

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Community Cancer Center, LLC			
Street Address: 407 East Vernon Ave.			
City and Zip Code: Normal 61761			
County:	McLean	Health Service Area: 4	Health Planning Area: D-02

Legislators

State Senator Name: Jason Barickman
State Representative Name: Dan Brady

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

Exact Legal Name: The Carle Foundation
Street Address: 611 W. Park St.
City and Zip Code: Urbana 61801
Name of Registered Agent: James Leonard, MD
Registered Agent Street Address: 611 W. Park St.
Registered Agent City and Zip Code: Urbana 61801
Name of Chief Executive Officer: James Leonard, MD
CEO Street Address: 611 W. Park St.
CEO City and Zip Code: Urbana 61801
CEO Telephone Number: 217-383-3311

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

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o 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: Collin Anderson
Title: Strategic Planning Coordinator
Company Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-902-5521
E-mail Address: <a href="mailto:Collin.Anderson@Carle.com">Collin.Anderson@Carle.com</a>

Additional Contact [Person who is also authorized to discuss the Application]

Name: Kara Friedman
Title: Attorney

Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: (312) 873-3639
E-mail Address: Kfriedman@polsinelli.com

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR CHANGE OF OWNERSHIP EXEMPTION

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

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City and Zip Code: Normal 61761			
County:	McLean	Health Service Area: 4	Health Planning Area: D-02

**Legislators**

State Senator Name: Jason Barickman
State Representative Name: Dan Brady

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

Exact Legal Name: Community Cancer Center, LLC
Street Address: 407 E. Vernon Ave.
City and Zip Code: Normal 61761
Name of Registered Agent: Joseph Prosser
Registered Agent Street Address: 407 East Vernon Avenue
Registered Agent City and Zip Code: Normal 61761
Name of Chief Executive: Joe Prosser
Chief Executive Street Address: 407 E. Vernon Ave.
Chief Executive City and Zip Code: Normal, IL 61761
Chief Executive Telephone Number: 309-451-8500

**Type of Ownership of Applicants**

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

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Name: Collin Anderson
Title: Strategic Planning Coordinator
Company Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana IL, 61801
Telephone Number: 217-902-5521
E-mail Address: <a href="mailto:Collin.Anderson@Carle.com">Collin.Anderson@Carle.com</a>

**Additional Contact** [Person who is also authorized to discuss the Application]

Name: Kara Friedman
Title: Attorney

Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, IL 60606
Telephone Number: (312) 873-3639
E-mail Address: Kfriedman@polsinelli.com

**Post Exemption Contact**

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

Name: Collin Anderson
Title: Strategic Planning Coordinator II
Company Name: The Carle Foundation Hospital
Address: 611 West Park Street, Urbana, IL 61801
Telephone Number: (217) 902-5521
E-mail Address: Collin.Anderson@Carle.com

**Site Ownership after the Project is Complete**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: The Carle Foundation
Address of Site Owner: 611 West Park Street, Urbana, IL 61801
Street Address or Legal Description of the Site: 407 East Vernon Avenue, Normal, IL 61761

**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.**

**Current Operating Identity/Licensee**

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

Exact Legal Name: Community Cancer Center, LLC
Address: 407 East Vernon Avenue, Normal, IL 617611
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

**Operating Identity/Licensee after the Project is Complete**

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

Exact Legal Name: Community Cancer Center, LLC
Address: 611 West Park Street, Urbana, IL 61801
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

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

**APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Organizational Relationships**

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

contribution.

**APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Narrative Description**

In the space below, provide a brief narrative description of the change of ownership. 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.

Community Cancer Center, LLC, located at 407 E. Vernon Ave., Normal, IL 61761 (“CCC”) was formed in 1996 as a joint venture between OSF HealthCare System, an Illinois not-for-profit corporation (“OSF”) and BroMenn Healthcare, an Illinois not-for-profit corporation. In connection with its recent acquisition of Advocate BroMenn Medical Center, Advocate Eureka Hospital and all related assets located in Bloomington, Eureka and Normal, Illinois and in outlying areas, The Carle Foundation, an Illinois not-for-profit corporation (“Carle”) will become the sole member of CCC. The transaction is scheduled to close October 1, 2020 or as soon thereafter as all closing conditions have been satisfied or waived.

The purchase price for the OSF membership interest is \$9,200,000, which represents the fair market value of this interest.

**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:    \$ 9,200,000\*

Fair Market Value: \$ 9,200,000\*

\*The purchase price for the OSF membership interest is \$9,200,000, which includes OSF's interest in the land trust. This figure represents the fair market value of this interest.

**Project Status and Completion Schedules**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anticipated exemption completion date** (refer to Part 1130.570): \_\_\_\_\_

**State Agency Submittals**

Are the following submittals up to date as applicable:

Cancer Registry

APORS N/A

All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted N/A

All reports regarding outstanding permits N/A

**Failure to be up to date with these requirements will result in the Application being deemed incomplete.**



**CERTIFICATION**

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

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of The Carle Foundation, an Illinois not-for-profit corporation.

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.

