E-002-18

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD



# ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR EXEMPTION PERMIT

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

This Section must be completed for all projects.	JAN 1 2 2018
Facility/Project Identification	HEALTH FACILITIES & SERVICES REVIEW BOARD
Facility Name: Musculoskeletal Surgery Center, LLC (Change of Ownership)	
Street Address: 303 N. William Kumpf Blvd.	
City and Zip Code: Peoria, Illinois 61605	110
County: Peoria Health Service Area 002 Health F	Planning Area: 143
Applicant(s) [Provide for each applicant (refer to Part 1130.220)]  Exact Legal Name: Center for Health Ambulatory Surgery Center, LLC (Co-appl	icant
Street Address: 8800 North State Route 91	icant)
City and Zip Code: Peoria, Illinois 61615	· <del></del>
Name of Registered Agent: Illinois Service Corporation C	
Registered Agent Street Address: 801 Adlai Stevenson Drive	
Registered Agent City and Zip Code: Springfield, Illinois 62703	<u></u>
Name of Chief Executive Officer: Thomas J. Feldman	
CEO Street Address: 8800 North State Route 91	
CEO City and Zip Code: Peoria, Illinois 61615	
CEO Telephone Number: 309-683-5480	
Type of Ownership of Applicants (Center for Health Ambulatory Surg	ery Center, LLC)
Non-profit Corporation Partnership	
☐ For-profit Corporation ☐ Governmental ☐ Sole Proprietorship	☐ Other
M Citation Company	
<ul> <li>Corporations and limited liability companies must provide an IIIInois certification.</li> </ul>	
<ul> <li>Partnerships must provide the name of the state in which they are organize address of each partner specifying whether each is a general or limited par</li> </ul>	tner.
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE APPLICATION FORM.	LAST PAGE OF THE
Primary Contact [Person to receive ALL correspondence or inquiries	5]
Name: Edwin W. Parkhurst, Jr.	
Title: Managing Principal	
Company Name: PRISM Healthcare Consulting	
Address: 800 Roosevelt Road, Building E, Suite 110, Glen Ellyn, Illinois 60137	
Telephone Number: 630-790-5089	
E-mail Address: eparkhurst@consultprism.com	
Fax Number: 630-790-2696	

# **Additional Contact** [Person who is also authorized to discuss the application for exemption permit]

Name: Thomas J. Feldman	
Title: Administrator	
Company Name: Center for Health Ambulatory Surgery Center, LLC	
Address: 8800 North State Route 91, Peoria, Illinois 61615	
Telephone Number: 309-683-5480	
E-mail Address: tfeldman@cfhasc.com	
Fax Number: 309-683-4496	

## ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD **APPLICATION FOR EXEMPTION PERMIT**

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

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Facility/Project Identification
Facility Name: Musculoskeletal Surgery Center, LLC (Change of Ownership)
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City and Zip Code: Peoria, Illinois 61605  County: Peoria Health Service Area 002 Health Planning Area: 143
County: Peoria Health Service Area 002 Health Planning Area: 143
Applicant(s) [Provide for each applicant (refer to Part 1130.220)]
Exact Legal Name: OSF Healthcare System d/b/a Saint Francis Medical Center (Co-applicant)
Street Address: 800 NE Glen Oak Avenue
City and Zip Code: Peoria, Illinois 61603
Name of Registered Agent: Sister Theresa Ann Brazeau OSF
Registered Agent Street Address: 1125 Saint Francis Lane
Registered Agent City and Zip Code: East Peoria, Illinois 61611
Name of Chief Executive Officer: Robert Sehring (CEO, OSF Healthcare System)
CEO Street Address: 800 NE Glen Oak Avenue
CEO City and Zip Code: Peoria, Illinois 61603
CEO Telephone Number: 309-655-2850
Type of Ownership of Applicants (OSF Healthcare System, d/b/a Saint Francis Medical Center)
✓       Non-profit Corporation       ☐       Partnership         ☐       For-profit Corporation       ☐       Governmental
☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other
Corporations and limited liability companies must provide an Illinois certificate of good
standing.
<ul> <li>Partnerships must provide the name of the state in which they are organized and the name and</li> </ul>
address of each partner specifying whether each is a general or limited partner.
APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
Primary Contact [Person to receive ALL correspondence or inquiries]
Name: Edwin W. Parkhurst, Jr.
Title: Managing Principal
Company Name: PRISM Healthcare Consulting
Address: 800 Roosevelt Road, Building E, Suite 110, Glen Ellyn, Illinois 60137
Telephone Number: 630-790-5089
E-mail Address: eparkhurst@consultprism.com
Fax Number: 630-790-2696
80A Peoria-ASC COE Dec 2017

3

1/10/2018 3:33 PM

# **Additional Contact** [Person who is also authorized to discuss the application for exemption permit]

Name: Thomas J. Feldman	
Title: Administrator	
Company Name: Center for Health Ambulatory Surgery Center, LLC	
Address: 8800 North State Route 91, Peoria, Illinois 61615	
Telephone Number: 309-683-5480	
E-mail Address: tfeldman@cfhasc.com	
Fax Number: 309-683-4496	

Name: Mark Hohulin	
Title: Senior Vice President, Healthcare Analytics	
Company Name: OSF Healthcare System	
Address: 800 N.E. Glen Oak Avenue, Peoria, Illinois 61603	
Telephone Number: 309-308-9656	
E-mail Address: mark.e.hohulin@osfhealthcare.org	
Fax Number: 309-308-0530	

# ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR EXEMPTION PERMIT

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

This Section must be completed for all projects.

Facility/Project Identification
Facility Name: Musculoskeletal Surgery Center, LLC (Change of Ownership)
Street Address: 303 N. William Kumpf Blvd.
City and Zip Code: Peoria, Illinois 61605
County: Peoria Health Service Area 002 Health Planning Area: 143
Applicant(s) [Provide for each applicant (refer to Part 1130.220)]
Exact Legal Name: Musculoskeletal Surgery Center, LLC
Street Address: 303 N. William Kumpf Blvd.
City and Zip Code: Peoria, Illinois 61605
Name of Registered Agent: William H. Campbell
Registered Agent Street Address: 401 Main Street, Suite 1600
Registered Agent City and Zip Code: Peoria, Illinois 61602
Name of Chief Executive Officer: Jeffrey R. Garst, MD, President
CEO Street Address: 303 N. William Kumpf Blvd.
CEO City and Zip Code: Peoria, Illinois 61605
CEO Telephone Number: 309-676-5559
Type of Ownership of Applicants (Musculoskeletal Surgery Center, LLC)
☐ Non-profit Corporation ☐ Partnership
For-profit Corporation Governmental
<ul> <li>Corporations and limited liability companies must provide an Illinois certificate of good standing.</li> <li>Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.</li> </ul>
APPEND OOCUMENTATION AS ATTACHMENT I IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
Primary Contact [Person to receive ALL correspondence or inquiries]
Name: Edwin W. Parkhurst, Jr.
Title: Managing Principal
Company Name: PRISM Healthcare Consulting
Address: 800 Roosevelt Road, Building E, Suite 110, Glen Ellyn, Illinois 60137
Telephone Number: 630-790-5089
E-mail Address: eparkhurst@consultprism.com
Fax Number: 630-790-2696
80A Peoria-ASC COE Dec 2017
1/10/2018 3:33 PM

# **Additional Contact** [Person who is also authorized to discuss the application for exemption permit]

Name: Thomas J. Feldman	
Title: Administrator	
Company Name: Center for Health Ambulatory Surgery Center, LLC	
Address: 8800 North State Route 91, Peoria, Illinois 61615	
Telephone Number: 309-683-5480	
E-mail Address: tfeldman@cfhasc.com	
Fax Number: 309-683-4496	

Post Exemption Permit Contact (Center for Health Ambulatory Surgery Center, LLC.)
[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]

AT 20 ILCS 3960]
Name: Thomas J. Feldman
Title: Administrator
Company Name: Center for Health Ambulatory Surgery Center, LLC
Address: 8800 North State Route 91, Peoria, Illinois 61615
Telephone Number: 309-683-5480
E-mail Address: tfeldman@cfhasc.com
Fax Number: 309-683-4496
Site Ownership (Center for Health Ambulatory Surgery Center, LLC)
[Provide this information for each applicable site]
Exact Legal Name of Site Owner: OSF Healthcare System
Street Address: 800 NE Glen Oak Avenue, Peoria, Illinois 61603
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: Center for Health Ambulatory Surgery Center, LLC
Address: 8800 North State Route 91, Peoria, Illinois 61615
Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other  ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
<ul> <li>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>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
Organizational Relationships
Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS <u>ATTACHMENT 4.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

## Post Exemption Permit Contact (OSF Healthcare System)

[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]

A1 20	DILCS 3960]
Name:	Mark Hohulin
Title: S	enior Vice President, Healthcare Analytics
	any Name: OSF Healthcare System
	ss: 800 N.E. Glen Oak Avenue, Peoria, Illinois 61603
	one Number: 309-308-9656
	Address: mark.e.hohulin@osfhealthcare.org
	ımber: 309-308-0530
Site C	Ownership (OSF Healthcare System, d/b/a Saint Francis Medical Center)
	de this information for each applicable site]
	Legal Name of Site Owner: OSF Healthcare System
	Address: 800 NE Glen Oak Avenue, Peoria, Illinois 61603
Outour	Addiese: OVO 14D Gieli Galt 11/4/140, 1 terra, 1 minus 5 terra,
APPEN	ND DOCUMENTATION AS <u>ATTACHMENT 2,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE
LAST	PAGE OF THE APPLICATION FORM.
	ating Identity/Licensee
[Provi	de this information for each applicable facility and insert after this page.]
Exact L	egal Name: OSF Healthcare System, d/b/a Saint Francis Medical Center
Addres	s: 800 NE Glen Oak Avenue, Peoria, Illinois 61603
	<u> </u>
	Non-profit Corporation Partnership
닖	For-profit Corporation Governmental
Ш	Limited Liability Company Sole Proprietorship Other
0	Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
0	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.
0	Persons with 5 percent or greater interest in the licensee must be identified with the % of
	ownership.
	to a country of the second of the superior of
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LAST	PAGE OF THE APPLICATION FORM.
Oracı	nizational Polationshins
Provide	nizational Relationships e (for each applicant) an organizational chart containing the name and relationship of any person or
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develor	pment or funding of the project, describe the interest and the amount and type of any financial
contrib	
	ND DOCUMENTATION AS <u>ATTACHMENT 4,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE
LAST	PAGE OF THE APPLICATION FORM.

Post Exemption Permit Contact (Musculoskeletal Surgery Center, LLC.)

[Person to	receive all correspondence subsequent to permit issuance-THIS PERSOI	4
MUST BE	EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINE	:D
AT 20 II C	2 30601	

Name: Thomas J. Feldman  Title: Administrator  Company Name: Center for Health Ambulatory Surgery Center, LLC  Address: 8800 North State Route 91, Peoria, Illinois 61615  Telephone Number: 309-683-5480  E-mail Address: tfeldman@cfhasc.com  Fax Number: 309-683-4496  Site Ownership (Musculoskeletal Surgery Center, LLC)  [Provide this information for each applicable site]
Company Name: Center for Health Ambulatory Surgery Center, LLC  Address: 8800 North State Route 91, Peoria, Illinois 61615  Telephone Number: 309-683-5480  E-mail Address: tfeldman@cfhasc.com  Fax Number: 309-683-4496  Site Ownership (Musculoskeletal Surgery Center, LLC)
Company Name: Center for Health Ambulatory Surgery Center, LLC  Address: 8800 North State Route 91, Peoria, Illinois 61615  Telephone Number: 309-683-5480  E-mail Address: tfeldman@cfhasc.com  Fax Number: 309-683-4496  Site Ownership (Musculoskeletal Surgery Center, LLC)
Address: 8800 North State Route 91, Peoria, Illinois 61615  Telephone Number: 309-683-5480  E-mail Address: tfeldman@cfhasc.com  Fax Number: 309-683-4496  Site Ownership (Musculoskeletal Surgery Center, LLC)
Telephone Number: 309-683-5480  E-mail Address: tfeldman@cfhasc.com  Fax Number: 309-683-4496  Site Ownership (Musculoskeletal Surgery Center, LLC)
E-mail Address: tfeldman@cfhasc.com  Fax Number: 309-683-4496  Site Ownership (Musculoskeletal Surgery Center, LLC)
Site Ownership (Musculoskeletal Surgery Center, LLC)
TE (OVIDE LITS IT IDITION TO CACIT APPRICADIC SILC)
Exact Legal Name of Site Owner: Cullinan Kumpf Medical, LLC
Street Address: 420 North Main Street, East Peoria, Illinois 61611
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: Musculoskeletal Surgery Center, LLC
Address: 303 North William Kumpf Blvd., Peoria, Illinois 61605
□       Non-profit Corporation       □       Partnership         □       For-profit Corporation       □       Governmental         □       Limited Liability Company       □       Sole Proprietorship       □       Other
<ul> <li>Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>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>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</li> </ul>
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APPEND DOCUMENTATION AS ATTACHMENT 4. IN NUMERIC SEQUENTIAL ORDER AFTER THE

Flood Plain Requirements (Not Applicable, Change of Ownership of an existing healthcare facility (ASTC). There is no construction)

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 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 <a href="www.FEMA.gov">www.FEMA.gov</a> or <a href="www.illinoisfloodmaps.org">www.illinoisfloodmaps.org</a>. 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 #2006-5 (<a href="https://www.illinois.gov/sites/hfsrb">https://www.illinois.gov/sites/hfsrb</a>).

APPEND DOCUMENTATION AS <u>ATTACHMENT 5.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements (Not Applicable, there is no construction associated with this change of ownership permit application) [Refer to application instructions.]

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

APPEND DOCUMENTATION AS <u>ATTACHMENT 6,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

#### DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refe	to Part 1110.4	40 and Part	1120.20(	(b)
--------------------------------	----------------	-------------	----------	-----

Part 1110 Classification:				
$\boxtimes$	Change of Ownership			
	Discontinuation of an Existing Health Care Facility or of a category of service			
	Establishment or expansion of a neonatal intensive care or beds			

## 2. Narrative Description

In the space below, provide 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.

Center for Health Ambulatory Surgery Center, LLC ("CFH") is a joint venture among OSF Healthcare System, d/b/a OSF Saint Francis Medical Center, Peoria ("SFMC") (which is the majority owner) and other minority members, as annually reported to the IDPH on the Ambulatory Surgical Treatment Center Questionnaire. CFH and SFMC are the co-applicants for this COE permit application.

The co-applicants seek approval from the Illinois Health Facilities and Services Review Board ("IHFSRB") for a Change of Ownership of the ambulatory surgical treatment center known as Great Plains Ambulatory Surgery Center (Facility ID 7003146), a two-room single specialty ASTC located at 303 N. Wm. Kumpf Blvd., Peoria, Illinois 61605 ("Great Plains ASC"), which is currently owned and operated by Musculoskeletal Surgery Center, LLC ("MSC").

CFH (the primary COE applicant), in conjunction with SFMC (the co-applicant), proposes to acquire from MSC certain assets and liabilities related to the Great Plains ASC, which would change the ownership and control of the licensed ASTC. Hence, the purpose of this COE permit application. After closing of the transaction, CFH would own, and would hold the license to operate, the ASTC currently known as Great Plains ASC.

Prior to the closing of the transaction, CFH will manage Great Plains ASC under a short-term Administrative Services Agreement (See Appendix A). Post-closing, CFH would manage the licensed ambulatory surgery center, as the owner of the relevant assets.

OSF and CFH would each maintain their respective operating licenses and there would be no change in services at the Great Plains ASC facility based on this proposed change in ownership.

This project is classified as non-substantive because it is a change in ownership (CHOW) of a healthcare facility.

## **Related Project Costs**

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

Land acquisition is related to project Yes No Purchase Price: \$ Fair Market Value: \$
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 <b>non-capitalized</b> 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 \$
Project Status and Completion Schedules
For facilities in which prior permits have been issued please provide the permit numbers.
Indicate the stage of the project's architectural drawings:
None or not applicable
☐ Schematics ☐ Final Working
Anticipated project completion date (refer to Part 1130.140): Within 90 days of IHFSRB approval
Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):
☐ Purchase orders, leases or contracts pertaining to the project have been executed. ☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies  ☑ Financial Commitment will occur after permit issuance.
7 Thantolar Commitment will dodd attor pormit loaderies.
APPEND DOCUMENTATION AS <u>ATTACHMENT 8</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
State Agency Submittals [Section 1130.620(c)]
Are the following submittals up to date as applicable:  Cancer Registry (all co-applicants)  APORS OSF Healthcare System (d/b/a SMFC) only; not applicable to other applicants  All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted  All reports regarding outstanding permits OSF Healthcare only; not applicable to other applicants Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.

### **CERTIFICATION**

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives 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 manager or member when two or more managers or members do not exist):
- in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- 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 is filed on the behalf of <u>Center for Health Ambulatory Surgery Center, LLC</u> \* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.

