

E-012-19

ORIGINAL

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
NICU APPLICATION FOR EXEMPTION**

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.**

RECEIVED

MAR 08 2019

Facility/Project Identification

Facility Name: HSHS St. John's NICU Modernization Project		
Street Address: 800 E. Carpenter Street		
City and Zip Code: Springfield, 62769		
County: Sangamon	Health Service Area: 3	Health Planning Area: E-01

HEALTH FACILITIES &
SERVICES REVIEW BOARD**Applicant(s) [Provide for each applicant (refer to Part 1130.220)]**

Exact Legal Name: St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis
Street Address: 800 E. Carpenter St.
City and Zip Code: Springfield, 62769
Name of Registered Agent: Amy Bulpitt
Registered Agent Street Address: 4936 Laverna Rd.
Registered Agent City and Zip Code: Springfield, 62707
Name of Chief Executive Officer: E.J. Kuiper
CEO Street Address: 800 E. Carpenter St.
CEO City and Zip Code: Springfield, 62769
CEO Telephone Number: (217) 535-3989

Type of Ownership of Applicants

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

- Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- 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.

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: Amy Bulpitt
Title: Vice President & General Counsel
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-9167
E-mail Address: amy.bulpitt@hshs.org
Fax Number: 217-523-0542

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

Name: Edwin W. Parkhurst, Jr.
Title: Managing Principal
Company Name: PRISM Healthcare Consulting
Address: 800 Roosevelt Road E-110, Glen Ellyn, IL 60137
Telephone Number: 630-790-1265 (office) 630-790-5089 (Direct)
E-mail Address: eparkhurst@consultprism.com
Fax Number: 630-790-2696

Post Exemption Contact

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

Name: Jill Tomich
Title: Strategic Planning Manager
Company Name: Hospital Sisters Health System
Address: 4936 Laverna Rd., Springfield, IL 62707
Telephone Number: (217) 492-6156
E-mail Address: jill.tomich@hshs.org
Fax Number: 217-523-0542

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**This Section must be completed for all projects.****Facility/Project Identification**

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City and Zip Code: Springfield, 62707	
Name of Registered Agent: Amy Bulpitt	
Registered Agent Street Address: 4936 Laverna Rd.	
Registered Agent City and Zip Code: Springfield, 62707	
Name of Chief Executive Officer: Mary Starmann-Harrison	
CEO Street Address: 4936 Laverna Rd.	
CEO City and Zip Code: Springfield, 62707	
CEO Telephone Number: (217) 788-6288	

Type of Ownership of Applicants

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|--|---|
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Street Address: 800 E. Carpenter Street		
City and Zip Code: Springfield, 62769		
County: Sangamon	Health Service Area: 3	Health Planning Area: E-01

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

Exact Legal Name: Hospital Sisters Services, Inc.	
Street Address: 4936 Laverna Rd.	
City and Zip Code: Springfield, 62707	
Name of Registered Agent: Amy Bulpitt	
Registered Agent Street Address: 4936 Laverna Rd.	
Registered Agent City and Zip Code: Springfield, 62707	
Name of Chief Executive Officer: Mary Starmann-Harrison	
CEO Street Address: 4936 Laverna Rd.	
CEO City and Zip Code: Springfield, 62707	
CEO Telephone Number: (217) 788-6288	

Type of Ownership of Applicants

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E-mail Address: jill.tomich@hshs.org
Fax Number: 217-523-0542

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

Address of Site Owner: 800 E. Carpenter St., Springfield, IL 62769

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.**APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.****Operating Identity/Licensee after the Project is Complete**

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

Exact Legal Name: St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

Address: 800 E. Carpenter St., Springfield, IL 62769

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

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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 ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

HSHS St. John's Hospital, 800 E. Carpenter St. Springfield, 62769, proposes to renovate, expand and modernize its 40-bed, licensed Level III Neonatal Intensive Care Unit (NICU). The NICU's 2017 ADC (AHQ Data) was 38.1 which justifies 51 NICU beds based on the State Agencies 75% occupancy criteria. 56 NICU beds will be developed in the proposed modernization project to accommodate recent peak utilization as well as to fully develop the available area.

The proposed modernization project will transition St. John's NICU from a fully pod-style unit to a combination of single / private, semi-private and smaller pod-style patient rooms. Bed capacity will increase from 40 beds to 56 beds. The entire 4th floor of St. John's Children's Hospital (SJCH) will be modernized to accommodate the expanded NICU.

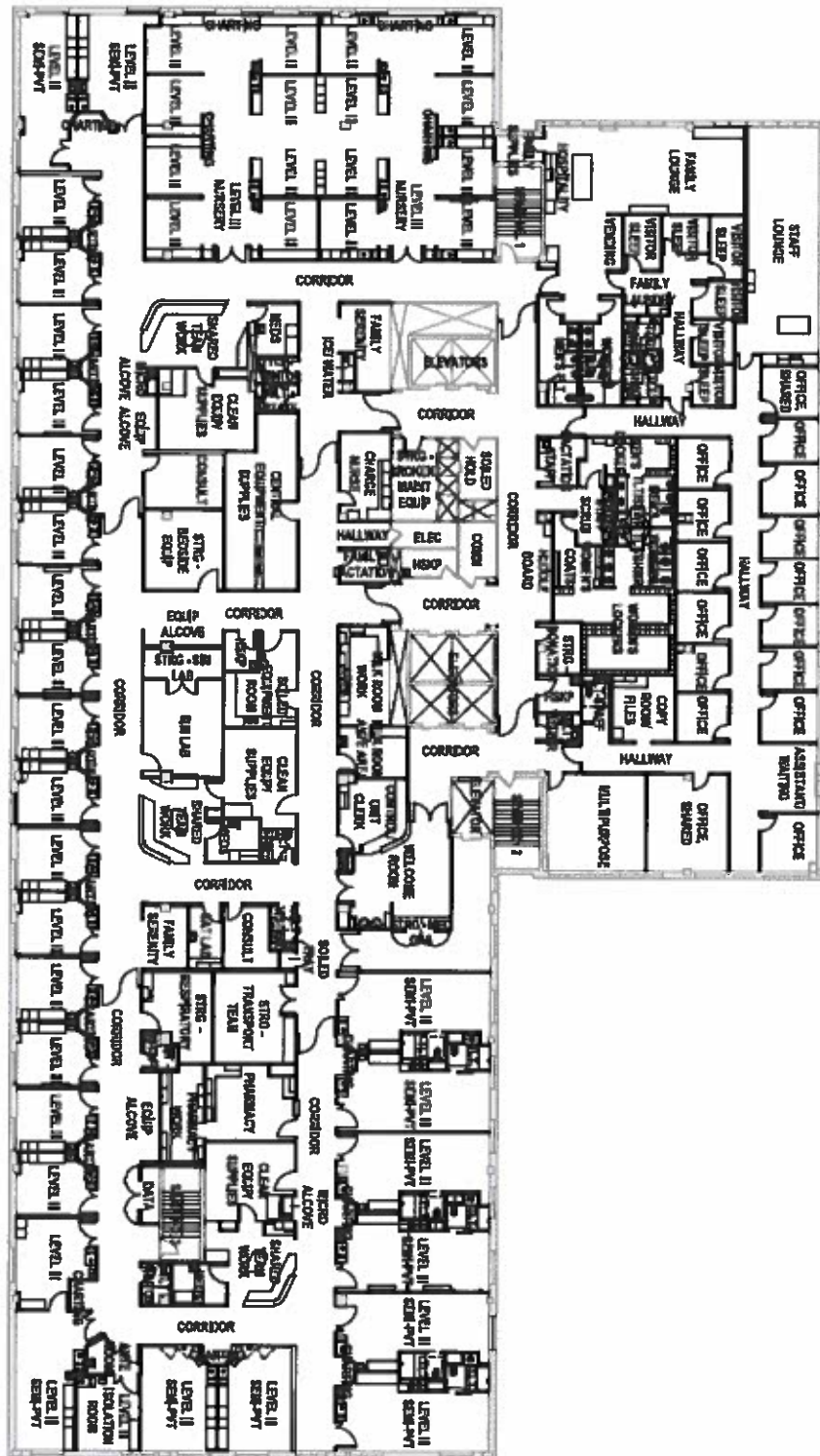
St. John's entire 4th floor will be modernized and updated to match today's standard of NICU patient care and new spaces will include:

- Single patient rooms
- Isolation patient room
- Semi-private, multi bed rooms
- Patient support areas
- Family support areas
- Staff support areas and offices
- Simulation lab

This project is substantive under Section 1110.20 of the Review Board's rules because it will increase the total number of beds in the NICU unit. (Section 1110.20 (c) (1) (c) (i))

See also the enclosed schematic concept on Page 9 which follows this narrative description.

