

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

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

APR 15 2020

Facility/Project Identification

Facility Name: Edward-Elmhurst Health Woodridge Medical Office Building		
Street Address: 3329 75th Street		
City and Zip Code: Woodridge 60517		
County: DuPage	Health Service Area: 7	Health Planning Area: A-05

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

Exact Legal Name: Edward Health Ventures
Street Address: 801 S Washington
City and Zip Code: Naperville, IL 60540
Name of Registered Agent: Chris J Mollet
Registered Agent Street Address: 4201 Winfield Road
Registered Agent City and Zip Code: Warrenville, IL 60555
Name of Chief Executive Officer: Sanjeeb Khatua, MD
CEO Street Address: 801 S Washington
CEO City and Zip Code: Naperville, IL 60540
CEO Telephone Number: 630-527-5527

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: Katie Polz
Title: System Director, Ambulatory Strategy
Company Name: Edward-Elmhurst Health
Address: 4201 Winfield Road, Warrenville IL
Telephone Number: 630-527-5865
E-mail Address: Kathryn.russell@eehealth.org
Fax Number: NA

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

Name: Annette Kenney
Title: Executive Vice President Chief Strategy and Marketing Officer
Company Name: Edward-Elmhurst Health
Address: 801 South Washington St, Naperville IL
Telephone Number: 630-527-5803
E-mail Address: Annette.Kenney@eehealth.org
Fax Number: 630-527-3702

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Facility/Project Identification

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City and Zip Code: Woodridge 60517		
County: DuPage	Health Service Area: 7	Health Planning Area: A-05

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

Exact Legal Name: Edward-Elmhurst Healthcare	
Street Address: 801 S Washington	
City and Zip Code: Naperville, IL 60540	
Name of Registered Agent: Chris J Mollet	
Registered Agent Street Address: 4201 Winfield Road	
Registered Agent City and Zip Code: Warrenville, IL 60555	
Name of Chief Executive Officer: Mary Lou Mastro	
CEO Street Address: 801 S Washington	
CEO City and Zip Code: Naperville, IL 60540	
CEO Telephone Number: 630-527-3010	

Type of Ownership of Applicants

<input checked="checked" type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Other	
<ul style="list-style-type: none"> ○ 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. 	
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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Katie Polz
Title: System Director, Ambulatory Strategy
Company Name: Edward-Elmhurst Health
Address: 4201 Winfield Road, Warrenville IL
Telephone Number: 630-527-5865
E-mail Address: Kathryn.russell@eehealth.org
Fax Number: NA

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

Name: Annette Kenney
Title: Executive Vice President Chief Strategy and Marketing Officer
Company Name: Edward-Elmhurst Health
Address: 801 South Washington St, Naperville IL
Telephone Number: 630-527-5803
E-mail Address: Annette.Kenney@eehealth.org
Fax Number: 630-527-3702

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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Street Address: 3329 75th Street		
City and Zip Code: Woodridge 60517		
County: DuPage	Health Service Area: 7	Health Planning Area: A-05

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

Exact Legal Name: Edward Hospital	
Street Address: 801 S Washington	
City and Zip Code: Naperville, IL 60540	
Name of Registered Agent: Chris J. Mollet	
Registered Agent Street Address: 4201 Winfield Road	
Registered Agent City and Zip Code: Warrenville, IL 60555	
Name of Chief Executive Officer: Joseph Dant	
CEO Street Address: 801 S Washington	
CEO City and Zip Code: Naperville, IL 60540	
CEO Telephone Number: 630-527-7228	

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

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- 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.

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Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Katie Polz
Title: System Director, Ambulatory Strategy
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Telephone Number: 630-527-5865
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Title: Executive Vice President Chief Strategy and Marketing Officer
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Address: 801 South Washington St, Naperville IL
Telephone Number: 630-527-5803
E-mail Address: Annette.Kenney@eehealth.org
Fax Number: 630-527-3702

Post Permit Contact

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

Name: Katie Polz
Title: System Director Ambulatory Strategy
Company Name: Edward-Elmhurst Health
Address: 4201 Winfield Road, Warrenville IL
Telephone Number: 630-527-5865
E-mail Address: Kathryn.russell@eehealth.org
Fax Number: NA

Site Ownership – Pending approval of the project by the HSFRB and execution of the lease, the below listed developer will become the owner of the land at 3329 75th Street, Woodridge, Illinois.

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Ryan Companies US, Inc.
Address of Site Owner: 533 South 3 rd Street Suite 100 Minneapolis MN 55415
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

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

Exact Legal Name: Edward Health Ventures			
Address: 801 South Washington, Naperville Illinois 60540			
<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
<ul style="list-style-type: none"> 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.

Flood Plain Requirements

[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 www.FEMA.gov or www.illinoisfloodmaps.org. **This map must be in a readable format.** In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (<http://www.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT**1. Project Classification**

[Check those applicable - refer to Part 1110.20 and Part 1120.20(b)]

Part 1110 Classification:

- ☐ Substantive
- ☒ Non-substantive

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.

The project is a 36,000 square foot medical office building located on the corner of Rte. 53 and 75th St. in Woodridge, IL. Services will include:

- Primary care and specialist physician offices
- After-hours walk-in clinic
- Hospital outpatient departments, including radiology (xray, mammography, ultrasound, MRI), laboratory, Physical Therapy, and Weight Loss Clinic
- Behavioral health services, including psychiatry, counseling and psychology/psychological testing

As a freestanding medical office building without any designated category of service, the project is non-substantive as it does not meet the criteria defined for substantive or emergency review.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts		\$2,315,184.47	\$2,315,184.47
Modernization Contracts			
Contingencies		\$212,076.66	\$212,076.66
Architectural/Engineering Fees		\$138,828.81	\$138,828.81
Consulting and Other Fees		\$268,910.06	\$268,910.06
Movable or Other Equipment (not in construction contracts)		\$5,925,061.65	\$5,925,061.65
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment		\$20,726,110.65	\$20,726,110.65
Other Costs To Be Capitalized		\$284,076.86	\$284,076.86
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS		\$29,870,249.16	\$29,870,249.16
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities		\$9,144,138.51	\$9,144,138.51
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)		\$20,726,110.65	\$20,726,110.65
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS		\$29,870,249.16	\$29,870,249.16
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, 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: \$ _____
 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 **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is \$ _____ N/A _____.

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 ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): August 1, 2021

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.

APPEND DOCUMENTATION AS ATTACHMENT 8, 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
☒ 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 for permit being deemed incomplete.

Cost Space Requirements

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

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Total							
NON-REVIEWABLE							
Imaging	\$6,182,769.62			4,459			
Laboratory	\$724,543.01			984			
Physical Therapy	\$3,722,785.12			4,988			
Medical Office	\$8,566,395.77			11,634			
Registration/Reception	\$2,049,190.25			2,783			
Walk in Clinic	\$1,062,515.82			1,443			
Behavioral Health	\$5,697,676.68			7,738			
Building Infrastructure	\$1,864,372.88			2,532			
Total	\$29,870,249.16			36,561			
TOTAL	\$29,870,249.16			36,561			
APPEND DOCUMENTATION AS <u>ATTACHMENT 9</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

Facility Bed Capacity and Utilization – NOT APPLICABLE TO MEDICAL OFFICE BUILDING PROJECTS

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

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

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 Edward Health Ventures* 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 Lou Mastro
SIGNATURE

Mary Lou Mastro

PRINTED NAME

System CEO

PRINTED TITLE

Denise Chamberlain
SIGNATURE

Denise Chamberlain

PRINTED NAME

Executive Vice President and Chief Financial Officer

PRINTED TITLE

Notarization:

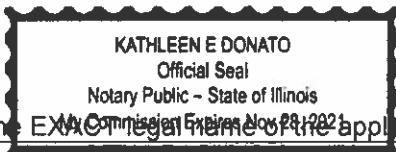
Subscribed and sworn to before me
this 14th day of April, 2020

Notarization:

Subscribed and sworn to before me
this 14th day of April, 2020

Kathleen E Donato
Signature of Notary

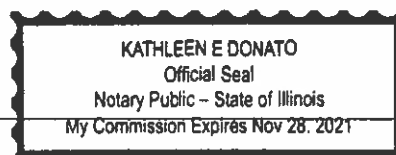
Seal



*Insert the EXACT legal name of the applicant

Kathleen E Donato
Signature of Notary

Seal



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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 Edward-Elmhurst Healthcare* 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 Lou Mastro
SIGNATURE

Mary Lou Mastro

PRINTED NAME

System CEO

PRINTED TITLE

Denise Chamberlain
SIGNATURE

Denise Chamberlain

PRINTED NAME

Executive Vice President and Chief Financial Officer

PRINTED TITLE

Notarization:

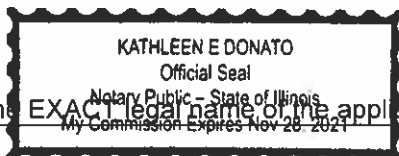
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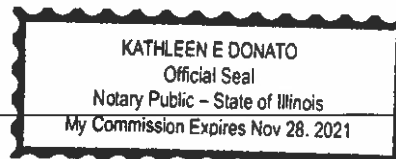
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- in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of Edward Hospital* 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 Lou Mastro
SIGNATURE

Mary Lou Mastro

PRINTED NAME

System CEO

PRINTED TITLE

Denise Chamberlain
SIGNATURE

Denise Chamberlain

PRINTED NAME

Executive Vice President and Chief Financial Officer

PRINTED TITLE

Notarization:

Subscribed and sworn to before me
this 14th day of April, 2020

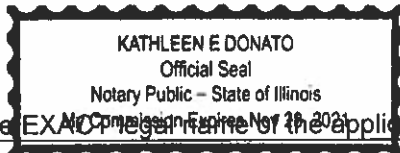
Notarization:

Subscribed and sworn to before me
this 14th day of April, 2020

Kathleen E Donato

Signature of Notary

Seal

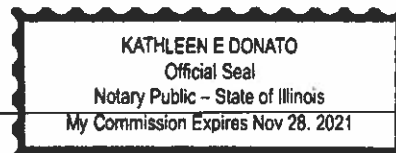


*Insert the EXACT legal name of the applicant

Kathleen E Donato

Signature of Notary

Seal



SECTION II. DISCONTINUATION – NOT APPLICABLE TO THIS PROJECT AS THERE IS NO DISCONTINUATION OF SERVICES

This Section is applicable to the discontinuation of a health care facility, relocation of a health care facility, or discontinuation of more than one category of service in a 6-month period. If the project is solely for a discontinuation of a health care facility the **Background of the Applicant(s) and Purpose of Project MUST** be addressed. **A copy of the Notice to the Local Media MUST be submitted with this Application for Discontinuation (20 ILCS 3960/8.7).**

Criterion 1110.290 – Discontinuation

READ THE REVIEW CRITERION and provide the following information:

GENERAL INFORMATION REQUIREMENTS

1. Identify the categories of service and the number of beds, if any that are to be discontinued.
2. Identify all of the other clinical services that are to be discontinued.
3. Provide the anticipated date of discontinuation for each identified service or for the entire facility.
4. Provide the anticipated use of the physical plant and equipment after the discontinuation occurs.
5. Provide the anticipated disposition and location of all medical records pertaining to the services being discontinued and the length of time the records will be maintained.
6. Provide copies of the notices that were provided to the local media that would routinely be notified about facility events.
7. For applications involving the discontinuation of an entire facility, certification by an authorized representative that all questionnaires and data required by HFSRB or DPH (e.g., annual questionnaires, capital expenditures surveys, etc.) will be provided through the date of discontinuation, and that the required information will be submitted no later than 90 days following the date of discontinuation.

REASONS FOR DISCONTINUATION

The applicant shall state the reasons for the discontinuation and provide data that verifies the need for the proposed action. See criterion 1110.290(b) for examples.

IMPACT ON ACCESS

1. Document whether or not the discontinuation of each service or of the entire facility will have an adverse effect upon access to care for residents of the facility's market area.
2. Document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those being discontinued) located within the **geographic service area**.

APPEND DOCUMENTATION AS ATTACHMENT 10, IN NUMERIC 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.

