indicate the type and source of funds which will be used to acquire the facility (e.g., mortgage through Health Facilities Authority; cash gift from parent company, etc.) and append as **ATTACHMENT #2**.

9. ANTICIPATED ACQUISITION PRICE: \$ n/a

10. FAIR MARKET VALUE OF THE FACILITY: \$ 59,103,760.33
(to determine fair market value, refer to 77 IAC 1130.140)

11. DATE OF PROPOSED TRANSACTION: January 1, 2015

12. NARRATIVE DESCRIPTION. Provide a narrative description explaining the transaction, and append it to the application as **ATTACHMENT #3**.

13. BACKGROUND OF APPLICANT (co-applicants must also provide this information). Corporations and Limited Liability Companies must provide a current Certificate of Good Standing from the Illinois Secretary of State. Limited Liability Companies and Partnerships must provide the name and address of each partner/ member and specify the percentage of ownership of each. Append this information to the application as **ATTACHMENT #4**.

14. TRANSACTION DOCUMENTS. Provide a copy of the complete transaction document(s) including schedules and exhibits which detail the terms and conditions of the proposed transaction (purchase, lease, stock transfer, etc). Applicants should note that the document(s) submitted should reflect the applicant's (and co-applicant's, if applicable) involvement in the transaction. The document must be signed by both parties and contain language stating that the transaction is contingent upon approval of the Illinois Health Facilities and Services Review Board. Append this document(s) to the application as **ATTACHMENT #5**.

15. FINANCIAL STATEMENTS. (Co-applicants must also provide this information) Provide a copy of the applicants latest audited financial statements, and append it to this application as **ATTACHMENT #6**. If the applicant is a newly formed entity and financial statements are not available, please indicate by checking YES X*, and indicate the date the entity was formed September 30, 2014

*Alexian Brothers-AHS Midwest Region Health Co., which will serve as the joint operating company

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

Name: Peg Wendell Vice President and General Counsel, Alexian Brothers Health System
Address: 3040 West Salt Creek Road
City, State & Zip Code: Arlington Heights, IL 60005
Telephone () Ext. 847/385-7148

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

Name: Jacob M. Axel President, Axel & Associates, Inc.
Address: 675 North Court, Suite 210
City, State & Zip Code: Palatine, IL 60067
Telephone () Ext. 847/776-7101

18. **CERTIFICATION**

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

Signature of Authorized Officer: 

Typed or Printed Name of Authorized Officer Katherine A. Arbuckle

Title of Authorized Officer: Senior Vice President and Chief Financial Officer

Address: Ascension Health -- 4600 Edmundson Rd.

City, State & Zip Code: St. Louis, MO 63134

Telephone (314) 733.8436 Date: 9.24.14

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

Ascension Health

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

Name: Ms. Nanette Bufalino Regional Chief Legal Officer-Adventist Midwest Region _____
Address: 120 North Oak Street
City, State & Zip Code: Hinsdale, IL 60521
Telephone (630) 856-6050 Ext. _____

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

Name: Jacob M. Axel President, Axel & Associates, Inc. _____
Address: 675 North Court Suite 210
City, State & Zip Code: Palatine, IL 60067
Telephone (847) 776-7101 Ext. _____

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Signature of Authorized Officer

David L. Crane

Typed or Printed Name of Authorized Officer

David L. Crane

Title of Authorized Officer:

Vice President

Address:

5101 S. Willow Springs Rd

City, State & Zip Code:

La Grange IL 60525

Telephone (708) 245-6000

Date:

9/29/14

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Signature of Authorized Officer

Typed or Printed Name of Authorized Officer

Title of Authorized Officer:

Address:

City, State & Zip Code:

Telephone (

Date:

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Signature of Authorized Officer 

Typed or Printed Name of Authorized Officer Michael Goebel

Title of Authorized Officer: Chief Executive Officer

Address: 120 N. Oak St.

City, State & Zip Code: Hinsdale, IL 60521

Telephone (630) 856-6056 Date: 9/29/14

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City, State & Zip Code: Hinsdale, IL 60521
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Telephone (847) 776-7101 Ext. _____

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Signature of Authorized Officer 

Typed or Printed Name of Authorized Officer Bruce Christian

Title of Authorized Officer: Chief Executive Officer

Address: 701 Winthrop Ave.

City, State & Zip Code: Glendale Heights, IL 60139

Telephone (630) 545-3901

Date: 9/29/14

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

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Address: 120 North Oak Street
City, State & Zip Code: Hinsdale, IL 60521
Telephone (630) 856-6050 Ext. _____

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Address: 675 North Court Suite 210
City, State & Zip Code: Palatine, IL 60067
Telephone (847) 776-7101 Ext. _____

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Signature of Authorized Officer

David L. Crane

Typed or Printed Name of Authorized Officer

David L. Crane

Title of Authorized Officer:

Vice President

Address:

5101 S. Willow Springs Rd.

City, State & Zip Code:

La Grange, IL 60525

Telephone (708) 245-6000

Date: 9/29/14

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

REMOVE DOCUMENT ALONG THIS PERFORATION



Adventist GlenOaks Hospital

701 Winthrop Avenue
Glendale Heights, IL 60139 2456

Harris Central N.A.
Roselle, Illinois

Number **179873**

Date 9/18/14

70-1558/719
071915580

PAY

\$ 2,500.00

DOLLAR TWO THOUSAND FIVE HUNDRED AND NO/100

*******2,500.00**

TO THE
ORDER OF

ILL DEPT OF PUBLIC HEALTH
525 W JEFFERSON ST
SPRINGFIELD, IL 62761-0001

VOID AFTER 120 DAYS
Accounts Payable

David L. Crane
AUTHORIZED SIGNATURE

⑈00179873⑈ ⑆071915580⑆ 04⑈175⑈299⑈7⑈

FUNDING

This application does not address the acquisition of a licensed health care facility, and the proposed change of control does not involve capitalized costs. As a result, this section of the Certificate of Exemption application form is not applicable.

