

**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: Swedish Hospital		
Street Address: 5145 North California Avenue		
City and Zip Code: Chicago, Illinois 60625		
County: Cook	Health Service Area: 006	Health Planning Area: A-01

**Legislators**

State Senator Name: Mike Simmons
State Representative Name: Gregory Harris

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

Exact Legal Name: NS-EE Holdings
Street Address: 1301 Central Street
City and Zip Code: Evanston, Illinois 60201
Name of Registered Agent: Kristen Murtos
Registered Agent Street Address: 1301 Central Street
Registered Agent City and Zip Code: Evanston, Illinois 60201
Name of Chief Executive Officer: Gerald P. Gallagher
CEO Street Address: 1301 Central Street
CEO City and Zip Code: Evanston, Illinois 60201
CEO Telephone Number: 847-570-2000

**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	<input type="checkbox"/>

- 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: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
Fax Number:

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Name: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
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County: Cook	Health Service Area: 006	Health Planning Area: A-01

**Legislators**

State Senator Name: Mike Simmons
State Representative Name: Gregory Harris

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

Exact Legal Name: Swedish Covenant Health d/b/a Swedish Hospital
Street Address: 5145 North California Avenue
City and Zip Code: Chicago, Illinois 60625
Name of Registered Agent: Anthony Guaccio
Registered Agent Street Address: 5145 North California Avenue
Registered Agent City and Zip Code: Chicago, Illinois 60625
Name of Chief Executive Officer: Gerald P. Gallagher
CEO Street Address: 1301 Central Street
CEO City and Zip Code: Evanston, Illinois 60201
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**Type of Ownership of Applicants**

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- 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: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
Fax Number:

**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, Illinois 60606
Telephone Number: 312-873-3639
E-mail Address: KFriedman@polsinelli.com
Fax Number:

**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: Shivani Bautista
Title: General Counsel
Company Name: NorthShore University HealthSystem
Address: 1301 Central Avenue, Evanston, Illinois 60201
Telephone Number: 847-570-2000
E-mail Address: <a href="mailto:sbautista@northshore.org">sbautista@northshore.org</a>
Fax Number:

**Site Ownership after the Project is Complete**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Swedish Covenant Health
Address of Site Owner: 5145 North California Avenue, Chicago, Illinois 60625
Street Address or Legal Description of the Site: 5145 North California Avenue, Chicago, Illinois 60625
<b>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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>

**Current Operating Identity/Licensee**

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

Exact Legal Name: Swedish Covenant Health	
Address: 5145 North California Avenue, Chicago, Illinois 60625	
<input checked="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	<input type="checkbox"/>

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

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

Exact Legal Name: Swedish Covenant Health

Address: 5145 North California Avenue, Chicago, Illinois 60625

- ☒ Non-profit Corporation  
☐ For-profit Corporation  
☐ Limited Liability Company  
☐ Other

- ☐ Partnership  
☐ Governmental  
☐ Sole Proprietorship

☐

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

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

**Organizational Relationships**

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

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

**Narrative Description**

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

NorthShore University Health System, an Illinois not-for-profit corporation ("NorthShore") and Edward-Elmhurst Health, an Illinois not-for-profit ("EEH") intend to enter into an affiliation transaction whereby a new parent entity, NS-EE Holdings, will be formed to serve as the sole corporate parent of the two existing health systems, NorthShore and EEH. The planned transaction is scheduled to close December 31, 2021 or as soon thereafter as all closing conditions have been satisfied.

Subject to approval of this Certificate of Exemption application, neither the licensed facility of the hospital nor the legal entity will change as a result of the NorthShore and EEH affiliation. No consideration (money, property or other assets) will be exchanged between NorthShore and EEH in connection with the affiliation agreement.

Upon consummation of the transaction, the Board of Directors of NS-E Holdings will be comprised of community members representing NorthShore, EEH, Swedish Hospital and Northwest Community Hospital.

**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: \$ \_\_\_\_\_

**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 X No \_\_\_\_\_. If yes, indicate the projects by project number and whether the project will be complete when the exemption that is the subject of this application is complete.

