

Public Hearing Testimony Registration Form

Facility Name: MacNeal Hospital - Berwyn

Project Number: E-001-18

1.	IDENTIFICATION Name (Please Print)	anine Ream	lon	
	_	State IZ	zip_ <i>6</i>	ofæ
II.	REPRESENTATION (This section is entity.) Entity, Organization, etc. represented the Care)			itizens for
		- Desiry -		
HI.	POSITION (please circle appro	opriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		



Public Hearing Testimony Registration Form

I. IDENTIFICATION Rame (Please Print) Robert Bart State

City Oak Park State I Zip 60302

11. REPRESENTATION (This section is to be filled if the witness is appearing an behalf of any group, organization or ather entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Teacher at Mondon West High Shoot

III. POSITION (please circle appropriate position)

Facility Name: MacNeal Hospital - Berwyn

Support

Oppose

(Neutral

IV. Testimony (please circle)

Oral

Written



Public Hearing Testimony Registration Form

Facility Name: MacNeal Hospital - Berwyn

Project N	Number: E-001-18
l.	Name (Please Print) MARGARET PAUL
	City BERWYN State II Zip 60402
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Say and lesbian Organization
III.	POSITION (please circle oppropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written



Public Hearing Testimony Registration Form

Facility Name: MacNeal Hospital – Berwyn

Project Number: E-001-18

IDENTIFICATION Name (Please Print)	Elizabeth O-	Timénez
city Borwyn	State	<u>(</u> Zip 6040
REPRESENTATION (This	section is to be filled if the witness is app	nearing on behalf of ony group, organization or oth
Entity, Organization, e Health Care)	^	unity in (Accion)
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POSITION (please circu	e appropriate position)	
Support	(Oppose	Neutral
Testimony (please circ	le)	
Oral '	Written	



Public Hearing Testimony Registration Form

Facility Name: MacNeal Hospital - Berwyn

Project M	Number: E-001-18
I.	Name (Please Print) State _ I L zip_6002k
11.	REPRESENTATION (This section is to be filled if the witness is appearing on beholf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) SELUACII
III.	POSITION (please circle appropriate position) Support Oppose Neutral Testimony (please circle) Oral



Public Hearing Testimony Registration Form

Facility Name: MacNeal Hospital – Berwyn

Project Number: E-	001-18	,
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Name (Please Print) Shan-	tell Grace	
City Chicago	State L_	Zip <u>60608</u>
	to be filled if the witness is appearing o	an behalf af ony group, organizatian or otl
entity.)		
· -	esented in this appearance ((i.e., ABC Concerned Citizens fo
Health Care)		
SEIU HCIL		
POSITION (please circle appro	opriate positian)	
POSITION (please circle appro	Oppose	Neutral
· · · · · · · · · · · · · · · · · · ·		Neutral
Support		Neutral



Public Hearing Testimony Registration Form

Facility Name: MacNeal Hospital – Berwyn

Project	t Number: E-001-18		Z 1
l.	IDENTIFICATION Name (Please Print)	LY LICHEM	EMILY KRAIGN
	city BEXWYN	StateL	zip 60 402
11.	REPRESENTATION (This section is to entity.) Entity, Organization, etc. repre		
	Health Care)	VIDUAL TSEIU	
Ш.	POSITION (please circle appro	priate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	



Public Hearing Testimony Registration Form

Facility Name: MacNeal Hospital - Berwyn **Project Number: E-001-18** l. IDENTIFICATION Name (Please Print) Edward Green ____State _______ Ħ. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of ony graup, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for ith Care)
Eoley & Landner LEP

Lonsel to Loyala University Health Care) III. POSITION (please circle appropriate position) Neutral Oppose Support IV. Testimony (please circle) Oral Written



Facility Name: MacNeal Hospital - Berwyn



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Project Number: E-001-18 l. **IDENTIFICATION** Name (Please Print) JAMIE KUCF, RA Zip 60402 City_BERWYN State /_ REPRESENTATION (This section is to be filled if the witness is appearing an behalf of any group, organization or other II. Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) EXECUTIVE DIRECTOP CEO FROM THE PAY YMCA (2947 S. DAK PARK AVE, BERWYN IL 60402) Ш. POSITION (please circle appropriate position) Neutral Oppose Support Testimony (please circle) IV. Written Oral