Schematic Concept

Kahler Slater
architects

HSHS ST. JOHN'S HOSPITAL WCC 4TH FLOOR NICU

SCHEMATIC DESIGN

R1044 | 02/28/19

Project Costs and Sources of Funds

Please see pgs. 37-38 (Attachment 5).

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$ 94,788	\$ 40,623	\$ 135,411
Site Survey and Soil Investigation	\$ -	\$ -	\$ -
Site Preparation	\$ -	\$ -	\$ -
Off Site Work	\$ -	\$ -	\$ -
New Construction Contracts	\$ -	\$ -	\$ -
Modernization Contracts	\$ 8,297,195	\$ 3,582,180	\$ 11,879,375
Contingencies	\$ 706,754	\$ 302,894	\$ 1,009,648
Architectural/Engineering Fees	\$ 518,064	\$ 222,028	\$ 740,092
Consulting and Other Fees	\$ 174,740	\$ 74,888	\$ 249,628
Movable or Other Equipment (not in construction contracts)	\$ 2,102,000	\$ 184,503	\$ 2,286,503
Bond Issuance Expense (project related)	\$ -	\$ -	\$ -
Net Interest Expense During Construction (project related)	\$ -	\$ -	\$ -
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 79,376	\$ 34,018	\$ 113,394
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ 11,972,917	\$ 4,441,134	\$ 16,414,051
0			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ 11,972,917	\$ 4,441,134	\$ 16,414,051
Pledges	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -
Bond Issues (project related)	\$ -	\$ -	\$ -
Mortgages	\$ -	\$ -	\$ -
Leases (fair market value)	\$ -	\$ -	\$ -
Government Appropriations	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Other Funds and Sources	\$ -	\$ -	\$ -
TOTAL SOURCES OF FUNDS	\$ 11,972,917	\$ 4,441,134	\$ 16,414,051
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

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: \$ N/A
Fair Market Value: \$ N/A

Project Status and Completion Schedules

Outstanding Permits: Does the facility have any projects for which the State Board issued a permit that is not complete? Yes ☒ No ☐. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

1. **14-043** - St. Elizabeth's Hospital, O'Fallon- Hospital Replacement Project
2. **14-056** - St. Anthony's Hospital Ambulatory Care Center, Effingham
3. **16-053** - HSHS St. John's Hospital Women's and Children's Health Center Building, Springfield
4. **17-067** - HSHS St. John's Hospital, Springfield- 5th Floor Renovation Project
5. **17-022** - St. Anthony's Memorial Hospital Ambulatory Care Center, Effingham
6. **18-021** - St. Elizabeth's Hospital Radiation Oncology Clinic, O'Fallon

All projects listed above will be complete when the exemption that is the subject of this application is complete.

Anticipated exemption completion date (refer to Part 1130.570): **February 27, 2021**

State Agency Submittals

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
 - ☒ APORS
 - ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
 - ☒ All reports regarding outstanding permits
- Failure to be up to date with these requirements will result in the application being deemed incomplete.**

CERTIFICATION

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

- 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);
- 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
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis* 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.

SIGNATURE


E.J. Kuiper
PRINTED NAMECEO
PRINTED TITLE

SIGNATURE


Ann Carr
PRINTED NAMETreasurer
PRINTED TITLE

Notarization:


Subscribed and sworn to before me
this 28th day of February, 2019

Notarization:

Subscribed and sworn to before me
this 7th day of March, 2019

Signature of Notary

Seal


TAMMY G CASPAR
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 22, 2020

*Insert the EXACT legal name of the applicant

Signature of Notary

Seal


SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

CERTIFICATION

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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Hospital Sisters Services, Inc.* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application 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.

Mary Starmann-Harrison
SIGNATURE

Mary Starmann-Harrison
PRINTED NAME

CEO
PRINTED TITLE

Ann Carr
SIGNATURE

Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1st day of March, 2019

Notarization:
Subscribed and sworn to before me
this 7 day of March, 2019

Sylvia Rebecca Gansz
Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020
*Insert the EXACT legal name of the applicant

Sylvia Rebecca Gansz
Signature of Notary

Seal

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

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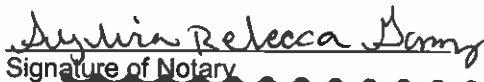
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SIGNATURE


Mary Starmann-Harrison
PRINTED NAME

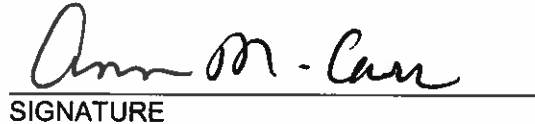
CEO
PRINTED TITLE

Notarization:
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this 1st day of March, 2019


Signature of Notary

Seal



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My Commission Expires Apr 17, 2020
*Insert the EXACT legal name of the applicant


SIGNATURE


Ann Carr
PRINTED NAME

Treasurer
PRINTED TITLE

Notarization:
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this 7th day of March, 2019


Signature of Notary

Seal


SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

SECTION II. BACKGROUND

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT- Please see pgs. 39-43 (Attachment 6).

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.

There are no adverse actions to report. Please see the certification letter on p. 43 (Attachment 6).

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.**

Please see the certification letter on p. 43 (Attachment 6).

4. If, during a given calendar year, an applicant submits more than one application for exemption, 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.

N/A- This is the first application for exception that this applicant is submitting this calendar year.

APPEND DOCUMENTATION AS ATTACHMENT 6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 7.

SECTION III. SERVICE SPECIFIC REVIEW CRITERIA**Criterion 1130.531 Requirements for Exemptions for the Establishment or Expansion of Neonatal Intensive Care Service and Beds**

This Section is applicable to all projects proposing the establishment, or expansion of Neonatal Intensive Care Service that are subject to CON review, as provided in the Illinois Health Facilities Planning Act [20 ILCS 3960]. It is comprised of information requirements, as well as charts for the service, indicating the review criteria that must be addressed for each action (establishment, expansion and modernization).

A. Criterion 1130.531 - Neonatal Intensive Care Services

Please see p. 44 (Attachment 7).

1. Applicants proposing to establish, expand and/or modernize the Neonatal Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Neonatal Intensive Care	40	56

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand
1130.531(a) - A description of the project that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed;	X	X
1130.531(b) - Verification that a final cost report will be submitted to the Agency no later than 90 days following the anticipated project completion date;	X	X
1130.531(c) - Verification that failure to complete the project within the 24 months after the Board approved the exemption will invalidate the exemption.	X	X

APPEND DOCUMENTATION AS ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS [20 ILCS 3960/5.4]: See pgs. 46-47 (Attachment 8).

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

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

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

A table in the following format must be provided as part of Attachment 8 (see page 47).

Safety Net Information			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)	Year	Year	Year
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Medicaid (revenue)	Year	Year	Year
Inpatient			
Outpatient			
Total			

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

SECTION V. CHARITY CARE INFORMATION

Charity Care information **MUST** be furnished for **ALL** substantive projects.

See p. 48 (Attachment 9).

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

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

A table in the following format must be provided for all facilities as part of Attachment 9.

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

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

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

INDEX OF ATTACHMENTS			
ATTACHMENT NO.			PAGES
1	Applicant Identification including Certificate of Good Standing		20-22
2	Site Ownership		23-34
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		35
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		36
5	Project and Sources of Funds Itemization		37-38
6	Background of the Applicant		39-43
7	Neonatal Intensive Care Services		44-45
8	Safety Net Impact Statement		46-47
9	Charity Care Information		48
	Additional Requirements		
10	Flood Plain Requirements		49-50
11	Historic Preservation Requirements		51-52

Attachment 1- Certificate of Good Standing

File Number

3528-156-8



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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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 #: 1835201806 verifiable until 10/20/2019
Authenticate at: <http://www.sgsen.state.il.us>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of OCTOBER A.D. 2018 .***

Jesse White

SECRETARY OF STATE

File Number**5163-355-5**

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

HOSPITAL SISTERS HEALTH SYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 26, 1978, 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.