1110.110(a) – Background of the Applicant

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 listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.
3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.
 - a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.
 - b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction and submit any police or court records regarding any matters disclosed.
 - c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.
 - d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.
 - e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.
4. 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.**
5. 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 ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)**PURPOSE OF PROJECT**

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

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

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

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

ALTERNATIVES

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
- B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
- D) Provide the reasons why the chosen alternative was selected.

- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short-term (within one to three years after project completion) and long-term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED, THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space**

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.
 - c. The project involves the conversion of existing space that results in excess square footage.
 - d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

Narrative provided in Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Laboratory	984	Not provided	N/A	N/A
Medical Office	11,634	Not provided	N/A	N/A
Walk-in Clinic	1,443	Not provided	N/A	N/A
General Radiology	774	1,300	(526)	Yes
Mammography	809	900	(91)	Yes
Ultrasound	689	900	(211)	Yes
Bone Densitometry	569	Not provided	N/A	N/A
MRI	1,618	1,800	(182)	Yes
Behavioral Health	7,738	Not provided	N/A	N/A
Physical Therapy	4,988	Not provided	N/A	N/A
Registration/Reception	2,783	Not provided	N/A	N/A
Building Infrastructure	2,532	Not provided	N/A	N/A
Total*	36,561			
*Includes BOMA vertical penetrations (560 sf)				

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

PROJECT SERVICES UTILIZATION: NOT APPLICABLE TO THIS PROJECT AS THE PROJECT DOES NOT INCLUDE SERVICES FOR WHICH THERE ARE UTILIZATION STANDARDS.

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

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

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

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

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE TO THIS PROJECT AS THERE IS NO UNFINISHED OR SHELL SPACE

Provide the following information:

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

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

ASSURANCES: NOT APPLICABLE TO THIS PROJECT, SEE ABOVE

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service

involved.

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

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

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA

This Section is applicable to all projects proposing the establishment, expansion or modernization of categories of 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 for each category of service, as well as charts for each service, indicating the review criteria that must be addressed for each action (establishment, expansion, and modernization). After identifying the applicable review criteria for each category of service involved, read the criteria and provide the required information APPLICABLE TO THE CRITERIA THAT MUST BE ADDRESSED:

M. Criterion 1110.270 - Clinical Service Areas Other than Categories of Service

- Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:
- Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Lab	0	1
<input checked="" type="checkbox"/> Physical Therapy	0	1
<input checked="" type="checkbox"/> Imaging	0	1

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) - Need Determination - Establishment
Service Modernization	(c)(1) - Deteriorated Facilities
	AND/OR
	(c)(2) - Necessary Expansion
	PLUS
	(c)(3)(A) - Utilization - Major Medical Equipment
	OR
	(c)(3)(B) - Utilization - Service or Facility
APPEND DOCUMENTATION AS <u>ATTACHMENT 30</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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

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

VI. 1120.120 - AVAILABILITY OF FUNDS

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

<p>_____</p>	<p>a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:</p> <ol style="list-style-type: none"> 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
<p>_____</p>	<p>b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.</p>
<p>_____</p>	<p>c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;</p>
<p>_____</p>	<p>d) Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:</p> <ol style="list-style-type: none"> 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all terms and conditions.

<hr/> <hr/> <hr/>	<p>e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;</p> <p>f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;</p> <p>g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.</p>
	TOTAL FUNDS AVAILABLE
APPEND DOCUMENTATION AS <u>ATTACHMENT 33</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

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

Variance

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

APPEND DOCUMENTATION AS ATTACHMENT 35, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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:

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

B. Conditions of Debt Financing

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

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

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot Mod.	New Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Reviewable									
Reviewable Subtotal									
Non-reviewable									
Imaging	\$819.69		4,459	30%			\$3,655,001.58		\$3,665,001.58
Laboratory	\$169.43		984	20%			\$166,722.03		\$166,722.03
Rehab Services	\$179.46		4,988	5%			\$895,131.61		\$895,131.61
Medical Office	\$169.43		11,634	33%			\$1,971,183.08		\$1,971,183.08
Registration/Reception	\$169.43		2,783	15%			\$471,531.93		\$471,531.93
Walk-in Clinic	\$169.43		1,443	30%			\$244,491.76		\$244,491.76
Behavioral Health	\$169.43		7,738	30%			\$1,311,072.26		\$1,311,072.26
Building Infrastructure	\$169.43		2,532	20%			\$429,004.26		\$429,004.26
Non-reviewable subtotal	\$169.43		32,102				\$5,489,136.93		\$9,144,138.51
Totals			36,561				\$9,144,138.51		\$9,144,138.51

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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

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

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

A table in the following format must be provided as part of Attachment 37.

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

APPEND DOCUMENTATION AS ATTACHMENT 37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

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 **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 39.

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

APPEND DOCUMENTATION AS **ATTACHMENT 38**, 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	30-33
2	Site Ownership	34-44
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	45
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	46
5	Flood Plain Requirements	47-49
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16	Unfinished or Shell Space	73
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	Financial and Economic Feasibility:	
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Applicant/Co-applicant Identification

Edward Health Ventures: is a not-for-profit corporation. A copy of the Corporations Certificate of Good Standing is attached.

Edward-Elmhurst Health: the System is a not-for-profit organization. A copy of the Systems Certificate of Good Standing is attached.

Edward Hospital: the Hospital is a not-for-profit organization. A copy of the Hospitals Certificate of Good Standing is attached.

File Number

5419-108-1

***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

EDWARD HEALTH VENTURES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1986, 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 # 20023007502 verifiable until 04/03/2021
Authenticate at: <http://www.cyberdrive.ilnet.com>

***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of APRIL A.D. 2020 .***

Jesse White

SECRETARY OF STATE

File Number

5464-307-1

***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

EDWARD-ELMHURST HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 27, 1987, 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.



Authenticator #: 21885701-400 verifiable until 03/27/2021
Authenticable 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 27TH
day of MARCH A.D. 2020 .***

Jesse White
SECRETARY OF STATE

File Number

5341-344-7



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

EDWARD HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 30, 1984, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 27TH
day of MARCH A.D. 2020 .

Authorization # 2008 PD1368 certificate until 03/31/2021
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE



3329 75th Street Woodridge, IL 60517

Leasehold Interest Overview

Ryan Companies US, Inc., a Minnesota corporation, ("Ryan") is under contract to purchase the real property located at the address commonly known as 3329 75th Street Woodridge, IL 60517 in Woodridge, Illinois, as more particularly described in the attached Exhibit A. Ryan intends to construct on the real said property a medical office building consisting of approximately 36,000 rentable square feet (the "Building"), which Edward Health Ventures ("EHV") intends to occupy in its entirety in order to provide professional medical services pursuant to a leasing arrangement (the "Lease").



In connection with EHV's planned use and occupancy of the Building, Ryan has agreed to fund the construction of the core and shell of the Building, along with the tenant improvements of the Building to be constructed by and on behalf of EHV which shall be funded in part by a tenant improvement allowance from Ryan (the "Allowance"). As consideration for receipt of the Allowance, EHV has agreed to comply with all tenant obligations under the Lease in the Building, as summarized below.

Allowance	Ryan is providing an Allowance of \$100.00 per rentable square foot of the building, to be used for construction of tenant improvements therein, subject to Rent adjustments as set forth below.
Building Rent	Building Rent = \$28.50 per rentable square foot, subject to \$0.50 per rentable square foot annual escalation <i>plus</i> supplemental payment of all other amounts associated with ownership, use, repair, maintenance, possession, management, and operation of the Building in consideration of EHV's sole and exclusive occupancy and use of the entire Building.
Initial Lease Term	12 years
Extension Option	Four (4), Five (5) Year renewal options.

Accepted and agreed to this 13th day of April, 2020.

Edward Health Ventures,
an Illinois not-for-profit corporation

By: Maryon Musto
Name: MARYON MUSTO
Title: CEO

Ryan Companies US, Inc.,
a Minnesota corporation

By: James M. McDonald
Name: JAMES M. McDONALD
Title: Senior VP, Market Leader Great Lakes

Ryan Companies US, Inc.
180 Summit Boulevard, Suite 400
Naperville, IL 60563

p. 630.248.1000
ryancompanies.com

10/2019 Edition
Application for Permit

David Justh
Executive Vice President

CBRE, Inc.
Brokerage Services
Office Properties

CBRE

700 Commerce Drive
Suite 450
Oak Brook, IL 60521-1151

630.573.1273 Tel
630.573.7518 Fax

david.justh@cbre.com
www.cbre.com

March 25, 2020

Mr. Curt Pascoe
Director of Real Estate Development
Ryan Companies US, Inc.
111 Shuman Blvd., Suite 400
Naperville, IL 60563

**Re: Edward-Elmhurst Clinic (EEH)
75th St & IL 53
Woodridge, Illinois**

Dear Curt:

CBRE, Inc. is pleased to provide the enclosed response to Ryan Companies for Edward-Elmhurst Clinic for the above referenced location. The following is a summary of the proposed deal terms:

Building:	Proposed two-story building will be approximately 36,000 rentable square feet ("RSF") subject to final design. All usable and rentable areas shall be measured in accordance with BOMA.
Rent Commencement Date:	August 1, 2021
Anticipated Delivery Date:	July 1, 2021, per Ryan Company's timeline, Exhibit A. This allows for 30 days FF&E by EEH.
Use:	Medical Office and medically related uses.
Net Rent:	The net rent for the Premises shall be approximately \$28.50/SF net per estimated costs (including a \$100.00/RSF Tenant Allowance).
Escalations:	The net rent shall escalate at \$.50/SF on each anniversary of the Rent Commencement Date.
Initial Lease Term:	Twelve (12) years.
Base Building:	Per attached Exhibit B, Landlord to act as general contractor for the base building under separate agreement. Tenant to approve all

	<p>design and budget items.</p> <p>Landlord to retain responsibility for roof and structural items through the lease term and any extensions.</p>
Architect Selection:	<p>Landlord and Tenant to agree on mutually acceptable A&E Firms and will approve selection of said firms. It is expected Jensen & Halsted will be the base building & tenant improvements architect.</p>
Tenant Allowance and Alterations:	<p>Landlord shall provide a Tenant Allowance of \$100.00/RSF. Landlord shall act as the general contractor for the Tenant Improvement work. The interiors will be budgeted and bid separately (from the core/shell work) to ensure a clear delineation of cost and scope. Tenant and Landlord will openly negotiate the construction contract including construction fee, general conditions, etc. and attach to the Lease as an exhibit.</p> <p>There shall be no charge by Landlord for plan review or any inspections that Landlord deems necessary with regard to initial or future alterations to the Premises. Tenant shall provide Landlord with its plans for Landlord's review and approval, which approval shall not be unreasonably withheld or delayed. Landlord will have the right to object only to those items that interfere with the structural, mechanical or design integrity of the Building. For any future non-structural or mechanical alterations within Tenant's Premises, Tenant may undertake those without Landlord's consent. For any other Alterations or structural Alterations, which shall be limited to those Alterations which affect the structural or mechanical integrity of the Building, Landlord's reasonable consent shall be required, which consent shall not be unreasonably withheld, conditioned or delayed. Landlord agrees to provide written consent, or non-consent, stating the reasons for such non-consent, within ten (10) business days of receiving written request from Tenant. Further, Landlord agrees to execute all required permit forms upon the submission of such by Tenant.</p> <p>Tenant shall be required to provide Landlord with current, as-built copies of PDF and CAD files of its Premises, including, but not limited to architectural, mechanical, electrical, plumbing, fire protection, life safety, and tele/data plans for Landlord's records.</p>
Security Deposit	<p>The lease shall be guaranteed by Edward-Elmhurst Healthcare.</p>

Renewal Option:	Tenant shall have four, 5-year renewal options. Tenant shall exercise each renewal option, with written notice to Landlord, no later than twelve (12) months prior to the then current expiration date. The renewal rent shall be at the then market rent and will contain a provision for baseball arbitration.
Exterior Signage:	Under Tenant control, subject only to municipal approvals.
Building Management:	Ryan shall be the property manager. At any time after the 24 th month of the Term, Tenant may (upon notice to Landlord) elect to self-manage all or a part of Landlord's obligations.
ADA/Code Compliance:	<p>Landlord represents and warrants that the Building and the Premises (upon delivery) comply with the provisions of the Americans with Disabilities Act of 1990/1992 as subsequently amended and all state and local code requirements.</p> <p>Landlord represents and warrants that the Building, including the leased Premises, will be entirely free and shall remain free of asbestos, and asbestos containing materials, polychlorinated biphenyls, and other hazardous materials.</p>
HVAC and Electrical:	<p>Landlord shall furnish a dedicated heating, ventilation and air conditioning system and separately metered electrical service as part of the base building delivery.</p> <p>Tenant shall have the ability to locally or remotely control HVAC service within its Premises 24 hours per day, 7 days per week as needed for the operation of its business. Landlord shall provide heating and cooling for the common areas during Tenant's business hours.</p> <p>The building systems shall be designed to accommodate medical use.</p>
Restoration at End of Term:	Tenant shall remove all furniture, fixtures and equipment (FF&E) which are not permanently attached to the Premises. Tenant will not be liable for any restoration costs, inclusive of demolition, upon vacating its space. Tenant shall not remove any electrical or voice/data wiring.
Holdover:	Tenant shall have the right to holdover for a period of up to three (3) months following the expiration of the Lease Term at no more than the last month's net rental obligation. Subsequently, no more than 150% holdover rent to apply. Tenant will not be subject to any associated consequential damages.