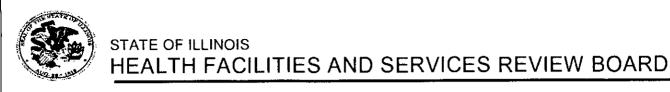


Public Hearing Testimony Registration Form

Project Number: E-001-18

Facility Name: MacNeal Hospital - Berwyn

I.	IDENTIFICATION Name (Please Print)	man Scot	+ Len	JK
	city Bernyn	State	2	zip 60402
IJ.	REPRESENTATION (This section is entity.) Entity, Organization, etc. repr Health Care)			
0).	POSITION (please circle appro	opriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle) Oral	Written		



Facility Name: MacNeal Hospital - Berwyn

Public Hearing Appearance Only Registration Form

Project Number: E-001-18

I. IDENTIFICATION Rame (Please Print) Zuch Lutz

City Character State Tip 80608

II. REPRESENTATION (This section is to be filled if the witness is oppearing on behalf of any group, arganization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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III. POSITION (Circle appropriate position)

Support

Oppose

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Public Hearing Appearance Only Registration Form

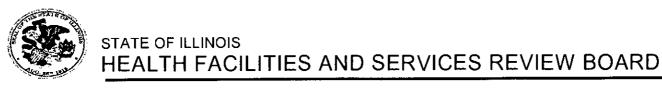
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Facility Name: MacNeal Hospital - Berwyn

I.	IDENTIFICATION - Colo
	Name (Please Print) Tom Ruley
	City Elmhurst State IL Zip 60126
II.	REPRESENTATION (This section is to be filled if the witness is oppearing on behalf of ony group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	SEIU Healthcare IL/IN
	·
181.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility N	Name: MacNeal Hospital – Berwyn
Project N	lumber: E-001-18
l.	Name (Please Print) All Volverstate Zip 6(164)
H.	REPRESENTATION (This section is to be filled if the witness is appearing on beholf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Size IV Hace Hace CARE
(1)	Support Oppose Neutral Wort Paywart Histal of TAXES Agreement



Facility Name: MacNeal Hospital - Berwyn

Public Hearing Appearance Only Registration Form

Project Number: E-001-18 l. **IDENTIFICATION** Name (Please Print) HEATHER MCNABOLA _Zip_ 60647 City Chicken State IL 11. REPRESENTATION (This section is to be filled if the witness is oppearing on behalf of any group, arganization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) SAV HEALTHCARE 111. POSITION (Circle appropriate position) Neutral Support



Facility Name: MacNeal Hospital - Berwyn

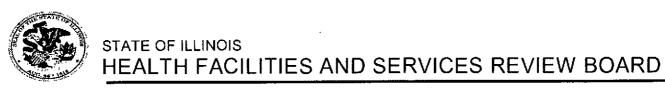
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Project N	lumber: E-001-18
l.	Name (Please Print) IAN FEITERMAN
	City Churce State IL zip 60647
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, arganization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) SEIU HCII
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

l.	IDENTIFICATION Name (Please Print) City Ogk Pork State FL Zip 60305 REPRESENTATION (This section is to be filled if the witness is oppearing on behalf of any group, organization or other
	City O9K PO1K State FL Zip 60305
II.	REPRESENTATION (This section is to be filled if the witness is opposing on behalf of any group, organization or other
	entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position) Support Oppose Neutral



Facility Name: MacNeal Hospital – Berwyn

Project N	Number: E-001-18
l.	Name (Please Print) Sagnie Alge City Chicago State Zip 6060 8
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position) Support Oppose Neutral

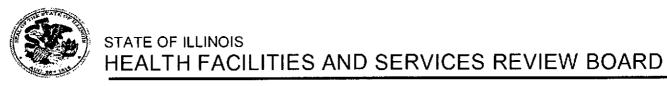


Facility Name: MacNeal Hospital - Berwyn

Project Number: E-001-18

HEALTH FACILITIES AND SERVICES REVIEW BOARD

	Name (Please Print) FABIOLA ZAUACA City BERWYN State 1L Zip 4040	<u>-</u> 2
•	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization ar other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)	
	Berwyn resident	- -
		_
1.	POSITION (Circle oppropriate position)	
	Support Oppose Neutral	