NARRATIVE DESCRIPTION

The applicants are concurrently filing seven (7) Certificate of Exemption ("COE") applications addressing the change of ownership/change of control of the following hospitals:

- Adventist Bolingbrook Hospital, Bolingbrook, Illinois
- Adventist GlenOaks Hospital, Glendale Heights, Illinois
- Adventist Hinsdale Hospital, Hinsdale, Illinois
- Adventist La Grange Memorial Hospital, La Grange, Illinois
- Alexian Brothers Behavioral Health Hospital, Hoffman Estates, Illinois
- Alexian Brothers Medical Center, Elk Grove Village, Illinois
- St. Alexius Medical Center, Hoffman Estates, Illinois

The seven COE applications are required by the contemplated affiliation between Adventist Health System Sunbelt Healthcare Corporation ("Adventist") which "controls" four of the hospitals identified above and Ascension Health ("Ascension"), which "controls" three of the hospitals identified above. The proposed affiliation will be effectuated through the establishment of a joint operating company ("JOC") that will manage and operate the seven hospitals. Adventist and Ascension will have equal representation on the JOC's Board of Directors, and an organizational chart, representing the post-transaction relationships is attached.

Additional COE applications are being filed, consistent with a technical assistance telephone conference held with IHFSRB staff on July 9, 2014, addressing the "re-location" of Adventist LaGrange Memorial Hospital, Adventist Bolingbrook Hospital and Adventist GlenOaks Hospital within the Adventist system. The "re-locating" of these three hospitals will occur simultaneous to the seven changes of ownership/changes of control noted in the first paragraph, above.

This COE application addresses the resultant change of control of Adventist GlenOaks Hospital.

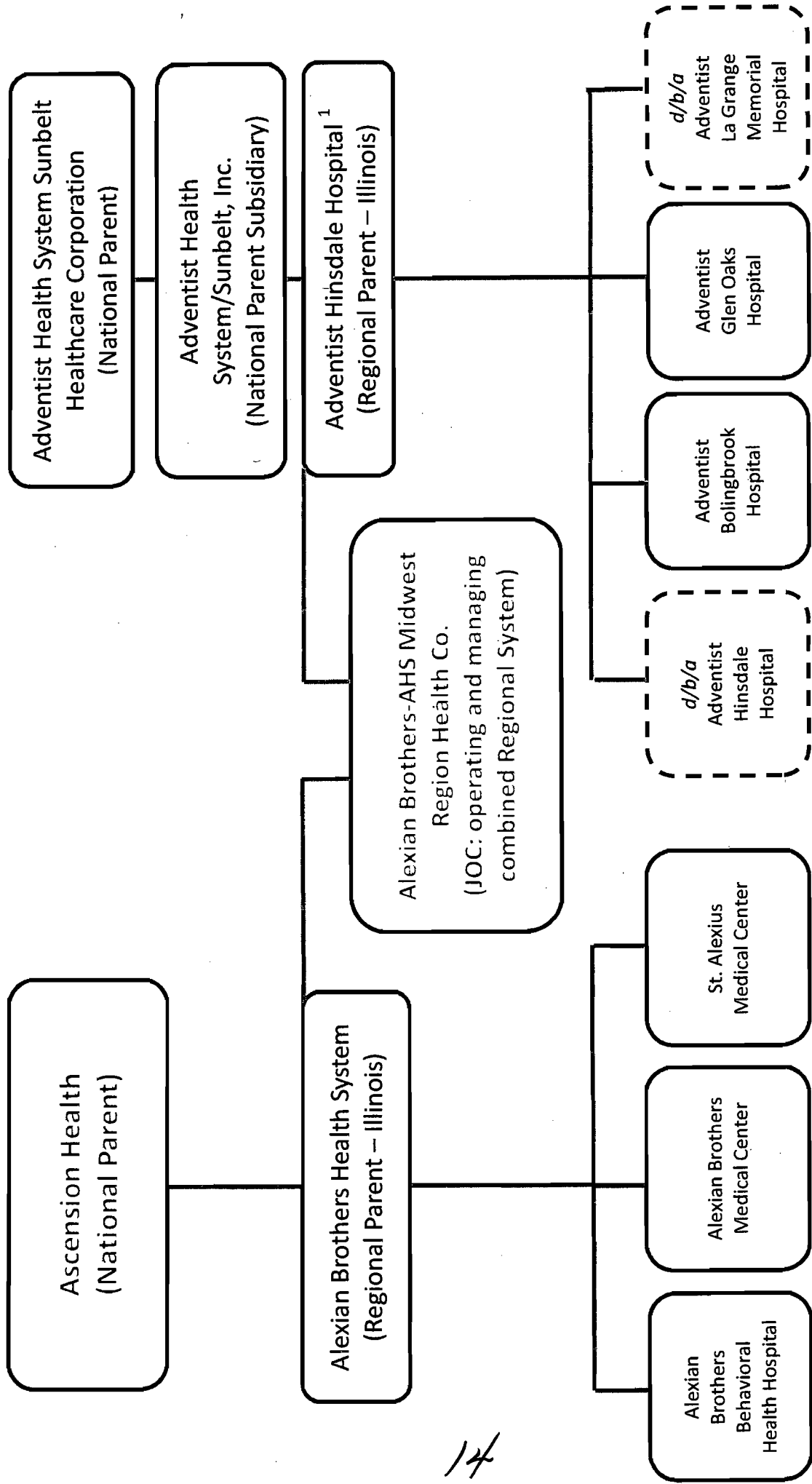
The goals of the affiliation are to:

- create a strong regional health care delivery network,
- facilitate the sharing of clinical expertise and resources to provide an enhanced patient care model,
- realize the resultant economies of scale that will reduce costs for patients, and
- facilitate joint negotiations, pricing, and strategic planning.

The proposed affiliation model, as opposed to a traditional merger model, will allow the realization of the goals identified above, while allowing the Ascension and Adventist hospitals to continue to operate within their respective religious codes and directives.