Auni	Rullen
SIGNATURE	SIGNATURE
Yannis Kolettis, MD PRINTED NAME	Ryan Hendricker, MD PRINTED NAME
Board Chairman	Board Member
PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 4 day of January, 2018	Notarization: Subscribed and sworn to before me this5 day of
Mancy Johnson Signature of Notary	Mancy of Johnson Signature of Notary
Seal NANCY L JOHNSON  NANCY L JOHNSON  OFFICIAL SEAL"  PUBLIC STATE OF LLIMOIS  June 5, 2021  *Insert the Exact leads again of the applies with	Seal  NANCY L JOHNSON  OFFICIAL SEAL*  My Commission Expires  June 5, 2021

## CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);

0	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);				
0	in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and				
0	in the case of a sole proprietor, the individua	I that is the proprietor.			
Center	("SFMC"))	althcare System (d/b/a Saint Francis Medical			
in acco The ur behalf provid knowle	ordance with the requirements and procedu idersigned certifies that he or she has the of the applicant entity. The undersigned for ed herein, and appended hereto, are comp	ures of the Illinois Health Facilities Planning Act. authority to execute and file this Application on urther certifies that the data and information lete and correct to the best of his or her tifies that the fee required for this application is			
SIGNA	Lef thereesar	SIGNATURE			
Rober	t Anderson	David Stenerson			
	ED NAME	PRINTED NAME			
	ent, SFMC ED TITLE	Chief Financial Officer, SFMC PRINTED TITLE			
Notariz Subscr this	ration: libed and sworn to before me and an of <u>Cannary</u> 2018	Notarization: Subscribed and sworn to before me this 8 day of 18			
Signate Seal	ur of Noely REBECCA J HEISLER OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires March 17, 2018  the EXACT legal name of the applicant	Signature of Notary  Seal  REBECCA J HEISLER  OFFICIAL SEAL  Notary Public, State of Illinois  My Commission Expires  March 17, 2018			

June 5, 2021

#### CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- 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);
- 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 is filed on the behalf of Musculoskeletal Surgery Center, LLC in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request. W. Maxey, MD Jeffrey R. Garst, MD KINTED NAME PRINTED NAME Board Member President PRINTED TITLE PRINTED TITLE Notarization: Notarization: Subscribed and sworn to before me Subscribed and swom to before me \_day of Hanus Signature of Notary **NANCY L JOHNSON** Seal NANCY L JOHNSON Seal "OFFICIAL SEAL" "OFFICIAL SEAL" My Commission Expires My Commission Expires

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

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TACHMEN <sup>®</sup>	Т	PAGES
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4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	41 - 44
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6	Historic Preservation Act Requirements	NA
7	Project and Sources of Funds Itemization	NA
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9	Cost Space Requirements	NA
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11	Background of the Applicant	46 – 56
12	Purpose of the Project	NA
13	Alternatives to the Project	NA
	Service Specific:	
14	Neonatal Intensive Care Services	NA
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	Financial and Economic Feasibility:	
16	Availability of Funds	NA_
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## Attachments

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

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

Exact Legal Name: Center for Health Ambulatory Surgery Center, LLC
Street Address: 8800 North State Route 91
City and Zip Code: Peoria, Illinois 61615
Name of Registered Agent: Illinois Service Corporation C
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703
Name of Chief Executive Officer: Thomas J. Feldman
CEO Street Address: 8800 North State Route 91
CEO City and Zip Code: Peoria, Illinois 61615
CEO Telephone Number: 309-683-5480



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

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 25, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of DECEMBER A.D. 2017.

Authentication #: 1735600668 verifiable until 12/22/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE

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

The production of the control of the	
Exact Legal Name: OSF Healthcare System d/b/a Saint Francis Medical Center	
Street Address: 800 NE Glen Oak Avenue	
City and Zip Code: Peoria, Illinois 61603	
Name of Registered Agent: Sister Theresa Ann Brazeau OSF	
Registered Agent Street Address: 1125 Saint Francis Lane	
Registered Agent City and Zip Code: East Peoria, Illinois 61611	
Name of Chief Executive Officer: Robert Schring	
CEO Street Address: 800 NE Glen Oak Avenue	
CEO City and Zip Code: Peoria, Illinois 61603	
CEO Telephone Number: 309-655-2850	

<sup>\*</sup> Note: Robert Anderson is the President of OSF Saint Francis Medical Center, Peoria, and is authorized to certify the related information in this COE.



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

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OSF HEALTHCARE SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 02, 1880, 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 #: 1735600644 verifiable until 12/22/2018
Authenticate at: http://www.cyberdrivellinois.com

In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 22ND
day of DECEMBER A.D. 2017.

Lesse White

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

reported in total ter out approach (total ter end total approach (
Exact Legal Name: Musculoskeletal Surgery Center, LLC
Street Address: 303 N. William Kumpf Blvd.
City and Zip Code: Peoria, Illinois 61605
Name of Registered Agent: William H. Campbell
Registered Agent Street Address: 401 Main Street, Suite 1600
Registered Agent City and Zip Code: Peoria, Illinois 61602
Name of Chief Executive Officer: Jeffery R. Garst, MD. President
CEO Street Address: 303 N. William Kumpf Blvd.
CEO City and Zip Code: Peoria, Illinois 61605
CEO Telephone Number: 309-676-5559



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

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MUSCULOSKELETAL SURGERY CENTER, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 18, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1735600684 veriflable until 12/22/2018
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 22ND day of DECEMBER A.D. 2017.

esse White

SECRETARY OF STATE

Certificate of Good Standing

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

## Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:

Address of Site Owner:

Street Address or Legal Description of the Site:

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.

I, Robert Anderson, do hereby attest the site of the Center for Health Ambulatory Surgery Center, LLC, located at 8800 North State Route 91, Peoria, Illinois, 61615. is owned by the OSF Healthcare System.

Robert Anderson

President

OSF Saint Francis Medical Center

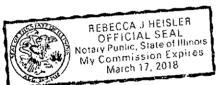
Notarization:

Subscribed and sworn to before me

this 8 day of farming 201

Signature of Notary

Seal



I, Robert Anderson, do hereby attest the site of OSF Healthcare System, d/b/a Saint Francis Medical Center, located at 800 NE Glen Oak Avenue, Peoria, Illinois, is owned by the OSF Healthcare System.

Robert Anderson

President

OSF Saint Francis Medical Center

Notarization:

Subscribed and sworn to before me

this  $\sqrt{2}$  day of  $\sqrt{2}$ 

Signature of Notary

Seal

REBECCA J HEISLER
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 17, 2018

In a COE permit application filing (E-030-16) with the Illinois Health Facilities and Services Review Board received on August 15, 2016, the Musculoskeletal Surgery Center, LLC requested a change in ownership of its "Bricks and Mortar" (Building and Site). The entity requested to own the site was:

Cullinan Kumpf Medical LLC 420 North Main Street East Peoria, Illinois 61611

This filing included documentation regarding the legal description (included in the appraisal document), the building and site appraisal, transaction supporting documents, and a letter confirming the proposed new owners support Musculoskeletal Surgery Center, LLC continuing as a medical facility user within the building. A lease between Cullinan Kumpf Medical LLC (the "Landlord") and Musculoskeletal Surgery Center LLC (the "Tenant") was also included. Hence, the site ownership documentation is in the IHFSRB file E-030-16.

Subsequently this COE was approved by the Chairwoman and ratified by the Review Board (documentation attached).

# Attachment 2 Supporting Documentation

Attachment 2.1 - COE Permit Application E-030-16, Pages 2 and 3

Attachment 2.2 - IHFSRB Agenda, September 13, 2016, Pages 1 and 2

Attachment 2.3 - Results of September 13, 2016 IHFSRB Meeting



#### MUSCULOSKELETAL SURGERY CENTER, LLC August 15, 2016

## RECEIVED

Ms. Courtney Avery, Administrator Illinois Health Facilities Planning Board 525 West Jefferson Street, Second Floor Springfield, Illinois 62761-0001

AUG 1 5 2016

HEALTH FACILITIES & SERVICES REVIEW BOARD

RE: Application for Exemption Change of Ownership For Existing Health Care Facility

Dear Ms. Avery:

Please find enclosed our completed application accompanied by all requested attachments and transaction documents to support our request.

Should you have any additional questions please feel free to contact me directly at 309.272.0201, or my cell phone 309.657.5878.

We look forward to hearing back from you and your Planning Board soon.

Have a great day!

Most sincerely,

Janet E. Smith

Chief Operating Officer

Great Plains Orthopaedics/Musculoskeletal Surgery Center, LLC

**Enclosures** 

303 North Kumpf Boulevard - Peoria, Illinois 61605 Telephone: 309.676.5546 - Facsimila: 309.676.5045 E-030-16

# ILLINOIS HEALTH FACILITIES PLANNING BOARD APPLICATION FOR EXEMPTION FOR THE CHANGE OF OWNERSHIP FOR AN EXISTING HEALTH CARE FACILITE CEIVED

	_		OFIAEI
1.	INFORMATION FOR EXIS		AUG 1 5 2016
	Current Facility Name:	Musculoskeletal Surgery Center, LLC 303 N Wm Kumpf Boulevard	HEALTH FACILITIES &
		Peorla, Illinois 61605 County: Peorla	SERVICES REVIEW BOARD
	Name of current licensed of Does the current licensee: sublease p)	entity for the facility: Great Plains, LLC own this facilityOR lease this facility	Yes_(if leased, check if
	Type of ownership of the o	urrent licensed entity (check one of the following:) _	
	Governmental	poration For Profit Corporation	Partnership
		ompany Other, specify	
	Illinois State Senator for th Senator Chuck Weaver 37th District	e district where the facility is located:	
	5416 North University Stu Suite 105	<del>vet</del>	
	Peoria, Illinois 61614 309,693,4921		
	Representative David R. 73 <sup>rd</sup> District	e for the district where the facility is located: Lettch, Deputy Republican Leader	
	5407 North University Str Arbor Hall, Suita B Peorla, Illinois 61614 309.690.7373	eet	
2.	will not be completed (refer	. Does the facility have any projects for which the S to 1130.140 "Completion or Project Completion" for the proposed ownership change? Yes o No. X. If ye Project #	r a definition of project
3.	FACILITY'S OTHER CATE	GORIES OF SERVICE AS DEFINED IN 77 IAC 119	00
	Great Plains Orthopat Year end 2015 Proced	dics/Musculoskeletal Surgery Center, LLC	
4.	NAME OF APPLICANT (cc Exact Legal Name of Applic	mplete this information for each co-applicant and in ant: Musculoskeletal Surgery Center, LLC 303 N Wm Kumpf Boulevard Peoria, Itlinots 61605	sert after this page).
	Type of ownership of the cu	rrent licensed entity: Limited Liability Company	

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5. 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: Musculoskeletal Surgery Center, LLC 303 N Wm Kumpf Boulevard Peorls, Klinois 61605

Type of ownership of the current licensed entity: Limited Liability Company

6. 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: Cullinan Kumpf Medical, LLC 420 North Main Street
East Peoria, Illinois 61611

Type of ownership of the current licensed entity: Limited Liability Company

- 7. 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 essets 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;
  - X Sale or transfar 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"
- APPLICATION FEE. Submit the application fee in the form of a check or money order for \$2,500 payable to the illnois Department of Public Health and append as ATTACHMENT #1.
- 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.
- 10. ANTICIPATED ACQUISITION PRICE: \$4,900,000
- FAIR MARKET VALUE OF THE FACILITY: \$4,900,000 (to determine fair market value, refer to 77 IAC 1130.140)
- 12. DATE OF PROPOSED TRANSACTION: July 15, 2016
- NARRATIVE DESCRIPTION. Provide e narrative description explaining the transaction, and append it to the application as ATTACHMENT #3.
- 14. BACKGROUND OF APPLICANT Please see (2) two attachments tabeled ATTACHMENT #4, it is strating the members of the Limited Liability Company and the Certificate of Good Standing registered in the State of Illinois under File Number 0021191-5.

### State of Illinois

### Health Facilities and Services Review Board

525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761 (217) 782-3516, (217) 785-4111 (fax) www.hfsrb.illinois.gov

#### AGENDA

(M-316) - FINAL (per 2 IAC 1925,240)
Final Agenda will be posted no inter than
9:00 A.M. September 9, 2016 at the
Health Facilities and Services Review Board's office
and at the meeting location.
Inn at 835
835 South 2nd Street
Springfield, Illinois

- 1. PUBLIC PARTICIPATION SIGN-IN: 9:30 A.M. 10:00A.M.
- 2. CALL TO ORDER: Tuesday, September 13, 2016 10:00 A.M.
- 3. EXECUTIVE SESSION
  - A. LEGAL UPDATE
- . COMPLIANCE ISSUES / SETTLEMENT AGREEMENTS / FINAL ORDERS
  - A. Referrals to Legal Counsel
    - 1. Projects 15-004 and E-028-16 DaVita Machesney Park Dialysis, Machesney Park
    - 2. Project #14-008 Neighbors Rehabilitation Center, Byron
  - R Final Orders
    - 1. Project E-007-13 Rush Oak Park Hospital, Oak Park
    - 2. Projects 15-004 and E-028-16 DaVita Machesney Park Dialysis, Machesney Park
- APPROVAL OF AGENDA
- APPROVAL OF TRANSCRIPTS: June 21, 2016
- 7. PUBLIC PARTICIPATION

8.	B. ITEMS APPROVED BY THE CHAIRWOMAN							
		#16-019 - Sarah Bush Lincoln Health Center, Mattoon, Modernization/Expansion Project     #12-032 - Alden Courts of Shorewood [Alteration to Permit]						
		3.	#12-025 - Lui	heran Home for the Aged, Inc. [Al	teratiun to Permit]			
		4.		ns Hills Extended Care (Alteration				
		5.		tegra Hospital-Huntley, 6-Month l				
		6. 7.		senius Medical Care Lemont, 6-Me tral DuPage Hospital, Winfield, 9-1				
		8.		omington-Normal Birthing Center,				
		9.	#E-017-16 - T	ri-Cities Surgery Center (Discontit	nuation)			
		10.		lercy Hospital and Medical Center			of Service]	
		11. 12.		ustice Med-Surg, Center, Ltd. [Challerth Shore Endoscopy Ctr. [Chang		')		
		13.		ak Lawn Endoscopy Ctr. [Change				
		14.		he Glen Endoscopy Cir. [Change of				
		15. 16.		lidwest Ctr. for Day Surgery [Char astle Surgicemer, LLC [Change of				
		17.		ye Surgery Center, Ltd. [Change of				
		18.	#E-028-16 - M	lachesney Park Dialysis [Change of	f Ownership)			
		19.		pollo Surgery Center [Change of C		1.51		
		20.	#E:4130+16 + N	lusculoskeletal Surgery Center, Ll.	L. [Change of Ow	nersnipj		
).	17	EMS F	OR STATE BO	DARD ACTION:				
	A	PEF Item	RMIT RENEW Opposition	'AL REQUESTS Facility	City	Number		
		A-01	No	Meadowbrook Manar 20-Month Renewal 7/31/16-3/31/(8	Geneva	08-099		
		A-02	No	McAllister Nursing & Rehab 6-Month Renewal 7/31/16-1/31/17	Tinley Park	11-104		
	В.	EXT	ENSION REC	QUESTS (none)				
	C.	EXE	MPTION REC	QUESTS				
		C-01	Yes	Ingails Memorial Hospital Change of Ownership	Harvey	E-019-16		i
		C-02	No	Ingalls Same Day Surgery Ctr Change of Ownership	Tinley Park	E-020-16		
	D.	AL	TERATION R	EQUESTS				
		<b>D-0</b> 1	No	University of Chicago Medical Center -2nd Alteration Request	Chicago	14-013		
		D-02	No	Asbury Court Nursing & Rehab Increase Project Cost 79:	Des Plaines	14-022		
	E.	E. DECLARATORY RULINGS/OTHER BUSINESS (none)						
	F.	F. HEALTH CARE WORKER SELF-REFERRAL ACT						
	F-01 Self referral Request/Completeness Determination Dr. Tiesenga							
	G. STATUS REPORTS ON CONDITIONAL CONTINGENT PERMITS (none)							
	H. APPLICATIONS SUBSEQUENT TO INITIAL REVIEW							

## Results of September 13, 2016 meeting of the Illinois Health Facilities and Services Review Board

Members Present: Senator Brad Burzynski, Senator Deanna Demuzio, Judge Alan Greiman, John Hayes, Joel Johnson, John McGlasson, Sr., Richard Sewell and Chair, Kathy Olson. Absent: Dale Galassie

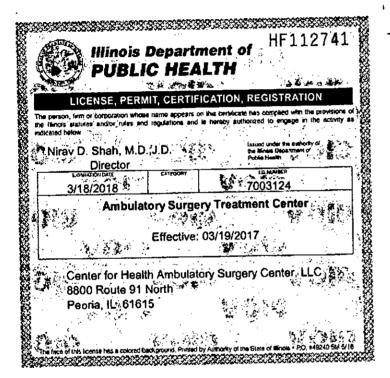
	Items Approved by Chairman	
	16-019 Sarah Bush Lincoln Health Center, Mattoon (Modernizatinn/Expansion)	
	12-032 Alden Courts of Shorewood (Alteration to Permit)	
	12-025 Lutheran Home for the Aged, Inc. (Alteration to Permit)	
	13-032 Palos Hills Extended Care (Alteration to Permit)	
	10-090 Centegra Hospital-Huntley (6 Month Permit Renewal, 9/30/16 - 3/31/17)	
	13-040 Fresenius Medical Care Lemont (6 Month Permit Renewal, 9/30/16 - 3/31/17)	
	14-051 Central DuPage Hospital, Winfield (9 Month Permit Renewal, 12/31/16 - 9/30,	(17)
	15-006 Bloomington-Normal Birthing Center (12 Month Permit Renewal, 8/31/16 - 8/	23/17)
	E-017-16 Tri-Cities Surgery Center (Discontinuation)	
	E-031-16 Mercy Hospital and Medical Center (Discontinuation of Ped. Category of Se	rvices)
	E-018-16 Justice Med-Surg. Center, Ltd. (Change of Ownership)	
	E-022-16 North Shore Endoscopy Ctr. (Change of Ownership)	
	E-023-16 Oak Lawn Endoscopy Ctr. (Change of Ownership)	
	E-024-16 The Glen Endoscopy Ctr. (Change of Ownership)	
	E-025-16 Midwest Cir. For Day Surgery (Change of Ownership)	
	E-026-16 Castle Surgicenter, LLC (Change of Ownership)	
	E-027-16 Eye Surgery Center, Ltd. (Change of Ownership)	
	E-028-16 Machesney Park Dialysis (Change of Ownership)	
	E-029-16 Apollo Surgery Center (Change of Ownership)	
	E-030-16 Musculoskeletal Surgery Center, LLC (Change of Ownership)	
	Permit Renewals	
	08-099 Meadowbrook Manor (20 Month renewal, 7/31/16-3/31/18)	Denied 0-8-1 absent
	11-104 McAllister Nursing & Rehab (6 month renewal, 7/31/16-1/31/17)	Approved 8-0-1 absent
	Exicusions (nanc)	
	Exemptions	
	E-019-16 Ingalls Memorial Hospital (Change of Ownership)	Approved 8-0-1 absent
	E-020-16 Ingalls Same Day Surgery Center (Change of Ownership)	Approved 8-0-1 absent
	E-920-10 mgans same bay surgery Center (Change of Ownership)	Approved 6-v-1 abstan
	Alterations	
	14-013 University of Chicago Medical Center (2nd Alteration Request)	Approved 8-0-1 absent
	14-022 Asbury Court Nursing & Rehab (Increase Project Cost 7%)	Deferred 8-0-1 absent
	Declaratory Rulings (none)	
	Health Care Worker Self-Referral Act	
1	Self Referral Request/Completion Determination, Dr. Tiesenga	Approved 8-0-1 absent
	Applications Subsequent to Initial Review	
	6-030 Stroger Hospital of Cook County (Modernization/Expansion Project)	Approved 6-0-2 recused
	5 1	1 absent
1	6-018 Memorial Hospital-East Medical Clinics Bldg (Establish Medical Office Bldg.)	Approved 8-0-1 absent
1	6-021 Silver Cross Ambulatory Treatment Center (Establish Multi-Specialty ASTC	Approved 7-1-1 absent
1	6-024 FMC Kidney Care East Aurora (Establish 12 Station ESRD Facility)	Approved 8-0-1 absent
	6-023 Irving Park Dialysis (Establish 12 Station ESRD Facility)	Approved 8-0-1 absent
1	6-025 Rush South Loop MOB (Establish a Medical Office Building)	Approved 8-0-1 absent
	6-028 Surgical Center of DuPage Medical Group (Modernize/Expand Multi-Specialty	Approved 6-2-1 absent
	ASTC)	•
1	Applications Subsequent to Intent to Deny (nanc)	