Authenticaton #: 1433201800 verifiable until 10/23/2018
Authenticates 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 29TH day of OCTOBER A.D. 2018 .

Jesse White

SECRETARY OF STATE

File Number

5325-639-2



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

HOSPITAL SISTERS SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 04, 1983, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1830201905 verifiable until 10/29/2019
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 29TH day of OCTOBER A.D. 2018 .

Jesse White

SECRETARY OF STATE

Attachment 2- Site Ownership

JUN 17 2009 10:07AM

CHICAGO TITLE

NO. 533

P. 2

ALTA Form - 1966

Commitment

American Land Title Association

**REVISED****Chicago Title Insurance Company***Providing Title Related Services Since 1847*

CHICAGO TITLE INSURANCE COMPANY, a Nebraska corporation, herein called the Company, for a valuable consideration, hereby commits to issue its policy/ies of title insurance, as identified in Schedule A (which policy or policies cover title risks and are subject to the Exclusions from Coverage and the Conditions and Stipulations as contained in said policy/ies) in favor of the Proposed Insured named in Schedule A, as owner or mortgagee of the estate or interest in the land described or referred to in Schedule A, upon payment of the premiums and charges therefor, all subject to the provisions of Schedules A and B hereof and to the "American Land Title Association Commitment - 1966" Conditions and Stipulations which are hereby incorporated by reference and made a part of this Commitment. A complete copy of the Commitment Conditions and Stipulations is available upon request and include, but are not limited to, the proposed Insured's obligation to disclose, in writing, knowledge of any additional defects, liens, encumbrances, adverse claims or other matters which are not contained in the Commitment; provisions that the Company's liability shall in no event exceed the amount of the policy/ies as stated in Schedule A hereof, must be based on the terms of this Commitment, shall be only to the proposed Insured and shall be only for actual loss incurred in good faith reliance on this Commitment; and provisions relating to the General Exceptions, to which the policy/ies will be subject unless the same are disposed of to the satisfaction of the Company.

This Commitment shall be effective only when the identity of the proposed Insured and the amount of the policy or policies committed for have been inserted in Schedule A hereof by the Company, either at the time of the issuance of this Commitment or by issuance of a revised Commitment.

This Commitment is preliminary to the issuance of such policy or policies of title insurance and all liability and obligations hereunder shall cease and terminate six months after the effective date hereof or when the policy or policies committed for shall issue, whichever first occurs, provided that the failure to issue such policy or policies is not the fault of the Company.

This Commitment is based upon a search and examination of Company records and/or public records by the Company. Utilization of the information contained herein by an entity other than the Company for the purpose of issuing a title commitment or policy or policies shall be considered a violation of the proprietary rights of the Company of its search and examination work product.

This commitment shall not be valid or binding until signed by an authorized signatory.

Issued By:

CHICAGO TITLE INSURANCE COMPANY
1043 SOUTH FIFTH STREET
SPRINGFIELD, IL 62703

Refer Inquiries To:
(217) 789-8863

Fax Number:
(217) 789-9898



CHICAGO TITLE INSURANCE COMPANY

By

Authorized Signatory

Commitment No.:

710104374

JUL 17, 2008 10:07AM

CHICAGO TITLE

NO. 533 P. 3

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A**

YOUR REFERENCE:

ORDER NO.: 1271 710104374 SPR

EFFECTIVE DATE: JUNE 2, 2008

1. POLICY OR POLICIES TO BE ISSUED:

OWNER'S POLICY: ALTA OWNERS 2006
AMOUNT: TO COME
PROPOSED INSURED: St. John's Hospital of the Hospital Sisters of the Third
Order of St. Francis

2. THE ESTATE OR INTEREST IN THE LAND DESCRIBED OR REFERRED TO IN THIS COMMITMENT AND COVERED HEREIN IS A FEE SIMPLE UNLESS OTHERWISE NOTED.**3. TITLE TO SAID ESTATE OR INTEREST IN SAID LAND IS AT THE EFFECTIVE DATE VESTED IN:**

St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis

4. MORTGAGE OR TRUST DEED TO BE INSURED:

NONE

JUN.17.2003 10:07AM

CHICAGO TITLE

NO. 533 P. 4

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

5. THE LAND REFERRED TO IN THIS COMMITMENT IS DESCRIBED AS FOLLOWS:

Parcel I:

The property bounded on the North by the South line of Carpenter Street, on the South by the North line of Mason Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as:

All of Blocks 5 & 6 of J. Adams Addition lying South of the South line of Carpenter Street,

Lots 1, 2, 3 and 4 of J. Leber's Addition.

Block 2 of J. Mitchell's Addition.

Lots 6, 7, 8, 9, 10 and 11 of Block 1 of J. Mitchell's Addition.

Lots 1, 2, 3, 4, 5, 6, 12, 13, 14, 15 and 16 of Block 12 of Wells and Peck's Addition.

Block 3 of J. Mitchell's Addition, (except leased portion per tax assessment bill).

Block 4 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 13 of Wells and Peck's Addition, in Springfield, Sangamon County, Illinois.

Parcel II:

The property bounded on the North by the North line of Mason Street, on the South by the North line of Madison Street, on the West by the East line of Seventh Street and on the East by the West line of Ninth Street, legally described as follows:

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 5 of J. Mitchell's Addition and Lots 1, 2, 3, 4, 5, 12, 13, 14, 15 and 16 of Block 18 of Wells and Peck's Addition, including the vacated alley lying therein.

All of the lots of Block 6 of J. Mitchell's Addition, in Springfield, Sangamon County, Illinois, (except 36 $\frac{1}{2}$ of land value and office area as per tax assessor bill), including the vacated alley lying therein.

Parcel III:

The property bounded on the North by Reynolds, on the South by Madison, on the East by 7th Street and on the West by 6th Street, legally described as:

All of the lots of Block 1 of E. Mitchell's Addition, including the vacated alley lying within.

All of the lots of Block 2 of E. Mitchell's Addition, (except 24 $\frac{1}{2}$ taxable portion

CONTINUED ON NEXT PAGE

JUN. 17. 2008 10:05AM

CHICAGO TITLE

NO. 533 P.S

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

as per real property tax assessment bill).

Parcel IV:

Block 11 of Wells and Peck's Addition.

Lots 5, 6, 7, 8, 9, 10, 11 and 12 of Block 14 of Wells and Peck's Addition.

Lots 4, 5, 6, 7, 8, 9, 10, 11, 12 and 13 of Block 17 of Wells and Peck's Addition.

Lots 1, 2, 3, 4, 13, 14, 15 and 16 of Block 3 of J. Whitney's Addition, in Springfield, Sangamon County, Illinois.

Parcel V:

St. John's Centrum North - Tract A: (Parcel I and II) The North 50 feet of Lot 4, the South 10 feet of Lot 5 and the North 70 feet of Lot 5, all in John Taylor's Northwest Addition to the City of Springfield, according to the plat thereof recorded August 15, 1833 in Plat Book 6 on page 100. Also, that part of the East 9 feet of Lot 49 in Assessor's Subdivision of part of the West Half of Section 27 and part of the East Half of Section 28, according to the plat thereof recorded October 7, 1868 in Plat Book 8 on page 20, lying South of the Westerly extension of the North line of Lot 5 in said John Taylor's Northwest Addition and lying North of the Westerly extension of the North line of the South 10 feet of said Lot 5, being in Township 16 North, Range 5 West of the Third Principal Meridian, Sangamon County, Illinois, and more particularly described as follows:

Commencing at the Southeast corner of Lot 1 of said John Taylor's Northwest Addition; thence North 00 degrees 11 minutes 32 seconds East along the East line of said John Taylor's Northwest Addition, 271.15 feet to the Southeast corner of the North 50 feet of said Lot 4, said point being the point of beginning; thence South 89 degrees 52 minutes 18 seconds West along the South line of the North 50 feet of said Lot 4, 161.02 feet to the Southwest corner of the North 50 feet of said Lot 4; thence North 00 degrees 13 minutes 44 seconds East along the West line of said John Taylor's Northwest Addition, 60.00 feet to the Northwest corner of the South 10 feet of said Lot 5; thence South 89 degrees 52 minutes 18 seconds West along the North line of the South 10 feet of said Lot 5 extended, 9.00 feet; thence North 00 degrees 13 minutes 44 seconds East along the West line of the East 9 feet of said Lot 49, 70.19 feet to a point on the North line of said Lot 5 extended; thence North 89 degrees 50 minutes 23 seconds East along said North line, 9.00 feet to the Northwest corner of said Lot 5; thence North 89 degrees 50 minutes 23 seconds East along the North line of said Lot 5, 160.94 feet to the Northeast corner of said Lot 5; thence South 00 degrees 11 minutes 32 seconds West along the East line of said John Taylor's Northwest Addition, 130.29 feet to the point of beginning.