Matthew Kolb  
SIGNATURE

Matthew Kolb  
PRINTED NAME

Executive Vice President and System COO  
PRINTED TITLE

Dennis Hesch  
SIGNATURE

Dennis Hesch  
PRINTED NAME

Executive Vice President and System CFO  
PRINTED TITLE

Notarization:  
Subscribed and sworn to before me  
this 9 day of September,  
2020

Lisa L. Black  
Signature of Notary

Seal

Notarization:  
Subscribed and sworn to before me  
this 9 day of September,  
2020

Lisa L. Black  
Signature of Notary

Seal

\*Insert the EXACT legal name of the applicant



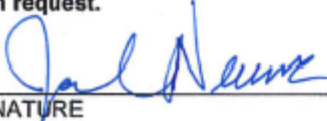
**CERTIFICATION**

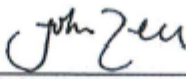
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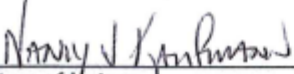
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manager or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

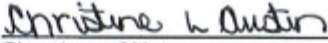
This Application is filed on the behalf of Community Cancer Center, LLC, an Illinois Limited Liability Company.

in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this Application on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the fee required for this application is sent herewith or will be paid upon request.


  
 \_\_\_\_\_  
 SIGNATURE  
 James Nevin, Jr., MD  
 \_\_\_\_\_  
 PRINTED NAME  
 Governing Board Chair  
 \_\_\_\_\_  
 PRINTED TITLE

  
 \_\_\_\_\_  
 SIGNATURE  
 John Zell  
 \_\_\_\_\_  
 PRINTED NAME  
 Governing Board Treasurer  
 \_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 9 day of September,  
 2020  
  
 \_\_\_\_\_  
 Signature of Notary

Notarization:  
 Subscribed and sworn to before me  
 this 9th day of September,  
 2020  
  
 \_\_\_\_\_  
 Signature of Notary

Seal  


Seal  


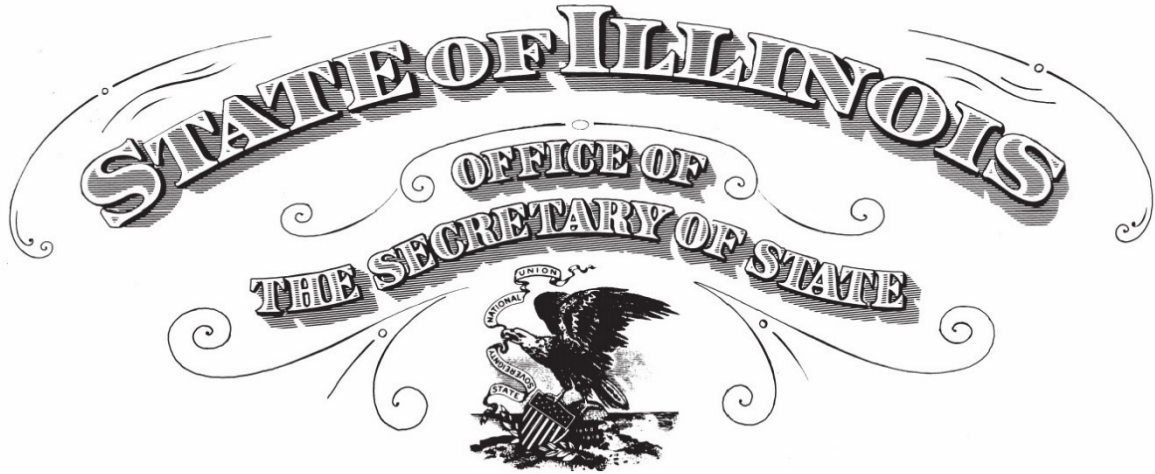
ATTACHMENT 1

Attached hereto as Attachment 1 are Good Standing Certificates for:

1. The Carle Foundation;
2. Community Cancer Center, LLC

File Number

2932-580-4



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

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

THE CARLE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1946, 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 6TH day of NOVEMBER A.D. 2019 .***



Authentication #: 1931002714 verifiable until 11/08/2020  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

File Number 0008975-3



**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*

COMMUNITY CANCER CENTER, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 06, 1996, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



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

Authentication #: 2024803886 verifiable until 08/02/2021  
Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE

**ATTACHMENT 2**

Site Ownership

**LAND TRUST AGREEMENT**

THIS TRUST AGREEMENT, dated this 25<sup>th</sup> day of June, 1996, and known as Trust Number 133 is to certify that Heartland Bank and Trust Company, Bloomington, Illinois as trustee hereunder is about to take title to the following described real estate in McLean County, Illinois, to-wit:

Legal description: **See attached Exhibit A**

and that when it has taken title hereto, or to any other real estate deeded to it as trustee hereunder, it will hold it for the uses and purposes and upon the trusts herein set forth. The following named persons including any named successors shall be entitled to the earnings, avails and proceeds of said real estate according to the respective interests herein set forth, to wit:

<b>OSF Healthcare System</b>		
800 N.E. Glen Oak Avenue	-	50%
Peoria, IL 61603-3200		
<b>BroMenn Healthcare</b>		
P.O. Box 2850	-	50%
Bloomington, IL 61702-2850		