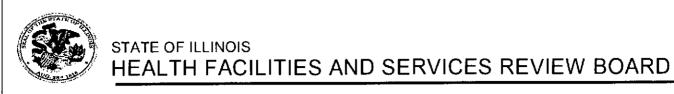


Public Hearing Appearance Only Registration Form

Facility Name: MacNeal Hospital – Berwyn

Project Number: E-001-18

city Riverside State IL z	105
	ip 605
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any groupentity.)	o, organizatian ar
Entity, Organization, etc. represented in this appearance (i.e., ABC Conce Health Care)	rned Citizens
POSITION (Circle appropriate position)	
Support Oppose Neutral	



Facility Name: MacNeal Hospital – Berwyn

Project N	Number: E-001-18
l.	Name (Please Print) Dianne Zimmerman
	City Oak Park State IL zip 60302
II.	REPRESENTATION (This section is to be filled if the witness is oppearing on beholf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility Name: MacNeal Hospital – Berwyn

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Project N	Number: E-001-18
l.	Name (Please Print) City Was thost State Zip GOI St
II.	REPRESENTATION (This section is to be filled if the witness is oppeoring on beholf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
111.	POSITION (Circle appropriate position) Support Oppose Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility N	Name: MacNeal Hos	pital – Berwyn			
Project N	Number: E-001-18				
i.	IDENTIFICATION Name (Please Print)	lia M' Ale	er-For	te	
	city Beruyn	State 1	- .	_zip_ 604	67
II.	entity.)	ion is to be filled if the witness is opposing the control of the			
	Health Care) South	Bernyn	D100	SCLool	board
					
					
111.	POSITION (Circle appropr	iate position)			
	Support	Oppose	Neutral		



Facility N	iame: iviacneai Hospitai – B	serwyn		
Project N	lumber: E-001-18			
i.	IDENTIFICATION Name (Please Print)		Whamma	/
	city Macago	State	IL	zip_68478
II.	REPRESENTATION (This section is to be fill entity.) Entity, Organization, etc. represent			
	Health Care)	Care	I/1.	
		<u> </u>		
III.	POSITION (Circle appropriate positi	ion)		
	Support	Oppose	Neutral	



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility N	Name: MacNeal Hospital – Berwyn
Project N	Number: E-001-18
l.	Name (Please Print) My Crostler City Chgo State L Zip (10047)
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position) Support Oppose Neutral



Public Hearing Appearance Only Registration Form

Facility Name: MacNeal Hospital - Berwyn

Project Number: E-001-18

IDENTIFICATION Name (Please Print)	MARI Jo	GARRO	
City BEENYN	State	<u></u>	Zip Les 40
REPRESENTATION (This s	ection is to be filled if the w	itness is oppearing on beha	lf of any group, organization or ol
Entity, Organization, etc Health Care)	c. represented in thi	s appearance (i.e., A	ABC Concerned Citizens f
-			
POSITION (Circle oppro	priate position)		
Support	Oppose	Ne	utral

FY15 Community Benefit Investments





\$107,990,862

Unreimbursed Care

\$16,852,543 Charity care and financial assistance.

\$76,755,790 Costs not covered by Medicaid / Medicare reimbursements.

\$14,382,529 Expected payments not received. \$25,930,589

Other Community Benefits

LUHS provides
donations to other notfor-profit
organizations,
volunteer support,
language assistance
and translation
services for patients
and families, and
health information and
screenings throughout
the community.

\$20,316,540

Support for Health Education and Research

As an academic medical center, LUHS works in partnership with Loyola University Chicago and other universities, colleges, and high schools to educate the next generation of health care professionals, and to advance medical research.

\$7,356,598

Subsidized Services Responding to Community Need

LUHS provides services in response to community needs that operate at a loss and must be subsidized by other resources.

Jamie Kucera, PAV YMCA CEO

Hello. My name is Jamie Kucera, Executive Director and CEO of the PAV YMCA in Berwyn.

MacNeal Hospital has been a strong partner in our community and a strong partner with the PAV YMCA.

I enthusiastically support Loyola Medicine's acquisition of MacNeal Hospital because I believe that they will provide an even stronger partnership to agencies such as mine. Loyola is invested in this community and the surrounding communities because of their long tradition of treating the human spirit. I know first hand Loyola's commitment to the health and well-being of their communities; I have often commented on how lucky fellow colleagues at other YMCAs were to have long standing partnerships with Loyola in many program areas of preventative health. Now it is my hope to have the opportunity to partner with a hospital that is equally invested in OUR community for youth obesity, cancer survivor and diabetes prevention programs.

When a community has a thriving hospital, everyone benefits through the care the hospital provides, the jobs it offers and the resources it pours into the neighborhoods and residents. It is very important that MacNeal is acquired by a health system with a vested interest in this community, strong financial backing and a track record of investment in quality care. Loyola fits that mold and then some.