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

Operating Identity/Licensee
[Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Center for Health Ambulatory Surgery Center, LLC
Street Address: 8800 North State Route 91
City and Zip Code: Peoria, Illinois 61615
Name of Registered Agent: Illinois Service Corporation C
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703
Name of Chief Executive Officer: Thomas J. Feldman
CEO Street Address: 8800 North State Route 91
CEO City and Zip Code: Peoria, Illinois 61615
CEO Telephone Number: 309-683-5480



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Exp. Date 3/18/2018

Lic Number

7003124

Date Printed 2/17/2017

Center for Health Ambulatory Surgery

8800 Route 91 North Peoria, IL 61615

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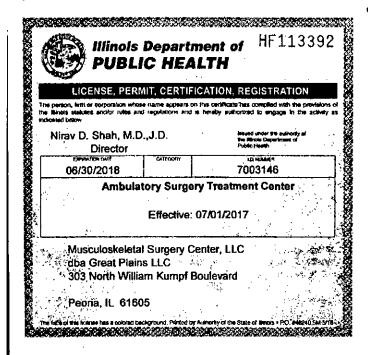
Operating Identity/Licensee [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: OSF Healthcare System d/b/a Saint Francis Medical Center	
Street Address: 800 NE Glen Oak Avenue	
City and Zip Code: Peoria, Illinois 61603	
Name of Registered Agent: Sister Theresa Ann Brazeau OSF	
Registered Agent Street Address: 1125 Saint Francis Lane	
Registered Agent City and Zip Code: East Peoria, Illinois 61611	
Name of Chief Executive Officer: Robert Sehring	
CEO Street Address: 800 NE Glen Oak Avenue	
CEO City and Zip Code: Peoria, Illinois 61603	
CEO Telephone Number: 309-655-2850	

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	LICENSE, PER	MIT, CERTIFIC	ATION, REGISTRATION		
200000000000000000000000000000000000000	Nirav D. Shah, M.S Director		ergin gudierund ist untgegel in d'en activity à lesses authorites archette et les direct dispersement et Public House		
	12/31/2018	Caraboni	0002394		. Date 12/31/2018
S. SEFFE		General F	lospital	Lic N	umber 0002394
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NAME OF THE OWNER, OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,	Saint Francis N 530 North East Peorla, IL 618	t Glen Oak Av		Seint Fran	cis Medical Center
				530 North Peorla, IL	East Glen Oak Avenue 81637
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Operating Identity/Licensee [Provide this information for each applicable facility and insert after this page.]

Exact Legal Name: Musculoskeletal Surgery Center, LLC	
Street Address: 303 N. William Kumpf Blvd.	
City and Zip Code: Peoria, Illinois 61605	
Name of Registered Agent: William H. Campbell	
Registered Agent Street Address: 401 Main Street, Suite 1600	
Registered Agent City and Zip Code: Peoria, Illinois 61602	
Name of Chief Executive Officer: Jeffrey R. Garst, MD President	
CEO Street Address: 303 N. William Kumpf Blvd.	
CEO City and Zip Code: Peoria, Illinois 61605	
CEO Telephone Number: 309-676-5559	



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Exp. Date 06/30/2018

Lic Number

7003146

Date Printed 05/11/2017

Musculoskeletal Surgery Center, LLC dbe Great Plains LLC 303 North William Kumpf Boulevard Peoria, IL 61605

FEE RECEIPT NO.

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

Organizational Relationships (Corporate)

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

OSF Healthcare System, d/b/a Saint Francis Medical Center ("SFMC") owns 71.4% of the Center for Health Ambulatory Surgery Center, LLC ("CFH"). These organizations are the coapplicants. CFH will be acquiring certain assets and liabilities (changing the ownership of) of the limited liability ambulatory surgery center known as the Great Plains Ambulatory Surgery Center currently owned and operated by the Musculoskeletal Surgery Center, LLC ("MSC"). In an Administrative Services Agreement dated January 1, 2018, CFH will assume responsibility for managing the day-to-day operations of the Great Plains ASC effective January 2, 2018. (Appendix A)

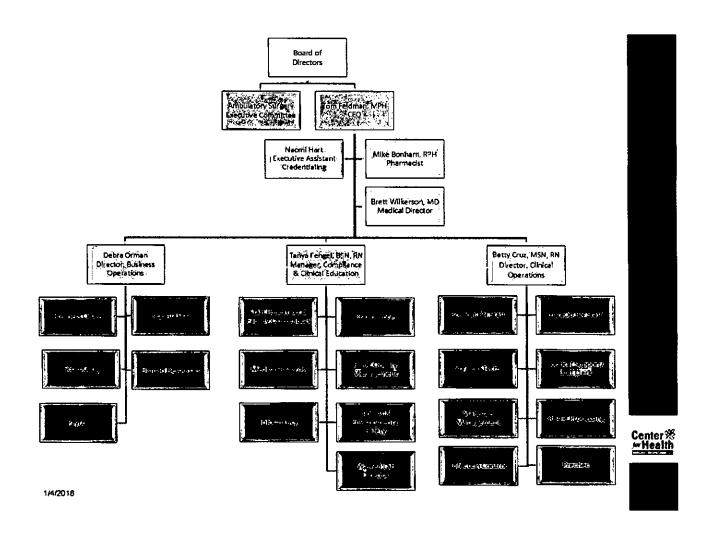
The purchase price is \$3,950,000.00 (See Appendix C) of which approximately \$2,682,000.00 will be funded through available cash and approximately \$1,150,000.00 through a bank loan. Approximately 71.4% will be funded by SFMC with the remainder funded by CFH. (Subject to final term sheet and transaction closing documents) The underlying valuation for the purchase price is in Appendix B.

OSF Healthcare System d/b/a Saint Francis Medical Center

100% Ownership of Site / Facilities
71.4% Ownership (Operations)

Center for Health Ambulatory Surgery Center, LLC
(CFH) 28.6% Ownership

Organizational Chart Center for Health Ambulatory Surgery Center



Organization Chart (for CON purpose)

OSF Healthcare System, an Illinois NFP

doing business as

OSF Saint Francis Medical Center

Center for Health Ambulatory Surgery Center, LLC

**OSF** Healthcare

# Musculoskeletal Surgery Center, LLC. Organizational Chart Member Managed

#### Members

Steven K. Delow, M.D. Richard P. Dreissnack, M.D. Jeffrey R. Garst, M.D. Brian T. Maurer, M.D. James W. Maxey, M.D. Stephen R, Drievitch, M.D. Mark R, Phillips, M.D.

#### **Elected ASC Leadership Committee**

Steven K. Below, M.D. Jeffrey R. Garst, M.D. Stephen R. Orlevitch, M.D.

#### <u>Administrator</u>

Lise' Mundwiller RN

#### **Medical Director**

Steven K. Below M.D.

#### Director

Lise' Mundwiller, RN (Grievance Officer)

Housekeeping

Registered Nurses

Surgical Techs

ASC Personnel

Infection Control Officer

MOA/EMT

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44

Attachment 4

Organizational Relationships

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

For the little in the minutes have been been all the	noo provide the permit numbers
For facilities in which prior permits have been issued ple	ase provide the permit humbers.
Indicate the stage of the project's architectural drawings:	
None or not applicable	☐ Preliminary
M Hone of Hot applicable	
☐ Schematics	Final Working
Anticipated project completion date (refer to Part 1130.140):	Within 90 days of IHFSRB approval
Anticipated project completion date (refer to 1 art 1100:140).	Tridding of days of the bres approve
Indicate the following with respect to project expenditures or	to financial commitments (refer to Part
1130.140):	
,	
<ul> <li>Purchase orders, leases or contracts pertaining t</li> </ul>	o the project have been executed.
Financial commitment is contingent upon permit issu	
"certification of financial commitment" document, high	hlighting any language related to CON
Contingencies	
Financial Commitment will occur after permit issu	ance.
ADDEND DOCUMENTATION AC ATTACHMENT O IN NUIS	AEDIC SECULENTIAL OPNED AETED THE
APPEND DOCUMENTATION AS ATTACHMENT 8, IN NUM	ERIC SEQUENTIAL ORDER AFTER THE
LAST PAGE OF THE APPLICATION FORM.	

## 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.

### **Background**

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 that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

### Background of Applicants (Criterion 1110.230 (b)

### 1. Center for Health Ambulatory Surgery Center, LLC

See the following attestation and supporting documentation.

### 2. OSF Healthcare System

OSF Healthcare System has several IHFSRB projects "acted-on" or "deemed complete". Based on Section 1110.530 (b) (1) (3), these filings and applicable documentation should be utilized to fulfill the required information for this COE permit application; see the following attestation and supporting documentation.

### 3. Musculoskeletal Surgery Center, LLC

See the following attestation and supporting documentation.

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1/10/2018 3:33 PM	47	Background

- I, Thomas J. Feldman, Administrator, do hereby attest and certify that:
  - A. The Center for Health Ambulatory Surgery Center, LLC ("CFH") does not own or operate any other healthcare facility as defined by the Illinois Health Facilities and Services Review Board.
  - B. As defined by the Illinois Health Facilities and Services, there has been no adverse action taken against any facility owned and/or operated by CFH during the prior three years prior to the filing of this COE application.
  - C. The Center for Health Ambulatory Surgery Center, LLC authorizes the IHFSRB access to information to verify documentation or information submitted in response to Criteria 1 I230 (b) or to obtain any documentation the State Board or Agency finds pertinent to this application.

48

Thomas J. Feldman

Administrator

Center for Health Ambulatory Surgery Center, LLC

Notarization:
Subscribed and sworn to before me
this # day of January 20/8

Signature of Notary

NANCY L JOHNSON
POTENT OFFICIAL SEAL"
My Commission Expires
June 5, 2021

80A Peoria-ASC COE Dec 2017

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Attachment 11
Background

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## Center for Health Ambulatory Surgery Center, LLC

Peoria, IL

has been Accredited by



### The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the Ambulatory Health Care Accreditation Program

December 14, 2016
Accreditation is customarily valid for up to 36 months.

Secret Joseph School Progress Representation of Communication

I(3 #457507 Free Repose Date #3.06.26) Maris Classes, ME, I AV P. MPP. MPP.

The Joint Commission is an independent, not-fee-profit national body that oversees the safety and quality of health care and other arts (see provided in accredited organizations. Information about accredited organizations may be provided directly to the John Commission at 1-300-994-6010. Information engagementation and the art-300-994-6010. Information engagements on any the provided performance of individual organizations can be obtained through the folial Commission's web site at wive contemporarior org



AMA





### I, Robert Anderson, do hereby attest that:

- A. The information in permit applications 17-008, 17-050, and 17-051, as applicable to this COE filing, has not changed.
- B. As defined by the Illinois Health Facilities and Services, there has been no adverse action taken against any facility owned and/or operated by OSF Healthcare System during the prior three years prior to the filing of this COE application.
- C. OSF Healthcare System authorizes the IHFSRB access to information to verify documentation or information submitted in response to Criteria 11230 (b) or to obtain any documentation the State Board or Agency finds pertinent to this application.

Robert Anderson

President

OSF Saint Francis Medical Center

Notarization:

Subscribed and sworn to before me

this  $\Re$  day of  $\Delta$ 

Kellera J Hersler

Seal

REBECCA J HEISLER OFFICIAL SEAL Notaly Public, State of Illinois My Commission Expires March 17, 2018

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51

Attachment 11
Background

# OSF Healthcare System (d/b/a Saint Francis Medical Center)

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OSF Healthcare System (d/b/a Saint Francis Medical Center) JCAHO Accreditation Certificate

### **OSF Saint Francis Medical Center**

Peoria, IL

has been Accredited by



### The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the Hospital Accreditation Program

April 8, 2017
Accreditation is customarily valid for up to 36 months.

Crist N. Arno, Fighte
Chall Beard of Order-inscens

ID #7410 Print/Reprint Date: 07/24/2013 Mink R Chrosin, NID, FACE, MPF, MPII President

The Joint Commission is an independent, not-fin-profit national body that oversces the safety and quality of health care and other services provided in accredited organizations. Information about accredited organizations may be provided directly to The Joint Commission of a 1-800-940-4610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commissions when site at www.jointerentifission.org.



AMA





Background

## Musculoskeletal Surgery Center, LLC Attestation

### I, Jeffrey R. Garst, MD, President, do hereby attest and certify that:

- A. The Musculoskeletal Surgery Center, LLC ("MSC") does not own or operate any other healthcare facility as defined by the Illinois Health Facilities and Services Review Board..
- B. As defined by the Illinois Health Facilities and Services, there has been no adverse action taken against any facility owned and/or operated by MSC during the prior three years prior to the filing of this COE application.
- C. The Musculoskeletal Surgery Center, LLC authorizes the IHFSRB access to information to verify documentation or information submitted in response to Criteria 11230 (b) or to obtain any documentation the State Board or Agency finds pertinent to this application.

Jeffrey R. Garst, MD

President

Musculoskeletal Surgery Center, LLC

Notarization:

Subscribed and sworn to before me

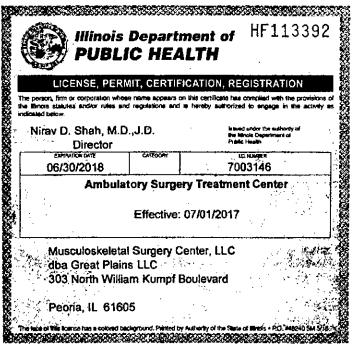
this 4 day of January, 201

Signature of Notary

Seal



80A Peoria-ASC COE Dec 2017	5.4	Attachment 11
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DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2018
Lic Number 7003146

Date Printed 05/11/2017

Musculoskeletal Surgery Center, LLC dba Great Plains LLC 303 North William Kumpf Boulevard Peoria, IL 61605

FEE RECEIPT NO.



grants this

## ACCREDITATION

### MUSCULOSKELETAL SURGICAL CENTER, LLC DBA GREAT PLAINS ORTHOPAEDICS AMBULATORY SURGERY CENTER

303 N WILLIAM KUMPF BLVD PEORIA, IL 61605

In recognition of its commitment to high quality of care and substantial compliance with the Accreditation Association for Ambulatory Health Care standards for ambulatory licalth care organizations.

17463

AUGUST 31, 2019

ASSOCIATION MEMBERS

ASCA Joundation \* American Academy of Cosmeth Surgery \* American Academy of Dental Group Practice \* American Academy of Dermatology

American Academy of Tacial Plastic and Reconstructive Surgery \* American Association of Oral and Maxillofacial Surgeons \* American College of Jassiconterology

American College Health Association \* American College of Molis Surgery \* American Congress of Obstetrictons of Synchologists \* American United Association

American Gastrocnie obligated Association \* American Society of Anesthesiologists \* American Society for Dematologic Surgery Association

American Society for Gastrointestinal Endoscopy \* Association of periOperative Registered Nurses \* Society for American American

### **SECTION V. CHANGE OF OWNERSHIP (CHOW)**

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

- 1. Prior to acquiring or entering into a contract to acquire an existing health care facility, a person shall submit an application for exemption to HFSRB, submit the required application-processing fee (see Section 1130.230) and receive approval from HFSRB.
- 2. If the transaction is not completed according to the key terms submitted in the exemption application, a new application is required.
- 3. READ the applicable review criteria outlined below and submit the required documentation (key terms) for the criteria:

APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	Х
1130.520(b)(1)(C) - Structure of the transaction	Х
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	×
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	Х
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	Х
1130.520(b)(2) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	Х

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APPLICABLE REVIEW CRITERIA	CHOW
1130.520(b)(2) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	×
1130.520(b)(2) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;	х
1130.520(b)(2) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	х
1130.520(b)(2) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	х
1130.520(b)(2) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 III. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility	Х
1130.520(b)(2)— A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	Х

### Application for Change of Ownership Among Related Persons

When a change of ownership is among related persons, and there are no other changes being proposed at the health care facility that would otherwise require a permit or exemption under the Act, the applicant shall submit an application consisting of a standard notice in a form set forth by the Board briefly explaining the reasons for the proposed change of ownership. [20 ILCS 3960/8.5(a)]

APPEND DOCUMENTATION AS <u>ATTACHMENT 15.</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

### Applicable Review Criteria

### 1130.520 (b) (1) (A) - Names of the Parties

- OSF Healthcare System (d/b/a Saint Francis Medical Center Peoria)
   This entity will retain majority ownership and control of the Center for Health Ambulatory Surgery Center, LLC ("CFH") after the closing of the transaction.
- 2. Center for Health Ambulatory Surgery Center, LLC.

This entity will acquire certain assets and liabilities related to the licensed ambulatory surgical treatment center known as Great Plains Ambulatory Surgery Center located in Peoria, Illinois ("Great Plains ASC") currently owned and operated by Musculoskeletal Surgery Center, LLC ("MSC"). Each of the co-applicants will maintain separate IDPH licenses for their respective facilities.

3. Musculoskeletal Surgery Center, LLC.

This entity is the current owner and operator of Great Plains ASC. Certain assets and liabilities of this entity related to the Great Plains ASC will be acquired by CFH. Hence, there will be a change in ownership of the licensed ASTC requiring an IHFSRB COE permit application approval.

MSC will become a minority owner of CFH in connection with the transaction. The percent ownership of CFH, by party, pre- and post transaction, is as follows:

	Current Ownership
Owner	%
OSF	71.4%
Other	28.6%
MSC	0.0%_
Total	100.0%

Post-Transaction Ownership					
Owner		%			
OSF		61.4%			
Other		28.6%			
MSC		10.0%			
	Total	100.0%			

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1130.520 (b) (1) (B) – Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.