Assignment and Subletting:	<p>Tenant shall have the right, without Landlord's consent, to sublease or assign the Lease up to 100% of the Premises to (a) any entity with which Tenant may be merged or consolidated, (b) any entity to whom Tenant sells all of its assets, provided that such corporation or such entity described in (a) and (b) above expressly assumes all of Tenant's obligations in the lease, or (c) any entity which is affiliated or under the common control of Tenant or Tenant's parent corporation. This clause shall be further defined in the lease.</p> <p>Tenant shall also have the right at any time to sublease or assign all or any portion of Tenant's Premises to any unrelated entities with Landlord's consent, which shall not be unreasonably withheld or delayed. All of the Tenant's Expansion, Renewal, and other rights are personal to Tenant and may not be transferred.</p>
Access:	Tenant shall have Building access and services available, twenty-four (24) hours per day, seven (7) days per week.
Cleaning:	Tenant shall contract and pay for its own cleaning services.
Non-Disturbance:	Landlord shall provide Tenant, concurrently with the execution of a Lease document, a non-disturbance agreement signed by any lender or lienholder of record. Further, Tenant's Lease obligation shall subordinate to any future lender or lienholder and shall be conditioned upon Landlord receiving a comparable non-disturbance agreement from such future lender or lienholder.
Parking:	Landlord shall provide parking for building at approximately 4.4-4.6 spaces per 1,000 square feet. Subject to the project's final design.
Brokerage:	CBRE, Inc. will be paid a leasing commission per separate agreement.
Agency Disclosure:	Lessor acknowledges, as required by Section 38.35 of the Illinois Real Estate Brokers and Salesman License Act, 225 ILCS 455/38.35, that Lessor has been informed, both orally and by this written disclosure that CBRE, Inc. is acting on behalf of Edward Health Ventures and information given to the Agent by developer/landlord may be disclosed to Edward Health Ventures.

This Proposal is not meant to be binding, and no commitment is made by either party hereto until such time that corporate approval has been received and all business points have been mutually agreed to by both Landlord and Tenant, and mutually agreeable lease documents are fully executed by both parties.

Sincerely,



David Justh
Executive Vice President

D/addr

cc: Mark Hoffman
Joe Dant

Accepted:

By: Maya Bonklastin
Title: CEO
Date: 4/6/2020

EXHIBIT A
Legal Description

LOTS 2 AND 3 IN CEDARHURST SUBDIVISION, BEING A PART OF THE SOUTHWEST QUARTER OF SECTION 26, TOWNSHIP 38 NORTH, RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT THEREOF RECORDED MARCH 23, 2018 AS DOCUMENT R2018-025271, IN DUPAGE COUNTY, ILLINOIS.

File Number

5862-940-5



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

RYAN COMPANIES US, INC., INCORPORATED IN MINNESOTA AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON DECEMBER 12, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2005602684 verifiable until: 04/07/2021
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 7TH
day of APRIL A.D. 2020 .***

Jesse White

SECRETARY OF STATE

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Ryan Companies US, Inc.
Date Filed:	03/26/1964
File Number:	1F-382
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 03/09/2020



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota

MAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR - SEND THIS COUPON WITH YOUR 1ST INSTALLMENT PAYMENT OF 2018 TAX
 MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203
 PAY ON-LINE AT: treasurer.dupageco.org
 SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

***** DUPLICATE BILL *****

08-26-301-015
 CEDARHURST OF NAPERVILLE
 C/O JORDON DORSEY
 300 HUNTER AVE UNIT 200
 ST LOUIS MO 63124

1

ON OR BEFORE	PAY
JUNE 3, 2019	11,113.82

PAYING LATE? ☐ PAY THIS AMOUNT

JUN 4 THRU 30	11,280.53
JUL 1 THRU 31	11,447.23
AUG 1 THRU 31	11,613.94
SEP 1 THRU 30	11,780.65
OCT 1 THRU 31	11,947.36
NOV 1 THRU 13	12,114.06

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY

PAYMENT OF THIS 2018 TAX BILL AFTER OCTOBER 31, 2019, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER

CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK.

☐

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 13, 2019

\$11,113.82 PAID MAY 22, 2019

MAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR - SEND THIS COUPON WITH YOUR 2ND INSTALLMENT PAYMENT OF 2018 TAX
 MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203
 PAY ON-LINE AT: treasurer.dupageco.org
 SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

***** DUPLICATE BILL *****

08-26-301-015
 CEDARHURST OF NAPERVILLE
 C/O JORDON DORSEY
 300 HUNTER AVE UNIT 200
 ST LOUIS MO 63124

2

ON OR BEFORE	PAY
SEP 3, 2019	11,113.82

PAYING LATE? ☐ PAY THIS AMOUNT

SEP 4 THRU 30	11,280.53
OCT 1 THRU 31	11,447.23
NOV 1 THRU 13	11,623.94 *

*INCLUDES \$10 COST. SEE BACK OF BILL FOR EXPLANATION

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY

PAYMENT OF THIS 2018 TAX BILL AFTER OCTOBER 31, 2019, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER

CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK.

☐

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 13, 2019

\$11,113.82 PAID AUG 14, 2019

Rate 2017	Tax 2017	Taxing District	Rate 2018	Tax 2018
		** COUNTY **		
SPA		COUNTY OF DU PAGE	1007	247.36
SPR		PENSION FUND	0219	53.30
SPR		COUNTY HEALTH CARE	0330	81.06
SPR		PENSION FUND	0119	29.23
SPR		HORNET FISHBONE DIST	1180	289.86
SPR		PENSION FUND	0308	24.07
SPR		DU PAGE AIRPORT AUTH	0146	36.86
		** LOCAL **		
SPR		DU PAGE WATER CLERK	NO DUTY	
SPR		UNION TOWNSHIP	0104	121.84
SPR		LISLE TWP. ROAD	0510	152.05
SPR		PENNSIA FUND	0038	8.10
SPR		VIC OF WOODRIDGE	0048	11.79
SPR		PENNSIA FUND	2613	641.88
SPR		VIC WOODRIDGE TWP	2864	709.54
SPR		PENNSIA FUND	0245	60.18
SPR		WOODRIDGE PARK DIST	5279	1,296.78
SPR		PENNSIA FUND	0315	77.37
SPR		LISLE WOODRIDGE TWP	5998	1,471.40
SPR		PENNSIA FUND	2213	541.62
		** PRELATES **		
SPR		GRAND NICHOL DIST 04	4,3833	10,767.57
SPR		PENNSIA FUND	1015	249.33
SPR		BIGH NICHOL DIST 99	1,8938	4,650.49
SPR		PENNSIA FUND	0500	139.77
SPR		CEDARHURST DU PAGE 202	2317	568.28
DUAGE	08	TOTAL	9,0885	22,227.64

Mailed to:
CEDARHURST OF NAPERVILLE
C/O JORDON DORSEY
300 HUNTER AVE UNIT 200
ST LOUIS MO 63124

Property Location:
3333 75TH ST
WOODRIDGE, 60565

Township Assessor:
LISLE
630-968-1183

Tax Code:
8048

Property Index Number:
08-26-301-015

TIF Frozen Value	
Fair Cash Value	
Land Value	245,650
+ Building Value	0
= Assessed Value	245,650*
x Ratio Multiplier	1.0000
= Equalized Value	245,650
- Residential Exemption	
- Senior Exemption	
- Senior Freeze	
- Disabled Veteran	
- Disability Exemption	
- Returning Veteran Exemption	
- Home Improvement Exemption	
- Housing Abatement	
= Net Taxable Value	245,650
x Tax Rate	9.0485
= Total Tax Due	22,227.64
- Less Advance Payment	.00
= Net Tax Due	22,227.64

CHANGE OF NAME/ADDRESS:
 CALL: 630-407-5900

* 5 OF A FACTOR 1.0343

1st INST PAID MAY 22, 2019
 2nd INST PAID AUG 14, 2019

2018 DuPage County Real Estate Tax Bill
 Gwen Henry, CPA, County Collector
 421 N. County Farm Road
 Wheaton, IL 60197

Office Hours - 8:00 am-4:30 pm, Mon-Fri
 Telephone - (630) 407-5900

2017 \$0

Assessed Value 2018 \$245,650

MAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR - SEND THIS COUPON WITH YOUR 1ST INSTALLMENT PAYMENT OF 2018 TAX

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203

PAY ON-LINE AT: treasurer.dupageco.org

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

*** DUPLICATE BILL ***

08-26-301-016
CEDARHURST OF NAPERVILLE
C/O JORDON DORSEY
300 HUNTER AVE UNIT 200
ST LOUIS MO 63124

1

ON OR BEFORE:	PAY:
JUNE 3, 2019	19,508.57
PAYING LATE?	PAY THIS AMOUNT:
JUN 4 THRU 30	19,801.20
JUL 1 THRU 31	20,093.63
AUG 1 THRU 31	20,366.46
SEP 1 THRU 30	20,679.08
OCT 1 THRU 31	20,971.71
NOV 1 THRU 13	21,264.34

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY.

PAYMENT OF THIS 2018 TAX BILL AFTER OCTOBER 31, 2019, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER.

CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK.

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 13, 2019

\$19,508.57 PAID MAY 22, 2019

MAKE CHECK PAYABLE TO: DU PAGE COUNTY COLLECTOR - SEND THIS COUPON WITH YOUR 2ND INSTALLMENT PAYMENT OF 2018 TAX

MAIL PAYMENT TO: P.O. BOX 4203, CAROL STREAM, IL 60197-4203

PAY ON-LINE AT: treasurer.dupageco.org

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

*** DUPLICATE BILL ***

08-26-301-016
CEDARHURST OF NAPERVILLE
C/O JORDON DORSEY
300 HUNTER AVE UNIT 200
ST LOUIS MO 63124

2

ON OR BEFORE:	PAY:
SEP 3, 2019	19,508.57
PAYING LATE?	PAY THIS AMOUNT:
SEP 4 THRU 30	19,801.20
OCT 1 THRU 31	20,093.63
NOV 1 THRU 13	20,396.46

U.S. POSTMARK IS USED TO DETERMINE LATE PENALTY.

PAYMENT OF THIS 2018 TAX BILL AFTER OCTOBER 31, 2019, REQUIRES A CASHIER'S CHECK, CASH OR MONEY ORDER.

CHECK BOX AND COMPLETE CHANGE OF ADDRESS ON BACK.