IT IS UNDERSTOOD AND AGREED between the parties hereto, and by any person or persons who may become entitled to any interest under this trust, that the interest of any beneficiary hereunder shall consist solely of a power of direction to deal with the title to said property and to manage and control said property as hereinafter provided, and the right to receive the proceeds from rental and from mortgages, sales or other disposition of said premises, and that such right in the avails of said property shall be deemed to be personal property, and may be assigned and transferred as such; that in case of the death of any beneficiary hereunder during the existence of this trust, his or her right and interest hereunder shall, except as herein otherwise specifically provided, pass to his or her executor or administrator, and not to his or her heirs at law; and that no beneficiary now has, and that no beneficiary hereunder at any time shall have any right, title or interest in or to any portion of said real estate as such, either legal or equitable, but only an interest in the earnings, avails and proceeds as aforesaid. The death of any beneficiary hereunder shall not terminate the trust nor in any manner affect the powers of the trustee

Attachment 2

hereunder. No assignment of any beneficial interest hereunder shall be binding on the trustee until the original or a duplicate of the assignment is lodged with the trustee, and every assignment of every beneficial interest hereunder, the original or duplicate of which shall not have been lodged with the trustee, shall be void as to all subsequent assignees or purchasers without notice.

Nothing contained in this agreement shall be construed as imposing any obligation on the trustee to file any income, profit or other tax reports or schedules, it being expressly understood that the beneficiaries from time to time will individually make all such reports and pay any and all taxes required with respect to the earnings, avails and proceeds of said real estate or growing out of their interest under this trust agreement.

That in case said trustee shall make any advances of money on account of this trust or shall be made a party to any litigation on account of holding title to said real estate or in connection with this trust or in case said trustee shall be compelled to pay any sum of money on account of this trust, whether on account of breach of contract, injury to person or property, fines or penalties under any law or otherwise, the beneficiaries hereunder do hereby jointly and severally agree that they will on demand pay to the said trustee, with interest thereon at the rate of 8% per annum, all such disbursements or advances or payments made by said trustee, together with its expenses, including reasonable attorneys' fees, and that the said trustee shall not be called upon to convey or otherwise deal with said property at any time held hereunder until all of said disbursements, payments, advances and expenses made or incurred by said trustee shall have been fully paid, together with interest thereon as aforesaid. However, nothing herein contained shall be construed as requiring the trustee to advance or pay out any money on account of this trust or to prosecute or defend any legal proceeding involving this trust or any property or interest thereunder unless it shall be furnished with funds sufficient therefor or be satisfactorily indemnified in respect thereto.

It shall not be the duty of the purchaser of said premises or of any part thereof to see to the application of the purchase money paid therefor; nor shall any one who may deal with said trustee be required or privileged to inquire into the necessity or expediency of any act of said trustee, or of provisions of this instrument.

This trust agreement need not be placed on record in the Recorder's Office of the County in which the land is situated, or elsewhere, and the recording of the same shall not be considered as notice of the rights of any person

hereunder, derogatory to the title or powers of said trustee.

The trustee may at any time resign by sending by registered mail a notice of its intention so to do to each of the then beneficiaries thereunder at his or her address last known to the trustee. Such resignation shall become effective ten days after the mailing of such notices by the trustee. In the event of such resignation, a successor or successors may be appointed by the person or persons then entitled to direct the trustee in the disposition of the trust property, and the trustee shall thereupon convey the trust property to such successor or successors in trust. In the event that no successor in trust is named as above provided within ten days after the mailing of such notices by the trustee, then the trustee may convey the trust property to the beneficiaries in accordance with their respective interest hereunder, or the trustee may, at its option, file a bill for appropriate relief in any court of competent jurisdiction. The trustee notwithstanding such resignation shall continue to have a first lien on the trust property for its costs, expenses and attorneys' fees and for its reasonable compensation.

Every successor trustee or trustees appointed hereunder shall become fully vested, with all the estate, properties, rights, powers, trusts, duties and obligations of its, his or their predecessor.

It is understood and agreed by the parties hereto and by any person who may hereafter become a party hereto, that said trustee will deal with said real estate only when authorized to do so in writing, and that (notwithstanding any change in the beneficiary or beneficiaries hereunder) it will, unless otherwise directed in writing by the beneficiaries, on the written direction of both of the beneficial interest owners, or will on the written direction of such other person or persons as shall be from time to time named in writing by the beneficiary or beneficiaries, or on the written direction of such person or persons as may be beneficiary or beneficiaries at the time, make deeds for, or otherwise deal with the title to said real estate, provided, however, that the trustee shall not be required to enter into any personal obligation or liability in dealing with said land or to make itself liable for any damages, costs, expenses, fines or penalties, or to deal with the title so long as any money is due to it hereunder. Otherwise, the trustee shall not be required to inquire into the propriety of any such direction.

The beneficiary or beneficiaries hereunder, in his, her or their own right shall have the management of said property and control of the selling, renting and handling



thereof, and each beneficiary or his or her agent shall collect and handle his or her share of the rents, earnings, avails and proceeds thereof, and said trustee shall have no duty in respect to such management or control, or the collection, handling or application of such rents, earnings, avails or proceeds, or in respect to the payment of taxes or assessments or in respect to insurance, litigation or otherwise, except on written direction as hereinabove provided, and after the payment to it of all money necessary to carry out said instructions. No beneficiary hereunder shall have any authority to contract for or in the name of the trustee or to bind the trustee personally. If any property remains in this trust thirty years from this date it shall be sold at public sale by the trustee on reasonable notice, and the proceeds of the sale shall be divided among those who are entitled thereto under this trust agreement.