Through the affiliation agreement, Adventist and Ascension will delegate certain management and operational responsibilities to the JOC, thereby, and consistent with the Illinois Health Facilities and Services Review Board's definition of "control", changing the "control" of the individual hospitals. Among the management functions and responsibilities retained by Adventist and Ascension will be the ability to ensure the maintaining of the individual hospitals' religious characteristics and the continued segregation of existing tax-exempt bond financing.

Proposed Ascension - Adventist Joint Operating Company



☐ = legal entity

☐ = operating division of legal entity

¹ Once regulatory approval is obtained, the legal entity "Adventist Hinsdale Hospital" will change its name to "Adventist Midwest Health" and will establish "Adventist Hinsdale Hospital" and "Adventist La Grange Memorial Hospital" as d/b/a's for the licensed health care facilities it operates.



**Adventist
Midwest Health**

A Member of Adventist Health System

September 25, 2014

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom It May Concern:

This letter is being provided on behalf of Adventist Health System Sunbelt Healthcare Corporation and the hospitals identified below, as part of the Certificate of Exemption applications addressing the changes of ownership/changes of control of the following hospitals:

- Adventist Bolingbrook Hospital, Bolingbrook, Illinois
- Adventist GlenOaks Hospital, Glendale Heights, Illinois
- Adventist Hinsdale Hospital, Hinsdale, Illinois
- Adventist La Grange Memorial Hospital, La Grange, Illinois

I hereby attest to the following:

1. The categories of service and number of beds as reflected in the Inventory of Health Care Facilities will not substantially change for any of the above-identified hospitals for at least 12 months following the completion date of the change of ownership/change of control.
2. A transaction document signed by all required parties has been provided, and that document contains a provision that execution is subject to HFSRB issuance of an exemption, and that document contains the conditions and terms of the change of ownership/change of control.
3. No adverse action has been taken against any applicant referenced in this letter by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any Illinois health care facility owned or operated by an applicant, directly or indirectly, within three years preceding the filing of the applications.
4. A bond rating sufficient to meet HFSRB requirements is held by the applicants.
5. Ownership and control of the above-identified hospitals is intended to be maintained for a minimum of three years.

6. Any projects for which Permits have been issued have been completed, are obligated, or will be completed or altered in accordance with the provisions of this Section.
7. None of the above-identified hospitals will adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction; and the charity care policy will remain in effect for a two-year period following the change of ownership/change of control transaction.
8. Failure to complete the project in accordance with applicable provisions of Section 1130.500(d) no later than 24 months from the date of exemption approval (or by a later date established by HFSRB upon a finding that the project has proceeded with due diligence) and failure to comply with the material change requirements of this Section will invalidate the exemption.

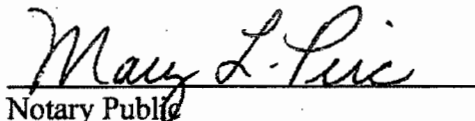
Sincerely,



David Crane
President & CEO

Date: September 25, 2014

Notarized:


Notary Public

September 25, 2014
Date





ALEXIAN
BROTHERS
Health System

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom It May Concern:

This letter is being provided on behalf of Alexian Brothers-AHS Midwest Region Health Co., Alexian Brothers Health System and the hospitals identified below, as part of the Certificate of Exemption applications addressing the changes of ownership/changes of control of the following hospitals:

- Alexian Brothers Behavioral Health Hospital, Hoffman Estates, Illinois
- Alexian Brothers Medical Center, Elk Grove Village, Illinois
- St. Alexius Medical Center, Hoffman Estates, Illinois.

I hereby attest to the following:

1. The categories of service and number of beds as reflected in the Inventory of Health Care Facilities will not substantially change for any of the above-identified hospitals for at least 12 months following the completion date of the change of ownership/change of control.
2. A transaction document signed by all required parties has been provided, and that document contains a provision that execution is subject to HFSRB issuance of an exemption, and that document contains the conditions and terms of the change of ownership/change of control.
3. No adverse action has been taken against any applicant referenced in this letter by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any Illinois health care facility owned or operated by an applicant, directly or indirectly, within three years preceding the filing of the applications.
4. A bond rating sufficient to meet HFSRB requirements is held by the applicants.
5. Ownership and control of the above-identified hospitals is intended to be maintained for a minimum of three years.
6. Any projects for which Permits have been issued have been completed, are obligated, or will be completed or altered in accordance with the provisions of this Section.

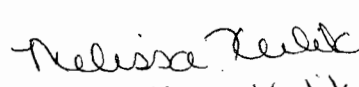
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Sincerely,

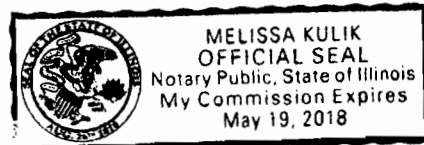
Mark A. Frey
President & CEO

Date: 

Notarized:


Melissa Kulik

September 23, 2014





September 23, 2014

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom It May Concern:

This letter is being provided as part of the Certificate of Exemption applications addressing the changes of ownership/changes of control of the following hospitals:

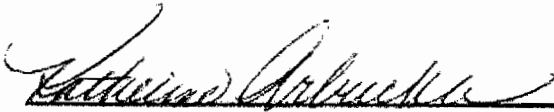
- Alexian Brothers Behavioral Health Hospital, Hoffman Estates, Illinois
- Alexian Brothers Medical Center, Elk Grove Village, Illinois
- St. Alexius Medical Center, Hoffman Estates, Illinois
- Adventist Bolingbrook Hospital, Bolingbrook, Illinois
- Adventist GlenOaks Hospital, Glendale Heights, Illinois
- Adventist Hinsdale Hospital, Hinsdale, Illinois
- Adventist La Grange Memorial Hospital, La Grange, Illinois

I hereby attest on behalf of Ascension Health to the following:

1. The categories of service and number of beds as reflected in the Inventory of Health Care Facilities will not substantially change for any of the above-identified hospitals for at least 12 months following the completion date of the change of ownership/change of control.
2. A transaction document signed by all required parties has been provided, and that document contains a provision that execution is subject to HFSRB issuance of an exemption, and that document contains the conditions and terms of the change of ownership/change of control.
3. No adverse action has been taken against any Illinois applicant health care facility currently controlled by Ascension Health by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any Illinois health care facility owned or operated by Ascension Health, directly or indirectly, within three years preceding the filing of the applications.
4. A bond rating sufficient to meet HFSRB requirements is held by the applicants.
5. Ownership and control of the above-identified hospitals is intended to be maintained for a minimum of three years.