NO PAYMENT WILL BE ACCEPTED AFTER NOV. 13, 2019

\$19,508.57 PAID AUG 14, 2019

Rate 2017	Tax 2017	Taxing District	Rate 2018	Tax 2018	Mailed to:	TIF Frozen Value
		** COUNTY **			CEDARHURST OF NAPERVILLE	Fair Cash Value
		COUNTY OF DU PAGE	1.007	434.21	C/O JORDON DORSEY	Land Value 431,200
		PENSION FUND	0.017	63.57	300 HUNTER AVE UNIT 200	+ Building Value 0
		COUNTY HEALTH DEPT	0.030	142.20	ST LOUIS MO 63124	= Assessed Value 431,200*
		PENSION FUND	0.110	51.31	Property Location:	x State Multiplier 1.0000
		FOREST TOWNSHIP DIST	1.180	548.81	3333 75TH ST	= Equalized Value 431,200
		PENSION FUND	0.028	42.25	WOODBRIDGE, 60565	Residential Exemption
		DU PAGE AIRPORT AUTH	0.146	62.05	Township Assessor:	Senior Exemption
		** LOCAL **			LISLE	Senior Freeze
		DU PAGE WATER COMM	AD 1.073		630-968-1183	- Disabled Veteran
		ELDER TOWNSHIP	0.026	213.87	Tax Code:	- Disability Exemption
		ELDER TWP ROAD	0.010	265.91	8048	- Returning Veteran Exemption
		PENSION FUND	0.033	14.22	Property Index Number:	- Home Improvement Exemption
		VIL OF WOODBRIDGE	0.048	20.49	08-26-301-016	- Housing Allowance
		PENSION FUND	0.613	1,126.72		= Net Taxable Value 431,200
		VIL WOODBRIDGE TWP	2.664	1,214.05		x Tax Rate 9.0485
		PENSION FUND	0.045	105.44		= Total Tax Due 39,017.14
		WOODBRIDGE PARK DIST	5.279	2,276.30		- Less Advance Payment .00
		PENSION FUND	0.015	103.82		= Net Tax Due 39,017.14
		ELDER AIRBORNE FIRE	0.098	2,589.33		
		PENSION FUND	0.013	954.28		
		** EDUCATION **				
		GRAND SCHOOL DIST 68	4.2834	18,960.74		
		PENSION FUND	1.015	437.06		
		HIGH SCHOOL DIST 90	1.8931	8,143.04		
		PENSION FUND	0.023	245.35		
		CITY OF DU PAGE SD2	23.17	969.23		
0.000	0.00	TOTAL	9.0485	39,017.14		

CHANGE OF NAME/ADDRESS:
CALL: 630-407-5900

* 5 OF A FACTOR 1.0349

1st INST PAID MAY 22, 2019

2nd INST PAID AUG 14, 2019

2018 DuPage County Real Estate Tax Bill

Gwen Henry, CPA, County Collector

421 N. County Farm Road

Wheaton, IL 60187

Office Hours - 8:00 am - 4:30 pm, Mon-Fri

Telephone - (630) 407-5900



2017 \$0

Assessed Value 2018 \$431,200

File Number

5419-108-1



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

EDWARD HEALTH VENTURES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1986, 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 #: 25002002/52 verifiable until 04/03/2021
Authenticated at: <http://www.cyberdrive.state.il.us>

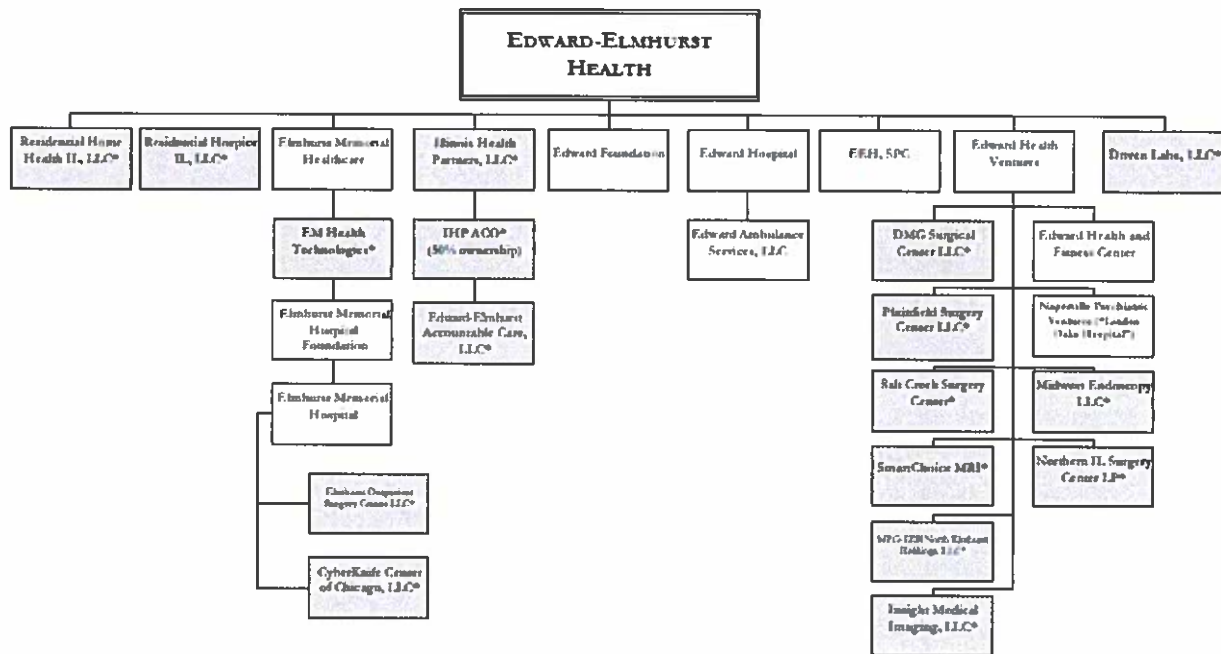
**In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of APRIL A.D. 2020 .**

Jesse White

SECRETARY OF STATE

ATTACHMENT - 3

All three applicants are included in the organization chart below: Edward-Elmhurst Health, Edward Health Ventures, and Edward Hospital.



*Indicates For Profit Entity

Edward-Elmhurst
HEALTH

Healthy Driven

Healthy Driven™

Edward-Elmhurst

HEALTH

March 27, 2020

Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Edward-Elmhurst Health's CON Application for Woodridge Medical Office Building
Floodplain Requirements

To Whom It May Concern:

I hereby attest that the land where the Woodridge Medical Office Building is to be built is not located in a floodplain and that the proposed project complies with the Illinois Executive Order #2006-5.

Sincerely,



Mary Lou Mastro
System President and CEO, Edward-Elmhurst Health

Acknowledgement

State of Illinois
County of DuPage

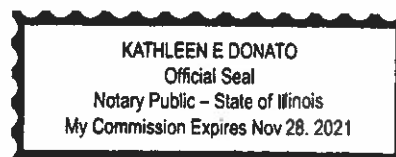
This instrument was acknowledged before me on April 14 2020, by ____

Mary Lou Mastro
(Name of Person)



Notary Public

Edward-Elmhurst Health
801 S. Washington Street
Naperville, IL 60540



ATTACHMENT - 5

FEMA Flood Map Service Center: Search By Address

Enter an address, place, or coordinates: ?

3329 75th Street, Woodridge, Illinois 60517

Search

Whether you are in a high-risk zone or not, you may need flood insurance because most homeowners insurance doesn't cover flood damage. If you live in an area with low or moderate flood risk, you are 6 times more likely to experience flood than a fire in your home over the next 30 years. For many, a National Flood Insurance Program flood insurance policy could cost less than \$400 per year. Call your insurance agent today, and protect what you've built.

Learn more about [SPECIAL FLOOD HAZARD](#) to reduce flood risk damage.

Search Results—Products for WOODRIDGE, VILLAGE OF

[Show ALL Products »](#)

The flood map for the selected area is number **17043C0168J** effective on **08/01/2019** ?

DYNAMIC MAP



MAP IMAGE

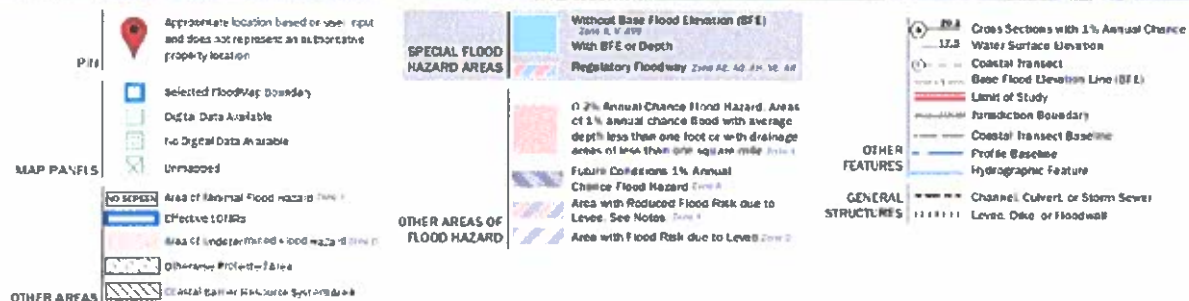
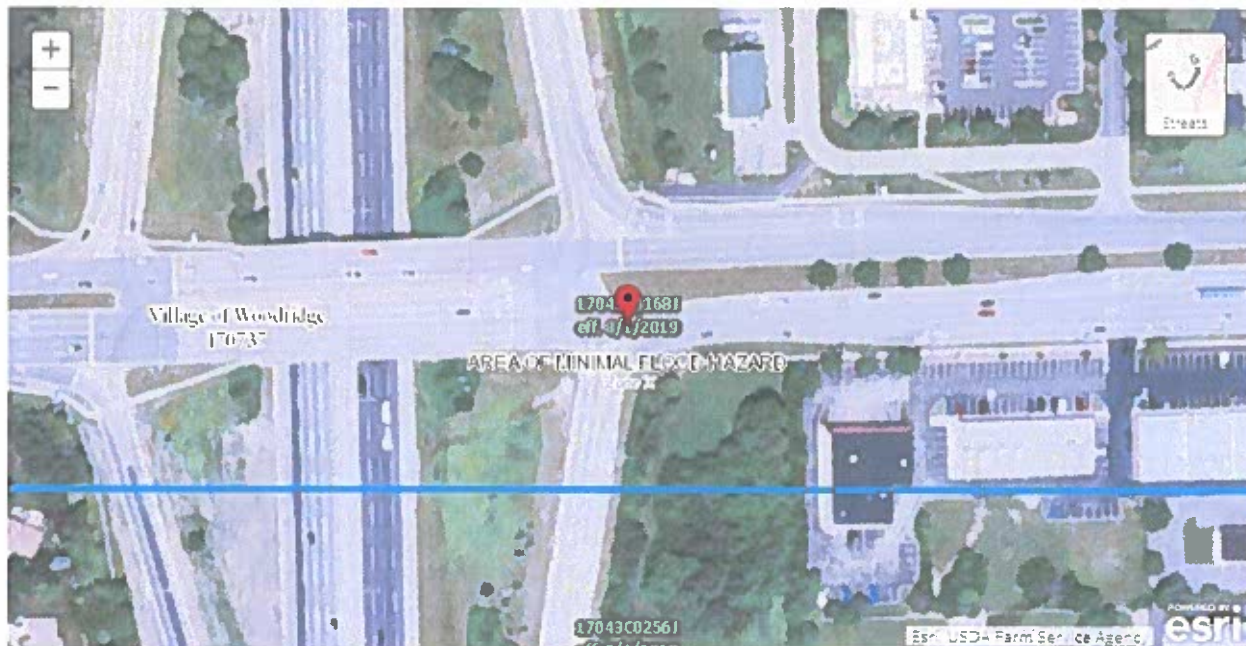


Changes to this FIRM ?

- Revisions (0)
- Amendments (0)
- Reevaluations (1)

You can choose a new flood map or move the location on a map by setting a different location on the locator map below and/or entering a new location in the search field. It may take a minute or more during peak hours to generate a dynamic FIRM. If you are a person with a disability or other condition and need assistance, please contact a map specialist.

[Go To NFHL Viewer »](#)



Zoomed-in view of proposed Project site: map provided by FEMA indicating the site is not located in a floodplain.



Historic Preservation Requirements

Edward-Elmhurst Health has requested a Historic Preservation Act determination from the Illinois Historic Preservation Agency. Documentation that no historic, architectural or archaeological sites exists within the project site will be submitted under separate cover upon receipt. Attached please see the letter and supporting documentation provided to the Illinois Historic Preservation Agency.