It is expressly understood and agreed by and between the parties hereto, anything herein to the contrary notwithstanding, that each and all of the representations, covenants, undertakings and agreements herein made on the part of the trustee while in form purporting to be the representations, covenants, undertakings and agreements of said trustee are nevertheless each and every one of them, made and intended not as personal representations, covenants, undertakings and agreements by the trustee or for the purpose or with the intention of binding said trustee personally but are made and intended for the purpose of binding only that portion of the trust property specifically described herein, and this instrument is executed and delivered by said trustee not in the trustee's own right, but solely in the exercise of the powers conferred upon it as such trustee; and that no personal liability or personal responsibility is assumed by nor shall at any time be asserted or enforceable against the trustee or any of the beneficiaries under said Trust Agreement, on account of this instrument or on account of any representation, covenant, undertaking or agreement of the said trustee in this instrument contained, either expressed or implied, all such personal liability, if any, being expressly waived and released.

The trustee shall receive for its services in accepting this trust and in taking title hereunder the sum of \$ 150.00; also \$the trustee's regular schedule fees per year for holding title, so long as any property remains in this trust; also its regular schedule fees for executing deeds or other instruments and it shall receive reasonable compensation for any special services which may be rendered by it hereunder or for taking and holding any other property which may hereafter be deeded to it hereunder, which fees,

charges or other compensation, the beneficiaries hereunder jointly and severally agree to pay.

IN TESTIMONY WHEREOF, the trustee has caused these presents to be signed, and as and for the act and deed of said trustee the day and date above written.

TRUSTEE:  
HEARTLAND BANK & TRUST CO.

By: *Ouegan*  
Its Vice President/Trust Officer

ATTEST:

*M. Katherine*  
Secretary or Assistant Secretary

And on said day the beneficiaries have signed this Trust Agreement in order to signify their assent to the terms hereof.

BENEFICIARY:

ADDRESS:

*Sister Mary Ellen Flannery, O.S.F.*  
OSF HealthCare

\_\_\_\_\_

Ph. # & tax ID #

*Dale S. Strarheim*  
BroMenn Healthcare

\_\_\_\_\_

Ph. # & tax ID #

May the name of any beneficiary be disclosed to the public? No  
Refer written inquiries and legal notices by first class mail to Mr. Gale W. Saint, Saint & Carmichael, P.C.

115 W. Jefferson, Suite 303, Bloomington, IL 61701

May oral inquiries be referred directly? YES To whom? Mr. Gale W. Saint, 115 W. Jefferson, Suite 303, Bloomington, IL

To whom shall bills be mailed? Gale W. Saint, 115 W. Jefferson, Suite 303, Bloomington, IL 61701

H:\CL\BHC\50705\LANDTR.AGR

Attachment 2

LEGAL DESCRIPTION

Tract No. 1

Lot 1 in Lu-Dale Subdivision in the Town of Normal, McLean County, Illinois

Tract No. 2

Lot 2 in Lu-Dale Subdivision in the Town of Normal, McLean County, Illinois

TRACT NO. 3:

Beginning at the Southwest corner of Lot 10 in Grand Park Subdivision in the Town of Normal, McLean County, Illinois, and continuing in a Southerly direction along the extension of the West lot line of the aforementioned Lot 10 to a point 15 feet North of the center line of the Kankakee branch of the ICG Railroad right-of-way as said center line is depicted on Sheet 3 of a plat of a survey filed with the McLean County Illinois Recorder of Deeds office as Document No. 87-18960, thence in an Easterly direction on a line parallel to and 15 feet North of the aforementioned center line of the ICG railroad right-of-way to a point intersecting with a line lying 22.86 feet West of and parallel to the East lot line of the aforementioned Lot 10, thence proceeding in a Northerly direction along said line 22.86 feet West of and parallel to the East lot line of Lot 10, to the South lot line of the aforementioned Lot 10, thence proceeding in a Westerly direction along the South lot line of the aforementioned Lot 10 to the point of beginning, in McLEAN COUNTY, ILLINOIS.