Parcel VI:

St John's North - Lots 1, 2, 3 and 4 of Assessors Sub of 1914; Lots 11, 12 and 13 of Block 5, Lots Wells and Peck Addition; Lots 9 and 10 of J. Adams Addition, Block 4.

Parcel VII:

Lots 3, 4, 5, 6, 7 and 8 of Block 2 of J. Adams.

Parcel IX:

JUN.17.2008 10:03AM

CHICAGO TITLE

NO.533 P.6

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE A (CONTINUED)**

ORDER NO.: 1271 710104374 57R

Reynolds Street, between Seventh Street and Ninth Street, Eighth Street between Carpenter Street and the South side of Reynolds Street, Mason Street between the East line of Seventh Street and the West line of Ninth Street and Eighth Street between the North line of Mason Street and the North line of Madison Street have been vacated and thus is the property of St. John's Hospital (Mason Street Vacation Ordinance 124-2-86).

Parcel X:

Lot 1 James Adams Addition;

Lots 1, 2, 4, 5 and 6, 7 and 8 and the South 40 feet of Lot 3 E. Mitchell's Addition;

Lot 2 of Assessor's Subdivision of part of the South Half of Section 27 and of the North Half of Section 34.

Parcel XI:

Lots 1, 2, 3, 4, 13, 14, 15, 16 and part of a vacated alley in Block 14 of Wells and Peck's Addition.

Parcel XII:

Air rights lease as per ordinance 124-2-86 providing for an elevated, enclosed pedestrian walkway across 7th Street between Parcels III and Parcel XI, all conditions pertaining thereto.

All parcels located in Sangamon County, Illinois.

JUN.17.2008 10:08AM

CHICAGO TITLE

NO.533 P.7

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B**

ORDER NO.: 1271 710104374 SPR

GENERAL EXCEPTIONS

The owner's policy will be subject to the following exceptions:

- (1) rights or claims of parties in possession not shown by the public records;
- (2) encroachments, overlaps, boundary line disputes and any matters which would be disclosed by an accurate survey and inspection of the premises;
- (3) easements, or claims of easements, not shown by the public records;
- (4) any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
- (5) taxes or special assessments which are not shown as existing liens by the public records.

SCHEDULE B

Schedule B of the policy or policies to be issued will not insure against loss or damage (and the Company will not pay costs, attorneys' fees or expenses) which arise by reason of those matters appearing on the commitment jacket, the applicable General Exceptions (see above), and, if an owner's policy is to be issued, the encumbrance, if any, shown in Schedule A, and exceptions to the following matters unless the same are disposed of to the satisfaction of the Company:

1. Defects, liens, encumbrances, adverse claims or other matters, if any, created, first appearing in the public records or attaching subsequent to the effective date hereof but prior to the date the Proposed Insured acquires for value of record the estate or interest or mortgage thereon covered by this Commitment.
2. An ALTA Loan Policy will be subject to the following exceptions (a) and (b), in the absence of the production of the data and other essential matters described in our Form 3735:
 - (a) Any lien, or right to a lien, for services, labor, or material heretofore or hereafter furnished, imposed by law and not shown by the public records;
 - (b) Consequences of the failure of the lender to pay out properly the whole or any part of the loan secured by the mortgage described in Schedule A, as affecting:
 - (i) the validity of the lien of said mortgage, and
 - (ii) the priority of the lien over any other right, claim, lien or encumbrance which has or may become superior to the lien of said mortgage before the disbursement of the entire proceeds of the loan.
3. Taxes for the years 2008, not yet due and payable.
Taxes for the year 2007 are as follows:
 - I.
 - 14-27-337-032 (exempt)
 - 14-27-337-034 (exempt)
 - 14-27-409-011 (exempt)
 - 14-27-413-001 (exempt)
 - 14-27-413-003 (exempt)

JUN. 17. 2008 10:08AM

CHICAGO TITLE

NO. 533 P. 8

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

14-27-413-011 (exempt)

II.

14-27-337-031 (exempt)

14-27-337-033 (exempt)

14-27-378-012 (exempt)

14-27-378-014 (exempt)

III.

14-27-336-003 (exempt)

14-27-336-004 (exempt)

14-27-336-014 (exempt)

14-27-336-015 (exempt)

14-27-377-011 (exempt)

IV.

14-27-410-009 (exempt)

14-27-410-020 (exempt)

14-27-414-016 (exempt)

14-27-451-021 (exempt)

14-27-451-022 (exempt)

V.

14-27-308-020 2007 taxes \$43,278.00 and are ONE HALF PAID. (\$21,639.00)

14-27-308-033 2007 taxes \$ 1,525.34 and are ONE HALF PAID. (\$ 762.67)

14-27-308-037 2007 taxes \$ 70.60 and are ONE HALF PAID. (\$ 35.30)

VI.

14-27-333-008 (exempt)

VII.

14-27-328-009 (exempt)

14-27-328-010 (exempt)

IX.

14-27-337-032 (Part) (exempt)

14-27-337-033 (Part) (exempt)

X.

14-27-335-022 (exempt)

14-27-335-005 (exempt)

14-27-335-006 (exempt)

14-27-335-007 (exempt)

14-27-335-008 (exempt)

14-27-335-009 (exempt)

14-27-335-010 (exempt)

14-27-335-015 (exempt)

14-27-335-017 (exempt)

14-27-335-021 (exempt)

XI.

14-27-414-012 (exempt)

ac 4. At customer request, we have examined the following alleyways and state an

JUN. 17. 2009 10:09AM

CHICAGO TITLE

NO. 533 P. 9

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

follows:

A. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Reynolds Street and Mason Street, designated "4A" on the map attached as "Alleyways". We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

B. Alleyway running North and South, mid-block, between Sixth Street and Seventh Street, Carpenter Street and Reynolds Street, designated "4B" on the map attached as "Alleyways". We find no recorded document vacating said alley. The properties lying to the East and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis. The properties lying to the West and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis (as to the Southern portion, lots 14-27-335-005, 006, 007, 008, 009 & 010) and owned by the Salvation Army (as to the Northern portion, Lots 14-27-335-001, 002, 003 & 004).

C. Alleyway running East and West, mid-block off of 19th Street, between Reynolds Street and Mason Street (vacated), designated "4C" on the map attached as "Alleyways". We find said alley to have been vacated pursuant to document recorded as Doc. #483035.

D. Alleyway running East and West, mid-block between 9th Street and 10th Street, Reynolds Street and Mason Street (vacated), designated "4D" on the map attached as "Alleyways". We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

E. Alleyway running East and West, mid-block between 9th Street & 10th Street, Mason Street (vacated) and Madison Street, designated "4E" on the map attached as "Alleyways". We find no recorded document vacating said alley. The properties lying on both sides and adjacent to said alley are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis.

or 5. At customer's request, we have examined the foregoing parcels and state as follows:

A. On Reynolds Street, between Sixth & Seventh Streets, the properties lying on both sides of Reynolds Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:

North Side:

14-27-335-009
14-27-335-010
14-27-335-021

South Side:

14-27-336-014
14-27-336-003
14-27-336-004

B. On Reynolds Street, between Ninth Street and the railroad tracks, the properties lying on both sides of Reynolds Street are owned by St. John's Hospital of the Hospital Sisters of the Third Order of St. Francis, comprising the following:

North Side:

14-27-410-009

JUN.17.2028 10:09AM

CHICAGO TITLE

NO.533 P.10

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

14-27-410-020

South Side:

14-27-414-012

14-27-414-016.

Said parcels are noted on the map attached as "Reynolds Street Vacation".