March 26, 2020

Illinois Department of Natural Resources
Illinois State Historic Preservation Office
Attention: Review and Compliance/Old State Capitol
1 Natural Resources Way
Springfield, IL 62701

To whom it may concern,

I am requesting a determination letter concerning the applicability of the Preservation Act for the proposed construction of an outpatient ambulatory medical office building that requires a Certificate of Need from the Illinois Health Facilities and Services Review Board.

The proposed project (Woodridge Medical Office Building [MOB]) is a new 36,500 square foot ambulatory site located on the corner of 75th St. and Rte. 53 in Woodridge, Illinois. The building will be comprised of medical offices, outpatient clinics, hospital ancillary services and support space. Services planned for the Woodridge Medical Office Building will include:

- Primary care and specialists (family and internal medicine, behavioral health, orthopedics, OB/GYN, neurology, physiatry, general surgery, endocrinology and bariatrics)
- Walk-in clinic
- Hospital outpatient departments: radiology (xray, mammography, ultrasound, MRI), lab, PT, and weight loss clinic

If additional information is needed, please contact me at 630.527.5865 or via email at Kathryn.Russell@eehealth.org. The applicability of the Preservation Act letter can be emailed directly to me at the e-mail address provided or mailed to the mailing address below.

Thank you in advance for your assistance.

Katie Polz
Edward-Elmhurst Health Corporate Center
Attention: Planning/Marketing Department
4201 Winfield Road
Warrenville, Illinois 60555

Enclosures:

1. Map of project location
2. Current photos of standing structures within project area

Enclosure 1: Aerial maps of project location



Enclosure 2: Current photos of standing structures within project area

A. View Southeast from West [no structures]



B. View Northeast from Southwest [no structures]



C. View East from West [Shell gas station]



D. View West from East [Cedarhurst Assisted Living and Memory Care)



Project Costs and Sources of Funds

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts		\$2,315,184.47	\$2,315,184.47
Modernization Contracts			
Contingencies		\$212,076.66	\$212,076.66
Architectural/Engineering Fees		\$138,828.81	\$138,828.81
Consulting and Other Fees		\$268,910.06	\$268,910.06
Movable or Other Equipment (not in construction contracts)		\$5,925,061.65	\$5,925,061.65
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment		\$20,726,110.65	\$20,726,110.65
Other Costs To Be Capitalized		\$284,076.86	\$284,076.86
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS		\$29,870,249.16	\$29,870,249.16
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities		\$9,144,138.51	\$9,144,138.51
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)		\$20,726,110.65	\$20,726,110.65
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS		\$29,870,249.16	\$29,870,249.16

ACTIVE CON PERMITS

Edward-Elmhurst Health currently has two active CON permits:

- Project #18-015: East Building and Bed Addition
 - Approved at July 2018 board meeting
 - Project completion date on record is March 31, 2021. This project is anticipated to be delayed.
- Project #18-034: East Building Expansion
 - Approved at December 2018 board meeting
 - Project completion date on record is November 30, 2020. This project is anticipated to be delayed.

COST SPACE REQUIREMENTS

Edward-Elmhurst Health proposes to build a 36,561 square foot medical office building. The following table is a list of departments as well as the square footage and the costs associated with the construction and the equipment for each department.

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Total							
NON-REVIEWABLE							
Imaging	\$6,182,769.62			4,459			
Laboratory	\$724,543.01			984			
Physical Therapy	\$3,722,785.12			4,988			
Medical Office	\$8,566,395.77			11,634			
Registration/Reception	\$2,049,190.25			2,783			
Walk in Clinic	\$1,062,515.82			1,443			
Behavioral Health	\$5,697,676.68			7,738			
Building Infrastructure	\$1,864,372.88			2,532			
Total	\$29,870,249.16			36,561			
TOTAL	\$29,870,249.16			36,561			

SECTION II. DISCONTINUATION

Edward-Elmhurst Health does not propose the discontinuation of a health care facility or a category of service; therefore, this section is not applicable.

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

Edward Hospital, Applicant, has ownership over the entities listed below:

Edward Ambulance Services:

State of Illinois License Number: 008967

Plainfield Free-Standing Emergency Department:

State of Illinois License Number: 22003

Edward Health Ventures, Applicant, has ownership over the entities listed below:

Edward Health and Fitness Center

State of Illinois License Number: These are fitness centers and therefore this is not applicable

Midwest Endoscopy Center, LLC

State of Illinois License Number: 7003127

Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital

State of Illinois License Number: 0005058

Insight Medical Imaging, LLC

State of Illinois License Number: This is considered a medical office practice and therefore this is not applicable

*****Copies of licenses and accreditation for Edward Hospital are included as attachments in the following pages.**

There has been no adverse action taken against any facility, as certified in the attached letter. This letter also provides the HFSRB and DPH access to any requisite documents.



April 7, 2020

Illinois Health Facilities and Services Review Board
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RE: Edward-Elmhurst Health's CON Application for the Woodridge Medical Office Building

To Whom It May Concern:

In accordance with Review Criteria 1110.230, Background of Applicant, we are submitting this letter assuring the Illinois Health Facility and Services Review Board that no adverse actions have been taken against Edward-Elmhurst Health or any other facility owned or operated by the co-applicants during the three years prior to filing of this application.

Further, the HFSRB and DPH is herein given authorization to review any records necessary for the verification of the information provided in this CON application.

Sincerely,

Mary Lou Mastro
System President and CEO, Edward-Elmhurst Health

Acknowledgement

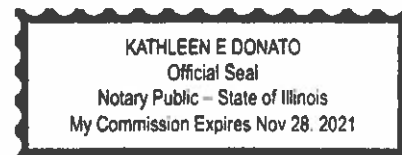
State of Illinois
County of DuPage

This instrument was acknowledged before me on April 14 2020, by ____


Mary Lou Mastro
(Name of Person)

Notary Public

Edward Hospital
801 S. Washington Street
Naperville, IL 60540
Elmhurst Hospital
155 E. Brush Hill Road
Elmhurst, IL 60126
EEHealth.org



ATTACHMENT - 11

 **Illinois Department of
PUBLIC HEALTH** **HF113285**

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	CLASS	LIC. NUMBER
06/30/2018		0003905

General Hospital

Effective: 07/01/2017

Edward Hospital
801 S. Washington Street
Naperville, IL 60540

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO 846240 \$44 5/16

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 06/30/2018

Lic Number 0003905

Date Printed 04/21/2017

Edward Hospital

801 S. Washington Street
Naperville, IL 60540

FEE RECEIPT NO

Edward Hospital

Naperville, 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

August 29, 2015

Accreditation is customarily valid for up to 36 months.



Rebecca J. Fackler, MD
Chair, Board of Contributors

ID #7394
Print/Report Date 10/30/2015


Mark R. Charlin, 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.



		Illinois Department of PUBLIC HEALTH		HF114133
LICENSE, PERMIT, CERTIFICATION, REGISTRATION				
<small>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.</small>				
Nirav D. Shah, M.D., J.D.		<small>Issued under the authority of the Illinois Department of Public Health</small>		
Director				
<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>LIC. NUMBER</small>		
9/10/2018		22003		
Free Standing Emergency Center				
Licensed Beds: 15				
Edward Plainfield Emergency Center 24600 W. 127th Street Plainfield, IL 60585				
<small>The face of this license has a colored background. Printed by Authority of the State of Illinois • PO #48242 3M 5/16</small>				

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 9/10/2018

Lic Number 22003

Date Printed 9/1/2017

Edward Plainfield Emergency Center

FEE RECEIPT NO

Criterion 1110.110(b) & (d)
PURPOSE OF THE PROJECT

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

The proposed project is a two story 36,000 square foot medical office building located on the corner of 75th street and Route 53 in Woodridge, Illinois. Services planned for the Woodridge Medical Office Building will include:

- Primary care and specialists
- Walk-in clinic for weekend and after-hours care
- Diagnostic radiology (xray, mammography, ultrasound, MRI)
- Lab
- Physical therapy
- Weight loss clinic
- Behavioral health services

EEH continually focuses on its mission to advance the health of its community. In its most recent Community Benefit Plan, EEH prioritized access to physician services, obesity management, early detection of cancer, and expansion of behavioral health services. The proposed Project addresses each of these priorities:

Access to Physician Services:

The Edward Elmhurst Health (EEH) physician network has grown by 27% over the past 4 years, including both primary care and specialists. Future growth is imperative to ensure cost effective patient access throughout the community. There is limited capacity either on the Edward Hospital campus or in existing medical office buildings to accommodate additional physicians and ancillary services. The proposed Project will accommodate growth of more than 15 providers, serving critical community needs in primary care, OB/GYN, endocrinology and other specialties.

Cancer Early Detection:

EEH has established a corporate goal to increase mammography screening rates across its service area. Currently the wait times for breast cancer screenings are long, potentially impacting timely detection. Added mammography capacity will facilitate access to this important service.

Obesity:

The obesity epidemic is a serious issue within EEH's service area, as it is across Illinois and the nation. EEH currently provides comprehensive weight loss services, but only on the Edward and Elmhurst hospital campuses with no capacity to grow. This Project will allow for the expansion of these services to enhance access within the area served by this project.

Behavioral Health:

Limited access to behavioral health services is a well documented issue that will be addressed by this project. While Linden Oaks Hospital continues to plan for and enhance community outreach programs, space constraints make it impossible to provide the access required. The proposed site will provide the capacity to add psychiatry, psychological testing, and counselling services, for which access is currently limited.

In addition to these services, the proposed site will expand access to laboratory, diagnostic imaging, and physical therapy services, as needed to support physician practices and convenient patient access.

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

It is anticipated that the majority of patients receiving services at the proposed Woodridge Medical Office Building would include the following zip codes-cities: Woodridge – 60517; Lisle – 60532; Naperville – 60565; Bolingbrook – 60440.

Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.

EEH completes a community needs assessment every three years and a medical staff development plan annually to document issues related to community health status and physician need. These plans support the expansion of proposed services, as previously discussed. As further indicated above, existing medical office buildings and ambulatory sites are at capacity and unable to accommodate the addition of new providers and services as necessary to meet the goals of this project.

Cite the sources of the documentation.

The proposed Project considers various sources of internal and external data with the intent of reviewing historical patient demand and planning for the future needs of the community:

- Environics Analytics iXPRESS
- Sg2
- Health Care Advisory Board
- Internal utilization analysis
- Illinois COMPdata
- EEH Annual Physician Needs Assessment
- EEH Community Health Needs Assessment

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

As summarized above, the proposed Project will provide the space necessary to accommodate additional physicians and services, which will allow EEH providers to improve access and reduce wait times for primary care and specialty services while similarly enhancing access to other needed services, including mammography, weight loss, behavioral health services, diagnostic imaging and physical therapy.

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

The goal of this project is to enhance access to physician and ancillary services, expand behavioral health services, and provide space to accommodate future growth of the physician network, weight loss program, mammography and other services essential to the community served. Quantifiable and measurable objectives of the Project include:

- Opening the ambulatory building by August 2022
- Accommodate a minimum of 10 providers by August 2024, two years after project completion, with capacity for continued growth
- Realize 16,500 behavioral health visits by August 2024, two years after project completion
- Implement a medically based weight loss clinic, physical therapy, diagnostic imaging (including mammography) to support community health needs related to obesity, early cancer detection, and high prevalence of osteoarthritis

ATTACHMENT - 12

For projects involving modernization, describe the conditions being upgraded, if any. For facility projects, include statements of the age and condition of the project site, as well as regulatory citations, if any. For equipment being replaced, include repair and maintenance records.

Not applicable to this Project.

ALTERNATIVES TO THE PROJECT

1. Do nothing:

As detailed in 'Criterion 1110.110(b), Project Purpose', a need exists to expand the physician network throughout the service area, along with other proposed services to expand access. Electing to 'do nothing' would negatively impact the ability to grow in order to address identified community needs, including access to physician services, breast cancer diagnostics, behavioral health services and weight management. Further, streamlining care would be more difficult without co-locating the above detailed services and providers as patients would continue to go between physical locations, thus negatively impacting the patient experience. Thirdly, the limited physician access may in fact force patients to utilize the emergency department for low-acuity care thus increasing unnecessary utilization and healthcare costs. For these reasons this option was rejected. Cost: \$0

2. Expand current MOB facilities in the Woodridge market:

The only MOBs in the area accommodating EHV and Edward Hospital providers and services are on Hobson Road in Naperville—one accommodates primary care and imaging services and the other accommodates a single behavioral health provider in leased space. These buildings are capacity with no opportunity for expansion. Cost estimates were not developed for this option because there is no expansion space available. However, cost savings are projected by closing the behavioral health site and consolidating it into the proposed site, which will also provide for substantial expansion capacity. Because no expansion opportunity exists, this option was rejected.