*Exhibit*  
*"A"*

Attachment 2

**ATTACHMENT 3**

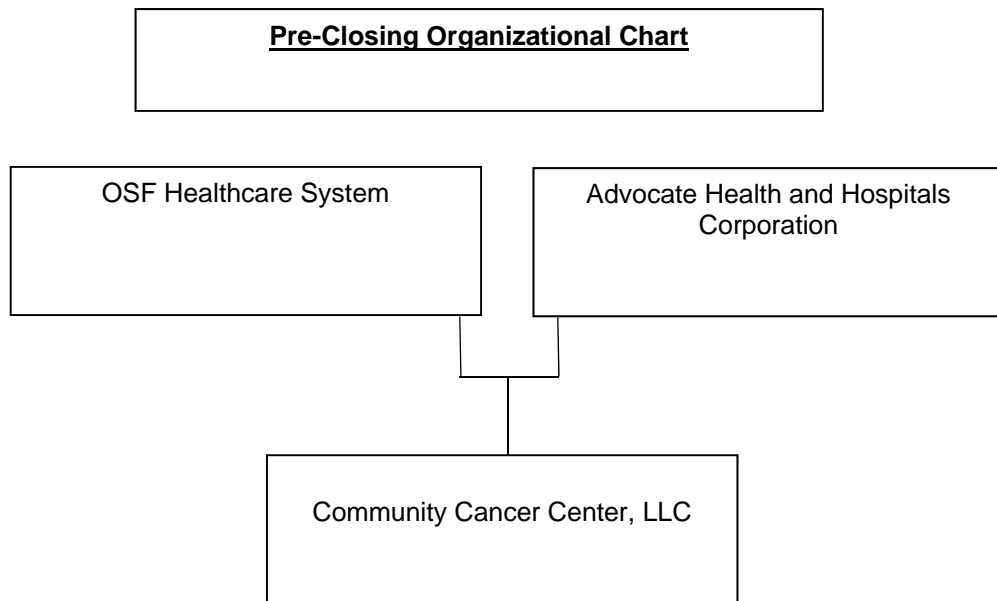
Operating Entity/Licensee

Following the completion of the contemplated transaction pursuant to the Membership Interest Purchase Agreement, The Carle Foundation will be the sole member of the operating entity CCC. CCC is operated as a clinic and is not a licensed healthcare facility. It is not regulated by the Illinois Department of Public Health nor do industry standards indicate it should have an accreditation. Therefore, this section is not applicable.

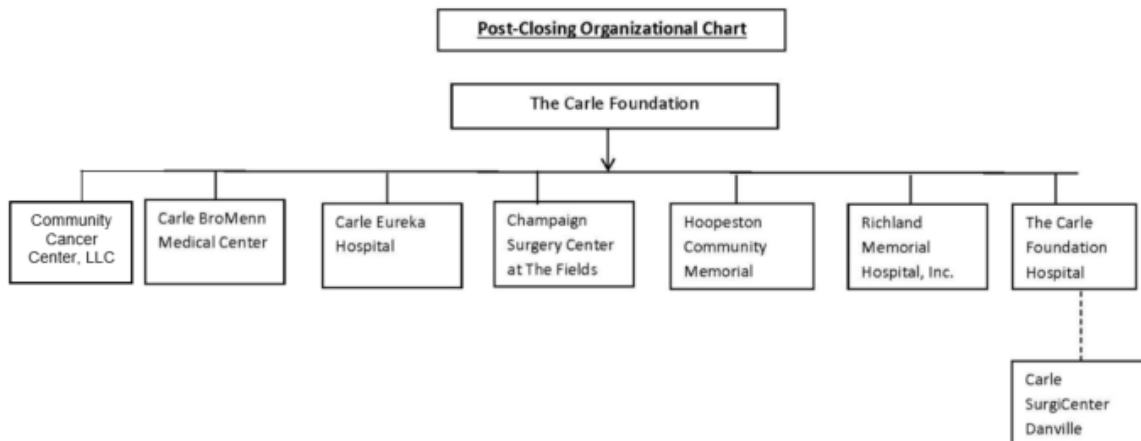
**ATTACHMENT 4**

Organizational Relationships

The pre-closing and post-closing organizational charts for CCC are attached hereto at Attachment 4.



Attachment 4



**Key:**  
Solid line represents ownership  
Dotted line represents operating division

Attachment 4



**SECTION II. BACKGROUND.**

**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. 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. 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.
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, 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 5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 5.**

**ATTACHMENT 5**

Background of Applicants

A. Community Cancer Center, LLC (“CCC”)

**1 & 2. A listing of all healthcare facilities owned or operated in Illinois by CCC, including licensing and accreditation in Illinois.**

Facility	Location	License No.	Accreditation No.
Community Cancer Center, LLC	407 East Vernon Ave. Normal, IL 61761	n/a	n/a

**3. Attestation.**

In signing this Certificate of Exemption (“COE”) application, CCC attests that, in the last three years prior to filing of this COE application, there has been no “adverse action” (as that term is defined in 77 IAC 1130.140) against any Illinois facility owned and/or operated by CCC.

**4. Authorization.**

The Illinois Health Facilities and Services Review Board (“HFSRB”) and the Illinois Department of Public Health (“IDPH”) are hereby authorized by CCC to access any documents necessary to verify the information submitted within this application pertaining to CCC, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.

B. The Carle Foundation (“Carle”)

**1. A listing of all health care facilities owned or operated by Carle, including licensing, and certification.**

The following is a list of all Illinois healthcare facilities (as that term is defined in the Act) owned by Carle:

- The Carle Foundation Hospital
  - License Number: 003798
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Richland Memorial Hospital, d/b/a Carle Richland Memorial Hospital
  - License Number: 004788
  - Accreditation Identification Number: HFAP ID: 175621
- Hoopeston Community Memorial Hospital, d/b/a Carle Hoopeston Regional Health Center
  - License Number: 004200
  - Accreditation Identification Number: 128702-2012-AHC-USA-NIAHO
- Champaign SurgiCenter, LLC
  - License Number: 7002959
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Carle SurgiCenter – Danville
  - License Number: 7002439
  - Accreditation Identification Number: 119139-2012-AHC-USA-NIAHO
- Carle Bromenn Medical Center
  - License Number: 0005645
  - Accreditation Identification Number: 189504-2018-AHC-USA-NIAHO
- Carle Eureka Hospital
  - License Number: 0005652
  - Accreditation Identification Number: 189647-2018-AHC-USA-NIAHO

Copies of all licenses and accreditations for the facilities mentioned above are attached at Attachment 5.

**2. A listing of all healthcare facilities owned (at least 5%) and/or operated in Illinois by Carle.**

In addition to the facilities identified in item 1 above, Carle has five percent (5%) or greater ownership interests in The Center for Orthopedic Medicine, LLC ("TCOM"), which operates a surgery center and recovery center.