- AN 6. Lease recorded April 12, 2005 as document 2005R13750 by St. John's Hospital to Subway Real Estate. (Affects Parcel I).
- AO 7. Reservation by the Illinois Central Gulf Railroad Company of the right for continued maintenance, replacement and use of all existing conduits, sewer, water mains, gas lines, electric power lines, wires and other utilities and easements on said premises whether or not of record including the repair, reconstruction and replacement thereof and Grantee agrees not to interfere with the rights herein reserved or any facilities used pursuant thereto, as disclosed by Quit Claim Deed recorded December 22, 1975 in Book 690 of Deeds at page 503 as Document Number 374430. (For further particulars, see record.) (Affects Parcel V).
- AP 8. NOTE: Concerning the removal of minerals under the North 50 feet of the Lot 4 and the South 10 feet of Lot 5, we find the following in a Quit Claim Deed recorded December 22, 1975 in Book 690 at page 503 as Document Number 374430 running from Illinois Central Gulf Railroad Co. to Martin Tisckow and Marinilla Tisckos: "Grantor will release for itself, its successors or assigns, the Grantor, its successors or assigns, from any liability for any damages attributable to removing said minerals and this release shall run with the land. (For further particulars, see record.) (Affects Parcel V).
- AO 9. Reservation contained in Quit Claim Deed dated September 30, 1986 and recorded October 15, 1986 as Document Number 41294, made by Illinois Central Gulf Railroad Company, a Delaware corporation, Grantor, to Peter Albanese, as follows:
Grantor reserves for itself, its successors and assigns, all coal, oil, gas, ores, and any other minerals whether similar or dissimilar or now known to exist or hereafter discovered of every kind in, on or under said premises, together with the right at any time to explore, drill for, mine, remove and market all such products in any manner which will not damage structures on the surface of the premises. Grantee will release itself, its successors or assigns for any damages attributable to removing said minerals and this release shall run with the land. (Affects Parcel V).
- AN 10. Encroachment of improvement from Tract A over and across the West line of Tract A as shown on unrecorded survey dated May 14, 1996 by Vasconcelles Engineering Corporation being Job No. 480-951 (being shown therein as "Detail C"). (Affects Parcel V).
- AS 11. Terms, provisions, conditions and limitations contained in the Parking, Ingress and Egress Easement dated May 24, 1996 and recorded May 24, 1996 as Document Number 96-21015. (For further particulars, see record.) (Affects

JUN. 17. 2008 10:09AM

CHICAGO TITLE

NO. 533 P. 11

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

Parcel V).

- AT 12. Rights of other parties to the Parking and Ingress and Egress Agreement recorded May 24, 1996 as Document Number 96-21015 to the concurrent use thereof, as specified in said agreement. (For further particulars, see record.) (Affects Parcel V).
- AO 13. We find no conveyance of title to Lots 9 and 10 of Block 4, although the Tax Assessment billing indicates that ownership lies with St. John's Hospital. (Affects Parcel VI).
- AX 14. Note: The following item, while appearing on this commitment/policy, is provided solely for your information.
The following environmental disclosure document(s) for transfer of real property appear of record which include a description of the land insured or a part thereof:
Document Number: 90J011341 Date of Recording: May 3, 1990
Document Number: 92054679 recorded December 30, 1992.
(Affects Parcel XI).
- BL 15. Illinois EPA Letter of Remediation recorded July 5, 2005 as Document 2005R26804. (Affects Parcel XI).
- BY 16. Terms, conditions and provisions contained in an air rights lease as provided in Ordinance 124-2-86. (Affects Parcels II, III and XIII).
- EN 17. Confirmed special assessments, if any, constructive note of which is not imparted by the records of the Recorder of Deeds.

NOTE: Drainage assessments, drainage taxes, water rentals and water taxes are included in General Exception (5) herein before shown and should be considered when dealing with the land.

Financing Statements, if any.

Rights of the public, the State of Illinois, the county, the township and the municipality in and to that part of the premises in question taken, used or dedicated for roads or highway.

Rights of way for drainage ditches, drain tiles, feeders, laterals and underground pipes, if any.

Rights of parties in possession, encroachments, overlaps, boundary line disputes, and any such matters as would be disclosed by an accurate survey and inspection of the land, and easements or claims of easements not shown by the public records.

- AO 18. Note: It appears that the amount of insurance stated in Schedule A may be less than 80 percent of the lesser of: (1) the value of the insured estate or

JUN 17 2008 10:10AM

CHICAGO TITLE

NO. 533

P. 12

**CHICAGO TITLE INSURANCE COMPANY
COMMITMENT FOR TITLE INSURANCE
SCHEDULE B (CONTINUED)**

ORDER NO.: 1271 710104374 SPR

interest or (2) the full consideration paid for the land. Your attention is directed to those provisions of paragraph 7(b) of the conditions and stipulations of the owner's policy which provide that in such case, the company may only be obligated to pay part of any loss insured against under the terms of the policy.

The above note is shown for your information with respect to the owner's policy only and will not appear on such policy. Nevertheless, such omission should not be construed to mean that such policy is not subject to those provisions of Paragraph 7(b) of the conditions and stipulations referred to in the note. If, however, the note is stamped "waived" on the face of this commitment, such waiver shall be deemed an acknowledgment by the company that the amount of insurance stated in schedule a herein is, for the purposes of said paragraph 7(b), not less than 80 percent of the lesser of the value of the insured estate or interest or the full consideration paid for the land.

- so 19. We note reference to the possible vacation of the alley running North and South through Block 3 of E. Mitchell's Addition to the City of Springfield, in favor of St. John's Hospital. We find no evidence of said vacation at this time. (Affects Parcel X).
- ac 20. Easement Agreement for Ingress and Egress recorded August 23, 2005 as Document 2005R34346, by and between St. John's Hospital and The Salvation Army, providing for use by the Salvation Army of an easement lying within Parcel X herein.
- av 21. NOTE: Do to time constraints and parameters established by the Owner, the search results and examination conducted herein are preliminary, and cannot be relied upon for the insurance of an Owners or Lenders Policy at this time.
- ax 22. Copies of the commitment have been sent to:

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Richard Wilderson

Graham And Graham
1201 South 8th Street
Springfield, Illinois 62703
Nancy Martin

JUL 17, 2008 10:10AM CHICAGO TITLE

NO. 533 P. 13

Effective Date: May 1, 2008

**Fidelity National Financial, Inc.
Privacy Statement**

Fidelity National Financial, Inc. and its subsidiaries ("FNF") respect the privacy and security of your non-public personal information ("Personal Information") and protecting your Personal Information is one of our top priorities. This Privacy Statement explains FNF's privacy practices, including how we use the Personal Information we receive from you and from other specified sources, and to whom it may be disclosed. FNF follows the privacy practices described in the Privacy Statement and, depending on the business performed, FNF companies may share information as described herein.

Personal Information Collected

- We may collect Personal Information about you from the following sources:
- Information we receive from you on applications or other forms, such as your name, address, social security number, tax identification number, asset information and income information;
- Information we receive from you through our Internet websites, such as your name, address, Internet Protocol address, the website links you used to get to our website, and your activity while using or reviewing our websites.
- Information about your transactions with or services performed by us, our affiliates, or others, such as information concerning your policy, premiums, payment history, information about your home or other real property, information from lenders and other third parties involved in such transactions, account balances, and credit card information; and
- Information we receive from consumer or other reporting agencies and publicly recorded.

Disclosure of Personal Information

- We may provide your Personal Information (including information we receive from our consumer or other credit reporting agencies) to various individuals and companies, as permitted by law, without obtaining your prior authorization. Such laws do not allow consumers to restrict these disclosures. Disclosures may include, without limitation, the following:
- To insurance agents, brokers, representatives, support organizations, or others to provide you with services you have requested, and to enable us to detect or prevent criminal activity, fraud, material misrepresentation, or nondisclosure in connections with an insurance transaction;
- To third-party contractors or service providers for the purpose of determining your eligibility for an insurance benefit or payment and/or providing you with services you have requested;
- To an insurance regulatory, or law enforcement or other governmental authority, in a civil action, in connection with a subpoena or a governmental investigation;
- To companies that perform marketing services on our behalf or to other financial institutions with which we have had joint marketing agreements and/or
- To lenders, lien holders, judgement creditors, or other parties claiming an encumbrance or an interest in title whose claim or interest must be determined, settled, paid or released prior to a title or escrow closing.

We may also disclose your Personal Information to others when we believe, in good faith, that such disclosure is reasonably necessary to comply with the law or to protect the safety of our customers, employees, or property and/or to comply with a judicial proceeding, court order or legal process.