Skokie Hospital (Proj. No. 20-008)

- CON permit approved April 7, 2020
- Financial commitment occurred on June 17, 2020
- Project completion anticipated on December 15, 2023

Northwest Community Hospital (Proj. No. 19-011)

- CON permit approved June 4, 2019
- Financial commitment occurred on April 8, 2020
- Project completion anticipated on March 1, 2022

Swedish Hospital (Proj. No. E-007-21)

- Exemption approved on May 12, 2021
- Exemption will be closed with the discontinuation of pediatric unit is approved by the Illinois Department of Public Health

NorthShore University HealthSystem, Glenbrook Hospital (Proj. No. 21-016)

- CON permit approved September 14, 2021
- Financial commitment will occur before the required commitment date.
- Project completion is anticipated on December 31, 2024

**Anticipated exemption completion date** (refer to Part 1130.570): December 31, 2021 or as soon thereafter as all closing conditions have been satisfied

**State Agency Submittals**

Are the following submittals up to date as applicable:

- ☒ Cancer Registry
- ☒ APORS
- ☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
- ☒ All reports regarding outstanding permits

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



ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

### 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 NS-EE Holdings 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

Gerald P. Gallagher

Printed Name

President & Chief Executive Officer

Printed Title

  
Signature

Doug Welday

Printed Name

Chief Financial Officer

Printed Title

Notarization:

Subscribed and sworn to before me

this 14<sup>th</sup> day of September 2021



Signature of Notary

Seal

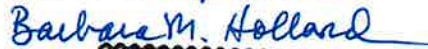
\*Insert the EXACT legal name of the applicant



Notarization:

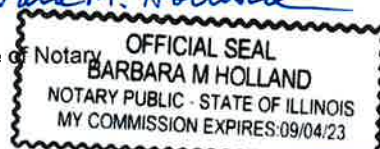
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- in the case of a sole proprietor, the individual that is the proprietor.

This Application is filed on the behalf of NorthShore University HealthSystem 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

Gerald P. Gallagher

Printed Name

President & Chief Executive Officer

Printed Title

  
Signature

Kristen Murtos

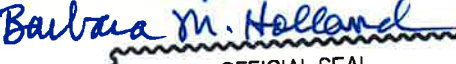
Printed Name

Chief Administrative & Strategy Officer

Printed Title


Notarization:

Subscribed and sworn to before me  
this 14th day of September 2021

  
Signature of Notary  
OFFICIAL SEAL  
BARBARA M HOLLAND  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES 09/04/23  
Seal  
\*Insert the EXACT legal name of the applicant

Notarization:

Subscribed and sworn to before me  
this 14th day of September 2021

  
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ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 04/2021 Edition

### CERTIFICATION

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

This Application is filed on the behalf of Swedish Covenant Health d/b/a Swedish Covenant 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.

  
Signature

Anthony Guaccio

Printed Name

President & Chief Executive Officer

Printed Title

  
Signature

Jonathan Lind

Printed Name

Chief Operating Officer

Printed Title

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of September

  
Signature of Notary

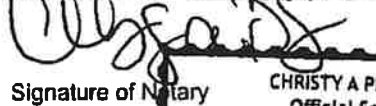
Seal

\*Insert the EXACT legal name of the applicant

CHRISTY A PEREZ  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Dec 30, 2023

Notarization:

Subscribed and sworn to before me  
this 13<sup>th</sup> day of September

  
Signature of Notary

Seal

CHRISTY A PEREZ  
Official Seal  
Notary Public - State of Illinois  
My Commission Expires Dec 30, 2023

## 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.**

**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:**

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

APPLICABLE REVIEW CRITERIA	CHOW
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 any, that will result for the community and the facility because of the change in ownership;	X
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 <u>ATTACHMENT 6</u> , IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	



## 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.**

CHARITY CARE			
	Year	Year	Year
<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.**

**Section I, Identification, General Information, and Certification**  
**Applicants**

Certificates of Good Standing for NS-EE Holdings, NorthShore University HealthSystem, and Swedish Covenant Health d/b/a Swedish Hospital (collectively, the "Applicants") are attached at Attachment – 1.