Please reference Attachments 1, 3, and 11, herein, documenting compliance with this criterion.

### 1130.520 (b) (1) (B) (continued)

This change of ownership will be through acquisition of Great Plains Ambulatory Surgery Center from Musculoskeletal Surgery Center, LLC either by internal membership interest transfers / asset exchange consistent with the respective valuations and/or outright cash purchase of related membership interests between the respective parties as described in the closing documents.

The license related to the Great Plains Ambulatory Surgery Center will be help by Center for Health Ambulatory Surgery Center, LLC following the transaction completion / closing.

1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.

Prior to the closing of the transaction, Great Plains Ambulatory Surgery Center is owned 100% by Musculoskeletal Surgery Center, LLC. After closing of the transaction, the facility will be owned 100% by the Center for Health Ambulatory Surgery Center, LLC. The pre- and post-closing ownership of Center for Health Ambulatory Surgery Center, LLC is set forth above.

1130.502(b)(1)(F) - Fair market value of assets to be transferred.

The valuation analysis is provided in Appendix B indicating a FMV range of \$4.1 million to \$4.4 million or \$4.0 million to \$4.3 million, respectively, net of the Founders Fee. The proposed acquisition price is \$3,950,000.

1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]

The transaction is based on both asset exchanges (membership interest transfer) as well as cash. The current analysis proposes the cash amount to be \$2,682,000.00 or approximately 68% of the proposed \$3,950,000.00 purchase price, subject to final closing documents. The remainder will be funded through asset exchange.

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

By their respective signatures on the Certification pages within this COE permit application, the parties affirm there will be no impact on outstanding permits or permit applications.

1130.520(b)(2) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction.

This criterion is not applicable to the contemplated ownership change of a licensed ASTC. (Musculoskeletal Surgery Center, LLC, Peoria, Illinois)

1130.520(b)(2) - A statement as to the anticipated benefits of the proposed changes in ownership to the community.

The proposed ownership / control change anticipates organizational simplification and clinical management between the two separate ASTC's. Through the proposed CHOW, the parties do not anticipate any material changes in how services are provided, including diminished access to services.

1130.520(b)(2) - The anticipated or potential cost savings, if any, that will result for the community and the facility because of the change in ownership;

Cost savings due to the proposed transaction have not been quantified at this time because the Musculoskeletal Surgery Center, LLC is a separate legal entity. However, the proposed

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transaction should result in operational savings due to an integrated operation post-closing. As appropriate, these savings will be passed through to the community.

1130.520(b)(2) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;

Quality is highly valued by the three co-applicants. Quality control and improvement is based on peer review protocols, best practice models, and other internal mechanisms designed to monitor and improve care quality. OSF Healthcare System and the Center for Health and Ambulatory Surgery, LLC actively participate in quality assessment and improvement programs.

1130.520(b)(2) - A description of the selection process that the acquiring entity will use to select the facility's governing body;

Governing Board membership is outlined in the OSF Healthcare System bylaws as well as in the bylaws of The Center for Health Ambulatory Surgery Center, LLC. No changes are contemplated and include processes related to seating community representatives and providing ownership representation.

1130.520(b)(2) - A statement that the applicant has prepared a written response addressing the review criteria contained in 77 Ill. Adm. Code 1110.240 and that the response is available for public review on the premises of the health care facility.

The applicants have a written response to this criterion which is available for public view, on request, along with this COE permit application being publically available.

1130.520(b)(2) - A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.

No changes are currently anticipated.

### SECTION VII. 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
- 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 <u>ATTACHMENT 17,</u> IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Section 1120.130 Financial Viability

OSF Healthcare System is an A-bond rated organization currently owning 71.4% of the Center for Health Ambulatory Surgery Center, LLC with others owning a combined total of 28.6%.

The transaction proposes that 32% of the purchase price will be funded through internal forms of consideration (membership interest transfers) with the remainder 68% funded through cash obligations (internally and partially borrowed).

Given OSF Healthcare System's majority ownership interest, pre and post transaction, the System will be funding, or implicitly guaranteeing, the CHOW financing for the acquisition of Great Plains Ambulatory Surgery Center.

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### SECTION VIII. 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:

- 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:
- 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 Not Applicable

Read the criterion and provide the following:

 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).

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COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
	Α	В	С	D	Е	F	G	Н	
Department (list below)	Cost/Squ New	uare Foot Mod.	Gross Ne Cir	ew <sup>°</sup>	Me	Sq. Ft.	Const. \$ (A x C)	Mod. \$ (B x E)	Total Cost (G + H)
Contingency			-				<u> </u>		
TOTALS									

Not Applicable

### SECTION VIII. 1120.140 - ECONOMIC FEASIBILITY

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

### 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.

See the following attestation.

Economic Feasibility

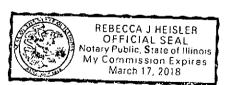
- I. David Stenerson, CFO, OSF Healthcare System, do hereby attest and certify that:
  - A. The total estimated Musculoskeletal Surgery Center, LLC purchase price will be funded in total with cash and securities.
  - B. If a bank loan (debt) is required to complete the transaction, the external financing will be at the lowest cost available.
  - C. The transaction is not contemplated to have any material impact on operating costs or capital costs.

David Stenerson Chief Financial Officer OSF Healthcare System

Notarization:

Subscribed and sworn to before me this 8 day of January 2018

Seal



### SECTION X. CHARITY CARE INFORMATION (CHOW ONLY)

### Charity Care information MUST be furnished for ALL projects [1120.20(c)].

- 1. All applicants and co-applicants shall indicate the amount of charity care for the latest three <a href="mailto:audited">audited</a> 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 <u>must</u> be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 41.

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

APPEND DOCUMENTATION A	AS ATTACHMENT 21	, IN NUMERIC SEQUENTI	AL ORDER AFTER	THE LAST PAGE OF	THE
APPLICATION FORM					

### Center for Health Ambulatory Surgery Center, LLC

		CHARI	TY CA	RE		
		2014		2015		2016
Net Patient Revenue	\$ 2	22,374,961	\$ 2	3,446,863	\$ 2	24,698,447
Amount of Charity Care (charges)	\$	113,275	\$	60,505	\$	217,495
Cost of Charity Care	\$	107,440	\$	35,000	\$	27,620

### OSF Healthcare System

CHARITY CARE							
	2014	2015	2016				
Net Patient Revenue	\$1,800,620,959	\$1,917,020,581	\$1,970,497,456				
Amount of Charity Care (charges)	\$ 221,417,876	\$ 123,694,713	\$ 138,879,342				
Cost of Charity Care	\$ 45,062,165	\$ 24,351,000	\$ 29,285,858				

### Saint Francis Medical Center

·	CHAR	TY CARE	
	2014	2015	2016
Net Patient Revenue	\$ 931,824,829	\$1,014,273,408	\$1,021,803,802
Amount of Charity Care (charges)	\$ 129,780,248	\$ 64,136,581	\$ 65,695,605
Cost of Charity Care	\$ 23,957,434	\$ 10,999,424	\$ 11,128,836

## Musculoskeletal Surgery Center, LLC

CHARITY CARE									
	2014	2015	2016						
Net Patient Revenue	\$ 2,759,754	\$ 2,343,469	\$ 1,901,648						
Amount of Charity Care									
(charges)	<u> </u>	<u>-0-</u>	<u>-0-</u>						
Cost of Charity Care	- 0 -	- 0 -	- 0 -						

## Administrative Services Agreement

Pages 75 - 80

#### ADMINISTRATIVE SERVICES AGREEMENT

THIS ADMINISTRATIVE SERVICES AGREEMENT ("Agreement") is made and entered into this 1<sup>th</sup> day of January, 2018, by and between MUSCULOSKELETAL SURGERY CENTER, LLC, an Illinois limited liability company ("MSC"), owner and operator of Great Plains Ambulatory Surgery Center, in Peoria, Illinois ("Surgery Center") and CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC, an Illinois limited liability company ("CFH").

#### RECITALS:

- A. MSC is the owner and operator of Surgery Center, which is a licensed unfullatory surgical center, and requires certain management, administrative, and technical services to assist in the operation of the Surgery Center.
- B. CFH possesses the ability to provide management, administrative, and technical services to assist in the operation of the Surgery Center.
- C. MSC desires to engage the services of CFH to provide management, administrative, and technical services to assist in the operation of the Surgery Center.
- D. CFH is willing to render its services to Surgery Center in order to provide management, administrative, and technical services to assist MSC in the operation of the Surgery Center, all on the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein comained, and reliance upon the recitals set forth above and incorporated by reference herein, the parties hereto agree as follows:

#### I. Scope of Services

Services Provided by CFH. CFH shall, for the Term of this Agreement, through its employees or through personnel employed by OSF Healtheare System ("OSF"). the majority owner of CFII, that are under CFII's control joursuant to a contractual arrangement between CFH and OSF, provide MSC with such management, administrative, and technical services as may be agreed upon by the parties from time to time, as are reasonably necessary to operate the Surgery Center on a dayto-day basis ("Surgery Center Services"). For illustrative purposes only, the Surgery Center Services may include, but not be limited to, general day-to-day business management, general clerical and administrative services, human resources, oversight of billing and collection activities undertaken by third-party vendors, patient scheduling, nursing management, risk management, information technology services, infection control, basic engineering, biomedical inspection and maintenance services, and/or pharmacist services. The Surgery Center Services shall not include any physician services or other professional medical services. The personnel provided by CFH to render Surgery Center Services under this Agreement ("Surgery Center Services Personnel") shall comply with the requirements of applicable MSC policies and procedures.

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- 1.2. Governance of Surgery Center. Notwithstanding anything in this Agreement to the centrary, the ultimate responsibility for the governance and management of the Surgery Center shall at all times belong to the Board of Managers of MSC, in accordance with MSC's governing documents. Nothing is this Agreement shall be construed as a change of control of the Surgery Center.
- 1.3 Ethical Matters. In accordance with its governing documents. CFH is subject to the Ethical and Religious Directives for Catholic Healthcare Services, as amended from time to time, issued by the U.S. Conference of Catholic Bishnps (the "Ethical Directives"). The provision of Surgery Center Services may not in any manner violate the Ethical Directives, as determined by CFH in its sole discretion, and a refusal to provide a service that CFH determines would violate the Ethical Directives shall not be deemed a breach of this Agreement.
- .4. Privacy Matters. CFH's use and disclosure of patients' individually-identifiable health information in connection with its provision of Surgery Center Services will comply with the terms and conditions of the HIPAA Business Associate Addendum attached hereto as Exhibit A.

#### 2. Compensation

#### 2.1. Surgery Center Services.

- 2.1.1. General Management and Administrative Services. As compensation for the provision of general management and administrative services, MSC shall pay to CFH the sum of One Thousand Dollars (\$1,000.00) per week, prorated for panial weeks.
- 2.1.2. Technical and Other Services. As compensation for the provision of technical services, the nature of which require services to be provided only as needed from time to time, such as hiomedical inspection and maintenance, MSC shall pay to CFH an amount equal to the direct wages paid by CFH to Surgery Center Services Personnel provided by CFH to provide such services, plus an amount equal to the cost of henefits provided by CFH to such Surgery Center Services Personnel, plus an administrative fee of five percent (5%). The current benefits percentage is thirty percent (30%) of the average direct wages paid to such Surgery Center Services Personnel are personnel lensed by CFH fram OSF, the amount payable by MSC shall be the amount paid by CFH for such personnel, plus an administrative fee of five percent (5%).

CFH shall invoice MSC directly at the end of every month for all Surgery Center Services provided during that month. The invoice shall include an itemized statement indicating the hours worked during that month for which CFH will be paid on an hourly basis as described in Section 2.1.2 above.

 Duty to Disclose. CFH shall, upon the request of MSC, provide reasonable supporting data for invoices issued to MSC under the terms of this Agreement.

2.3. Compliance Matters. The parties acknowledge that the aggregate compensation to be paid under this Agreement is consistent with fair market value for the services provided, that no remuneration has been or will be paid or accepted with an intent to induce the referral of business payable by a Federal or State healthcore program, and that no remuneration provided hereunder may vary with or otherwise take into account the volume or value of referrals or other business generated by the parties.

#### 3. Term and Termination

- Term. This Agreement shall commence as of January 1, 2018, for a term of one (1) year therefrom ("Term"), subject, however, to termination under Section 3.2.
- 3.2. <u>Termination</u>. This Agreement may be sooner terminated on the first to occur of any of the following:
  - 3.2.1. Written agreement by both parties to terminate this Agreement,
  - 3.2.2. In the event of a material breach of any of the terms or conditions of this Agreement by either party and the failure of the beaching party to correct such breach within fifteen (15) business days after receipt of written notice of such breach by the non-breaching party, such other party may terminate the Agreement immediately with written notice of such termination to the beaching party.
  - 3.2.3. In the event either party gives not less than thirty (30) days prior written notice, this Agreement shall terminate on the date specified in such notice.

#### 4. Notices

Notices required herein shall be considered effective when delivered in person or when sent by United States Certified Mail, postage prepaid, return receipt requested, and addressed to:

CFU:	

Thomas J. Feldman Chief Executive Officer Center for Health Ambulatory Surgery Center, LLC 8800 N. Route 91 Peoria, II. 61615

#### MSC:

Jeffrey R. Garst, M.D. Member Musculoskeletal Surgery Center, LLC 303 N. William Kumpf Boulevard Peoria, IL 61605

or to such other address as may be designated by the respective parties by notice given pursuant to this section from time to time.

#### 5. Professional and General Liability Insurance

CFH agrees to earry professional and general liability insurance for all personnel supplied by CFH under this Agreement.

#### 6. Payment of Benefits and Payroll Toxes

All personnel supplied by CFH to MSC are employees or independent contractors of CFH, not MSC. CFH shall be responsible for providing and paying, as applicable, the employee benefits for said employees and shall be responsible for the payment of all FICA, anemployment, social security and any other payroll-related taxes for the same.

#### 7. Assignment

This Agreement and all rights and benefits hereunder are personal to CFH and MSC and neither this Agreement nor any right or interest of CFH and MSC herein, or arising hereunder, shall be voluntarily sold, transferred, or assigned without the other party's written consent.

#### 8. Changes or Modifications

No change or modification of this Agreement shall be valid unless the same shall be in writing signed by CFH and MSC. No waiver of any provision of the Agreement shall be valid unless in writing and signed by the person or party against whom charged.

#### 9. Entire Agreement

This writing constitutes the entire agreement between the parties hereto, and all prior statements, oral or written, are hereby terminated. This Agreement may be modified or amended only by a written instrument signed by both parties.

#### 10. Severability

The invalidity or unenforceability of any particular provision of this Agreement shall not affect other provisions bereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision was omitted.

#### 11. Waiver of Breach

The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent breach of the same or other provision hereof.

#### 12. Governing Law

This Agreement shall be construed and enforced in accordance with the laws of the State of Illinois.

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#### 13. Counterparts

This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which together shall constitute one agreement. Fax or .pdf copies of signatures will be deemed as effective as originals

#### 14. Condition Precedent

ISIGNATURE PAGE FOLLOWS!

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day first written above.

MSC:

CFH:

MUSCULOSKELETAL SURGERY CENTER, LLC, an Illinois limited liability company

CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC, an Illinois limited liability company,

By: Jeffrey R. Garst M.D.

Thomas J. Feldman Chief Executive Officer

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### Fair Market Value Analysis

Musculoskeletal Surgery Center, LLC

Pages 82 - 127

#### **SUMMARY VALUATION REPORT**

Determination of the Fair Market Value of One Class B Unit of the

CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC

Valued as of: December 31, 2016

Issuance Date: June 12, 2017





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June 12, 2017

Mr. Thomas Feidman, CEO Center for Health, ASC, 11C 8800 North State Route 91 Peoria, IL 6161S

Re: Fair Market Value Analysis of One Class B Unit of the CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC

Dear Torru

Somerset CPAs, P.C. has prepared and enclosed herewith, our summary valuation report of the CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC (the "Center"), as of December 31, 2016. The purpose of this valuation is to establish the fair market value of One Class B Unit of the Center, for the purpose of buy-in and buy out of membership units, as of December 31, 2016, and it is not intended for any other use. This summary report was prepared at the request of the Center.

Our summary report, analysis and opinion should not be used for any purpose other than previously described, provided, however, that the Center may rely upon our summary report, analysis and opinion with respect to the contemplated transaction. This summary report is not to be copied or made available to any persons without the express written consent of Somerset CPAs, P.C.

The standard of value for this valuation analysis is fair market value, which is defined as "the price at which the property would change hands hetween a willing buyer and a willing seller, neither being under any compulsion to buy or to sell and both having reasonable knowledge of relevant facts."

This definition is also consistent with the "Stark Law" definitions of fall market value and general market value as defined below:

Fair Market Value: The value in arm's-length transactions, consistent with the general market value;

General Market Value: The price that an asset would bring as the result of bona fide bargaining between well-informed buyers and sellers who are not otherwise in a position to generate business for the other party, or the compensation that would be included in a service agreement as the result of bona fide bargaining between well-informed parties to the agreement who are not otherwise in a position to generate business for the other party, on the date of acquisition of the asset or at the time of the service agreement, Usually, the fair market price is the price at which bona fide sales have been consummated for assets of like type, quality, and quantity in a particular market at the time of acquisition, or the compensation

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<sup>1</sup> Treas. Reg. § 20 2031-3 (b) (2005)



that has been included in bona fide service agreements with comparable terms at the time of the agreement, where the price or compensation has not been determined in any manner that takes into account the volume or value of anticipated or actual referrals.<sup>2</sup>

This definition is also consistent with the Anti-Kickback Statute ("AKS"), which prohibits, generally, offering, paying, solioting, or receiving anything of value to induce or reward referrals,

The applicable premise of value assumes that the Center was operating as a going concern as of the valuation date, and that the character of its present business will remain intact.