Disclosure to Affiliated Companies - We are permitted by law to share your name, address and facts about your transaction with other FNF companies, such as insurance companies, agents, and other real estate service providers to provide you with services you have requested, for marketing or product development research, or to market products or services to you. We do not, however, disclose information we collect from consumer or credit reporting agencies with our affiliates or others without your consent, in conformity with applicable law, unless such disclosure is otherwise permitted by law.

Disclosure to Non-Affiliated Third Parties - We do not disclose Personal Information about our customers or former customers to nonaffiliated third parties, except as outlined herein or as otherwise permitted by law.

Confidentiality and Security of Personal Information

We restrict access to Personal Information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulation to guard Personal Information.

Access to Personal Information/

Requests for Correction, Amendment, or Deletion of Personal Information

As required by applicable law, we will afford you the right to access your Personal Information under certain circumstances to find out to whom your Personal Information has been disclosed, and request correction or deletion of your Personal Information. However, FNF's current policy is to maintain customers' Personal Information for no less than your state's required record retention requirements for the purpose of handling future claims.

For your protection, all requests made under this section must be in writing and must include your notarized signature to establish your identity. Where permitted by law we may charge a reasonable fee to cover the costs incurred in responding to such requests. Please send requests to:

Chief Privacy Officer
Fidelity National Financial, Inc.
601 Riverside Avenue
Jacksonville, FL 32204

Changes to this Privacy Statement

This Privacy Statement may be amended from time to time consistent with applicable privacy laws. When we amend this Privacy Statement, we will post a notice of such changes on our website. The effective date of this Privacy Statement, as stated above, indicates the last date this Privacy Statement was revised or materially changed.

Attachment 3- Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership

File Number

3528-156-8



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

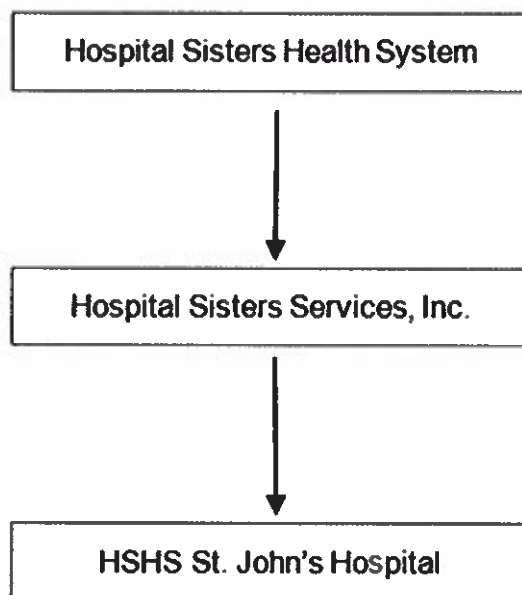
ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1837001826 verifiable until 10/29/2019
Authenticating url: <http://www.sos.state.il.us>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of OCTOBER A.D. 2018 .***

Jesse White
SECRETARY OF STATE

Attachment 4- Organizational Relationships

Attachment 5- Project and Sources of Funds Itemization

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$ 94,788	\$ 40,623	\$ 135,411
Site Survey and Soil Investigation	\$ -	\$ -	\$ -
Site Preparation	\$ -	\$ -	\$ -
Off Site Work	\$ -	\$ -	\$ -
New Construction Contracts	\$ -	\$ -	\$ -
Modernization Contracts	\$ 8,297,195	\$ 3,582,180	\$ 11,879,375
Contingencies	\$ 706,754	\$ 302,894	\$ 1,009,648
Architectural/Engineering Fees	\$ 518,064	\$ 222,028	\$ 740,092
Consulting and Other Fees	\$ 174,740	\$ 74,888	\$ 249,628
Movable or Other Equipment (not in construction contracts)	\$ 2,102,000	\$ 184,503	\$ 2,286,503
Bond Issuance Expense (project related)	\$ -	\$ -	\$ -
Net Interest Expense During Construction (project related)	\$ -	\$ -	\$ -
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	\$ -
Other Costs To Be Capitalized	\$ 79,376	\$ 34,018	\$ 113,394
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	\$ -
TOTAL USES OF FUNDS	\$ 11,972,917	\$ 4,441,134	\$ 16,414,051
0			
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$ 11,972,917	\$ 4,441,134	\$ 16,414,051
Pledges	\$ -	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -	\$ -
Bond Issues (project related)	\$ -	\$ -	\$ -
Mortgages	\$ -	\$ -	\$ -
Leases (fair market value)	\$ -	\$ -	\$ -
Government Appropriations	\$ -	\$ -	\$ -
Grants	\$ -	\$ -	\$ -
Other Funds and Sources	\$ -	\$ -	\$ -
TOTAL SOURCES OF FUNDS	\$ 11,972,917	\$ 4,441,134	\$ 16,414,051
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Attachment 5- Continued

Itemization	
Consulting and Other Fees	\$249,628
Project Management	\$43,936
Equipment Planning	\$85,000
Preconstruction Services	\$18,938
Legal	\$33,788
Reimbursables	\$57,966
CON Consulting	\$10,000
Movable or Other Equipment	\$2,286,503
Security System	\$151,503
Medical Equipment	\$1,200,000
Computer Equipment	\$440,000
Television Equipment	\$25,000
Nurse Call Equipment	\$15,000
Furniture and Furnishings	\$400,000
A/V and Artwork	\$55,000
Other Costs to be Capitalized	\$113,394
CON Expense	\$3,000
Testing	\$110,394

Attachment 6- Background of the Applicant

BACKGROUND OF APPLICANT

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

Facility	Location	Illinois License Number	Expiration Date	Joint Commission Accreditation Number
St. John's Hospital	Springfield	0002451	6/30/19	ID #7432
St. Elizabeth's Hospital	O'Fallon	0006064	11/03/19	ID #7242
St. Anthony's Memorial Hospital	Effingham	0002279	12/31/19	ID #7335
St. Joseph's Hospital	Highland	0005892	8/22/19	ID #2825
St. Francis Hospital	Litchfield	0002386	12/31/19	ID #7374
St. Joseph's Hospital	Breese	0002527	6/30/19	ID #7250
St. Mary's Hospital	Decatur	0002592	6/30/19	ID #4605
HSHS Holy Family Hospital	Greenville	0005355	10/25/19	*ID #189268
HSHS Good Shepherd Hospital	Shelbyville	0002154	6/30/19	**

*Accredited by HFAP (Health Facilities Accreditation Program)

**NIAHO Hospital Accreditation Program Certificate Number 151512 – 2014 – AHC – USA – NIAHO

Illinois Department of PUBLIC HEALTH HF115865

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D., J.D.
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LIC NUMBER
6/30/2019	General Hospital	0002451

Effective: 07/01/2018

St. John's Hospital
800 East Carpenter Street
Springfield, IL 62769

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. 648240 SM 5/15

DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2019

Lic Number 0002451

Date Printed 5/15/2018

St. John's Hospital

800 East Carpenter Street
Springfield, IL 62769

FEE RECEIPT NO.

St. John's Hospital

Springfield, 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

November 19, 2016

Accreditation is customarily valid for up to 36 months.


Craig M. Jones, FACHE
Chair, Board of Commissioners

ID #7432
Print/Reprint Date: 03/14/2017


Mark R. Chassin, MD, FACP, MPP, MPH
President

The Joint Commission is an independent, not-for-profit national body that oversees 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 at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at www.jointcommission.org.



File Number

3528-156-8



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

ST. JOHN'S HOSPITAL OF THE HOSPITAL SISTERS OF THE THIRD ORDER OF ST. FRANCIS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 03, 1955, 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 #: 1837201826 verifiable until 10/29/2019
Authenticate at: <http://www.ysf.com/verify/seal.aspx>

**In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of OCTOBER A.D. 2018 .**

Jesse White
SECRETARY OF STATE

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.

There are no adverse actions to report. Please see the certification letter on p. 43 (Attachment 6).

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.**

Please see the certification letter on p. 43 (Attachment 6).

4. If, during a given calendar year, an applicant submits more than one application for exemption, 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.

N/A- This is the first application for exemption that this applicant is submitting this calendar year.