**3. Attestation.**

The Carle Foundation attests that in the last three years prior to filing of this Certificate of Exemption application, there has been no "adverse action" (as that term is defined in 77 IAC 1130.140) against any Illinois health care facility owned and operated by Carle and subject to HFSRB jurisdiction.

**4. Authorization.**

HFSRB and IDPH are hereby authorized by Carle to access any documents necessary to verify the information submitted with this application relating to Carle, including, but not limited to: official records of IDPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations.



**Illinois Department of PUBLIC HEALTH** HF 119441

**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.

**Ngozi O. Ezike, M.D.**  
 Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LIC. NUMBER
1/5/2021	General Hospital	0005645

Effective: 01/06/2020

Advocate Health and Hospitals Corporation  
 dba Advocate Bromenn Medical Center  
 1304 Franklin Avenue  
 Normal, IL 61761

The face of this license has a textured background. Printed by Authority of the State of Illinois • PO-119-93-001 10M 5/16

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/5/2021  
 Lic Number 0005645  
 Date Printed 12/4/2019

Advocate Health and Hospitals Corpor  
 dba Advocate Bromenn Medical Cente

FEE RECEIPT NO.

# CERTIFICATE OF ACCREDITATION

Certificate No.:  
189504-2018-AHC-USA-NIAHO

Initial date:  
12/7/2018

Valid until:  
12/7/2021

This is to certify that:

## Advocate BroMenn Medical Center

1304 Franklin Avenue, Normal, IL 61761

has been found to comply with the requirements of the:

### **NIAHO® Hospital Accreditation Program**

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:  
DNV GL - Healthcare  
Katy, TX



Patrick Horine  
Chief Executive Officer




Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL - Healthcare, 400 Tedone Center Drive, Suite 100, Millard OH, 45150. Tel: 513-947-8343

[www.dnvglhealthcare.com](http://www.dnvglhealthcare.com)

Attachment 5

 **Illinois Department of PUBLIC HEALTH** HF 119254

**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 activities as indicated below.

**Ngozi O. Ezike, M.D.**  
**Director**

EXPIRATION DATE	CATEGORY	LD NUMBER
1/5/2021		0005652

**Critical Access Hospital**  
 Effective: 01/06/2020

Advocate Health and Hospitals Corporation  
 dba Advocate Eureka Hospital  
 101 South Major Street  
 Eureka, IL 61530

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. # 18-193-001 10/15/18

# CERTIFICATE OF ACCREDITATION

Certificate No.:  
189647-2018-AHC-USA-NIAHO

Initial date:  
12/12/2018

Valid until:  
12/12/2021

This is to certify that:

## Advocate Eureka Hospital

101 South Major, Eureka, IL 61530

has been found to comply with the requirements of the:

### NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:  
DNV GL - Healthcare  
Katy, TX



Patrick Morine  
Chief Executive Officer



Lack of continual fulfillment of the conditions set out in the Certification/Accreditation Agreement may render this Certificate invalid.

DNV GL - Healthcare, 400 Tadhoe Center Drive, Suite 100, Milford OH, 45150. Tel: 513-947-8343

[www.dnvglhealthcare.com](http://www.dnvglhealthcare.com)



**Illinois Department of  
PUBLIC HEALTH**

HF 119066

**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.

**Ngozi O. Ezike, M.D.**  
Director


Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2020		0003798
<b>General Hospital</b>		
Effective: 01/01/2020		

The Carle Foundation Hospital  
611 West Park Street  
Urbana, IL 61801

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18





**Illinois Department of PUBLIC HEALTH** HF 119457

**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.

**Ngozi O. Ezike, M.D.**  
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
1/31/2021		0004788
<b>General Hospital</b>		
Effective: 02/01/2020		

Richland Memorial Hospital  
800 East Locust Street  
Olney, IL 62450

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/31/2021  
Lic Number 0004788


Date Printed 12/6/2019

Richland Memorial Hospital  
800 East Locust Street  
Olney, IL 62450

FEE RECEIPT NO.

Attachment-11

Attachment 5



**Illinois Department of PUBLIC HEALTH** HF 119918

**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.

**Ngozi O. Ezike, M.D.**  
**Director**

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
06/30/2021		0004200

**Critical Access Hospital**

Effective: 07/01/2020

Hoopeston Community Memorial Hospital  
 dba Carle Hoopeston Regional Health Center  
 701 E Orange St  
 Hoopeston, IL 60942

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/16

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 06/30/2021

Lic Number 0004200


Date Printed 02/13/2020

Hoopeston Community Memorial Hosp  
 dba Carle Hoopeston Regional Health  
 701 E Orange St  
 Hoopeston, IL 60942

FEE RECEIPT NO.

Attachment 5

HF 119508



**Illinois Department of  
PUBLIC HEALTH**

**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.

Ngozi O. Ezike, M.D. Issued under the authority of  
the Illinois Department of  
Public Health  
Director

<small>EXPIRATION DATE</small>	<small>CATEGORY</small>	<small>I.D. NUMBER</small>
1/31/2021		7002959

**Ambulatory Surgery Treatment Center**

Effective: 02/01/2020

Champaign Surgicenter, LLC  
dba Champaign Surgery Center at the Fields  
3103 Fields South Dr  
Champaign, IL 61822

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001-10M 9/18

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 1/31/2021

Lic Number 7002959

Date Printed 12/12/2019

Champaign Surgicenter, LLC  
dba Champaign Surgery Center at the  
3103 Fields South Dr  
Champaign, IL 61822-3743

FEE RECEIPT NO.