3. Grow on EH campus:

The medical office space on the Hospital campus is currently 100% occupied; infrastructure limitations and parking insufficiencies are major inhibitors to expand the medical office spaces. Further, disruption to patient flow, clinical operations and overall satisfaction would be negatively impacted by a major on-site addition. Planned expansion on campus (East Building) is completely subscribed and cannot accommodate additional providers or services. Finally, this option will not provide the opportunity to offload volume from the crowded Hospital campus or improve access to the area served by this project. For these reasons this option was rejected. Cost Estimate: \$32M.

4. Lease or purchase existing site in Woodridge area:

Upon review and working with a commercial realtor, EEH searched the market for suitable space that would meet the goals of the proposed Project; however, such space was not available nor did any options align with the needs of the organization. For these reasons this option was rejected. Cost: Comparable to proposed project (\$29 M)

Through evaluation of the above outlined alternatives the recommendation is to develop a new two story, 36,000 sf ambulatory facility in Woodridge, Illinois, in partnership with Ryan Companies LLC, who will hold the lease and develop the property. The Project has been determined to support the System's purpose in a location that fills a geographic gap within the Edward Hospital service area. The table below provides a summary of alternatives including comparison against the proposed Project.

ALTERNATIVE COMPARISON GRID:

Alternative	Cost	Pro	Con
Do nothing	\$0	No cost	-Does not address the physician capacity issue, improving patient access, or enhancing quality of care by coordinating services. -Limits the System's ability to enhance early detection and prevention of breast cancer, provide essential weight management services, and expand behavioral health services to the community
Expand current EEH MOB facilities in the area served by this project	Cost estimate not provided as no opportunity exists in the area served by this project	No evident benefit over proposed Project	-The space required to expand services is not available in existing MOB's located in the area served by this project
Growth on Edward Hospital campus	at least \$32 M	No evident benefit over proposed Project	-Currently, the medical office space and proposed expansions available on campus is 100% occupied or subscribed. Limited growth opportunities exist - current parking complement is insufficient to meet the additional parking demands associated with expansion -On campus expansion is more expensive than freestanding site -Does not offload crowded campus or enhance access to the proposed service area
Lease or purchase existing site in an alternative location, repurpose for proposed project	Comparable to proposed project (\$29M), assuming no significant demolition and renovation is required.	If a previously developed space is available, this option might allow for quicker development to accommodate patient access and support physician recruitment	-This option was explored, but there is very limited medical office space available within the service area of the proposed Project. Alternative options were considered but eliminated based on-site location, size, available parking or cost provide a cost comparison if possible -Compromises would need to be made with building location and potentially inefficient departmental layouts. This would adversely impact the goals of the Project and potentially lead to inefficiencies.
Current Proposed Project	\$29 Million	- Improve patient access by addressing market growth and demand -Support the expansion of needed physician expansion as well as expansion of behavioral health, imaging, physical therapy and weight loss programming. -Allow for the consolidation of existing behavioral site into new site to achieve real estate savings while providing expansion opportunity. -Opportunity to provide comprehensive services in one physical location to enhance patient access and convenience	No expected negative impact on ability to deliver on stated goals.

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE**Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space****SIZE OF PROJECT**

Based on population growth and community need, EEH has established that a need exists for additional physicians, ancillary services, and behavioral health programming. To that end, EEH worked with Ryan Companies, LLC, a national leader in commercial real estate services and Jensen and Halstead, LTD, a full service Chicago-based architectural and interior design firm, to develop a right-sized medical office building in a service area that will enhance access to a segment of the population it serves.

The project is a new construction two story ambulatory care facility with 36,501 square feet. Department gross square feet (dgsf) totals 33,469 square feet. The distribution of the space is shown on the table below. All services for which there are space standards meet those standards.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Laboratory	984	Not provided	N/A	N/A
Medical Office	11,634	Not provided	N/A	N/A
Walk-in Clinic	1,443	Not provided	N/A	N/A
General Radiology	774	1,300	(526)	Yes
Mammography	809	900	(91)	Yes
Ultrasound	689	900	(211)	Yes
Bone Densitometry	569	Not provided	N/A	N/A
MRI	1,618	1,800	(182)	Yes
Behavioral Health	7,738	Not provided	N/A	N/A
Physical Therapy	4,988	Not provided	N/A	N/A
Registration/Reception	2,783	Not provided	N/A	N/A
Building Infrastructure	2,532	Not provided	N/A	N/A
Total*	36,561			
*Includes BOMA vertical penetrations (560 sf)				

PROJECT SERVICE UTILIZATION

The proposed Project does not include services for which there are established utilization standards.

UNFINISHED OR SHELL SPACE

The proposed Project does not entail unfinished or shell space, so this section is not applicable.

ASSURANCES FOR UNFINISHED/SHELL SPACE

The proposed Project does not entail unfinished or shell space, so this section is not applicable.

SECTION V. SERVICE SPECIFIC REVIEW CRITERIA**Criterion 1110.270 Clinical Service Areas Other than Categories of Service**

The proposed site includes the following programs that are not categories of service:

- Imaging
- Laboratory
- Physical Therapy

These services are being expanded to meet the needs of residents of the A-05 and A-13 planning areas, primarily in the following zip codes:

Community	Zip Code	Planning Area
Woodridge	60517	A-05
Lisle	60632	A-05
Naperville	60565	A-05
Bolingbrook	60540	A-13

Service demand is based on historic utilization and order patterns of physicians occupying the proposed site, including primary care providers and the following specialists: orthopedics, OB/GYN, bariatrics, general surgery and endocrinologists. At least 15 new providers will be added to this site over a 3 year period, generating the below listed volumes within the first two years of operations. In addition, referrals will be generated by other physicians on the Edward-Elmhurst medical staff (approximately 1,800 total physicians across multiple specialties).

Analysis of referral patterns and service area demographics generated the following projected volumes for the site:

TOTAL HOSPITAL ANCILLARIES AT WOODRIDGE	Year 1	Year 2
MRI Cases	1,786	2,097
Ultrasound Cases	2,410	2,898
Mammography Cases	2,661	3,090
Xray Cases	4,186	5,029
OP Physical Therapy Visits	16,384	20,224
OP Lab Cases	17,573	20,809

Since CON minimum standards apply only when more than one unit is proposed, they do not apply to this project.

Service	# Existing Key Rooms	# Proposed Key Rooms
<input checked="" type="checkbox"/> Lab	0	1
<input checked="" type="checkbox"/> Physical Therapy	0	1
<input checked="" type="checkbox"/> Imaging	0	1

SECTION VI. 1120.120 - AVAILABILITY OF FUNDS &**SECTION VII. 1120.130 - FINANCIAL VIABILITY****Financial Viability Waiver**

The applicant, Edward-Elmhurst Healthcare, has an A/Stable Bond Rating from Fitch Ratings as reflected in the attached documents.



Public Finance

Healthcare / U.S.A.

Edward-Elmhurst Healthcare, Illinois

New Issue Report

Ratings

Long Term Issuer Default
Rating

A

New Issues

\$78,850,000 Edward-Elmhurst
Healthcare Taxable Variable Rate
Demand Bonds, Series 2018

A

\$120,730,000 Illinois Finance
Authority (Edward-Elmhurst
Healthcare, Inc.) Floating Rate
Revenue Refunding Bonds,
Series 2018A

A

\$23,000,000 Illinois Finance
Authority (Edward-Elmhurst
Healthcare, Inc.) Floating Rate Notes,
Series 2018B

A

Outstanding Debt

Illinois Finance Authority (Edward-
Elmhurst Healthcare, Inc.)
Revenue Bonds

A

Illinois Finance Authority Revenue
Bonds

A

Illinois Finance Authority (Elmhurst
Memorial Healthcare, Inc.) Revenue
Refunding Bonds (Taxable)

A

Rating Outlook

Stable

New Issue Summary

Sale Date: October 17, 2018

Series: Series 2018A tax-exempt fixed rate revenue bonds, series 2018B floating-rate notes (FRNs), and series 2018 taxable variable-rate demand bonds (VRDBs)

Purpose: Refinance series 2013A taxable fixed rate revenue bonds and series 2013C&D variable rate direct purchase bonds, and pay the costs of issuance

Security: Bond payments are secured by a joint and several revenue pledge of the Edward-Elmhurst Healthcare obligated group, which was created after the issuance of the series 2017 financing. The bonds are not supported by a mortgage or a debt service reserve fund (DSRF)

Analytical Conclusion

The 'A' rating is driven by Edward-Elmhurst Healthcare's (EEH) strong financial profile assessment in the context of the system's mid-range revenue defensibility and operating risk profile assessments. The rating reflects EEH's strong capital-related ratios, leading market position in a quality service area, and Fitch Ratings' expectation of mid-range to improving operating EBITDA margins in the coming years. The Stable Rating Outlook is based on Fitch's expectation that EEH will generate capital-related ratios consistent with the 'A' category through the cycle in Fitch's FAST scenario analysis, which includes a stressed rating case.

Key Rating Drivers

Revenue Defensibility: 'bbb'; Leader in a Strong Service Area with Competition in the Broader Market

EEH's revenue defensibility is mid-range. The system's payer mix is characterized by low combined Medicaid and self-pay. EEH is the market share leader in a service area with generally strong characteristics, although the broader Chicagoland market is very competitive.

Operating Risk: 'bbb'; Improved Margins in 2018 after Compressed Results

EEH's operating risk profile is mid-range. Despite weaker results in fiscal years 2016 and 2017, Fitch expects EEH to sustain operating EBITDA margins more consistent with the rebound in fiscal 2018 and, in the long term, at least in line with mid-range. Capital spending needs are marginally elevated.

Financial Profile: 'a'; Strong Capital-Related Ratios through the Cycle

EEH's financial profile is strong. Capital-related ratios are expected to be consistent with the broad 'A' rating category through the cycle in the out-years of the stressed rating case in Fitch's FAST scenario analysis.

Asymmetric: Additional Risk Considerations

There are no asymmetric risk factors associated with EEH's rating.

Rating Sensitivities

Rebound in Operating Margins: Fitch expects EEH to sustain the rebound in operating EBITDA margin generated in fiscal 2018 after compressed results in fiscal years 2016 and 2017. Fitch believes that EEH has taken corrective actions to generate operating EBITDA margins consistent with mid-range revenue defensibility, and possibly higher, over the long-term.

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October 16, 2018



Public Finance

Rating History (IDR)

Rating	Action	Outlook/ Watch	Date
A	Referred	Stable	6/26/16
A	Referred	Stable	6/26/16
A	Assigned	Stable	10/16/10

term. The rating could be raised if EEH stabilizes and maintains operating EBITDA margins consistent with a 'strong' operating risk profile, although this would be balanced against any future capital needs or spending. Conversely, while not expected, a failure to sustain improved margins could pressure the rating, particularly if compounded with weaker liquidity and capital-related ratios.

Credit Profile

EEH is the result of the July 2013 merger between Edward Hospital and Health Services and Elmhurst Memorial Healthcare. EEH is a 721 bed health system headquartered in Naperville, IL, with inpatient acute care hospitals in Naperville and Elmhurst. The system also includes Linden Oaks Hospital, a 108 bed psychiatric hospital in Naperville. Naperville and Elmhurst are located 33 miles and 18 miles, respectively, west of downtown Chicago. EEH generated over \$1.4 billion in operating revenue in fiscal 2016 (June 30 fiscal year-end).

Revenue Defensibility

EEH's payor mix is mid-range. Combined gross self-pay and Medicaid accounted for 10.1% of gross revenues in fiscal 2016. Medicare represents approximately 42% of EEH gross revenues. Illinois expanded Medicaid under the Affordable Care Act (ACA).