Attachment 6- Adverse Action Letter



Hospital Sisters
HEALTH SYSTEM

Breese, IL
HSHS St. Joseph's Hospital

Decatur, IL
HSHS St. Mary's Hospital

Effingham, IL
HSHS St. Anthony's Memorial
Hospital

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

Litchfield, IL
HSHS St. Francis Hospital

O'Fallon, IL
HSHS St. Elizabeth's Hospital

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

Chippewa Falls, WI
HSHS St. Joseph's Hospital

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital
Medical Center
HSHS St. Vincent Hospital

Oconto Falls, WI
HSHS St. Clare Memorial
Hospital

Sheboygan, WI
HSHS St. Nicholas Hospital

HSHS Medical Group

Prairie Cardiovascular

P.O. Box 19456
Springfield, Illinois 62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Sponsored by
Hospital Sisters Ministries

Attachment 6
Adverse Action Letter

February 22, 2019

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery,

I hereby certify under penalty of perjury as provided in §1-109 of the Illinois Code of Civil Procedures, 735 ILCS 5/1-109 that no adverse action has been taken against any facility owned or operated by the Hospital Sisters Health System during three years prior to filing this COE permit application.

To the best of my knowledge, neither Hospital Sisters Health System nor any of its corporate officers or directors:

- have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of (1) any felony or misdemeanor or violation of the law, except for minor parking violations or (2) the subject of any juvenile delinquency or youthful offender proceeding; or
- has been charged with fraudulent conduct or any act involving moral turpitude; or
- has any unsatisfied judgements against him or her; or
- is in default in the performance or discharge of any duty or obligation imposed by a judgement, degree, order, or directive of any court or governmental agency.

Additionally, pursuant to 77 Ill. Admin Code §1110.1540(b)(3)(J), I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this COE permit application. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this permit application.

Sincerely,

Mary S. Harman-Harrison
President and CEO
Hospital Sisters Health System

Notarization:

Subscribed and sworn to before me

This 1st day of March, 2019

Signature of Notary

SYLVIA REBECCA GANSZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Apr 17, 2020

Attachment 7- Neonatal Intensive Care Services

1. Applicants proposing to establish, expand and/or modernize the Neonatal Intensive Care categories of service must submit the following information:
2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Neonatal Intensive Care	40	56

3. READ the applicable review criteria outlined below and **submit the required documentation for the criteria:**

APPLICABLE REVIEW CRITERIA	Establish	Expand
1130.531(a) - A description of the project that identifies the location of the neonatal intensive care unit and the number of neonatal intensive care beds proposed;	X	X
1130.531(b) - Verification that a final cost report will be submitted to the Agency no later than 90 days following the anticipated project completion date;	X	X
1130.531(c) - Verification that failure to complete the project within the 24 months after the Board approved the exemption will invalidate the exemption.	X	X

a) The 40-bed, licensed Level III NICU at St. John's Hospital is currently located on a portion of the 4th floor of St. John's Children's Hospital (SJCH). This project proposes 16 additional Level III beds, which will expand the unit's capacity to 56 licensed beds. The NICU's 2017 ADC (AHQ Data) was 38.1 which justifies 51 NICU beds based on the State Agencies 75% occupancy criteria. When 5 incremental additional beds are added to the justified number of beds, 56 total NICU beds will be developed in the proposed modernization project to accommodate recent peak utilization as well as to fully develop the available area.

b and c) Please see attachment on p. 45 for attestation letter pertaining to completion and costs.

Attachment 7- Attestation



Attachment 7- Attestation for Cost and Project Completion

February 25, 2019

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I, E.J. Kuiper, do hereby attest that St. John's Hospital in Springfield, Illinois, will submit a final cost report to the Agency no later than 90 days following the anticipated project completion date and also acknowledge that failure to complete the project within the 24 months after the Board approved the exemption will invalidate the exemption.

Sincerely,



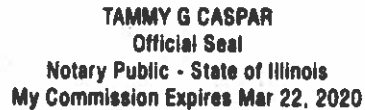
E.J. Kuiper, MHA, DPT, FACHE
President & CEO, HSHS St. John's Hospital

Notarization:

Subscribed and sworn to before me
This 28th day of February, 2019.



Tammy G. Caspar
Notary Public



TAMMY G CASPAR
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 22, 2020

800 East Carpenter Street
Springfield, Illinois 62769
217-544-6464
www.st-johns.org

An Affiliate of
Hospital Sisters
Health System

Attachment 8- Safety Net Impact Statement

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.

St. John's Hospital believes that this project will not have a material impact on any essential safety services in the community and that the modernized and expanded NICU will improve access to the safety net services that are currently available.

2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.

St. John's Hospital believes that this project will not materially impact the ability of other providers or health care systems to subsidize safety net services.

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

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.

See p.47 (Attachment 8).

2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.

See p. 47 (Attachment 8).

3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

St. John's Hospital believes that this project will improve teaching and research by providing a simulation lab for providers and medical residents.

A table in the following format must be provided as part of Attachment 8.

HSHS St. John's Hospital- Springfield

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year Ended 6/30/16*	Year Ended 6/30/17*	Year Ended 6/30/18
Inpatient	1,267	945	1,253
Outpatient	5,299	4,227	4,108
Total	6,566	5,172	5,361
Charity (cost In dollars)			
Inpatient	\$3,230,336	\$1,775,743	\$1,753,779
Outpatient	\$1,880,147	\$2,099,014	\$1,981,285
Total	\$5,110,483	\$3,874,757	\$3,735,064
MEDICAID			
Medicaid (# of patients)	Year Ended 6/30/16	Year Ended 6/30/17	Year Ended 6/30/18
Inpatient	5,833	5,879	5,847
Outpatient	55,576	51,185	50,457
Total	61,409	57,064	56,304
Medicaid (revenue)			
Inpatient	\$53,329,213	\$68,973,573	\$70,667,912
Outpatient	\$39,189,056	\$29,311,881	\$25,906,123
Total	\$92,518,269	\$98,285,454	\$96,574,035

*Years ending in 2016 and 2017 have been revised to match data previously reported to the State of IL on Schedule H (Form 990).

Attachment 9- Charity Care Information

All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.

See table below for HSHS St. John's Hospital-Springfield.

- 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.

See table Below for all HSHS IL hospitals.

- 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.

N/A- The state criterion is not applicable because HSHS St. John's Hospital is an existing facility.

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

A table in the following format must be provided for all facilities as part of Attachment 9.

CHARITY CARE - St. John's Hospital			
	Year Ended 6/30/16	Year Ended 6/30/17	Year Ended 6/30/18
Net Patient Revenue	\$ 461,466,000	\$ 475,001,000	\$ 504,568,621
Amount of Charity Care (charges)	\$ 19,068,688	\$ 15,135,769	\$ 15,121,718
Cost of Charity Care	\$ 5,110,483	\$ 3,841,757	\$ 3,735,064

CHARITY CARE – HSHS Illinois Hospitals			
	Year Ended 6/30/16	Year Ended 6/30/17	Year Ended 6/30/18
Net Patient Revenue	\$1,027,791,000	\$1,089,209,000	\$ 1,122,527,807
Amount of Charity Care (charges)	\$ 59,665,591	\$ 52,040,415	\$ 52,343,771
Cost of Charity Care	\$16,672,211	\$ 15,165,565	\$ 14,726,976

Attachment 10-Flood Plain Requirements**FLOOD PLAIN REQUIREMENTS**

Before an application involving construction will be deemed **COMPLETE**, the applicant must attest that the project **is or is not in a flood plain** and that the location of the proposed project complies with the Flood Plain Rule under Illinois Executive Order #2006-5.

**Attestation for Flood Plain Requirements**

February 25, 2019

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Dear Ms. Avery:

I, E.J. Kuiper, do hereby attest that St. John's Hospital in Springfield, Illinois, is not a flood plain (see attached: FEMA's National Flood Hazard Layer map), and that the location of the proposed project complies with the Flood Plain Rule under Illinois Executive Order #2006-5. This project does not involve any new construction, but modernization of an existing facility.