6. Any projects for which Permits have been issued have been completed, are obligated, or will be completed or altered in accordance with the provisions of this Section.
7. None of the above-identified hospitals will adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction; and the charity care policy will remain in effect for a two-year period following the change of ownership/change of control transaction.
8. Failure to complete the project in accordance with applicable provisions of Section 1130.500(d) no later than 24 months from the date of exemption approval (or by a later date established by HFSRB upon a finding that the project has proceeded with due diligence) and failure to comply with the material change requirements of this Section will invalidate the exemption.

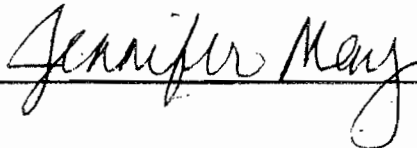
Sincerely,

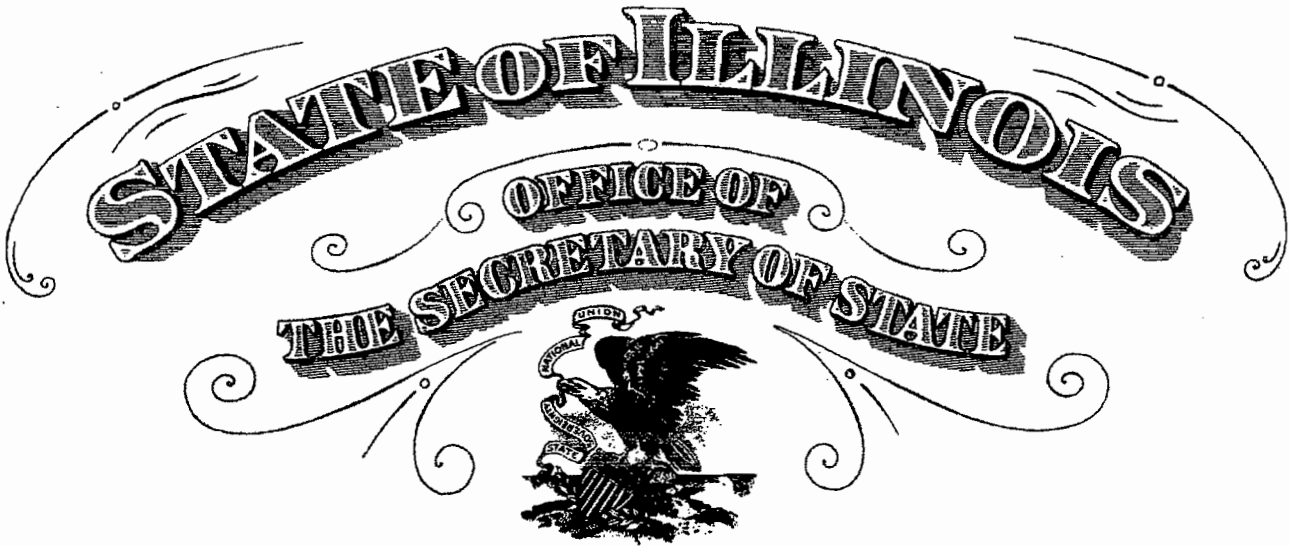


Katherine A. Arbuckle
Senior Vice President and Chief Financial Officer
Ascension Health

Date: 9-23-2014

Notarized: _____





To all to whom these Presents Shall Come, Greeting:

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

ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1427301564

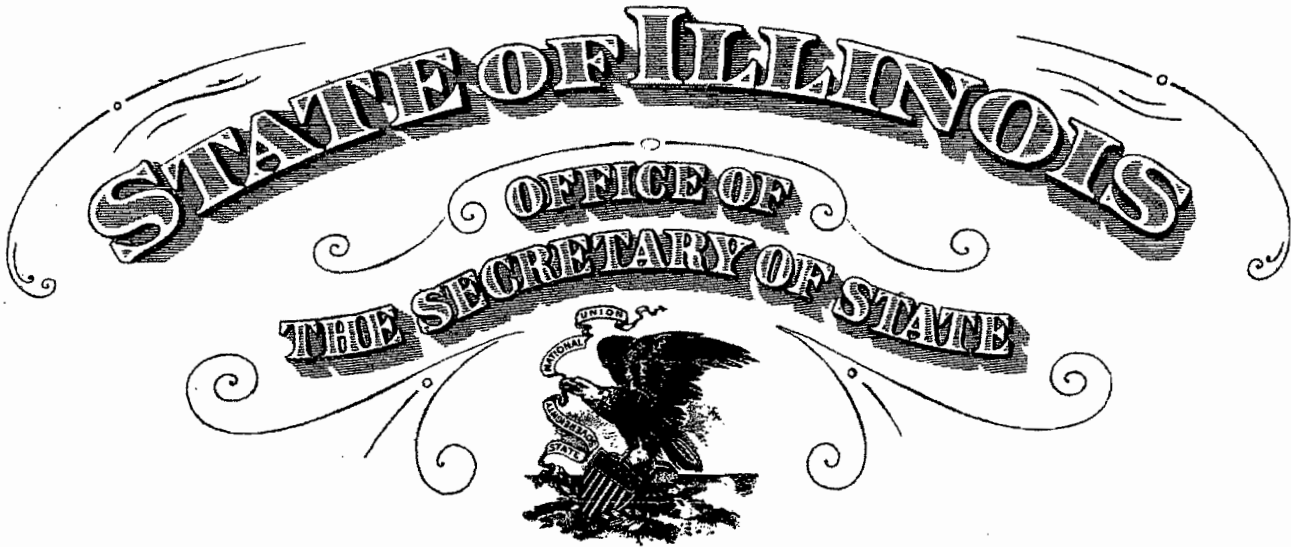
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of SEPTEMBER A.D. 2014