EEH's market position is mid-range. The system's primary service area (PSA) covers much of DuPage County and is centered on EEH's two inpatient acute care hospitals in Elmhurst, IL and Naperville, IL. The service area extends south and west of Naperville toward communities such as Plainfield and Oswego. EEH is the clear PSA leader, with 36.5% inpatient market share in fiscal 2017 (37.3% through nine months of fiscal 2018). Competitors include: Good Samaritan Hospital (a member of Advocate Aurora Health), with 7.1% market share in 2017 (7.6% through nine months 2018); Central DuPage Hospital (a member of Northwestern Medicine), with 5.6% share in 2017 (5.6% through nine months 2018); Rush Copley Medical Center (a member of A+ rated Rush University Medical Center), with 5.2% share in 2017 (5.0% through nine months 2018); and AMITA Health Adventist Medical Center Bolingbrook (a member of AMITA Health), with 5.2% share in 2017 (5.4% through nine months 2018).

Despite EEH's market-share lead, the broader Chicagoland is very competitive. Moreover, in EEH's immediate service area, the system faces considerable ambulatory competition from the DuPage Medical Group (DMG), although EEH and DMG have multiple partnerships in place.

Demographic characteristics in EEH's PSA are strong. Population growth in DuPage County has been modest but very robust in communities in the western portion of EEH's PSA (e.g. Plainfield and Oswego). The median household income level in DuPage County broadly—and the towns of Elmhurst and Naperville specifically—are well above state and national averages. The unemployment rate in DuPage County is below average, and the poverty level in the county is well below average.

Operating Risk

EEH's operating costs flexibility is mid-range, despite compressed margins in recent years. In fiscal years 2016 and 2017, EEH restated its audited results after discovering an overstatement in its net revenues and accounts receivable (AR). The AR overstatement amounted to \$92 million as of June 30, 2017 and included contractual allowances, bad debts, and charity care reserves. Consequently, the system's operating EBITDA margin measured 6.5% in fiscal 2016 and 6.4% in fiscal 2017. The restatement did not of use EEH's unrestricted cash position.

Related Research

Fitch Assigns 'A' Rating to Edward-Elmhurst Healthcare's (L) Series 2016A LD and Series 2016 Bonds (September 2016)

Related Criteria

U.S. Not-For-Profit Hospitals and Health Systems Rating Criteria (January 2016)
Rating Criteria for Public Sector Revenue Supported Debt (February 2010)



Public Finance

EEH's operating margins improved materially in fiscal 2018 (June 30 year-end), with an operating EBITDA margin of 9.5%. The \$65 million increase in operating profitability was due in part to a \$24 million settlement. Nevertheless, the system's "core" operating results improved significantly, as operating profitability increased to \$49.6 million in fiscal 2018 from a loss of \$15.2 million in fiscal 2017. The turnaround was driven by generally good outpatient volume gains, including observation stays (up 1.2%); inpatient admissions were essentially flat; and outpatient visits (up 3.3%); continued acuity gains as the Medicare case mix index (CMI) increased to 1.85 in 2018 from 1.78 in 2017, which was particularly impressive given EEH's decrease in average length of stay in 2018; and the system's various expense savings. On this last point, management reports that the system exceeded both its non-labor savings target of \$25 million and total cost savings target of \$50 million.

Management engaged multiple consultants to develop a comprehensive improvement effort, including improved contractual allowance and bad debt/charity care reserve practices more in line with actual results, standardization of physician preference items, improved clinical documentation, pharmacy and supply cost savings, and ongoing benefits from the FTE reductions and other labor savings EEH implemented in late 2017. Ongoing expense management is planned for fiscal 2019 and beyond.

Consistent with EEH's improved results in fiscal 2018, Fitch believes that EEH's market fundamentals are favorable. Management's corrective actions should continue to generate operating EBITDA margins at least consistent with mid-range revenue defensibility and possibly stronger over time.

EEH's capital expenditure requirements are only elevated but manageable. The system plans to spend capital over the next five years at a pace below expected depreciation expense. EEH's capital focus over the period will be on continued ambulatory development throughout the service area. A highlighted project is the Edward Hospital Revitalization. Specifically, EEH will construct a new "East Building" on the EH campus, connected to the Heart Hospital and Education Center. The East Building will accommodate a 15-bed expansion and support growth in cardiology. EEH received certificate of need (CON) approval for the East Building in July 2018. EEH has an Epic electronic medical record (EMR) system. Fitch believes EEH has flexibility in its capital plans, although the East Building project is expected to progress regardless (construction is expected to begin in October 2018 and conclude approximately two years later). EEH's average age of plant measured 13.1 years at fiscal year-end 2018 and the measure could increase at the system's expected pace of capital spending.

Financial Profile

EEH's financial profile is strong. The system's capital-related ratios should be consistent with the broad 'A' rating category through the cycle in the out-years of the stressed rating case in Fitch's FAST scenario analysis, given EEH's mid-range revenue defensibility and operating risk profiles.

EEH had just over \$650 million of debt outstanding at fiscal year-end 2018 (June 30 year-end). Unrestricted cash and investments at fiscal year-end 2018 measured over \$930 million.

EEH's debt equivalents are mixed. At fiscal year-end 2018, the system's defined benefit pension plan was 84% funded relative to a projected benefit obligation (PBO) of \$217 million. Because the pension plan is more than 80% funded, Fitch does not include the underfunded status in calculating adjusted debt. Operating lease expense measured \$19.4 million in fiscal 2018, translating to a debt equivalent of \$97 million (based on Ex lease expense method). Consequently, EEH's adjusted debt (direct debt plus underfunded defined benefit pension



Public Finance

below 80% funded plus operating leases) measured roughly \$790 million at year-end 2018. Net adjusted debt (adjusted debt minus unrestricted cash and investments) measured negative \$143 million at year-end 2018.

Based on fiscal 2018 results, EEH's net adjusted debt-to-adjusted EBITDA measured a negative 0.7x, while cash-to-adjusted debt was 118%.

Fitch expects net adjusted debt to remain consistent with the broad 'A' category through the cycle based on the stressed rating case over the next five years. Through the five-year cycle in the rating case (which assumes a modest recession in year one followed by a modest recovery and then stability), net adjusted debt-to-adjusted EBITDA remains negative and reaches approximately negative 2x by year five while cash-to-adjusted debt exceeds 140% by year five.

Asymmetric Additional Risk Considerations

There are no asymmetric risk factors associated with EEH's rating. The system recently hired an interim CFO and a deep financial management team is in place. No timeline has been set to fill the full-time CFO role. There are no planned retirements among key senior executives in the next year or two.

EEH had just over \$690 million of debt outstanding at fiscal year-end 2018. Following the refinancing of the series 2013A variable fixed rate bonds and series 2013C and 2013D variable rate direct purchase debt, just over 50% of EEH's debt will be variable rate. Approximately \$150 million of VRDBs will be outstanding, supported by letters of credit (LOC) from JPMorgan Chase, Bank of America, and Barclays. The LOCs are set to expire in staggered terms between September 2019 and November 2022. EEH will also have approximately \$80 million of FRNs and R-Floors outstanding. The remaining variable rate debts are private placements with JPMorgan Chase, PNC, and Bank of America. Pro-forma maximum annual debt service (MADS) is \$45.2 million. Pro-forma MADS coverage based on fiscal 2018 is 4.1x and does not pose an asymmetric risk.

EEH has multiple fixed-payor and fixed-spread basis swaps in place with a total notional amount outstanding of just over \$500 million. Swap counterparties include JPMorgan, PNC, Deutsche Bank, Goldman Sachs, Citibank, Barclays, Morgan Stanley, and Merrill Lynch.

Unrestricted cash and investments measured just over \$930 million at fiscal year-end 2018, translating to cash on hand of approximately 250 days. Per Fitch's FAST scenario analysis for EEH, the system's liquidity should remain at or above 200 days through the cycle in the stressed rating case and therefore days cash on hand does not pose an asymmetric risk. Financial covenants included in EEH's bond documents are a minimum historical actual debt service coverage of 1.10x and minimum cash on hand of 75 days.



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Financial Summary

(\$MM), Audited Fiscal Years Ended June 30)

	2016	2017	2018 ^a
Balance Sheet Data			
Unrestricted Cash & Investments	753,176	823,048	951,146
Total Assets	2,207,741	2,113,459	2,374,327
Total Debt (Including Current Portion)	712,260	707,397	692,635
Adjusted Debt	807,124	796,612	787,860
Net Adjusted Debt	65,233	(24,416)	(141,286)
Unrestricted Net Assets	894,655	984,136	1,104,056
Income & Cash Flow Data			
Net Patient Revenue	1,162,297	1,271,286	1,332,251
Other Revenue	61,274	126,303	142,102
Total Revenues	1,223,571	1,397,589	1,474,353
Depreciation & Amortization	67,642	68,441	70,766
Interest Expense	11,713	20,247	20,533
Total Expenses	1,230,681	1,370,442	1,424,718
Income from Operations	(4,010)	(15,151)	49,635
Operating EBITDA	81,165	73,335	140,739
Non-Operating Gains (Losses)	24,139	9,365	45,861
Excess (Deficiency) of Revenues over Expenses	20,129	(5,183)	25,433
EBITDA	107,504	83,300	186,602
Operating Lease Expense	16,298	17,843	17,445
Total Pension Expense	(1,578)	(2,114)	(1,151)
Adjusted EBITDA	122,874	59,007	201,024
Net Unrestricted Gains (Losses)	(61,157)	86,290	16,732
Net Capital Expenditures	78,668	77,044	66,675
Maximum Annual Debt Service (MAUS)	45,088	45,063	45,226
Liquidity Ratios			
Days Cash on Hand	230.1	230.1	251.6
Days in Accounts Receivable	47.8	54.3	45.7
Liquidity Ratio (x)	16.5	38.2	20.6
MAUS Coverage - EBITDA (x)	2.4	1.9	4.1
MAUS Coverage - Operating EBITDA (x)	1.9	1.6	3.1
MAUS / Total Revenue (%)	3.7	3.3	3.1
Profitability & Operational Ratios (%)			
Operating Margin	(0.3)	(1.1)	3.4
Operating EBITDA Margin	6.8	5.4	9.6
EBITDA Margin	8.6	6.1	12.3
Capital Related Ratios			
Cash / Debt (%)	106.4	116.3	134.7
Cash / Adjusted Debt (%)	91.9	103.1	118.1
Net Adjusted Debt / Adjusted EBITDA	0.5	(0.1)	(0.7)
Average Age of Plant (Years)	21.7	22.5	21.1
Capital Expenditures / Depreciation (%)	116.3	112.6	94.2

^aUnaudited. EBITDA: Earnings before interest, taxes, depreciation & amortization.

Note: Fitch may have reclassified certain financial statement items for analytical purposes.

Source: Edward-Elmhurst Healthcare (ELH) and Fitch.



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Utilization Data

(Fiscal Years Ended June 30)	2016	2017	2018
Operating Beds	721	721	721
Acute Adult Admissions / Discharges	42,554	44,462	44,450
Acute Adult Patient Days	183,979	189,392	187,087
Average Length of Stay (Days)	4.3	4.3	4.2
Average Daily Census	504	519	513
Occupancy (%)	69.9	72.0	71.1
Observation Cases	13,705	14,890	15,075
Hospital Stays (Admissions plus Observation Cases)	55,759	59,352	59,525
Births	5,089	5,326	5,581
Inpatient Surgeries	10,042	11,126	11,099
Outpatient Surgeries	17,953	17,690	16,610
Emergency Department Visits, Net of Admissions	141,112	144,788	148,145
Outpatient/Clinic Visits	746,719	788,960	814,647
Medicare Caseload Index	1.70	1.78	1.85

Source: Edward-Grubert Healthcare (LL) and Fitch.

Payor Mix

(% Gross Revenues, Fiscal Years Ended June 30)	2016	2017	2018
Medicare	39.7	41.0	41.9
Medicaid	8.5	9.2	8.1
Commercial & Managed Care	48.8	46.8	46.9
Self-Pay	1.7	1.8	2.0
Other	1.3	1.2	1.0
Total	100.0	100.0	99.9

Source: Edward-Grubert Healthcare (LL) and Fitch.