The scope of our analysis is that of a valuation engagement which is defined below:

Valuation Engagement: A valuation analyst performs a valuation engagement when (1) the engagement calls for the valuation analyst to estimate the value of a subject interest and (2) the valuation analyst estimates the value and is free to apply the valuation approaches and methods he no she deems appropriate in the circumstances. The valuation analyst expresses the results of the valuation as a conclusion of value; the conclusion may be either a single amount or a range.<sup>4</sup>

#### Conclusion of Value

In our opinion, based on our review and analysis, and the assumptions and limiting conditions as described in this summary report, we have concluded that the estimated falk market value of One Class B Unit of the Center using the Income Approach, as of December 31, 2016, on a non-controlling, non-marketable basis, is:

f the	
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\$	6,340

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<sup>142</sup> CFR 1411 351 (2011)

<sup>142</sup> USC 1 1420a 7b(b)

<sup>\*</sup> American Institute of Certified Public Accountants, Statements on Standards for Valuation Services No.1, 100.28 (a)



CENTER FOR HEALTH AMBULATORY SURGERY CENTER LLC Fair Market Value Analysis

Pursuant to Treas, Reg. § 53.4958-1(d)(3), we hereby certify that Somerset CPAs, P.C., (i) holds itself out to the public as an appraiser or compensation consultant, (ii) performs similar type valuations on a regular basis, and (iii) is qualified to make valuations of the type of property or services involved herein.

Sincerely

Somewet CPAs, P.C.

SOMERSET CPAs, P.C. Indianapolis, Indiana

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Appendix B

Fair Market Value Analysis

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#### 1 - OVERVIEW OF THE CENTER

The Center for Health Ambulatory Surgery Center, LLC, is a freestanding surgery center that performs a wide range of outpatient procedures. The Center is located at 8800 N. Route 91 in Pooria, Illinois. The Center was incorporated on March 19, 2007 and is organized as a Limited Liability Company. For Federal income tax purposes, the Center is taxed as a Partnership. The chart below outlines the current ownership of the Center as of December 31, 2016:

The Center operates as a Same Day Surgery Center, thus requiring all patients to be discharged from the Center by midnight. In addition, the Center's first case starts at 7:30 a.m. Monday through Friday. Each day final case start times depend on the type of case, but for Ophthalmology cases the last case starts at 5:00 p.m. (for emergency cases) and the other cases start no later than 4:00 p.m.

#### **OPERATING AGREEMENT SUMMARY AS OF MARCH 19, 2007**

- Following the organization of the Center, OSF made capital contributions, and in return they received ownership of all class A units and class B units:
- No additional units shall be issued by the Company without the approval of OSF, if the percentage interest of the class A member would, following
  the issuence of the new units, be less than sixty percent (60%);
- Term Operating agreement shall continue in full force and effect until dissolution or termination of the Center;
- No persons other than the initial members, may become members of the Center without a supermajority vote of the Board of Managers, and no person may become a member without a capital contribution;

Prepared by Somerset CPAs, P.C. for the Center for Health, ASC, ELC

Page | 4



- The class A member shall appoint two members to the Board of Managers. Each class B member, which is either a group practice, a group holding company or an individual holding company, shall appoint one member;
- Each member of the Board of Managers shall receive compensation in the amount of \$100.00 for each meeting of the Board of Managers, in person or by telephone;
- . No member may withdraw from the Center at any time without the approval of the Board of Managers by a supermajority vote:
- . The class A member shall have the option to purchase all of the class B units held by any class B member;
- Covenant not to Compete;
  - Class A Member Covenant the class A member covenants that for so long as it is a member of the Center, and for a two year period
    thereafter, neither such member nor any affitiate of such member with be associated with or have a financial interest in any competing
    SurgiCenter either directly, or indirectly, as employer, employee, principal, agent, consultant, partner, stockholder, creditor or in any other
    capacity;
  - o Class 8 Member Covenant the call 8 member covenants that for so long as it is a member of the Center, and for a two year period thereafter, neither such member nor any affiliate of such member will be associated with or have a financial interest in, either directly, or indirectly, as employer, employee, principal, agent, consultant, partner, stockholder, creditor or in any other capacity any competing SurgiCenter, or any ambulatory surgery treatment center which is located within 25 miles of any hospital or ambulatory surgery treatment center which is sowned in whole or in part by OSF.

As of the valuation date, the Center was in discussions to amend the operating agreement, but the amended agreement was not finalized. However, we have reviewed the new proposed operating agreement. Please see a brief summary of some of the changes below:

- . The new operating agreement allows for individual physicians and employed physicians to buy-in to the Center;
- As of the fifth anniversary of the effective date of the new agreement, a class 8 member may voluntarily withdraw from the Center upon not less than 180 days prior written notice to the Board of Managers;
- Voluntarily withdraw shall be limited to the redemption of 200 units:
- No additional units shall be issued by the Company without the approval of OSF, if the percentage interest of the class A member would, following
  the issuance of the new units, be less than fifty-five and one-half percent (55.5%)

#### SERVICES

#### MAIN SERVICES

As previously stated, the Center operates as a Same Day surgery center. The surgical specialty services offered at the Center include, but are not limited to, general, plastic, gynecology, unology, orthopedics, eye, ear/nose/throat ("ENT"), gastrointestinal, pain management and oral outpatient surgical procedures. In order for the surgeons to perform services at the Center, they must have privileges to conduct surgery at the facility. The Center treats both children and adults and is currently seeking cases.

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#### ACCREDITATION

The Center is accredited by The Joint Commission, an independent, not-for-profit organization that accredits and certifies more than 20,000 health care organizations across the United States. The Joint Commission accreditation is universally recognized as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.

#### PAYOR MIX

2016 - Payors as a % of the Grand Total				2015 - Payors as a % of the Grand Total				2014 - Payors as a % of the Grand Total				
Row Labels	Charges	Payments	CHH	Row Labels	Charges	Payments	Cases	Row Labels	Charges	Payments	Cases	
BLUE CROSS	23 23%	48 61%	21 38%	MUL CROSS	23.05%	48 76%	2E 09%	BLUE CROSS	21.46%	46.43%	19 58%	
CHAMPUS	0.47%	0.24%	0.43%	CHAMPUS	0.40%	0.26%	0.42%	CHAMPUS	0.53%	D.39%	0.46%	
CHARITY	0.40%	0.00%	0.29%	CHARITY	0.12%	000%	0.04%	CHARITY	0.74%	D.00%		
COMMERCIA.	3.71%	4.38%	3 91%	COMMIRCIAL	417%	493%	4 17%	COMMERCIAL	3 60%	4.40%		
MANAGED C.	22 31%	19.07%	20.47%	MANAGEO C.	22.08%	1904%	21,31%	MAHAGED C.	23.12%	20.82%		
MEDICALD	D 82%	8 18%	1.01%	MEDIC/3D	1,64%	0.44%	1.84%	MEDICARO	3,53%	0.65%	2.89%	
MEDICARE	34 46%	30 87%	36.96%	MEDICARE	31.84%	1031%	35.24%	MEDICARE	11.25%	9 76%	33.869	
MFBKARF C	18 57%	3.51%	11 K9%	MEDICARE C	11.18%	375%	12.37%	MEDICARE C.	11.52%	4.04%		
MEDICARE SUPPLEMENT	0.05%	0.50%	0.05%	MEDICARE SUPPLEMENT	0.00%	0.53%	D.00%	MEDICARE SUPPLEMENT	807%	0.44%	D 079	
OTHER FEDERAL/STATE	0.45%	0.19%	D.35%	OTHER FEDERAL/STATE	0.57%	017%	0.573	CISHER FEDERAL/STATE	D 28%	0.31%	D681	
SERF PAY	1.27%	8.01%	0.83%	PPO	0.01%	0.01%	0.015	SELF PAY	3.38%	7,34%	0.85%	
WORKMAN'S COMPENSATION	3 30%	4,50%	2.43%	SELF PAY	1,75%	7.80%	0 93%	WORKMAN'S COMPENSATION	3 5 2%	5 40%		
Grand Tetal	100 90%	100.00%	100 00%	WORKMAN'S COMPENSATION	3,18%	4 49%	2.22%	Grand Total	300 00%	103 00%		
				Grand Tatal	300 00%	100,00%	100 00%					

As of the valuation date, the only payor issues the Center experienced were with Cigna, and they were act vely in negotiations with this payor to begin services.

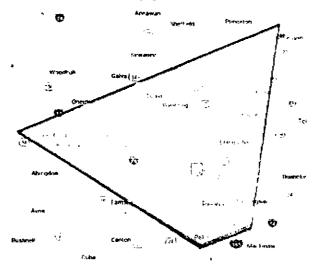
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#### MAP OF PATIENT CATCHMENT AREA

The Center's primary patient catchment area is Peoria, IL, but given the rural nature outside of Peoria, the Center is able to pull patients from some of the surrounding cities. The Center has patients from some of the suburbs of Peoria, Including Washington, Morton, Pekin and Childrothe. In addition, the Center has patients from Galesburg, directly up Interstate 74. The area highlighted below is the main catchment area.



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#### **EMPLOYEES**

The Center employs 59.20 FTE employees, consisting of chrical and administrative support. In addition to the employees, the Center has over 90 surgeons that currently have privileges to operate within the Center. The Center also utilizes a pharmacist that is employed by OSF. The pharmacist costs are paid from the Center to OSF, which includes his salary, 30% for benefit costs and a 5% administrative fee. The Center also pays a medical director fee to an Anesthesiologist practice of \$2,083 per month, but the Center does not employ any Anesthesiologists.

The Center's current organizational structure is a Board of Managers (representing each of the investing members), then the Center's CEO, and finally under the CEO is two directors (one clinical and one business). The Center has stated that employee relations are harmonious and the turnover is minimal.

The Center offers health insurance benefits and profit sharing to its employees. Over the previous three years, the Center has been able to reduce overall benefit costs by approximately \$150K (or 13.25%) by reviewing different insurance carriers and plan options. Please see the chart below, outfloing the current profit sharing plan:

Distributions to Owners	% Allocated to Employees
\$0 to \$1.19MM	0.00%
\$1,2MM to \$1,39MM	2,00%
\$1,4MM to \$1,59MM	3.00%
\$1.6MM and Greater	4,00%

It is also worth noting, the CEO of the Center is eligible for a 25% annual bonus, which is decided by the Board of Managers.

#### **FACILITIES**

The Center has 6 operating rooms, 6 recovery bays and 16 pre/post operating rooms. In addition to the Center's current space, the facility has the ability to expand the building space to accommodate additional operating rooms, recovery bays and pre/post operating rooms. Please see the chart below outlining additional information on the office location of the Center:

		Center's Lo	cation		· · · · · · · · · · · · · · · · · · ·
С	ENTER FOR HE	ALTH AMBULAT	ORY SURGE	RY CENTER, LLC	
Location	Annual Rent	Square Footage	\$ per Sq. Ft	Ownership	Related Entity
8800 N. Route 91 in Penria, IL	\$ 997,084	20,783	\$ 47.98	OSF	Yes

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Appendix B

# EQUIPMENT

The Center will be getting new medical washer units in the steritization suite, which will be paid for by the real estate entity. In addition, given the age of the two C-Arms, the Center is expecting to have to replace these units in the coming years. The only equipment currently leased by the Center is Stryker technology utilized within the operating rooms. Based on the lease, the Center entered into an operating lease on April 28, 2016 with Stryker Flex Financial. This agreement includes several Laparoxcopes and camera units. The agreement has a term of 48 months and a monthly lease payment of \$8,658.19. The total financed amount by the Center was \$430,155,18.

# OMPETITION

The Center has a few local competitors in their market, UnityPoint Health is a health system with a hospital located mast downtown Peorla. This health system has the ability to provide outpatient surgery at its north location in Proctor Hospital. In addition to UnityPoint Health, there is a two-bed ASC located in downtown Peorla, which is owned by Great Plains Orthopedics.

# FINANCIAL AND OPERATING ANALYSIS

Dur financial and operating analysis is based on the historical information provided by the Center, which we have relied upon without independent verification by a third party. Unless otherwise noted, the financial data referenced herein was obtained from the Center's tax returns, internally prepared financial and management assertions regarding such for the years ended December 31, 2013 through December 31, 2016.

The Center has had growing revenues from 2013 through 2016, with an increase of over \$2.25MM or an approximate 12% increase. The increased revenues can be attributed to the continued increase of case volumes. Please see the table below illustrating the case volumes for 2014 through 2016;

7814		\$102	Γ	9147	ſ
Surgical Specialty	Ches	Surgical Specialty	ž	Surgical Specialty	3
NADAD	100	100 GRAGYM	75	75 ORAGAN	12
Oph their clory	3268	3.265 Oprovenology	3,585	3,385 Californiations	540.
Orthopedio	1,519	1,519 Orthoperies	1.62	1,624 Orthopedics	1.639
Oracesymposogy	4.15	615 Otoloryopongy	7	44 Otoler,modeav	785
Pan Management, Interventional Pan Management	•6	8 Part Management, Interventional Part Management	=	11 Pan Management, Interventional Pan Management	c
Portution	155	355 Podutrat	in	127 Pedatrs:	· y
General Surgery	508	Sod General Surgery	**	42b Ceneral Supery	2
Sumpry, Physic & Reconstructive	628	628 Surgery Plactic & Reconstructive	4	A27 Terramy, Plastic & Reconstructive	95
Unchay	374		166	371 Theology	ş
	7,205		9		1633
		J	I		1,06.4

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Appendix B



Approximately 85% of the Center's cases are performed by physicians within the Center's physician owner groups.

The Center's expenses, as a percentage of revenue, have not had any substantial swings. The Center's largest expenses are supplies (medical, pharmaceuticals, other), and salaries and wages and benefits (including bonuses). These expenses account for almost 83% of the total 2016 expenses.

As of December 31, 2016, the Center had approximately \$3.9MM in cash. This amount was pre-2017 distributions, which was made in January 2017. The Center typically holds between \$2.5MM and \$2.8MM in cash, based on an established formula. In order to arrive at the distribution amounts, the Center utilizes the following formula, they maintain 5-weeks of needed operating cash, they observe any swings in accounts receivable and accounts payable and withhold cash if needed, they hold back \$250K for Blue Cross Blue Shield, and finally they maintain the cash reserve capital funds on she balance sheet of \$75K. Please see the table below outlining the last three years of distributions made to the owners:

2014			2015		2016			
Quarter	0	istribution	Quarter	_	istribution	Quarter	D	istribution
Q1	\$	1,200,000	Q1	- 5	1,300,000	Q1	3	1,400,000
Q2		1.500.000	Q2		1,500,000	Q2		2,000,000
Q3		1,300,000	Q3		1,400,000	Q3		1.300,000
Q٩		1,200,000	Q4		1,300,000	Q4		1,870,000
Total	3	5,200,000	Total	\$	5,500,000	Total	5	6,570,000
Average	\$	1,300,000	Average	5	1,375,000	Average	5	1,647,500

The Center makes all distributions in the months of January, April, July and October.

#### **FUTURE EXPECTATIONS**

The Center has experienced good growth over the last couple of years, but based on our discussions with Management, they believe they had a very productive year in 2016 that would be difficult to duplicate moving forward. The Center is hopeful to achieve 2015 case volume levels in 2017, while maintaining their good payor mix. However, one worry of the Center is the departure of the owners of Midwest Orthopaedic Surgeons, LLC from ownership within the Center, Midwest Orthopaedic Surgeons, LLC is one of two large Orthopaedic practices within Peoria, and they have over 15 surgeons. While the Center believes these surgeons will continue to utilize the Center, they are expecting to lose some cases because of this Therefore, we have reduced case volumes by approximately 5% (391 cases) in Year 1 of our projections. The Center has been able to replace some of these cases with other surgical specialties, but the other specialties do not pay as well, on a revenue per case basis, as compared to the Orthopaedic cases. Therefore, we have also reduced the revenue per case by approximately 5% in Year 1.

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In addition, the Center is hopeful to complete a new payor contract with Cigna. As discussed previously, this is the only payor that the Center does not currently have a contract in place with. We have assumed that the Center will finalize their negotiations with Cigna and begin performing cases. We have accounted for this in our Year 1 case volumes.

The city of Peoria is known for being the headquarters of the manufacturer Caterpillar. Based on the 2012 annual financial report. Caterpillar is responsible for 15,000+ employees in Peoria. In the second half of 2017, Caterpillar will be moving its world headquarters to Deerfield, Illinois. The departure to Deerfield will put these employees out of the Center's catchment area, and is expected to apprise approximately 300 employees. We have also accounted for this in our reduced Year 1 case volumes.

Perjored by Sometset & Pas. P.C. by the Center by Health ASC (1)

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Appendix B

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#### II - ECONOMIC CONDITIONS SUMMARY

The following information was retrieved from bis gov, detailing demographic information for the Center's locations. The population growth in the service area of the Center has remained fairly stagnant. The table below illustrates additional demographic information for the Center locations.

-		Demo	graphic Snapsh	ot - Population			
Population	Peorla, IL	Peorla County, IL	Peorla MSA		Peoria, IL	Pearla County, 1L	Peorla MSA
2015 Estimate	115,070	186,221	380,447	Households	45,199	75,793	143,607
2010 Census	115,007	186,494	379, t <b>8</b> 6				
2000 Census	112,936	183,433	366,8 <del>99</del>	Average Household Size	2,39	2.39	N/A
CAGR 2000-2015	0.12%	0 10%	0.24%				
				Median Income	\$ 36,397	5 49,747	\$ 42,805
				for a Household	> 30,397	3 49,/4/	3 42,007
Under the Age of 18	29,573	N/A	N/A				
Age 18 and Over	85,497	N/A	N/A	Median Age	34.00	36.8G	N/A
Age 25 and Over	71,689	N/A	N/A				
Age 65 and Over	16,340	N/A	N/A				

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#### **III - VALUATION PROCEDURES**

There are three generally accepted approaches that are commonly used to value any entity, which are as follows:

- Asset (Cost) Approach: Based on the anticipated cost to recreate, replace, or replicate the assets.
- . Income Approach: Based on the economic benefits anticipated to be derived from the assets
- Market Approach: Based on transaction data involving similar assets or services.

Additionally, there are multiple methodologies that fall under one or more of the above valuation approaches. The appropriateness of utilizing one or more valuation methodologies will generally depend upon the specific facts and circumstances of the entity being valued. However, generally speaking, multiple methodologies should be utilized to the extent possible and the results reconciled and/or weighted for purposes of determining the final conclusion of value.

#### **VALUATION METHODOLOGIES CONSIDEREO**

The following summarizes the valuation methodologies considered for purposes of determining value for the Center.

#### INCOME APPROACH

We used the discounted cash flow ("DCF") method under the Income Approach. The DCF method provides an indication of value based on the entity's ability to generate economic benefits (i.e., not cash flow) for its owners. Net cash flow is a common measure of a company's dividend-paying capacity because it represents the earnings available for distribution to investors without impaining future operations. The projected net cash flow is discounted to a present value using an appropriate risk-adjusted discount rate.