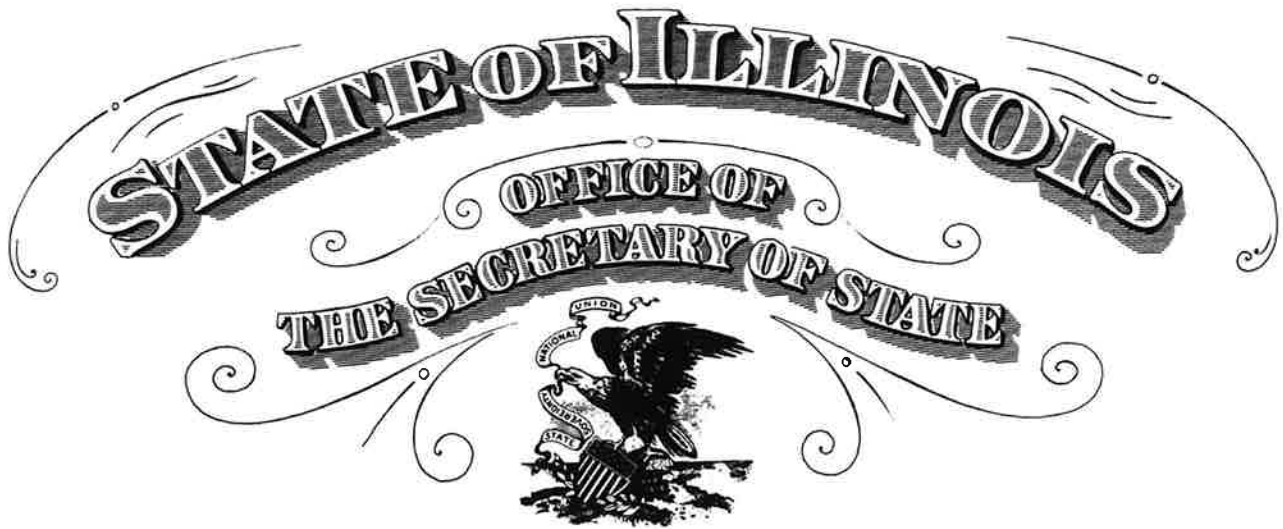
Swedish Covenant Health d/b/a Swedish Hospital ("Swedish Hospital") is the operator/licensee of the hospital.

NorthShore University HealthSystem is the sole corporate member of Swedish Hospital.

NS-EE Holdings will be the entity sole member of NorthShore University HealthSystem after closing of the planned transaction.

File Number

7305-903-8



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

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

NS-EE HOLDINGS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 14, 2021, 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 14TH  
day of SEPTEMBER A.D. 2021 .***

*Jesse White*

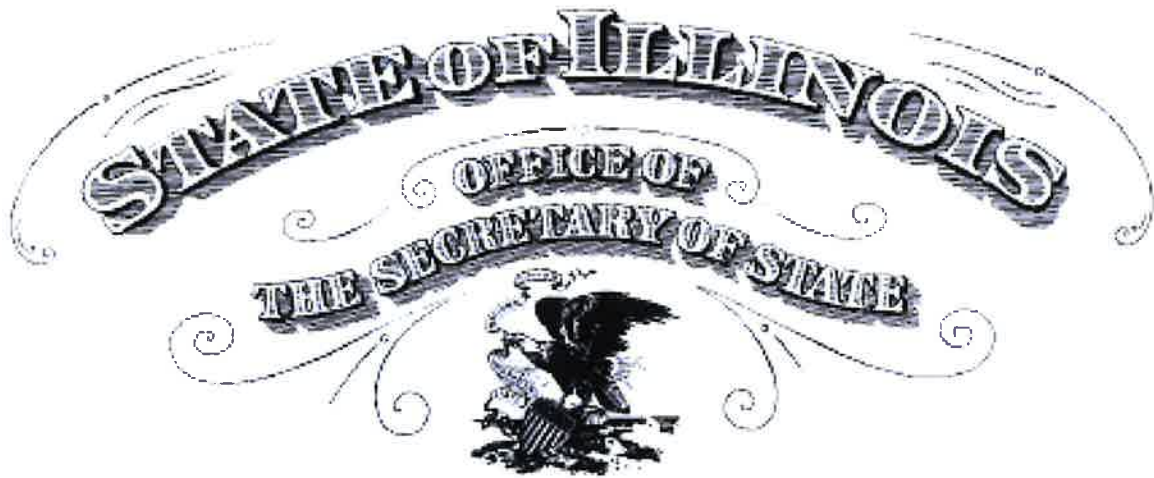
SECRETARY OF STATE

Authentication #: 2125703034 verifiable until 09/14/2022

Authenticate at: <http://www.ilsos.gov>

File Number

0567-540-5



***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***

NORTHSHORE UNIVERSITY HEALTHSYSTEM, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 04, 1891, 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 12TH day of SEPTEMBER A.D. 2020 .***