Jesse White

SECRETARY OF STATE

Attachment 4



To all to whom these Presents Shall Come, Greeting:

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

ASCENSION HEALTH, INCORPORATED IN MISSOURI AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 27, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 1421801200

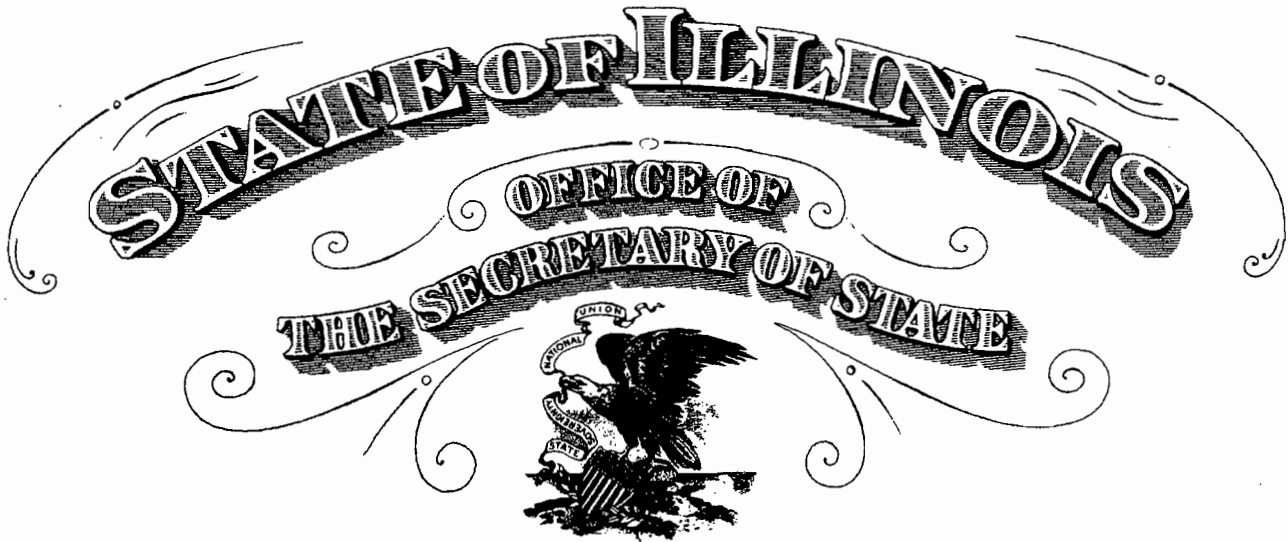
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 6TH
day of AUGUST A.D. 2014 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 4



To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION, INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, AND MUST CONDUCT ALL AFFAIRS IN THIS STATE UNDER THE ASSUMED NAME OF ADVENTIST HEALTH SYSTEM, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



Authentication #: 1426901664

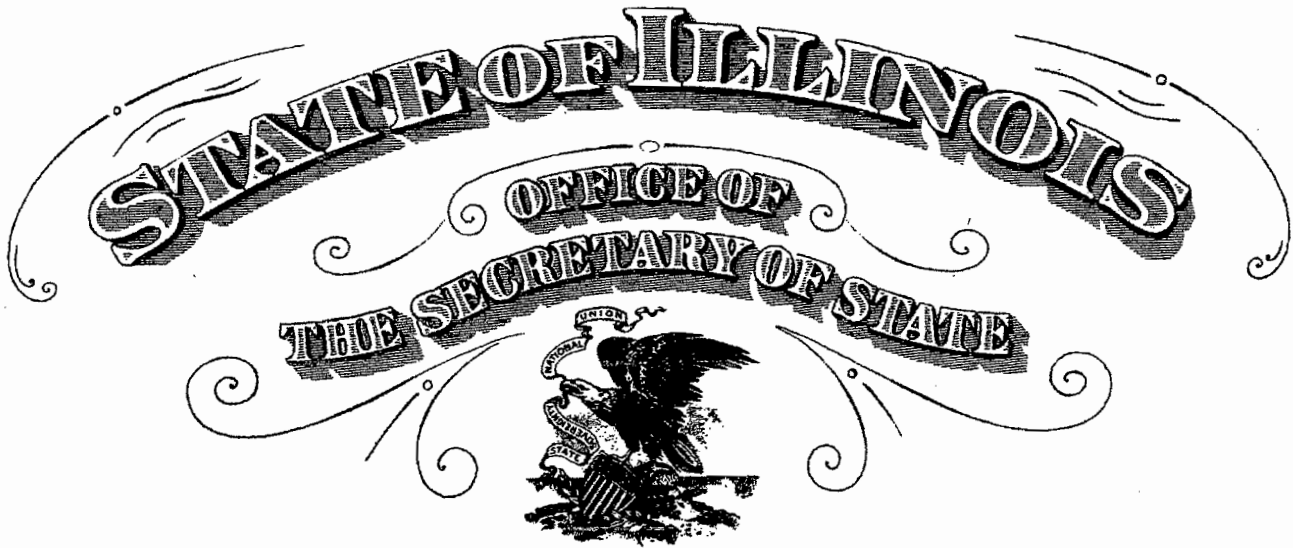
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of SEPTEMBER A.D. 2014

Jesse White

SECRETARY OF STATE

Attachment 4



To all to whom these Presents Shall Come, Greeting:

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

ALEXIAN BROTHERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 03, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1421801266