Our DCF analysis and calculations under this method is included in Exhibit 81.

Ongoing debt free cash flows were adjusted for corporate level tax rates using a federal and state combined rate of 30%, which best reflects the actual tax rate incurred by investors in the Center, after pass-through tax status has been considered.

The resulting value under the DCF method is on a non-controlling, non-marketable basis.

#### ASSET APPROACH

The asset approach includes an estimation of the reproduction cost of the assets comprising the business. In this approach, the tangible and intangible assets of the Center are valued individually on a going concern basis, and then aggregated to indicate total value. Unless otherwise noted, we utilized balance sheet data as of Occember 31, 2016. The components of the business enterprise value include net working capital defined as current assets, minus current liabilities, fixed and intangible assets and long-term debt.

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We considered, but did not use this method. The cash flows of the business appeared to indicate a value in excess of the value of the Center's Net Equity.

#### MARKET APPROACH

We researched sales of similar companies using the Pratts Stats database. Our search produced no comparable results due to sporadic nature of reported sales of ambulatory surgery centers. As a result, we have not employed this approach.

Health Care Appraisers performs a study of ASC valuations each year. The most recent study indicated that multiples paid for a controlling interest in a multispecialty center were typically between 7.0x to 7.9x EBITDA. This range is equivalent to prior years.

Furthermore, this study indirates that partners buying in will typically pay between 4.0x and 5.9x EBITDA. The buyout of underperforming or retiring partners is typically done through a valuation formula. 63% of those surveyed pay a 4.0 to 5.9x EBITDA multiple and 12% pay greater than 5.9x EBITDA. These involve non-controlling interests. The general trend is that the multiples have been increasing over the past several years. Based on a combined Year 1 EBITDA of approximately \$6,269,000, one unit would be between \$6,270 and \$9,250 (before reducing the value for interest bearing debt).

These statistics do not necessarily provide for fair market value, but they do inform us as to what Is happening In the marketplace for these managed centers.

We also considered utiliting publicly traded companies such as AmSurg. Inc. However, this approach was disregarded, given the relatively low number of public companies within the industry, the differences in size and complexity of the public companies compared to the subject Company, and broad geographic diversity of the public companies. As a result, we have not employed a market approach in our analysis.

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#### IV - DISCOUNT FOR LACK OF MARKETABILITY ("DLOM")

The concept of marketability is based upon the premise, all other things being equal, that an interest in a business that is readily marketable is worth more than a business that is not readily marketable. This is based upon the principle that the typical investor or business person desires liquidity, Liquidity is defined in the International Business Valuation Glossary as, "the ability to quickly convert property to cash or to pay a liability." Liquidity is desired due to the risk-averse nature of the typical investor; given the choice between two equally yielding investments, the rational investor will typically be willing to pay more for the more liquid investment, Liquidity decreases risk because the shorter time horizon to liquidate the investment, the lower the chance of an adverse event occurring that would decrease the value of the investment before liquidation.

However, nuanced distinctions do exist between liquidity and marketability. Technically, liquidity refers to how fast a transaction can be completed at the current market price. In contract, marketability refers to how salable an asset it is, which is a function of how deep and developed a market exists for such an asset. For example, if something is liquid, then it is readily marketable; examples would include publicly traded stocks and foreign currencies. Furthermore, if something is not marketable, it is illiquid. A good example of such an asset would be a custom built building. Finally, and perhaps the distinguishing factor between the two is if something is illiquid. It is not necessarily non-marketable. A good example of this type of asset would be a house or an automobile. As a result, the concepts of marketability and liquidity are interrelated, yet distinct.

The Internal Revenue Service ("IRS"), in Revenue Ruling 77-287, recognized the fact that a discount fur lack of marketability is appropriate when valving closely-held or privately held interests. The IRS stated, "securities traded on a public market generally are worth more to investors than those that are not traded on a public market." Revenue Ruling 77-287 was written in order to provide guidance for the valuation of securities that cannot be immediately resold because they are restricted from sale. The Tax Court has further recognized the existence of DLOMs, in Central Trust Co. v. United States (305 F. 2d. 393. Ct.Cl. 1962) as follows: "It seems clear, however, that an unlisted closely-held stock of a corporation in which trading is infrequent and which therefore lacks marketability, is less attractive than a similar stock which is listed on an exchange and has ready access to the investing public."

According to James Hitchner's, Financial Valuation, Applications and Models, Fourth Edition, the following lactors affect the marketability of an investment;

	A	B	С	8
Factors leading to a smaller discount for lack of marketability	Publicly Traded	No restrictions on the sale of securities	Registered securities	Active market relative to the size of the block in question
Factors leading to a larger discount for lark of marketability	Closely Held	Restrictions on the sele of securities	Unregistèred securties	Thin market relative to the size of the block in question

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There are two general types of empirical studies that are typically utilized to determine a D1OM for a non-controlling interest in a business. These include transactions of restricted shares of publicly traded companies (Restricted Stock Studies), and transactions of private company shares prior to a subsequent public offering (Pre-IPO Studies). These studies form the basis of our DLOM selection process. We then consider the rights and restrictions associated with the subject company's ownership units, as well as the fundamental operating performance of the company.

#### RESTRICTED STOCK STUDIES

Restricted stocks are stocks of publicly traded securities that have significant transfer limitations. The limitations typically prohibit the sale of the security for a certain period of time and can differ from one security to another. Restricted stocks are an ideal candidate for marketability studies in the fact that the only difference between the stock and its freely traded counterparts is its marketability. These stocks have the same voting rights, dividend preferences, etc., of the traded common shares of the same company. As a result, any discounts attributable to these shares would likely be a function of their illiquid nature and the time horizon until the shares are no longer restricted.

Publicly traded corporations typically issue restricted shares (or private letter stock) when contemplating a major acquisition or raising capital for a new investment opportunity. By issuing stock in this manner, the corporation can avoid the time and complications of formally registering new shares with the Securities and Exchange Commission. Such stock is restricted from being sold on the public market for a period of time (typically two years before 1997 and one year since 1997, pursuant to SEC Rule 144 guidelines) but they can be exchanged through private transactions through certain conditions. These private transactions are reported to the SEC and become public record. This public record serves no the basis for the data involved in the restricted stock studies. All things being equal, a marketability discount on a privately held security, with the same time horizon to sale as a publicly traded restricted stock, would likely warrant a slightly higher discount due to its not having the benefit of a public market whatspever.

IRS revenue ruling 77-287 deals directly with the issue of valuing restricted stocks. It was issued, "ta provide information and guidance to taxpayers, IRS personnel, and other concerned with the valuation, for Federal Tax Purposes, of securities that cannot be immediately resuld because they are restricted from resale pursuant to Federal securities law." The ruling discusses an SEC study undertaken in the late 1960's in which the SEC analyzed the purchases, sales and holdings of restricted stocks by financial institutions. This study was known as the Securities and Exchange Commission Institutional Investor Study and was the first of many restricted stock studies. We have reviewed a number of published restricted stock studies, and have summarized these in the following table:

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Discount for Luck of Marketability - Restricted Stack Studies		Number of		
S tody	Period	Transactions		Discount
EC Enstitutional Envestor Study	1966 - 1969	275	Mean	75 NO
An economic study of institutional investors and their effects on the securities markets, the interests of the issuers of securities, and the public interest.				
fill on Gelman	1968 - 1970	89	Moto	3300
An economic study energying transactions based on the prices paid by four clased-end investment funds.				
abort II. Trout	1968 - 1972	ట	Mean	3345
An economic study analyzing a urchases of restricted shares by the mutual funds				
tabert E. Maroney	1969 1972	146	Median	23,00*
An economic study reviewing the Tex Court's treatment of merketobility discounts for closely-held stock.				
Michael Maher	1969 1973	35	Median	13 50
An economic study analyzing SEC Nings of four mutual funds.				
USBarn F. Pittock & Charles M. Stryker	1978 - L982	25	<b>Liedian</b>	4500
An economic study analyzing private placement transactions of restricted stock.				
Wilmrette Management Asseciates	1981 1984	33	Median	11 20
An economic study analyzing "arms length" transactions where the restricted share price was compared with the price of unrestricted shares				
William 1. Silber	1981 - 1984	€9	Mean	13.75
An economic study analyzing private placements of common stock publicly traded companies				
tall & Polacek FMV Study	1979 • 1992	Over 100	Mean	33 00
An economic study that provided discussion of minarty interest discounts and marketability discounts, and reviewed Tar Court decisions involving these				
Studie A. Johnson	1991 1998	72	Mean	20 20
An economic study analyzing the effect of sales, net income, net income margin, and transaction size upon the size of the marketability discounts.				
Columbia Financiai Adultars	1996 - 1997	23	Mean	71.00
An economic study analyzing prestic placements of common stock.				
Columbia Sinancial Advisors	1997 - 1998	35	Mean	15 90
An economic study analyzing private placements of common study.				
TMV Opinisms Studies	1983 - 2015	7GP	Median	15 05
An economic study publishing restricted stock studies on on unmust basis.				
Management Planning, Inc.	2000 - 2007	1,600	Mean	14 50
An economic study analyzing restricted 21 variables as having "clear tendenty" in stock (minsoctions,				
Frugman Valuation Associates, sec. Study	2007 - 2006	80	Moun	1830
An eronomic study during a time of high market volatility.				
	******			
	1 Mean	vlarketaběly Di	scount	26.23

Based upon the above studies, the restricted shares of public companies typically sell at a discount to the unrestricted shares of the same firms, with those subject to two year holding periods (pre-April 1997) trading nt discounts generally between 20% and 35%, and those subject to one year holding periods (post April 1997) trading at discounts generally between 13% and 20%. Regardless, it is important to note that the restrictions on letter stock eventually

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# CENTER FOR HEALTH AMBULATORY SURGERY CENTER, LLC Fair Market Value Analysis

lapse, and the purchasers of the shares in the above studies had expectations that the shares would become marketable within two years (subject to potential volume limitations). This situation differs from investors in most private companies, where there is generally no expectation of a future public market for the shares.

#### PRE-IPO STUDIES

Pre-IPO studies are based upon the premise that difference between the price paid in private transactions of a company's stock before the initial public offering (IPO) and the prices paid by the public during the IPO is indicative of a marketability discount, as the shares held before the offering were illiquid, thus deserving discount and the shares after the offering were instantly liquid, thus receiving a premium above the previous illiquid price. The most frequently cited and well known of these studies is the Baird & Company Studies.

Similar to restricted stock studies, Pre-IPO studies present another form of "benchmark study" that utilizes historical data; however, the number of these studies is significantly lower than the restricted stock studies. These studies have also provided discount levels that are typically higher than those observed in the restricted stock studies. The Tay Court has traditionally been less favorable to this approach, in comparison to the restricted stock studies. The empirical evidence (summarized in the following table) illustrates that significant discounts are required by investors in private companies:

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Discount for Lack of Marketability - Pre-IPO Studies								
Study	Period	Number of Transactions	Mean	Period	Number of Transactions	Mean		
Emory Studies								
Average discount of the studies ranged from 34% to 59%	1980 - 1981	12	59.00%	1992 - 1993	49	45.0		
	1585 - 1986	19	43.00%	1994 - 1995	45	45.0		
	1987 - 1989	21	38.00%	1995 - 1997	84	43 (		
	1989 - 1990	17	46.00%	1997 - 2000	266	50.6		
	1990 - 1997	30	34 00%	1980 • 2000	S43	46.0		
				Mean Marketability Discount		44.9		
Willemette Studies								
Study analyzed SEC registration statements, primarily S-1 and S-38 forms. These forms require disclosure	1975 · 1978	31	34 00%	1991	34	21.		
	1979	17	55 60%	1992	75	41.		
	1960 - 1982	113	48.00%	1993	110	45		
	1983	214	50 10%	1994	43	31,		
of all private transactions of a	1984	33	43.20%	1995	66	32.		
company's stock within three years	1985	25	41 30%	1995	22	31.		
before its public offering.	1986	74	38.50%	1997	44	28.		
	1937	40	36.90%	1998	21	35		
Average discount of the studies ranged from 18% Ia 55.8%.	1938	19	41.50%	1999	28	26.		
	1989	19	47.30%	2000	15	18.		
	1990	53	30.50%	2002	7	<b>S</b> 5.		
				Mean Market	ability Discount	38.		
Hitchner and Morris Studies								
Average discount of the studies ranged from 19% to 56%.	1980 - 199S	47	54 00%	1994 - 1995	11	39.		
	1980 - 1995	43	\$1.00%	1935 · 1996	5	19		
	1980 - 1995	56	43.00%	1995 - 1996	4	56.		
	1994 - 1995	10	50 00%	1995 - 1996	2	31.		
	1994 - 1995	17	48.00%					
				Mean Marketability Discount		4)		
Valuation Advisors Studies								
Average discount of the studies ranged from 19% to 64.21%.	1995 - 2006		64 21%	1999 - 2008		59		
	1995 - 2006		57.76%	1999 - 2008		51		
	1995 - 2006		50.41%	1999 - 2008		43		
	1995 - 2006		34 96%	1999 - 2308		29		
	1995 - 2006		24.58%	1999 - 2008		19		
				Maan Marke	ability Discount	43		

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The Pre-IPO studies provide discount indications generally between 30% and 60%, with the most recent studies at the lower end of that range. This information, while less relevant than the restricted stock studies due to the time gap between the IPO date and the private transaction dates in the study, provides additional evidence that investors require a substantial discount to purchase securities with impaired marketability.

#### COMPANY SPECIFIC FACTORS/CONCLUSION

In Mandelbaum v. Commissioner, the tax court defined several factors that should be considered when assessing the marketability of a subject company, which was the sole issue at trial. These factors, which are explained in the case summary, include, but are not limited to:

- · Financial statement analysis
- Dividend policy
- History and nature of the company
- Management
- Control

- Stock restrictions
- Holding period
- Redemption policy
- Costs of IPO

In addition, in conjunction with the traditional studies and models, a practitioner must consider the factors present in the company being valued in order to calibrate an appropriate discount to the subject equity interest. These factors have been identified as the following:

- · Presence of put rights
- Dividend payment history and provisions
- Pool of potential buyers
- The size of the interest

- Prospect of an IPO or sale of business
- Information access and reliability
- · Restrictive transfer provisions
- Company characteristics (size, performance and risk)

Based upon the above discussions and onalysis, we have concluded that a discount for lack of marketability typically falls within 20% to 35%. Given the Center's distributions and cash withholding formula, the Center maintains good levels of cash to account for daily operations. In addition, the Center's 10year historical distributions are a very positive attribute to a potential investor of the Center. We have also included the new amended operating agreement in our conclusion. New investors have the ability after their fifth anniversary to voluntarily withdraw from the Center. These are all positive attributes to a new investor that would indicate a smaller discount for lack of marketability.

Based upon our discussions with Management, the data analysis above and our professional experiences and opinion, a DLOM of 20% was concluded for the Center.

Application of this discount to the marketable, non-controlling equity value results in a value of \$6,340 per Class 8 Unit of the Center on a non-marketable, non-controlling basis.

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#### V - CONCLUSION OF FAIR MARKET VALUE

In our opinion, based on our review and analysis, and the assumptions and limiting conditions as described in this summary report, we have concluded that the estimated fair market value of One Class B Unit of the Center using the Income Approach, as of December 31, 2016, on a non-controlling, non-marketable basis, is:

Fair Market Value of One Class B Unit of	of the	
CENTER FOR HEALTH AMBULATORY SURGERY	CENTER LL	C
As of December 31, 2016		
Income Approach	· · · · · · · · · · · · · · · · · · ·	
Value of One Class B Unit of the Center, Rounded	\$	6,340

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**APPENDICES** 

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Appendix B

Fair Market Value Analysis



#### Thereby certify that to the best of my knowledge and belief:

- The statements of fact contained in this summary report are true and correct.
- 2 The reported analyses, opinions and conclusions of value included in the summary valuation report are subject to the specified assumptions and limiting conditions, and they are the personal, impartial, and unbiased professional analyses, opinions and conclusions of the valuation analysts.
- 3 We have no present or prospective interest in the property that is the subject of this summary report, and we have no personal interest with respect to the parties involved.
- 4 We have no bias with respect to the property that is the subject of this summary report or to the parties involved with this assignment.
- 5 We have performed no services, as an appraiser or in any other capacity, regarding the Center that is the subject of this summary report with the three-year period immediately preceding acceptance of this engagement.
- 6. Our engagement in this assignment was not contingent upon developing or reporting predetermined results
- Our compensation for completing this assignment is fee-based and is not contingent on the ourcome of the valuation.
- The economic and industry data included in the summary valuation report have been obtained from various printed or electronic reference sources
  that the valuation analyst believes to be reliable. The valuation analyst has not performed any corroborating procedures to substantiate that data.
- 9. Our analyses, opinions, conclusions and this summary report has been prepared in accordance with all applicable professional standards including: the Business Valuation Standards of the American Society of Appraisers, the Statoment of Standards for Valuation Services No. 1 of the American Institute of Certified Public Accountants, the Professional Standards of the National Association of Certified Valuation Analysts, and in accordance with the Professional Standards of the Institute of Business Appraisers.
- 10. The parties for which the information and use of the summary valuation report is restricted are identified; she summary valuation report is not intended to be and should not be used by enyone other than such parties.
- 11. The valuation analyst has no obligation to update the summary report or the opinion of value for information that comes to our attention after the date of the summary report.
- This summary report and analysis were prepared under the direction of Thomas J. Thieme, CPA/ABV, CMA, and Stephen J. Diagostino, CPA/ABV with significant professional assistance from Joshua A, Roth, CVA.
- Joshua A. Roth, CVA and Thomas J. Thieme, CPA/ABV, CMA made a personal inspection of the property that is the subject of this report on May 30, 2017.

SOMERSET CPAS, P.C.