I sincerely hope the Illinois Health Facilities and Services Review Board approves the CEO application so that MacNeal can continue to serve our community.

Jamie Kucera

February 22, 2018

Jamie Kucera, PAV YMCA CEO

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Jamie Kucera

February 22, 2018

Statement by Robert Bartlett, teacher at Morton West High School

- 1. Good afternoon. My name is Robert Bartlett. I teach at Morton West High School where our vision is to provide educational experiences that challenge, engage, and empower students to be productive members of the global community. I've been at Morton West for 25 years.
- 2. The sale of MacNeal Hospital and making it non-profit threatens to diminish that vision by denying our school system the vital property tax revenue currently received from MacNeal.
- 3. From my calculations, the funding that my school would lose could impact seven or eight additional teachers which is the equivalent to our entire art department across the district. This could be up to 20 teacher's aides who are vital to helping our special needs students.
- 4. This scenario takes me back to 2008 when the housing market collapsed. Prior to the collapse, I had 24 kids in my classes and our students took six academic classes. Now I'm at 30 in a classroom and they cut the academic classes to five (5). That's the qualitative impact of the recession.

Losing tax revenue from MacNeal will have a qualitative impact.

- 5. Many students in this community have already been deprived of various resources and opportunities. I know students who have never been to the museums in downtown Chicago. Educational experiences broaden a child's horizon and expands their outlook on life. It gives them a chance to overcome difficulties.
- 6. A child's zip code should not determine their educational opportunities. I'm also of the opinion that institutions in our communities should uplift our communities, not diminish them.
- 7. I support this call for Loyola to be the best community partner it can be. I hope Loyola Hospital agrees to replace any lost property tax revenue and agrees with other demands in a benefits agreement with our community.

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TEL (312) 603-0996 FAX (312) 603-9788 WEB cookcountyclerk.com

February 22, 2018

Attached is a spreadsheet which provides 2015 and 2016 tax information for more than 70 parcels that were the subject of inquiry about MacNeal Hospital.

2015 tax amounts by parcel are in Column D and shaded yellow. 2016 tax amounts are in green shaded columns, including the total amount in column C by parcel.

Additionally, we provided 2016 tax rates by individual district for each parcel (Columns E-T), and, the percentage of the total taxes that are billed for each district in 2016 (Columns U - AH). That breakdown can be seen in the green, light blue and peach.

The parcels are grouped, and color coded for 3 separate tax codes. Parcels in Tax Code 11002 are shaded green, those in 11017 are peach and those in 11009 are light blue. Parcels in one tax code are billed and taxes collected for the same taxing districts. If a parcel pays into a different taxing district than a neighboring parcel, it will have a different tax code.

Parcels in Codes 11017 and 11009 are located in TIFs. Please let us know if you have any questions about this information.

This information is publicly available and can be found on the Cook County Tax Portal, and recent tax bills may be downloaded from the Cook County Treasurer's website. Recent second installment tax bill indicate individual taxing district rates and percentage of taxes billed by individual districts.

Sincerely,

David Orr Cook County Clerk

Scott Lennon, Berwyn City Council, 1st Ward Alderman

Good afternoon. My name is Scott Lennon and I am the alderman for Berwyn's 1st Ward, which includes MacNeal Hospital.

I know how important MacNeal is to our community. When it was announced that Loyola planned to buy MacNeal, the reaction was overwhelmingly positive from my constituents.

Loyola is known for also treating the human spirit and when I met with the state learned they contribute approx. \$145 million in unreimbursed care, programs and activities each year to support the health of our local communities. That is something that our community needs

Loyola pays entry-level employees a higher hourly rate than national, state and City of Chicago minimum wages. For the last two years, Loyola has also given merit increases to hourly workers where others have not.

In an era when hospitals are fighting for patients and market share, it is an honor to have Loyola Medicine and Trinity Health willing to add MacNeal to their successful health system.



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HEALTH FACILITIES AND SERVICES REVIEW BOARD

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City Blowyu	State	Zip <i>QŪ</i>
REPRESENTATION (This section entity.)	an is to be filled if the witness is appearing	on behalf of any graup, organizatio
	epresented in this appearance	(i.e., ABC Concerned Citiz
Health Care) Lity of Bensyn	-Alderman	

It is difficult to support such aloss of revenue.