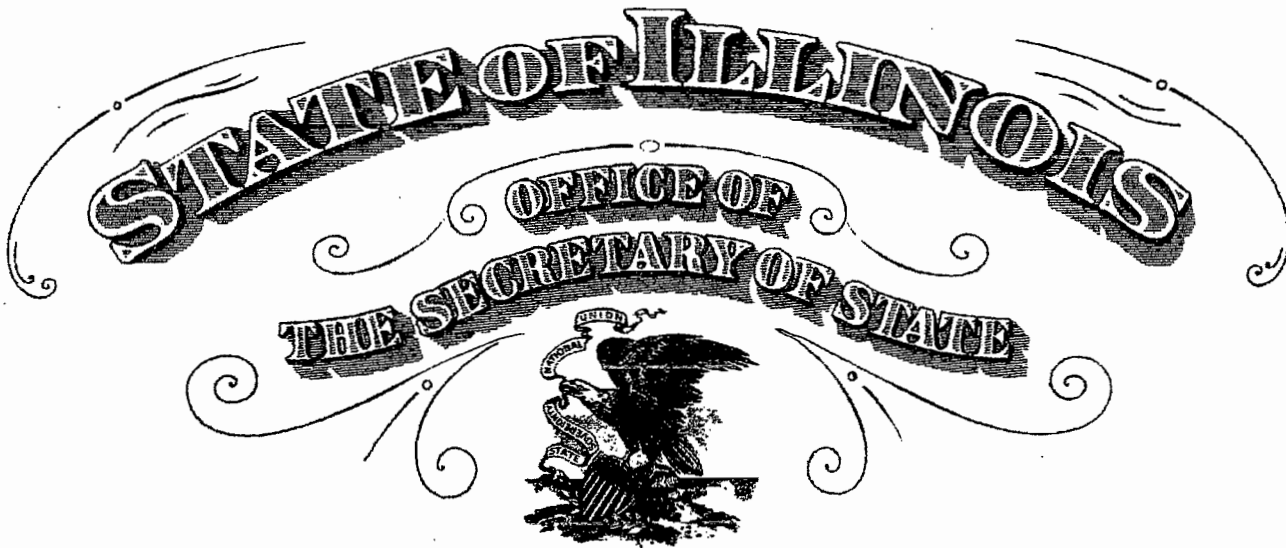
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of AUGUST A.D. 2014 .*

Jesse White

SECRETARY OF STATE

ATTACHMENT 4



To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST HINSDALE HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 01, 1904, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 1ST
day of AUGUST A.D. 2014 .*

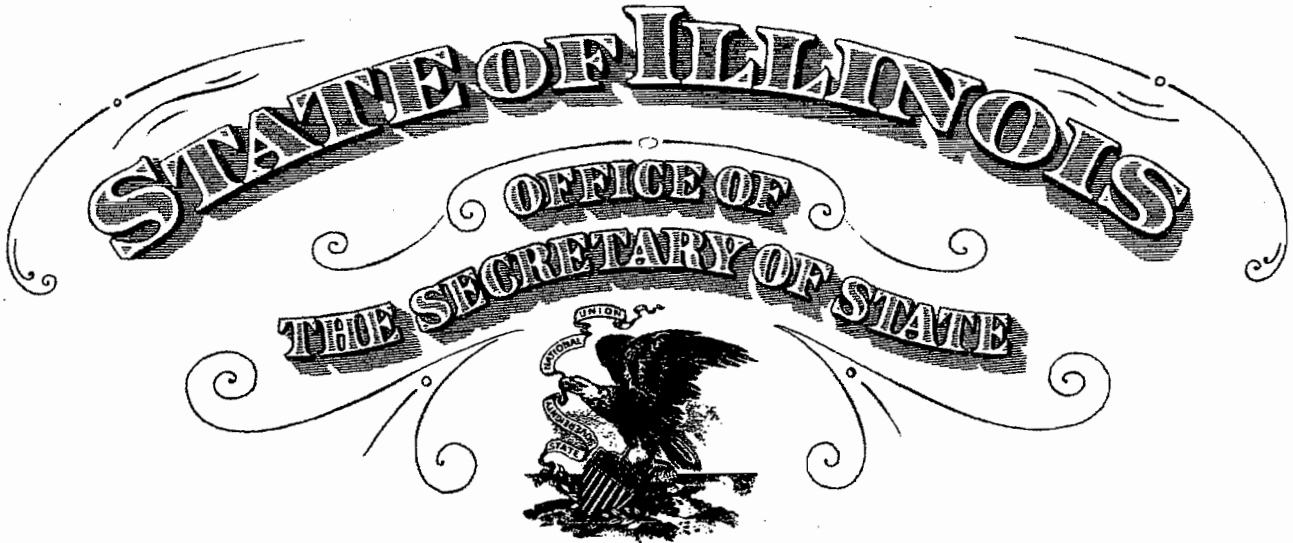
Jesse White

Authentication #: 1421300328

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

SECRETARY OF STATE

ATTACHMENT 4



To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST GLENOAKS HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 18, 1982, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1421300322