FitchRatings

Public Finance

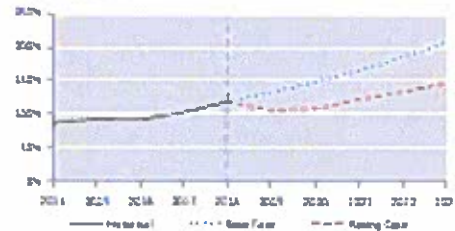
FAST - Fitch Analytical Sensitivity Tool
Portfolio & Scenario Analysis

Edward-Elmhurst Healthcare (IL)

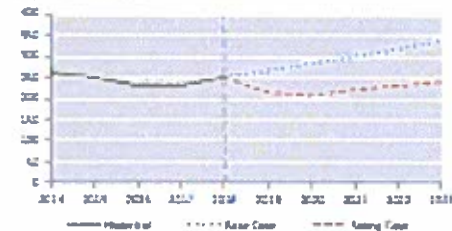
Analytical Summary

Per Fitch's FAST scenario analysis, EDH's capex to fixed asset ratio should be consistent with the bond 'A' category by the end-year of the assumed rating case. Based on Fiscal 2018 results, EDH's net adjusted debt-to-adjusted EBITDA remained a favorably negative 0.7x, while cash-to-adjusted debt was 1.01x. Through the five-year cycle in the rating case (which assumes a modest recession in year one followed by a modest recovery and then stability), net adjusted debt-to-adjusted EBITDA remains negative and reaches approximately negative 2x by year five while cash-to-adjusted debt expands 140% by year five.

Cash to Adjusted Debt



Days Cash on Hand



FAST Summary

	Base Case					Rating Case				
	2018	2020	2021	2022	2023	2024	2025	2026	2027	2028
Revenue Stream (\$MM)										
Operating Cash & equivalents	1,034,704	1,122,155	1,240,488	1,361,039	1,484,381	1,614,477	1,752,137	1,898,633	2,054,102	2,218,329
Total Debt	661,976	680,415	675,667	641,232	634,371	644,171	648,445	646,485	641,115	636,793
Adjusted Debt	733,762	744,665	746,479	736,478	714,911	717,390	718,452	716,479	710,418	705,874
Net Adjusted Debt	281,448	264,324	267,569	253,762	241,486	241,917	241,667	241,177	240,277	240,145
Expense Stream (\$MM)										
Total Expenses	1,034,717	1,102,118	1,220,268	1,341,623	1,465,845	1,593,165	1,723,247	1,856,551	1,993,182	2,133,618
Total Capex	1,471,639	1,321,766	1,174,607	1,024,697	884,312	747,129	620,768	511,687	420,487	344,162
Operating EBITDA	134,084	142,475	167,402	186,954	202,600	220,382	237,363	254,734	271,112	286,404
EBITDA	181,474	174,877	186,476	192,951	198,429	171,816	166,863	161,161	154,668	149,776
Adjusted EBITDA	174,161	164,666	167,578	168,488	164,165	148,136	143,779	142,605	140,163	138,121
Metrics										
Cash / Debt	156%	164%	180%	211%	227%	250%	236%	230%	218%	240%
Cash / Adjusted Debt	117%	144%	164%	189%	207%	237%	236%	233%	214%	247%
Days Cash on Hand	263	263	326	338	386	313	268	233	211	202
Operating EBITDA margin	13%	13%	14%	14%	14%	14%	14%	14%	14%	13%
EBITDA margin	18%	15%	15%	14%	13%	13%	13%	13%	13%	13%
Net Adj Debt / Adj EBITDA	1.6x	1.6x	1.6x	1.5x	1.5x	1.5x	1.5x	1.5x	1.5x	1.4x
Liquidity Ratios (\$MM)										
ECF Current	2.0%	2.0%	2.3%	2.6%	2.9%	3.1%	3.0%	2.8%	2.6%	2.3%
ECF Future Commitments	4.4%	4.4%	4.6%	4.4%	4.4%	4.1%	3.9%	3.6%	3.4%	3.1%
Revenue Coverage	2.4%	2.7%	3.0%	3.4%	3.7%	4.0%	3.9%	3.7%	3.4%	3.0%
Expense Coverage	1.9%	2.1%	2.3%	2.6%	2.9%	3.1%	3.0%	2.8%	2.6%	2.3%
Free Cash Flow (\$MM)	8,682	14,565	14,801	14,292	14,242	9,561	14,167	14,991	14,245	14,128
Free Cash Flow (\$MM)	0	0	0	0	0	0	0	0	0	0
Capex to Fixed Assets (\$MM)	78,455	70,520	74,555	64,695	64,530	55,151	47,120	39,655	34,790	28,432

Best case: Annual revenue and expense growth is roughly in line with national hospital rate and rate of 1.1%. No other major debt is issued over the five-year period.

Rating case: Annual revenue growth is roughly in line with national hospital rate and rate of 1.1%. No other major debt is issued over the five-year period. The best case, the percentage paid for the debt over the five-year period, is roughly in line with national hospital rate and rate of 1.1%. The rating case, the percentage paid for the debt over the five-year period, is roughly in line with national hospital rate and rate of 1.1%. The rating case, the percentage paid for the debt over the five-year period, is roughly in line with national hospital rate and rate of 1.1%.



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Key Definitions

Term	Definition	Significance
Debt Capital Structure	ADDS = $\frac{\text{Debt}}{\text{Debt} + \text{Equity}}$ (compares the debt portion of capital structure)	Provides a quick ratio to assess the degree of financial risk and leverage.
Debt-to-Equity Ratio	$\text{Debt-to-Equity Ratio} = \frac{\text{Debt}}{\text{Equity}}$	Indicates the relative amounts of debt and equity financing.
Debt-to-Capitalization Ratio	$\text{Debt-to-Capitalization Ratio} = \frac{\text{Debt}}{\text{Debt} + \text{Equity}}$	Similar to Debt Capital Structure, but uses book value of equity.
Debt Ratio	$\text{Debt Ratio} = \frac{\text{Debt}}{\text{Debt} + \text{Equity}}$	Another term for Debt Capital Structure.
Debt-to-Assets Ratio	$\text{Debt-to-Assets Ratio} = \frac{\text{Debt}}{\text{Assets}}$	Provides insight into the company's ability to cover its debt obligations with its assets.
Debt-to-Earnings Ratio	$\text{Debt-to-Earnings Ratio} = \frac{\text{Debt}}{\text{Earnings}}$	Measures the company's ability to service its debt with its earnings.
Debt-to-EBITDA Ratio	$\text{Debt-to-EBITDA Ratio} = \frac{\text{Debt}}{\text{EBITDA}}$	Provides insight into the company's ability to service its debt with its operating income.
Debt-to-Operating Income Ratio	$\text{Debt-to-Operating Income Ratio} = \frac{\text{Debt}}{\text{Operating Income}}$	Provides insight into the company's ability to service its debt with its operating income.
Debt-to-EBIT Ratio	$\text{Debt-to-EBIT Ratio} = \frac{\text{Debt}}{\text{EBIT}}$	Provides insight into the company's ability to service its debt with its earnings before interest and taxes.
Debt-to-EBT Ratio	$\text{Debt-to-EBT Ratio} = \frac{\text{Debt}}{\text{EBT}}$	Provides insight into the company's ability to service its debt with its earnings before taxes.
Debt-to-EBTDA Ratio	$\text{Debt-to-EBTDA Ratio} = \frac{\text{Debt}}{\text{EBTDA}}$	Provides insight into the company's ability to service its debt with its earnings before taxes, depreciation, and amortization.
Debt-to-EBTDA Ratio	$\text{Debt-to-EBTDA Ratio} = \frac{\text{Debt}}{\text{EBTDA}}$	Provides insight into the company's ability to service its debt with its earnings before taxes, depreciation, and amortization.

(The following text is a transcription of the handwritten notes on page 10 of the document, which are written in German and appear to be a continuation of the previous page's content.)



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SECTION VIII.1120.140 - ECONOMIC FEASIBILITY**A. Reasonableness of Financing Arrangements**

Not applicable – see bond rating documents [ATTACHMENT 35]

B. Conditions of Debt Financing

The proposed Project is being paid through cash and investments and, therefore, this criterion is not applicable.

C. Reasonableness of Project and Related Costs

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot Mod.	New	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
Reviewable									
Reviewable Subtotal									
Non-reviewable									
Imaging	\$819.69		4,459	30%			\$3,655,001.58		\$3,665,001.58
Laboratory	\$169.43		984	20%			\$166,722.03		\$166,722.03
Rehab Services	\$179.46		4,988	5%			\$895,131.61		\$895,131.61
Medical Office	\$169.43		11,634	33%			\$1,971,183.08		\$1,971,183.08
Registration/Reception	\$169.43		2,783	15%			\$471,531.93		\$471,531.93
Walk-in Clinic	\$169.43		1,443	30%			\$244,491.76		\$244,491.76
Behavioral Health	\$169.43		7,738	30%			\$1,311,072.26		\$1,311,072.26
Building Infrastructure	\$169.43		2,532	20%			\$429,004.26		\$429,004.26
Non-reviewable subtotal	\$169.43		32,102				\$5,489,136.93		\$9,144,138.51
Totals			36,561				\$9,144,138.51		\$9,144,138.51
* Include the percentage (%) of space for circulation									

Joint Committee on Administrative Rules - Administrative Code Section 1120.140 Economic Reasonability - Review Criteria c - Reasonableness of Project and Related Costs - Review Criterion				
		% of Cost	State Standard	Notes
Preplanning Costs	\$ -	0.00%	1.80%	Costs associated with preplanning rolled into the lease agreement
Total Costs for site survey, soil investigation fees and site preparation	\$ -	0.00%	5.00%	Costs associated with site survey, soil investigation fees and site preparation rolled into the lease agreement
Construction Costs	\$ 2,315,184.47	7.75%	N/A	Standard not applicable to this project
Contingencies	\$ 212,076.66	9.16%	10%	Standard met
New Construction A&E Fees	\$ 138,828.81	5.49%	6.22% - 9.34%	Standard met
Consulting	\$ 268,910.06	0.90%	N/A	Standard not applicable to this project
Capitalized Equipment not included in Construction Contracts	\$ 5,925,061.65	19.84%	N/A	Standard not applicable to this project
FMV Leased space/equipment	\$ 20,726,111.65	69.39%	N/A	Standard not applicable to this project
Other costs to be capitalized	\$ 284,076.86	0.95%	N/A	Standard not applicable to this project
	\$ 29,870,249.16	100.00%		

D. Projected Operating Costs

This criterion is applicable to projects or portions thereof that involve hospital-related clinical departments or services; this Project does not involve hospital services and thus this is not applicable.

E. Total Effect of the Project on Capital Costs

This criterion is applicable to projects or portions thereof that involve hospital-related clinical departments or services; this Project does not involve hospital services and thus this is not applicable.

SECTION IX. SAFETY NET IMPACT STATEMENT

The proposed Project is a non-substantive project and, therefore, the safety net impact statement is not applicable.

SECTION X. CHARITY CARE INFORMATION

The table below provides, for the last three audited fiscal years, the amount and cost of charity care and the ratio of charity care to net patient revenue at Edward Hospital, Elmhurst Hospital and Edward Health Ventures.

Edward Hospital	FY17	FY18	FY19
Net Patient Revenue	618,451,259.60	671,735,583.00	657,459,436
Charity Care	52,133,315.00	36,392,601.00	33,232,288
Charity Care at Cost	9,775,832.23	6,135,095.46	5,347,059
Ratio of Charity Care at Cost to Net Patient Revenue	1.6%	0.9%	0.8%

Elmhurst Hospital	FY17	FY18	FY19
Net Patient Revenue	418,514,781.23	448,955,054.00	483,386,076
Charity Care	46,861,371.00	34,817,226.00	33,167,478
Charity Care at Cost	8,808,860.12	5,702,756.03	5,242,865
Ratio of Charity Care at Cost to Net Patient Revenue	2.1%	1.3%	1.1%

Edward Health Ventures	FY17	FY18	FY19
Net Patient Revenue	84,648,566.74	96,704,365.84	103,216,762
Charity Care	1,175,329.93	1,094,343.52	890,317
Charity Care at Cost	781,880.99	728,005.28	555,190
Ratio of Charity Care at Cost to Net Patient Revenue	0.9%	0.8%	0.5%