Sincerely,

E.J. Kuiper, MHA, DPT, FACHE
President & CEO, HSHS St. John's Hospital

Notarization

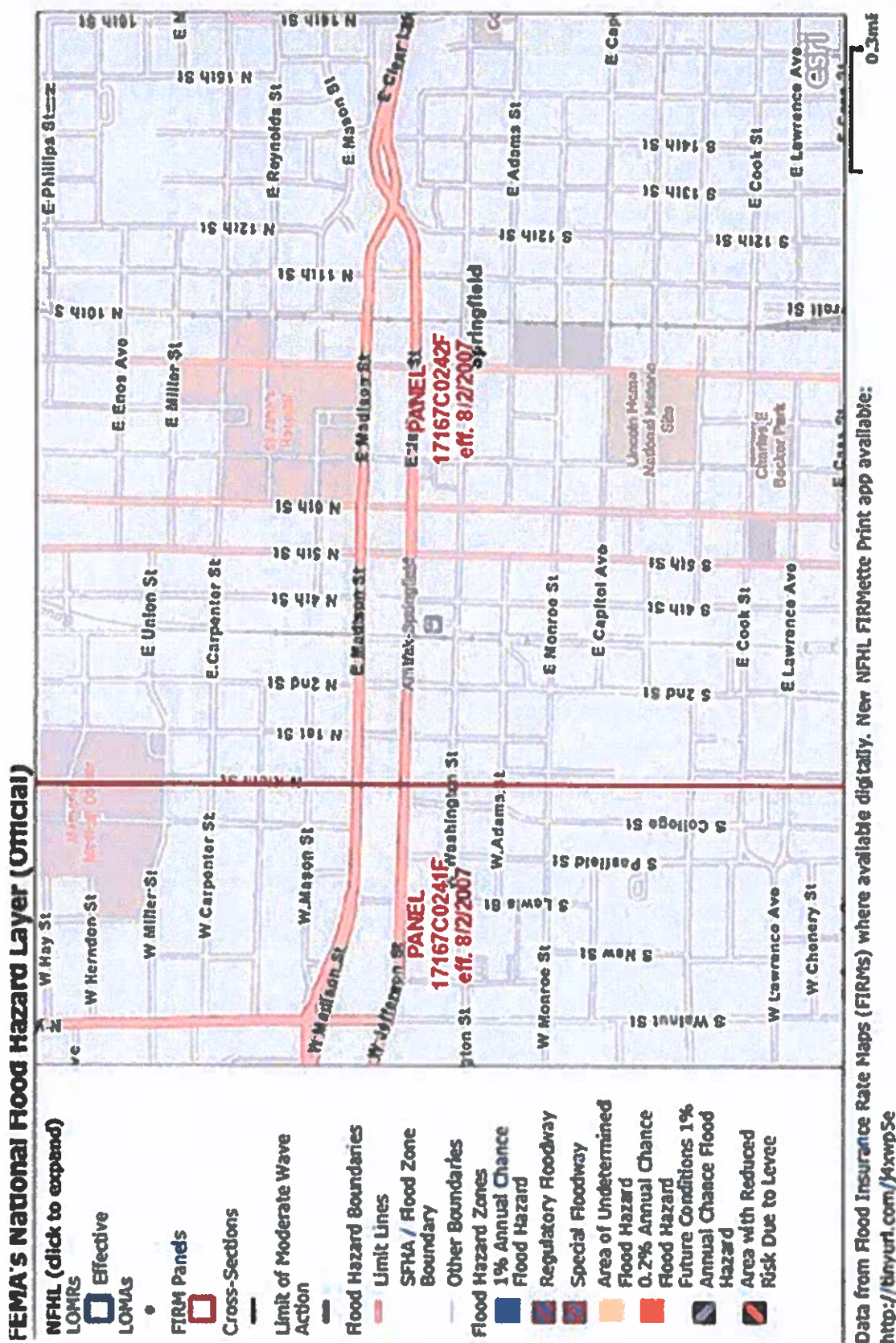
Subscribed and sworn to before me
This 28 day of February, 2019.

Handwritten signature of Tammy G. Caspar in black ink.
Notary Public

TAMMY G CASPAR
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 22, 2020

800 East Carpenter Street
Springfield, Illinois 62769
217-544-6464
www.st-johns.org

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Hospital Sisters
Health System



USGS The National Map: Orthoimagery | National Geospatial-Intelligence Agency (NGA): Delta State University: Esri | Print here instead:
<http://tinyurl.com/j4xnp5e> Support: FEMAMapSpecialist@hskmapds.com | Sangamon County, Missouri Dept. of Conservation, Esri, HERE, Garmin,
 INCREMENT P, USGS, EPA, NPS, US Census Bureau, USDA

Attachment 11- Historic Preservation Requirements**HISTORIC PRESERVATION REQUIREMENTS**

In accordance with the requirements of the Illinois State Agency Historic Resources Preservation Act (Preservation Act), the Health Facilities Services and Review Board is required to advise the Historic Preservation Agency (HPA) of any projects that could affect historic resources. Specifically, the Preservation Act provides for a review by the Historic Preservation Agency to determine if certain projects may impact historic resources. These types of projects include:

1. Projects involving demolition of any structures;
2. Construction of new buildings; or
3. Modernization of existing buildings.

The applicant must submit the following information to the HPA so that known or potential cultural resources within the project area can be identified and the project's effects on significant properties can be evaluated:

1. General project description and address;
2. Topographic or metropolitan map showing the general location of the project;
3. Photographs of any standing buildings/structure within the project area; and
4. Addresses for buildings/structures, if present.

The HPA will provide a determination letter concerning the applicability of the Preservation Act. Include the determination letter or comments from HPA with the application for exemption.

Information concerning the Preservation Act may be obtained by calling (217) 785-7930 or writing the Illinois Historic Preservation Agency, Preservation Services Division, 1 Old State Capitol Plaza, Springfield, Illinois 62201-1507.



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271

www.dnr.illinois.gov

Mailing Address: 1 Old State Capitol Plaza, Springfield, IL 62701

JB Pritzker, Governor

Wayne A. Rosenthal, Director

FAX (217) 524-7525

Sangamon County
Springfield

CON - Modernization of Neonatal Intensive Care Unit, HSHS St. John's Hospital
800 E. Carpenter St.
SHPO Log #006111518

January 17, 2019

Michelle Clatfelter
Hospital Sisters Health System
800 E. Carpenter St.
Springfield, IL 62769

Dear Ms. Clatfelter:

We have reviewed the information provided for the above referenced project. St. John's Main Hospital is eligible for listing on the National Register of Historic Places. In our opinion the project meets The Secretary of the Interior's "Standards for Rehabilitation and Guidelines for Rehabilitation of Historic Buildings" and we concur in a finding of no adverse effect.

Carrying out the project in accordance with these plans constitutes compliance with the Illinois State Agency Resources Preservation Act.

If you have any questions, please call 217/782-4836.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert F. Appleman".

Robert F. Appleman
Deputy State Historic
Preservation Officer



Hospital Sisters
HEALTH SYSTEM

RECEIVED

MAR 08 2019

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Breese, IL
HSHS St. Joseph's Hospital

February 28, 2019

Decatur, IL
HSHS St. Mary's Hospital

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Effingham, IL
HSHS St. Anthony's Memorial
Hospital

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Greenville, IL
HSHS Holy Family Hospital

Highland, IL
HSHS St. Joseph's Hospital

RE: HSHS St. John's Hospital-NICU Renovation and Expansion Project

Litchfield, IL
HSHS St. Francis Hospital

Dear Ms. Avery,

O'Fallon, IL
HSHS St. Elizabeth's Hospital

This letter is to inform you that a COE application is being submitted by HSHS St. John's Hospital to the Illinois Health Facilities and Services Review Board (HFSRB) requesting approval for the modernization and expansion of its Level III Neonatal Intensive Care Unit (NICU).

Shelbyville, IL
HSHS Good Shepherd Hospital

Springfield, IL
HSHS St. John's Hospital

This project is substantive under Section 1110.20 of the Review Board's rules because it will increase the total number of beds in the NICU unit (Section 1110.20 (c) (1) (c) (i). Additional beds will be developed in the proposed modernization project to accommodate recent peak utilization as well as to fully develop the available area.

Chippewa Falls, WI
HSHS St. Joseph's Hospital

A check for the application processing fee of \$2,500 is also enclosed.

Eau Claire, WI
HSHS Sacred Heart Hospital

Green Bay, WI
HSHS St. Mary's Hospital
Medical Center
HSHS St. Vincent Hospital

We appreciate your assistance, and should you have any questions do not hesitate to contact me directly at 217-544-6464 ext. 44572.

Oconto Falls, WI
HSHS St. Clare Memorial
Hospital

Sincerely,

Sheboygan, WI
HSHS St. Nicholas Hospital

EJ Kuiper, MHA, DPT, FACHE
President and CEO
HSHS St. John's Hospital

HSHS Medical Group

Prairie Cardiovascular

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