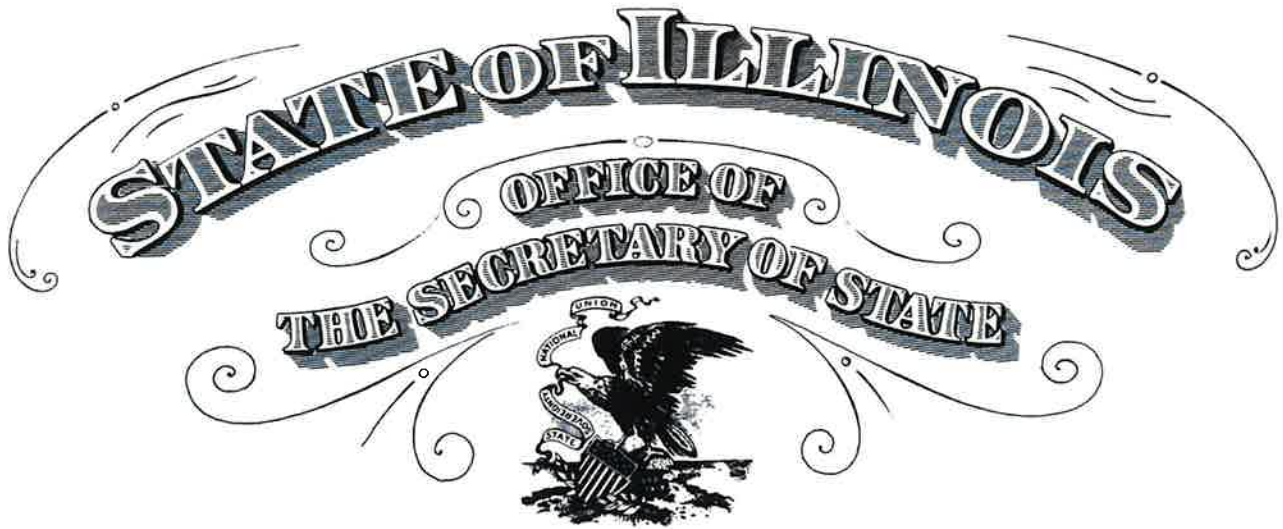
*Jesse White*

SECRETARY OF STATE

Authentication # 2025600592 verifiable until 09/12/2021  
Authenticated at <http://www.cyberworldillinois.com>

File Number

1024-301-7



***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***

SWEDISH COVENANT HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 1907, 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 3RD day of SEPTEMBER A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2124600964 verifiable until 09/03/2022

Authenticate at: <http://www.ilsos.gov>

**Section I, Identification, General Information, and Certification**  
**Site Ownership**

By signing the certification within this application, the Applicants attest that Swedish Covenant Health is the owner of the land and buildings located at 5145 North California Avenue, Chicago, Illinois 60625.

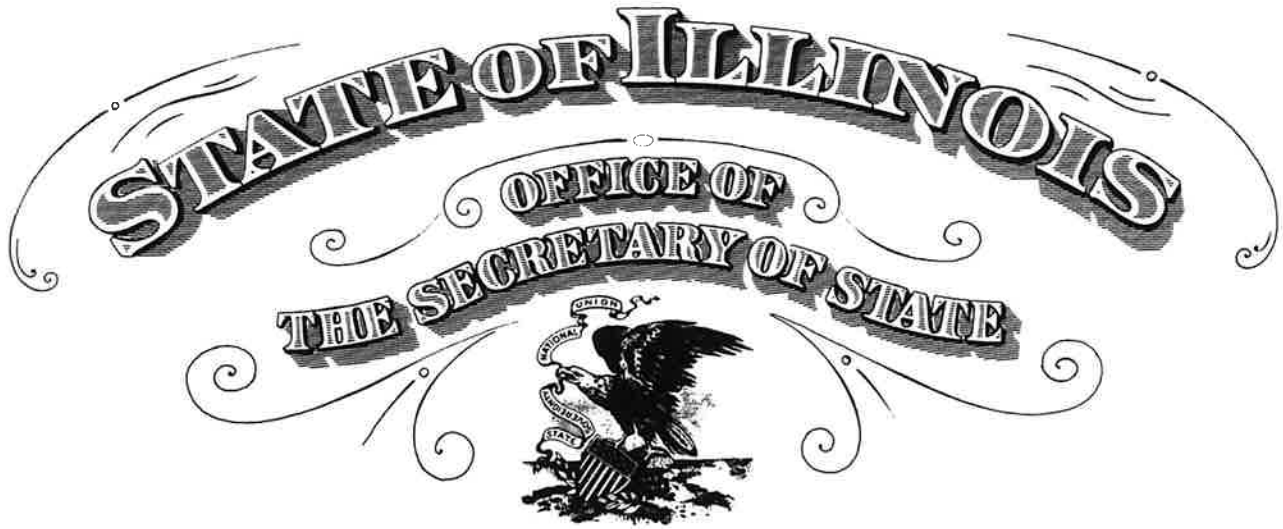


**Section I, Identification, General Information, and Certification**  
**Operating Identity/Licensee**

The Illinois Certificate of Good Standing for Swedish Covenant Health is attached at Attachment – 3.