Attachment- 11

Attachment 5



**Illinois Department of  
PUBLIC HEALTH** HF 120761

**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.

**Ngozi O. Ezike, M.D.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/31/2021		7002439

**Ambulatory Surgery Treatment Center**

Effective: 08/01/2020

Carle Surgicenter  
2300 N Vermilion  
Danville, IL 61832

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 9/16

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 07/31/2021

Lic Number 7002439

Date Printed 06/16/2020

Carle Surgicenter

2300 N Vermilion  
Danville, IL 61832-1735

FEE RECEIPT NO.

Attachment 5

# CERTIFICATE OF ACCREDITATION

Certificate No.:  
267775- 2018-AHC- USA- NIAHO

Initial date:  
6/29/2018

Valid until:  
6/29/2021

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This is to certify that:

## Carle Foundation Hospital

611 W. Park St., Urbana, IL 61801

has been found to comply with the requirements of the:

## NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Hospitals (42 C.F.R. §482).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:  
DNV GL - Healthcare  
Katy, TX

---

Patrick Horine  
Chief Executive Officer



A handwritten signature in black ink, appearing to read 'Patrick Horine', written over a horizontal line.



# HFAP

## AWARD OF ACCREDITATION

CARLE RICHLAND MEMORIAL HOSPITAL  
OLNEY, IL

Expiration Date: September 12, 2022

*This organization has met the applicable requirements of Acute Care Hospital  
and is therefore fully accredited by HFAP, a program of AAHHS.*

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# CERTIFICATE OF ACCREDITATION

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Certificate No.:  
188047-2018-AHC-USA-NIAHO

Initial date:  
12/19/2018

Valid until:  
12/19/2021

This is to certify that:

## Carle Hoopston Regional Health Center

701 E. Orange, Hoopston, IL 60942

has been found to comply with the requirements of the:

### **NIAHOO Hospital Accreditation Program**

Pursuant to the authority granted to DNV GL Healthcare USA, Inc. by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, this organization is deemed in compliance with the Medicare Conditions of Participation for Critical Access Hospitals (42 C.F.R. §485).

This certificate is valid for a period of three (3) years from the Effective Date of Accreditation.

For the Accreditation Body:  
DNV GL - Healthcare  
Katy, TX

  
\_\_\_\_\_  
Patrick Horine  
Chief Executive Officer



**SECTION III. CHANGE OF OWNERSHIP (CHOW)****Transaction Type. Check the Following that Applies to the Transaction:**

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



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

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

<b>APPLICABLE REVIEW CRITERIA</b>	<b>CHOW</b>
1130.520(b)(1)(A) - Names of the parties	X
1130.520(b)(1)(B) - Background of the parties, which shall include proof that the applicant is fit, willing, able, and has the qualifications, background and character to adequately provide a proper standard of health service for the community by certifying that no adverse action has been taken against the applicant by the federal government, licensing or certifying bodies, or any other agency of the State of Illinois against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application.	X
1130.520(b)(1)(C) - Structure of the transaction	X
1130.520(b)(1)(D) - Name of the person who will be licensed or certified entity after the transaction	
1130.520(b)(1)(E) - List of the ownership or membership interests in such licensed or certified entity both prior to and after the transaction, including a description of the applicant's organizational structure with a listing of controlling or subsidiary persons.	X
1130.520(b)(1)(F) - Fair market value of assets to be transferred.	X
1130.520(b)(1)(G) - The purchase price or other forms of consideration to be provided for those assets. [20 ILCS 3960/8.5(a)]	X
1130.520(b)(2) - Affirmation that any projects for which permits have been issued have been completed or will be completed or altered in accordance with the provisions of this Section	X
1130.520(b)(3) - If the ownership change is for a hospital, affirmation that the facility will not adopt a more restrictive charity care policy than the policy that was in effect one year prior to the transaction. The hospital must provide affirmation that the compliant charity care policy will remain in effect for a two-year period following the change of ownership transaction	X
1130.520(b)(4) - A statement as to the anticipated benefits of the proposed changes in ownership to the community	X
1130.520(b)(5) - The anticipated or potential cost savings, if	X

any, that will result for the community and the facility because of the change in ownership;	
1130.520(b)(6) - A description of the facility's quality improvement program mechanism that will be utilized to assure quality control;	X
1130.520(b)(7) - A description of the selection process that the acquiring entity will use to select the facility's governing body;	X
1130.520(b)(9)- A description or summary of any proposed changes to the scope of services or levels of care currently provided at the facility that are anticipated to occur within 24 months after acquisition.	X

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

**ATTACHMENT 6****1130.520. Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility****Names of Parties, Post-Closing Hospital Licensee and Structure of the Transaction -(1130.520 (b)(1)(A), (b)(1)(B) and (b)(1)(C))**

Community Cancer Center, LLC, located at 407 E. Vernon Ave., Normal, IL 61761 (“CCC”) is a limited liability company providing oncology services with a comprehensive team of specialists. Its physicians and staff specialize in the treatment of numerous types of cancer, including complex and advanced stage cases. CCC houses state-of-the-art equipment that allows the team to more accurately locate, stage and treat the disease. In connection with its recent acquisition of Advocate BroMenn Medical Center, Advocate Eureka Hospital and all related assets located in Bloomington, Eureka and Normal, Illinois and in outlying areas, The Carle Foundation, an Illinois not-for-profit corporation (“Carle”) will be acquiring a 100% interest in CCC. The transaction is scheduled to close October 1, 2020 or as soon thereafter as all closing conditions have been satisfied or waived. The entity operating the program will not change and the transaction is solely a membership interest purchase.