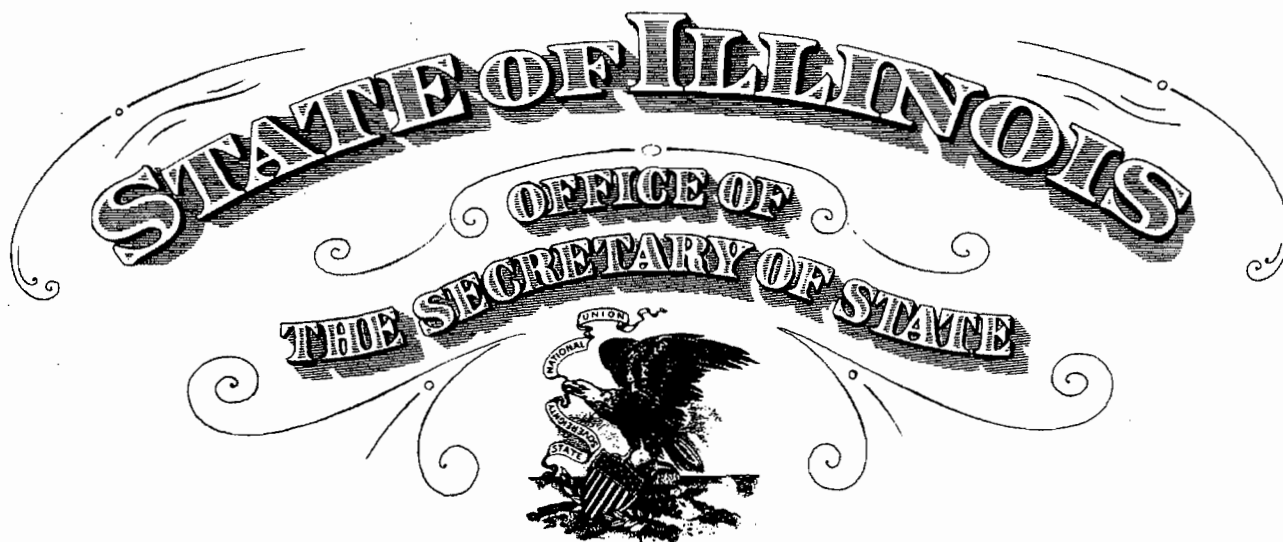
Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 1ST
day of AUGUST A.D. 2014 .

Jesse White

SECRETARY OF STATE

ATTACHMENT 4



To all to whom these Presents Shall Come, Greeting:

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

ADVENTIST HEALTH SYSTEM/SUNBELT, INC., INCORPORATED IN FLORIDA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON APRIL 28, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of AUGUST A.D. 2014 .

Jesse White

Authentication #: 1421300334

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

SECRETARY OF STATE
ATTACHMENT 4

ADVENTIST GLEN OAKS HOSPITAL
BALANCE SHEET
DECEMBER 31, 2013

	THIS MONTH	PRIOR MONTH	BEGIN. BALANCE THIS YEAR	INC/DEC (-) THIS YEAR
ASSETS				
CURRENT ASSETS				
CASH	14,483,778.12	802,831.74	3,264,527.25	11,219,250.87
INVESTMENTS	4,013,733.95	4,007,792.90	4,008,992.97	4,740.98
FUNDS HELD IN TRUST	1,702.00	230.00	1,397.00	305.00
PATIENT ACCTS RECEIVABLE	4,541,008.09	4,424,485.13	11,019,964.04	(6,478,955.95)
ALLOW FOR UNCOLLECTIBLES	(2,875,674.81)	(3,142,504.13)	(4,921,867.65)	2,046,192.84
RECEIVABLE-3RD PARTY PAYR	634,793.08	642,366.39	2,614,518.25	(1,979,725.17)
OTHER CURRENT RECEIVABLES	9,462,674.95	8,585,112.02	5,174,110.17	4,288,564.78
INVENTORY	1,770,590.64	2,342,598.23	2,346,146.10	(575,555.46)
PREPAID EXP & OTHER ASSET	1,006,201.11	1,165,639.25	1,127,276.29	(121,075.18)
TOTAL CURRENT ASSETS	33,038,807.13	18,828,551.53	24,635,064.42	8,403,742.71
OTHER ASSETS				
FUNDS HELD IN TRUST	33,162.00	24,815.00	37,193.00	(4,031.00)
LONG TERM INVESTMENTS	821,370.20	878,038.38	432,175.83	389,194.37
DEFERRED CHARGES	78,134.00	80,268.00	85,403.00	(7,269.00)
OTHER NON-CURRENT ASSETS	962,119.39	(1,020,732.00)	(417,986.03)	1,380,105.42
TOTAL OTHER ASSETS	1,894,785.59	(37,610.62)	136,785.80	1,757,999.79
PROPERTY, PLANT & EQUIPMENT				
LAND	1,869,112.31	1,869,112.31	1,869,112.31	-
LAND IMPROVEMENTS	78,294.46	78,294.46	78,294.46	-
BUILDINGS & IMPROVEMENTS	25,052,853.56	25,034,380.24	25,007,395.43	45,458.13
FIXED EQUIPMENT	7,215,982.02	7,215,982.02	7,211,232.02	4,750.00
MAJOR MOVABLE EQUIPMENT	11,951,203.43	11,922,494.70	10,309,206.14	1,641,997.29
CONSTRUCTION IN PROGRESS	4,740,049.66	2,566,240.67	104,015.89	4,636,033.77
ACCUMULATED DEPRECIATION	(26,737,327.83)	(26,534,010.43)	(24,250,094.25)	(2,487,233.58)
TOTAL PROPERTY, PLANT & EQUIPMENT	24,170,167.61	22,152,493.97	20,329,162.00	3,841,005.61
TOTAL ASSETS	59,103,760.33	40,943,434.88	45,101,012.22	14,002,748.11