Thomas J. Thieme, CPA/ABV, CMA

Indianapolis, Indiana

Stephen J. Diagration CPA/ASV

Indianapolis, Indiana

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This summary valuation report is subject to the following assumptions and limiting conditions:

- Information utilized in connection with preparing this summery report was obtained from sources considered to be informed and reliable. However, we assume no liability for the accuracy of such information.
- Information provided by representatives of the Center was assumed to be complete and accurate unless otherwise noted. We have not audited or otherwise verified the accuracy of such information and we express no opinion or assurance on it.
- Possession of this summary report, or a copy thereof, does not carry with it the right of publication of all or part of it, nor may it be used for any purpose by anyone but the client without the express written consent of Somerset CPAs, P.C.
- We are not required to give testimony in court, or be in attendance during any hearings or depositions, with reference to this engagement, unless previous affangements have been made.
- Unless otherwise provided for in writing and agreed to by both parties in advance, the extent of the liability for the accuracy of the date, opinions, comments, recommendations and/or conclusions shall not exceed the amount paid to Somerset CPAs, P.C., for professional fees for this engagement, and then only to the party(s) for whom this summary report was originally prepared
- The various estimates of value presented in this summary report apply to this engagement only and may not be used out of the context presented herein.
- Except to the extent disclosed herein, this analysis assumes that the Center was operating as a going concern as of the valuation date, and that the character of its present business will remain intact.
- This analysis contemplates facts and conditions existing as of the valuation date. Events and conditions occurring after that date have not been considered. and we have no obligation to update our calculations for such events and conditions
- We have assumed the subject business' operations are in full compliance with all applicable federal, state, and local regulations and laws unless otherwise specified in this valuation report.
- Statements contained in this summary report are not intended or written to be used, and cannot be used for purposes of avoiding any penalties that may be imposed by federal tax law
- Somerset CPAs, P.C. recommends that the Center consult with its legal counsel to ensure compliance with all legal requirements
- The financial statements presented in the exhibits are included solely to assist in the development of the valuation conclusion presented in this summary, and should not be used to obtain credit or for any other purpose, Because of the limited purpose of those parameters, they may be incomplete and comain departures from generally accepted accounting principles. We have not audited, reviewed, or compiled the financial statements presented in the exhibits, and we express no assurance on them.
- 13. The financial information presented in the exhibits includes normalization adjustments made solely to assist in the development of the value conclusion presented in this summary report. Normalization adjustments are hypothetical in nature and are not intended to present restatori historical results or forecasts of the future in accordance with the American Institute of Certified Public Accountant guidelines.
- 14. A determination of any liabilities of the business related to environmental issues is outside the scope of this engagement. Management has informed us that the Center was not in violation of any environmental or hazardous waste laws or regulations, based on their understanding of the laws and
- 15. Management has represented that, as of the valuation date, the Center was not involved in any legal disputes that could have a significant impact on its financial condition or future operations.

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- 1. Federal Reserve Statistical Release, Selected Interest Rates, December 31, 2016
- 2. Duff & Phelps, Valuation Handbook Guide to Cost of Capital, 2017
- City-Data.com, Peorio, Illinois, Website 2016
- Bureau of Economic Analysis, Website 2016
- 5. U.S. Census Bureau, State & County QuickFacts: Illinois, 2016
- 6. Medical Group Management Association, Physician Compensation & Production Survey, 2017
- Medical Group Management Association, Cost Survey, 2017
- Bureau of Labor Statistics, Illinois, Website 2016
- 9. Tax Returns for 2014 through 2016
- 2016 Depreciation Schedule Financial and Federal
- 11. Internal Financial Reports as of December 31, 2013 through December 31, 2016
- 12. 2016 Accountants Compilation Report
- 13. Somerset Questionnaire
- Payor Mix, by Physician, for 2014 through 2016
- 15. Aging by Carrier
- 16. CPT Codes with Fre Schedule
- 17. Vendor Balance Summary
- 18. 2017 Budget
- 19. Stryker Flex Financial Lease
- 20. Operating Agreement
- 21. Current Employee Summary
- 22. Physician Utilization Report for 2014 through 2016
- 23. Notes Payable Summary and Amortization Schedules

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Thomas J. Thieme, CPA/ABV, CMA 317.472.2151 tthieme@somersetcpas.com

Tom is a principal in Somerset's Entrepreneurial Team and Litigation & Valuation Team, He is involved in valuations for mergers and acquisitions, buy/sell agreements and estates for businesses and individuals in a variety of industries. Tom has experience in reviewing and auditing financial statements, personal and corporate taxation, business valuations and business forecasts and

projections. He graduated with distinction from Purdue University with a B.S. in accounting. Tom holds the Certified Management Accountant designation and the Accredited in Business Valuation certification. He is a member of the American Institute of CPAs, the Indiana CPA Society and the Institute of Management Accountants. Tom is on the finance committee of his church.

#### Key Areas of Expertise

- Attestation services compilations, reviews and prospective financial statements
- Year-end tax services
- Tax and estate planning
- Consultation services budgeting, management consulting and assistance with ownership transfers
- Litigation services business valuations, damage analysis and assessment and lost profits

#### Education

Purdue University - West Lafayette, Indiana Bachelor of Science - Accounting

American Institute of Certified Public Accountants Accredited Business Valuator (ABV) Certified Public Accountant (CPA)

Institute of Management Accountants
Certified Management Accountant (CMA)

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#### **Professional Affiliations**

- American Institute of Certified Public Accountants
- 4 Indiana CPA Society
- Institute of Management Accountants

#### Professional Experience

2000 to Present 1993 to 2000

Somerset CPAs, P.C.

Principal, Senior Manager, Manager, Supervisor, Semor and Staff Accountant - Litigation Services Group and Entrepreneurial Services Group

Responsibilities as a manager in Entrepreneurial Services team include managing various clients in a variety of industries. Services included attestation services, including compilations, reviews and prospective financial statements. Duties also include year-end tax services and tax estate planning. Other consulting includes budgeting, management consulting and oscistance with ownership transfers. Litigation services include business valuations, damage analysis, assessments and lost profits

1999 to 2000 Broadwing IT Consulting Chief Financial Officer

Responsible for all financial aspects of a \$50 million multi-state information technology consulting business that was a division of Broadwing Communications. Duties included managing staff, monthly financial and management reporting, developing financial reports, detailed budgeting and tax reporting.

#### Civic Organizations

- YPress, Inc. Past Treasurer
- St. Louis de Montfort Catholic Church Finance Committee

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#### Speaking Engagements

 Indiana Continuing Legal Education Forum Indianapolis, Indiana - December 20, 2005 Valuation of Businesses in an Estate Planning Context

Lorman
 Indianapolis, Indiana - December 2, 2005
 Estate Planning Issues Regarding Family Limited Partnerships and Limited Liability Componies

 Barnes & Thomburg Indianapolis, Indiana - October 12, 2004 Anatamy of a Valuation

Indiana CPA Society
Indianapolis, Indiana - May 12, 2004
Court Case Update

#### **Expert Testimony**

- March and June 2006 Reeder v. Reeder, Divorce Business Valuation, Hamilton County Superior Court 1
- 4 March 2006 Ruft v. Rulf Divorce Child Support, Marlon County
- 4 August 2005 Fisher v. Fisher, Divorce Business Valuation, Marion County Superior Court 5
- 4 May 2001 Farrell v. Farrell, Divorce Business Valuation. Hendricks County Superior Court 2, Judge Coleman
- December 2002 Davis v. Silhavy, Personal Injury Lost Income, Marion County Probate Court
- November 2002 Farrell v. Farrell, Divorce Business Valuation, Hendricks County Superior Court 2, Judge Coleman

#### Specific Valuation and Littgation Services Education

- The 2016 AICPA National Business Valuation Conference November 2016
- € The 2015 AICPA National Business Valuation Conference November 2015

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#### Specific Valuation and Licigation Services Education (Continued)

- ◆ The 2014 AICPA National Business Valuation Conference ~ November 2014
- The 2013 AICPA National Business Valuation Conference November 2013
- 4 The 2012 AICPA National Business Valuation Conference November 2012
- The 2011 AICPA National Rusiness Valuation Conference November 2011
- 4 The 2010 AICPA National Business Valuation Conference November 2010
- The 2009 AKCPA National Business Valuation Conference November 2009
- The 2008 AICPA National Business Valuation Conference November 2008
- The 2007 AICPA National Business Valuation Conference December 2007
- ◆ The 2006 AICPA National Conference on Fraud and Litigation Services October 2006
- The 2005 AICPA National Business Valuation Conference November 2005
- 4 The 2004 AICPA National Business Valuation Conference November 2004
- The 2003 AICPA National Business Valuation Conference November 2003
- Family ELC & Family Limited Partnership Update, Indiana 8ar Association May 2003
- The 2002 AICPA National Business Valuation Conference, AICPA November 2002
- Business Valuation Knowledge Network Valuation of S-Corporations, AICPA September 2002
- 4 Tax Affecting 5-Corporation Earnings, Shannon Pratt August 2002
- 4 Auditing Requirements and Valuation issues in Financial Reporting, AICPA March 2002
- Valuation for Financial Reporting, AICPA February 2002
- 1 The 2001 AICPA National Business Valuation Conference December 2001
- 4 Fundamentals of Business Valuation: Level L Indiana CPA Society September 2000
- Business Valuation Knowledge Network Recent Court Case Update, Indiana CPA Society August 2000

#### **Publications**

Thomson Reuters - Valuation Strategies
 May/June 2011, Volume 14, Number 5
 Valuing Physician Medical Practices

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Stephen J. Diagostino, CPA/ABV 317.472.2191 sdiagostino@somersetcpas.com

Steve is a principal in Somerset's Health Care Team. Steve's areas of responsibility and expertise include fair market valuations for physician practices, ambulatory surgery centers, specialty hospitals, consulting agreements, imaging centers, service lines and other ancillary businesses; development of financial studies for physician joint ventures and ancillary services: development af physician income distribution methodologies for private practices and physician networks; physician buy/sell and employment agreements;

practice management and financial recruiting and facilitation for placement of recruited parties; physician practice ownership structure and related governance; practice focuses of Cardiology, Orthopaedics, Ophthalmology, Obstetrics And Gynecology and Anesthesia; and health care regulatary issues related to Fraud and Abuse, Stark and Anti-kickback. He works directly with physicians and hospital leaders and responds ta issues and concerns of managing our physician practices on an ongaing basis. Befare joining the firm in 1995, Steve started his career in the health care group of a regional CPA firm. Steve received a B 5, in accounting from Purdue University in 1991. Steve is a member of the Indiana CPA Society, the American Institute of CPAs, the Indiana Medical Graup Management Association, and the Medical Group Management Association. He was named to the Indianapor's Business Journal's "Whis's Who Behind the Scenes in Health Care" list in 2003. He is a finance committee member for the Ronald McDonald House, board member for the Foundation Fighting Blindness and an active member of St. Monica's Church and School, Steve co-authored an article published in the May/June 2011 issue of Thompson Reuters - Valuation Strategies titled Valuing Physician Medical Practices.

#### Key Areas of Expertise

- 4 Financial studies for physician joint ventures and ancillary services for the development of medical office buildings, ambulatory surgery centers, specially hospitals, cath labs and ancillaries such as MRI, PT, DME
- Negotiation of physician/hospital relationships for ambulatary surgery certains, ancillaries, imaging, specialty hospitals and cathilabs.
- € Income distribution methodology, design and change management.
- Physician buy/sell agreements and employment agreements
- Development of practice buy-in/buy-out agreements and valuations.
- 4 Development of ambulatory surgery centers, medical office buildings and associated ancillaries
- 6 Financial feasibility for specialty hospitals
- Fair Market Value Analysis for physician practices, ancillaries, hospitals and other health care businesses
- Facilitation and negotiation of Physician/Hospital Contracts
- 4 Development of health care delivery systems and multi-physician specialty organizations
- 4 Analysis and facilitation of joint ventures, mergers and acquisitions
- Strategic planning and business plan development.
- Corporate, partnership, limited liability company and individual taxation

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#### Key Areas of Expertise (Continued)

- Development of succession planning objectives and strategies
- Recruitment of physicians and key management positions (CEO, CFO, COO, etc.)
- Physician practice ownership structure and related governance
- Health care regulatory issues related to Fraud and Abuse, Stark and Anti-kickback
- 4 Specialty areas include Cardiology, Orthopaedics, Ophthalmology, Obstetrics and Gynecology, and Anesthesia

#### Education

Purdue University - West Lafayette, IN Bachelor of Science - Accounting

#### **Professional Affiliations**

- 4 American Institute of Certified Public Accountants
- 4 Indiana Academy of Ophthalmology
- Indiana CPA Society
- 4 Indiana Medical Group Management Association
- Medical Group Management Association

#### Professional Experience

1995 to Present Somerset CPAs, P.C. Principal, Health Care Team

1991-1995 Crows Horvath formerly Crowe Chizek Supervisor, Health Care Group

1991 BKD formerly Geo. S. Olive

Preparation for Supersons 1945, 97, for the Center for Health, 450, a



#### Honors

4 Indianapolis Business Journal, "Who's Who Behind the Scenes in Health Care" list - 2003

#### Civic Organizations

- 4 American Heart Association Company Leader 2002-2005
- 4 Foundation Fighting Blindness Indianapolis Chapter Board Member 2002-Present
- Ronald McDonald House Finance Committee 2004-Present: Planned Giving Committee 2003-2005
- 4 St. Monica Athletic Coach 2008-2010
- € St. Monica School Commission 2006-2008
- West 86th Board Treasurer 2005-2010
- IU Planned Giving Committee 2013 to Present

#### Speaking Engagements

4 American Association of Orthopaedic Executives

Annual 2014 Conference Washington, DC – May 31 – June 3, 2014 Understanding Fair Market Valuations

#### 4 MedAxiom

Spring 2014 Conference
Naples, FL - April 23-25, 2014
Valuation of Physician Compensation Programs
Spring 2013 Conference
Amelia island, FL - April 17-19, 2013
Renegoriating Physician Compensation with Your Haspital for Integrated and Private Groups: From Co-Management to Full Employment
Fall 2012 Conference
San Antonio, TX - October 3-5, 2012
Valuation | ReValuation Strategies for Compensation: Clinical | Administrative | Teaching

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#### Speaking Engagements (Continued)

Cardiovascular Service Line Symposium Chicago, IL – June 7, 2012 Emerging Contracts; How to Design and Value

Spring 2012 Conference Washington, DC – April 20-22, 2012 FMV Compensation Workshop

Fall 2011 Conference
Dana Point, CA – October 12-14, 2011

Are you getting paid for all the work you do? - On Call, Medical Directorships, MLP Supervision, CVSL Management, Section/Department Head Leadershin

4 American Academy of Orthopsedic Surgeons - Regional Conferences

EOA - Las Vegas, Nevada - October 2008 SOA - Hot Springs , Virginia - June 2008

Revenue Enhancement Opportunities - Business Considerations

Income Distribution Overview & Considerations for Ancillaries

Succession Planning and Buy-In and Buy- Out Approaches

4 American College of Cardiology (ACC) - Cardiovascular Leadership Institute (CLI)

Evolving Models of Cardiovascular Practice Symposium

Las Vegas, NV - June 2010
Evolving Models of Cardiovascular Practice, "Surviving and Thriving" in a Time of Change – Fair Market Value Considerations

Washington, D.C. - November 2009

4 American Academy of Orthopaedic Surgeons - Regional Conferences

EOA - Las Vegas, Nevada - October 2008

SOA - Hot Springs , Virginia - June 2008

Revenue Enhancement Opportunities - Business Considerations

Income Distribution Overview & Considerations for Ancillaries

Succession Planning and Buy-In and Buy-Out Approaches

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#### Speaking Engagements (Continued)

Indiana Academy of Ophthalmology
Indianapolis, Indiana - September 2006
Show Me the Numbers: Guide to Using Budgets & Benchmarking to Improve Performance
Indianapolis, Indiana - September 2005
Commercial and Government Insurance Update: How to get the most from your payers
Indianapolis, Indiana - September 2004
Payer Contracting

#### Specific Valuation/Health Care Services Education

- The 2016 AICPA National Business Valuation Conference November 2016
- AHLA Health Care Transactions April 2015
- 4 AHLA Physicians and Hospitals Law Institute February 2015
- MedAxiom Spring 2015 Conference April 2015
- 4 AHLA Health Care Transactions April 2014
- 4 AHLA Physicians and Hospitals Law Institute February 2014
- 4 ACC MedAxiom Summit January 2014
- 4 MedAxiom Fall 2014 Conference October 16-18, 2013
- 2014 Business Valuation Resources Healthcare Symposium Series
- 4 2013 Business Valuation Resources Healthcare Symposium Series
- MedAxiom Fall 2013 Conference October 16-1B, 2013
- MedAxiom Update for Cardiology Administrators April 2013
- AICPA ABV Credential Achieved January 2013
- MedAxiom Update for Cardiology Administrators April 2012
- National Business Institute Business Valuation December 2010
- Business Valuation Resources Healthcare Reform and its Impact on Valuation June 2010
- AICPA National Healthcare Industry Conference September 2008
   Valuation: Physician-Hospital Joint Ventures

Disputed by Sectional CPA, D. Surther Section Section 5. ASS. 12



#### Specific Valuation/Health Core Services Education

- AICPA National Healthcare Industry Conference November 2007
   Healthcare Valuation and the Impact of Recent Court Cases.
- 4 FASA 2005 Annual Meeting Acquisitions and Valuations-A Buyer's Perspective on Selling Your ASC May 2005
- 2nd Annual Orthopedic-Driven ASC Conference Valuation Issues for ASCs and Orthopaedic Centers: Majority Interests VS Minority Interests and Other ASC Issues – June 2004
- 4 NCCE Mergers, Acquisitions and Business Valuation June 2001
- Indiana CPA Society Healthcare Industry and Medical Practice Valuation September 1997
- 4 AICPA National Healthcare Industry Conference July 1997 Medical Practice Valuations in a Dynamic Market

#### Publications

- Thomson Reuters Valuation Strategies
   May/June 2011, Volume 14, Number S
   Valuing Physician Medical Practices
- Indianapolis Business Journal
  Indianapolis, Indiana October 2006
  HSAs con create cosh flow woes for medical providers
  - o Orthopaedic Practice Management, Vol. 2, No. 4
    Birmingham, Alabama April 2009
    Quoted in Consider your market niche, competition before going cash only

Disputed by Correspond PAC to the the Center Science, the ASC 41



**EXHIBITS** 

Presentation of the Control of the Control of the Asia and

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#### CENTER FOR MEALTH AMBULATORY SURGERY CENTER LLC Valuation of One Class B Unit of the Center December 31, 2016