The purchase price for the OSF membership interest is \$9,200,000, which represents the fair market value of the OSF membership interest.

Carle is a fully integrated healthcare delivery system serving Central Illinois. Its operations include, among other things, three Illinois general acute care hospitals, two critical access hospitals and two outpatient ambulatory surgical treatment centers.

CCC is a limited liability company that operates a cancer treatment facility in Normal, Illinois.

**List of Membership Interests -1130.520(b)(1)(E)**

After the closing of the Planned Transaction, CCC will be owned by The Carle Foundation.

**Fair Market Value of Assets -1130.520(b)(1)(F)**

The fair market value of the OSF membership interest in CCC is \$9,200,000.

**Purchase Price -1130.520(b)(1)(G)**

The purchase price relating to the Planned Transaction is \$9,200,000.

**Affirmation regarding Outstanding CON Permits -1130.520(b)(2)**

CCC has no outstanding Certificate of Need permits or exemptions.

**Potential Benefits and Cost Savings of the Planned Transaction -1130.520(b)(4) and (b)(5)***Potential Benefits*

In connection with its recent acquisition of Advocate BroMenn Medical Center, Advocate Eureka Hospital and all related assets located in Bloomington, Eureka and Normal, Illinois and in outlying areas, Carle will work to define and implement the integration of CCC in a manner that:

- Continues to improve patient access to comprehensive, convenient and high quality cancer care;
- Continues to improve and manage the health status of the population of the communities served;
- Promotes community health and well-being through enhanced patient care, research and educational efforts;

- Builds the medical community through Carle's strongly-aligned relationships and enhanced education and developmental opportunities;
- Enhances sound stewardship through the efficient delivery of all services, resulting in favorable financial viability for CCC and other Carle providers; and
- Enhances community benefit and public policy advocacy.

Carle believes the Planned Transaction will result in delivering high value and quality care to patients, physicians and payers, and will also be in the best interests of the community at large.

*Potential Cost Saving.*

The Planned Transaction will present opportunities to improve healthcare delivery and access to services provided in the CCC's service area in a manner that results in cost savings and other efficiencies. Such opportunities will likely include initiatives for integration of information technology and system-wide support functions, with the goal of enhancing operational uniformity, efficiency, quality, outcomes and performance, as well as access to in-house resources of Carle's system.

**Quality Improvement Program to be Utilized at the Community Cancer Center – 1130.520(b)(7)**

Carle has a longstanding commitment to a culture of quality, safety, service and evidence-based practices. By aspiring to consistently engage in process improvement and improve consistency to meet the highest standards for quality and patient satisfaction, Carle will continue to advance the commitment to delivering care that is of the highest quality, and eliminates preventable harm. It is also anticipated that CCC will evaluate opportunities to integrate its existing quality plan with Carle's quality plan after the closing of the Planned Transaction.

**Governing Body Composition/Selection Process -1130.520(b)(7)**

CCC is governed by a Board of Managers consisting of 11 members. After consummation of the Planned Transaction, The Carle Foundation Hospital will appoint three members to replace the members previously appointed by OSF.

**Scope of Services – 1130.520(b)(9)**

CCC does not operate any Categories of Services and thus, this criterion is not applicable.

**SECTION IV. CHARITY CARE INFORMATION**

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 7.**

<b>CHARITY CARE</b>			
	<b>Year</b>	<b>Year</b>	<b>Year</b>
<b>Net Patient Revenue</b>			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

**ATTACHMENT 7**

## 1. Charity Care Information – The Carle Foundation Hospital

Charity Care				
		2017	2018	2019
1	Net Patient Revenue	\$783,720,000	\$821,613,000	\$874,680,000
2	Amount of Charity Care (charges)	\$98,860,547	\$107,874,527	\$93,083,649
3	Cost of Charity Care	\$19,081,957	\$20,642,677	\$18,862,150
4	Ratio of the cost of Charity Care to Net Patient Revenue	2.4%	2.5%	2.2%

## 2. Charity Care Information – Community Cancer Center

Charity Care				
		2017	2018	2019
1	Net Patient Revenue	\$8,595,645	\$8,253,377	\$8,178,729
2	Amount of Charity Care (charges)	\$317,632	\$166,826	\$677,602
3	Cost of Charity Care	\$75,000	\$42,000	\$155,000
4	Ratio of the cost of Charity Care to Net Patient Revenue	1%	1%	2%

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

<b>INDEX OF ATTACHMENTS</b>			
<b>ATTACHMENT NO.</b>			<b>PAGES</b>
1	Applicant Identification including Certificate of Good Standing		11-13
2	Site Ownership		14-20
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		21
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		22-24
5	Background of the Applicant		25-39
6	Change of Ownership		40-44
7	Charity Care Information		45-46