**ADVENTIST GLEN OAKS HOSPITAL
BALANCE SHEET
DECEMBER 31, 2013**

	THIS MONTH	PRIOR MONTH	BEGIN. BALANCE THIS YEAR	INC/DEC (-) THIS YEAR
LIABILITIES				
CURRENT LIABILITIES				
ACCOUNTS PAYABLE	4,350,529.84	1,640,517.79	546,524.39	3,804,005.45
ACCRUED COMPENSATION PAYA	3,597,263.62	3,521,535.62	3,155,253.74	442,009.88
ACCRUED INTEREST PAYABLE	64,288.00	12,483.00	61,443.00	2,845.00
OTHER ACCRUED EXPENSES	22,226.60	21,279.17	64,249.57	(42,022.97)
PAYABLE TO THIRD PARTIES	3,357,770.93	3,135,797.32	5,407,476.33	(2,049,705.40)
NOTES AND LOANS PAYABLE	416,014.00	416,014.00	417,184.00	(1,170.00)
CURRENT PORTION-LONG DEBT	264,990.00	264,990.00	312,716.00	(47,726.00)
OTHER CURRENT LIABILITIES	5,855,368.46	3,216,805.54	3,162,772.95	2,692,595.51
TOTAL CURRENT LIABILITIES	17,928,451.45	12,229,422.44	13,127,619.98	4,800,831.47
LONG-TERM OBLIGATIONS				
BONDS PAYABLE	11,424,603.00	11,511,375.00	11,794,243.00	(369,640.00)
LEASES PAYABLE	-	-	-	-
OTHER NON-CURRENT LIAB.	19,244.00	19,244.00	19,244.00	-
TOTAL LONG-TERM OBLIGATIONS	11,443,847.00	11,530,619.00	11,813,487.00	(369,640.00)
FUND BALANCE				
GENERAL FUND BALANCE				
ACCUMULATED EARNINGS	(1,674,924.33)	(3,200,646.37)	-	(1,674,924.33)
GENERAL FUND BALANCE	30,827,751.69	19,737,421.61	19,897,045.32	10,930,706.37
TOTAL GENERAL FUND BALANCE	29,152,827.36	16,536,775.24	19,897,045.32	9,255,782.04
DONOR RESTRICTED FUND BALANCE				
DONOR RESTRICTED FUND BAL	578,634.52	646,618.20	262,859.92	315,774.60
TOTAL FUND BALANCE	29,731,461.88	17,183,393.44	20,159,905.24	9,571,556.64
TOTAL LIABILITIES AND FUND BALANCE	59,103,760.33	40,943,434.88	45,101,012.22	14,002,748.11

ATTACHMENT 6

25

**Adventist GlenOaks Hospital
Operating Income Statement
As of DEC 13**

DEC 12 Last Year Month	Budget Variance	DEC 13 Budget Month	DEC 13 Actual Month	DEC 13 Actual YTD	DEC 13 Budget YTD	Budget Variance	DEC 12 Last Year YTD	Change Fr. Last Yr.
Revenues								
19,023,545	-415,209	20,424,181	20,008,972	236,318,979	231,862,861	4,456,118	228,677,192	9,641,787
577,955	-335,306	1,070,794	1,406,100	15,160,970	13,112,556	-2,048,414	12,691,289	2,468,681
11,514,432	304,223	12,496,103	12,191,880	144,630,207	141,552,323	-3,077,884	140,416,266	4,213,940
343,110	123,202	413,405	290,203	3,917,589	4,747,239	829,650	4,830,625	-913,036
6,588,047	-323,089	6,443,879	6,120,790	72,610,214	72,450,743	159,471	68,739,011	3,871,203
34,6%	-1.0%	31.6%	30.6%	30.7%	31.2%	-0.5%	30.3%	0.4%
534,784	34,683	512,583	547,266	7,594,367	6,397,234	1,197,133	7,104,995	489,371
7,122,831	-288,406	6,956,462	6,668,056	80,204,581	78,847,977	1,356,604	75,844,007	4,360,573
Expenses								
2,848,997	208,063	2,985,909	2,776,846	35,040,986	34,764,785	-276,101	33,367,021	1,673,865
40.1%	1.3%	42.9%	41.6%	43.7%	44.1%	0.4%	44.0%	-0.3%
975,254	270,153	937,386	667,233	10,805,453	10,992,327	186,874	11,040,156	-234,703
1,151,555	133,073	1,017,485	864,412	13,038,242	11,754,570	-1,283,672	10,584,471	2,453,771
681,040	-512,338	805,953	1,318,291	8,700,304	8,923,420	223,116	7,871,696	828,608
384,995	-63,913	350,919	414,832	4,583,482	4,257,428	-326,054	4,251,180	332,302
157,845	6,500	131,398	124,898	1,749,584	1,699,854	-49,730	2,030,034	-280,450
74,108	48,236	53,728	5,492	597,761	644,736	46,975	878,364	-280,603
84,957	-7,361	93,622	100,983	1,098,165	1,195,207	97,042	1,160,994	-62,829
424,161	1,362,039	417,058	-944,981	3,387,481	5,004,686	1,617,215	4,710,542	-1,323,080
6,782,909	1,445,451	6,793,458	5,348,007	79,001,359	79,237,023	235,664	75,894,458	3,106,900
339,922	1,157,045	163,004	1,320,049	1,203,222	-389,046	1,592,268	-50,451	1,253,673
4.8%	17.5%	2.3%	19.8%	1.5%	-0.5%	2.0%	-0.1%	1.6%
-117	0	0	0	0	0	0	0	0
339,805	1,336,908	163,004	1,499,912	245,132	-389,046	1,837,400	862,502	-617,370
4.8%	20.2%	2.3%	22.5%	1.8%	-0.5%	2.3%	812,051	636,304
							1.1%	0.7%
Capital & Other								
253,641	22,505	271,009	248,504	3,042,871	3,245,858	202,987	3,210,562	-167,892
7,239	14,917	-8,014	5,803	52,428	-52,891	105,319	111,942	-59,514
70,419	-2,838	54,871	57,709	680,166	658,452	-21,714	831,326	-151,160
22,983	1,371,493	-171,890	1,199,603	-2,222,254	-4,346,247	2,123,993	-3,117,896	895,641
0.3%	20.5%	-2.5%	18.0%	-2.8%	-5.5%	2.7%	-4.1%	1.3%
9,803	38,301	-22,638	16,663	10,923	-150,780	161,704	42,839	-31,915
-25,602	-18,207	-37,115	-18,908	-213,187	-295,576	-82,389	-240,653	27,466
882,734	290,548		290,548	323,218	323,219	0	936,978	-613,759
651,421	0						651,421	-651,421
1,592,543	1,693,135	157,413	1,525,722	-1,674,924	-4,201,451	2,526,527	-1,246,005	-428,920
22.4%	25.1%	-2.3%	22.9%	-2.1%	-5.3%	3.2%	-1.6%	-0.4%

ATTACHMENT 6