Exhibit AT Historical and Common Size Baunce Sheets

				Historical Ba As		e Sheets			Percentage of Total Assets As of						
		12/31/2013		12/31/2014		2/31/2015 ASSETS	1	2/31/2016	17/31/2013	12/31/2014	12/31/2015	12/31/2016			
Current Assets															
Cash in Bank	5	2,694,082	5	2,596,780	5	2,787,355	5	3,898,857	44.49%	44,39%	44,37%	49,90%			
Cash Reserve Capital Funds		75,000		75,000		75,000		75,000	1.24%	1,28%	1.19%	0.96%			
Accounts Receivable, Trade		2,327.897		2,157,046		2,491,855		2.511,165	38,45%	36.87%	39.66%	32,14%			
Accounts Receivable, Other		60.059		0		0		2,445	0.99%	0.00%	0.00%	0.03%			
Prepaid Expenses		17,529		65 00 5		62,170		67,700	0.29%	1.31%	0.99%	0.87%			
Total Current Assets		5,374,367		4,693,831		5,436,380		6,555,167	85.46%	83 66%	86.21%	83.90%			
Fixed Assets															
Depreciable Assets		7,099,216		7,431 656		7,687,853	5	R439,992	117.75%	127.04%	172,29%	108 02%			
Less. Accumulated Depreciation		(6,236,417)		(0,491,264)		(6.830,199)		(7,193,316)	-103.00%	-350.96%	-109.72%	-92.07%			
<b>Total Property and Equipment</b>		862,799		940 392		E\$2,654	_	1,246,676	14.25%	16 06%	13 57%	15 96%			
Other Assets															
Organizational Costs		32,454		32454		32,454		32,454	0.54%	0.55%	0.52%	0.42%			
Less: Accumulated Amortization		(14,605)		(16 768)		(11,937)		(21,095)	-0.24%	-0.29%	0.30%	0.27%			
Total Other Assets		17,849		15 686		13,572		11,359	0 79%	0.27%	0 72%	015%			
Total Assets	5	6,055,015	5	5,849 909	5	6.282,556	1	7.813.202	100 00%	100,00%	100.00%	100,00%			

or medical community of the community of the



#### CENTER FOR HEALTH AMBULATORY SURGERY CENTER ELL Valuation of One Class B Unit of the Center

December 31 ./016

exhibit AT Historical and Common Size Balance Sheets

				Historical Ba	dano of	o Sheets	Percentage of Total Assets As of					
	12,	/31/2013	12/31/2014		32/31/2015 ADSLITTES & EQUIT		12/31/2016 TY		12/31/2013	12/31/2014	12/31/2015	12/31/2016
Current Liabilities												·
Accounts Payable	1	876,937	s	\$95,095	5	822,588	1	920,484	14 48%	10 17%	13.09%	1178%
Accrued Wages		90,624		110,062		117,184		145,639	1.50%	1 88%	1.87%	1.16%
Due to Dive Crass		267,650		270,611		329,p38		339,773	4.42%	4.63%	5.24%	4 35%
Payroll Liab thies		322		8		0		D	0.01%	0.00%	0.00%	8.00%
Current Maturities of Long-Term Debt		112,191		139,718		59,826		141.077	1.85%	2.39%	0.95%	1.82%
Accrued Expenses		0		٥		6,345		Ó	p.00%	0.00%	D.10%	8.00%
Total Current Liabilities		1.347,724		1.115.486		1,334,981	_	1,546,973	27,25%	19.07%	21,25%	19 80%
Long-Term Liabilities												
Notes Payable, Less Current Liobitues		126,420		157,575		97.750		390,840	2.09%	2.69%	1,56%	5.00%
Members' Equity												
Members' Equity		5,161,275		4,580,671		4,575,648		4849.825	DS.24%	78 31%	72 85%	62 07%
Distributions, Current Year		(6,900,000)		(5,300,000)		(5.450.000)		(6,000,000)	133,96%	92 60%	-85.75%	76.79%
Net income, Current Year		6,319,596		5,295,977		\$.722.977		7.025,564	10437%	93.53%	91 09%	89 92%
Total Equity		4,580,871		4,576,848		4,449,825		5,875,329	75.65%	73.24%	27.20%	7\$ 20%
Total Liabilities and Members' Equity	\$	6,055,015	5	5,849,909	s	5,282,556	5	7,813,202	103.00%	100.00%	100.00%	100.00%

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				teine Statement; Mods Ending	•			Percentage of Europea For the Periods Ending							
	15/1/19/1	22/11/2014	13/31/2015	12/11/2016	Norma Adjust:		Base Year	15/11/30/3	13/11/2014	13/11/7015	12/31/2016	_Brose Year			
Cose Yellumes	6,998	1,20%	7,340	7822		O	7,172								
Revenue Per Case	3 /69459	3 7518 (2)	5 2,59575	\$ 2,690,58		0	\$ 7,699.54								
Net Medical Revenue	\$ 18816779	\$ (8,290608	5 19.053,028	\$ 20,016 146	•	0	1 71,134,146	109,00%	100 09%	10000%	100 00%	30000%			
Operating Expenses	12,703,616	12,808,721	17034,717	13.678.910		50 800	13,628 910	64.77%	70 DZN	68.41%	54.78%	64 545			
Operating lacour	£6\$7,118	5,451,831	6013,376	7,451,238		50 000	7,487,756	P5-25%	29.974	11 59%	35 72%	15.46%			
Other Income / (Expenses)															
Interest Brecome	ř,⊊∂α	4,076	5,945	6274		٥	6774	E 06%	002%	6833	0 0 3%				
Other Income	9.200	21476	21 126	41,561		ò	43.593	0.05%	011%	0.12%	8 20%	001% 020%			
Interest Expresse	(6.512)	(4.060)	M.#161	(7,108)		Ð	(7,163)	-0.07%	0.02%	-005%	-0 03%	020%			
Rad Debt Espenya	(\$40,976)	(206.905)	(415,914)	7434 431		¢	(454,431)	-1 41%	-1 14%	-1 66%	2.15%				
Com on Sale at Equipment	0		t	2,000		7.000	e e	0.00%	000	0.00%	0012	-7.15% 000%			
Pateli Ocher Income (Expenses)	1530,6781	(185,239)	(293,549)	(41),672		2.0001	(4) 1672)	1 75%	210.(-	1515	-5 97%				
Income Before Taxes	6.321,435	5.298,663	5,722,977	7,025,564		48 000	2,071,564	53529-	28.95%	30 04%	33.77%	196%			
raxes										25 41.0	,,,, <u>-</u>	33304			
Mais Income Tares	(1.079)	65851	0	8				-001%	2000	0 60%	0.00%	0.00%			
Net Income	\$ 6114546	\$ 5745822	\$ \$.777.977	1 075.564	1 4	41,000	1 3,07,564	53.31%	23 95%	30 04%	33.27%	33.50%			

Normalizing Adjustments: A - Norma and to zero (NI):

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				rating Expenses lads Ending	Percendings of Resonae For the Periods Ending								
	ารกุรักรุงเรา	12/31/2014	11/21/7015	12/31/2016	Hormalizing Adjustments	Base Year	D/H/H	12/31/2014	12/31/2035	12/31/3054	Base Year		
Operating Expenses				-	-				•				
Medical Supplies	1 4512666	\$ 4858.715	5 5217,056	\$ \$.533475		\$ 5623425	23 93%	2656%	77 199.	26 54%	KSP.		
Burneteen	355 179	190.039	440,645	476.278		473.778	185%	211%	735	13-5	2 26%		
Offer Drest Evangemen	168.274	207,334	יאנ נווק	377671		377,571	1215	1176	1004	457	6879		
Salaries & Wagne	3 495,045	3,516,793	2,517,592	1 687 102	3	3 647,302	1653%	1978%	13 35%	17.45%	27.46%		
Wiges Enners	279 819	175, 191	187,642	727801		222,301	1.48%	096%	0 9978	103	1055		
Implayer Benefits	982 144	3,171,164	1,047,183	474 529		974,579	5.73%	614%	3 503	4.52%	4675		
Pent Exprese	973140	911723	987,376	TO COST	Ď	797,084	515%	5,84	5 75%	4 72%	477%		
tips amon't Loave	84 956	170 483	84,391	351.849		357,629	0.45%	071%	0443	177%	5/2%		
Insurance	114.7%	173.191	112,704	102 592		108,597	167%	067%	0593	8 53%	811%		
Professional Fees	495-273	SAN THE	547,223	593381	4 (50,806)	541 381	2,57%	301%	262%	161%	7.53%		
Other Supplers	514 143	281524	116462	315 674	0	185.878	167%	155%	166%	3 59%	3 54%		
Depreciation and Amortization	434 440	344 505	100.915	861118	ů	J52:13	7 38%	201%	1385	172%	3 Vens.		
Form Operating E-perses	3 37 204 636	1 1/mm1//		1 11678913	£ (10,800)	5 3/43/1918	#1 77% -	7001%	H415	una.			

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### CENTER FOR HEALTH AMBULATORY SURGERY CLINTER LLC.

Valuation of One Class Bit nit of the Center

December 31, 7316

Exhibit Bit Income Approach Discounted Cash Flores Approach Conclusion of Value

		Year 1		Year 2		Year 3		Year 4		Year 5		Terminal
Income Before Taxes	3	5,851,018	s	6,193,334	5	6,765,767	•	6.90L087	5	7.010.678	5	7,535,794
Income Taxes (30%)		(1,755,305)		(1,858,000)		(2,029,730)		(2,070,325)		(2,103.201)		(2,260,738
Income After Taxes		4,095,713		4,335,334		4.736.037		4,830,757		4,937.475		5.275,056
Cash Flow Adjustments												
Capital Expenditures		(250,000)		(250,000;		(250,000)		(250 000)		(250 000)		(250,000)
Debt Service		(149,031)		F152.788		D 50,629)		(81.423)		,,		0.000
Depreciation and Amortization		411,118		463.113		513,118		563,118		GL3 118		250,000
Total Cash Flow Adjustments		14,087		60.330		112,489		725 695	_	363 118	_	8
Cash Flow to Invested Capital		4,109,800		4,395,664		4,848,526	_	5.056,452	_	5,270 593	3	5,275.055
Discount Period (Years)		858		1.50		2,50		350		4 50		
Discount Rate		17,85%		17.85%		37.25%		17,85%		17.85%		
Present Value	\$	3,785,785	3	3,435.83.8	3	3.215.776	工	2,845,721	s	2.516960		
Present Value of Interim Cash Flows											\$	15,800,060
Terminal Value Calculation												
Cash Flow to Invested Capital in Terminal Period									,	5,275,056		
Terminal Period Capitalization Rate									•	15.85%		
Capitalized Cash Flows										31.281,118		
Discount Penod (Years)										450		
Discount Rate										17.85%		
Terminal Value												15,893,321
Market Value of Equity, Hon-Controlling, Marketab	le Basi	i, Rounded									-	31,693,400
Marketability Discount										20.00%		(6,335,630)
											$\bar{}$	25,355,000
Market Value of Equity, Mon-Controlling, Non-Mark	enoe	wasts, Kolano									5_	73,133,144

Oue to low levels of expected growth, adequate levels of working capital (once current maturities of long-term detri have been repard) and the fact that a minority interest is being valued no working capital adjustments have been applied.

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#### CENTER FOR HEALTH AMBULATORY SURGERY CENTER LL

Valuation of a 1% Unit Interest of the Center

December 31, 2016

Exhibit B2 - Income Approach - Calculation of Discount / Capitalization Rate

2.79%
5 97%
8.76%
5.59%
3.50%
17,85%
-2.00%
15.B5%

- (A) Risk-free rate as of December 31, 2016.
- (8) Equity risk premium based on the Dulf and Phelps 2017 Valuation Handbook.
- (C) Benchmark premium for size based on the Duff and Phelps 2017 Valuation Handbook.
- (D) Company specific premium based on the Valuators' professional experiences and opinion,

Proportion Summers of CPAs P.E. for the Continuous execution ASC



SOMERSE E													<b>-</b>		
					Personal Day	Primeri					Perio		-		
	Elito Tear		Tem 7	Tiret 2	Yaar )	Tops 4	Year 5	Terrenal	Bran Year	Year 1	Tour 2	Name 2	Tear 4	Year 5	(permitty)
au Valeries	7 572	4	7,431	7454	7894	5 642	4.301	4 162							
	1 2440	4 _5		( HAT)	1 /994 64	1 /##14	1 24414	1 //44 64							
net tripologii Roverna	1 21.414	•	10.057.541	5 26176/21	1 75,342765	5 21/49/154	7 24141 847	5 22506,200	100 05%	164 67%	101076	149 pers	MO IETA	17847	300 00%
peraling Expenses	11631500	_	12 939,791	1147693	24 362743	54-888 753	14,004,279	H 2% G/S	# SA	67.25%	OIK	KA.	65 /Pt	44174	es es e
benefit benef	2 m 2 2 th.	_	61677	660,71	P #P## 15	FEMORE	F(LEML)	*## 16.4	W.45%	UAR	17276	er i Pe	12.104	44199	Hers
No brans (france)															
British (remer	6771	F	4.774	6,734	6774	6234	624	E 27 1	*07%	***	eam.	4974	3975	2273	4447
Collect Streetmen	11,001	t	41.591	41,591	4234)	41 341	4:593	41.50 }	9.20%	1//5	6/1%	0.003	6 27%	9:55	O LET
Selected \$1 person	£4 met	ŧ	T13.50 F	11.44 **	41907	E 17		•	***	2 m/m	0.00%	4 67%	800%	445%	0.90%
Bat Orist Coperve	(414 43)5	Ľ	1527.097	1300,050	(754314)	194919	(18,81)	(NA LAM	71%	1074	(**	143	1973	1 497	3 64%
Later Ciffer Income Africans)	34,16177	_	(25.10	1276.949	111504	(617979)	(9,84,194)	\$ \$ \$ 1 BAC	1942	2 6/75	( ***	140	14%	145	far.
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## Appendix C LOI Purchase Letter Excerpts

Letter of Intent Purchase Letter Excerpts



January 10, 2018

Jeffrey R. Garst, M.D. Member Musculoskeletal Surgery Center, LLC 303 N. William Kumpf Boulevard Peoria, IL 61605

Re: Proposal to Purchase the Assets of Musculoskeletal Surgery Center, LLC

Dear Dr. Garst:

This letter (this "Letter") is intended to summarize the principal terms of a proposal being considered by Center for Health Ambulatory Surgery Center, LLC ("Buyer") regarding its possible purchase of substantially all of the assets and certain specified liabilities of a certain licensed ambulatory surgery center located at 303 N. William Kumpf Boulevard, Peoria, Illinois 61605 (the "Business") from Musculoskeletal Surgery Center, LLC ("Sciler"). The possible purchase and sale of the Business and the related transactions described herein are referred to as the "Transaction" and Buyer and Seller are referred to collectively as the "Parties."

### 1. Acquisition of Assets and Purchase Price.

- (a) Subject to the satisfaction of the conditions described in this Letter, at the closing of the Transaction Buyer would acquire (i) substantially all of the tangible and intangible assets of the Business, including but not limited to fixed assets, supplies, and medical records, but excluding, among other things, accounts receivable ("Assets"), free and clear of all encumbrances; and (ii) certain specified liabilities, consisting of rights and obligations under (1) the lease agreement for office space in which the Business is conducted, and (2) those other agreements that Buyer agrees to assume (the "Assumed Liabilities").
  - (b) The purchase price for the Assets would be \$3,950,000 (the "Purchase Price").
  - (c) The Purchase Price would be payable at closing as follows:
- (i) Buyer would transfer to Seller a number of Class B Units of Buyer equal to the product of (A) the number of physicians who are owners of Seller as of the date hereof who

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8800 N. State Route 91 • Peoria, Illinois 61615 • 309.683.4720

80A Peoria-ASC COE Dec 2017	129	Appendix C
1/10/2018 3:33 PM	129	Letter of Intent Purchase Letter Excerpts

If you are in agreement with the terms set forth above and desire to proceed with the proposed Transaction on that basis, please sign this Letter in the space provided below and return an executed copy to my attention.

Very truly yours,

**CENTER FOR HEALTH** AMBULATORY SURGERY

CENTER, LLC

Agreed to and accepted:

MUSCULOSKELETAL SURGERY CENTER, LLC.

One of its Members

TRIGINAL

E-002-18

# CERTIFICATE OF EXEMPTION PERMIT APPLICATION

to

Change the Ownership of the Assets of

Musculoskeletal Surgery Center, LLC (d/b/a Great Plains Orthopedic Ambulatory Surgery Center)

On behalf of the co-applicants

Center for Health Ambulatory Surgery Center, LLC
Peoria, Illinois

and

**OSF Healthcare System** 

(d/b/a Saint Francis Medical Center)

## CERTIFICATE OF EXEMPTION PERMIT APPLICATION

to

Change the Ownership of the Assets of

Musculoskeletal Surgery Center, LLC (d/b/a Great Plains Orthopedic Ambulatory Surgery Center)

On behalf of the co-applicants

Center for Health Ambulatory Surgery Center, LLC

Peoria, Illinois

and

**OSF Healthcare System** 

(d/b/a Saint Francis Medical Center)

January 10, 2018



Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2<sup>nd</sup> Floor
Springfield IL 62761

Re: Change of Ownership (CHOW)

**COE** Permit Application

Musculoskeletal Surgery Center, LLC; Peoria, Illinois (d/b/a Great Plains Ambulatory Surgery Center)

Dear Ms. Avery,

Center for Health Ambulatory Surgery Center, LLC (CFH) is a limited liability company that is a joint venture among OSF Healthcare System (d/b/a Saint Francis Medical Center, Peoria) and other minority members. These two organizations, the primary and secondary co-applicants respectively, propose to acquire certain assets and liabilities of Musculoskeletal Surgery Center, LLC, related to the ambulatory surgical treatment center known as Great Plains Ambulatory Surgery Center (Facility ID 7003146), located in Peoria, Illinois. Hence, the submission of this COE Permit Application.

CFH assumed responsibility for the day-to-day operations of Great Plains Ambulatory Surgery Center on January 3<sup>rd</sup>, 2018, under an Administrative Services Agreement dated January 1, 2018.

Our permit application processing fee in the amount of \$2,500.00 is enclosed.

Please contact me if you have any questions. I can be reached by e-mail at tfeldman@efhase.com or by telephone at 309-683-5480.

Sincerely

Thomas J. Feldman
Administrator

Enclosure:

Check Number 028159

CC: Mike Constantino, Supervisor, Project Review Section

Ed Parkhurst, Jr., PRISM Healthcare Consulting