File Number

1024-301-7



***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***

SWEDISH COVENANT HEALTH, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 1907, 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 3RD day of SEPTEMBER A.D. 2021 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 2124600964 verifiable until 09/03/2022

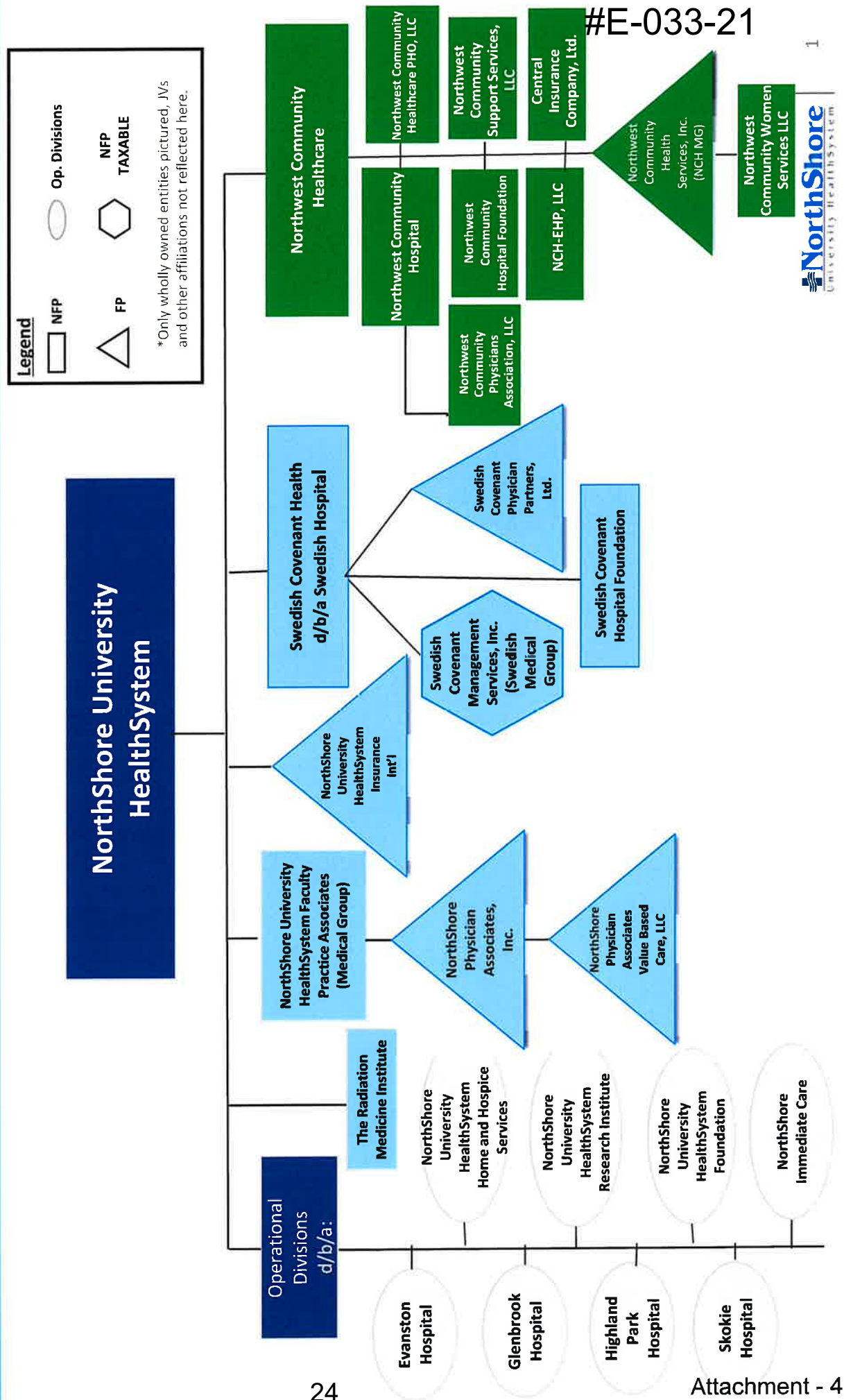
Authenticate at: <http://www.ilsos.gov>

**Section I, Identification, General Information, and Certification**

**Organizational Relationships**

The organizational charts showing the current organizational structure of Swedish Hospital along with the post-transaction ownership structure are attached at Attachment - 4.

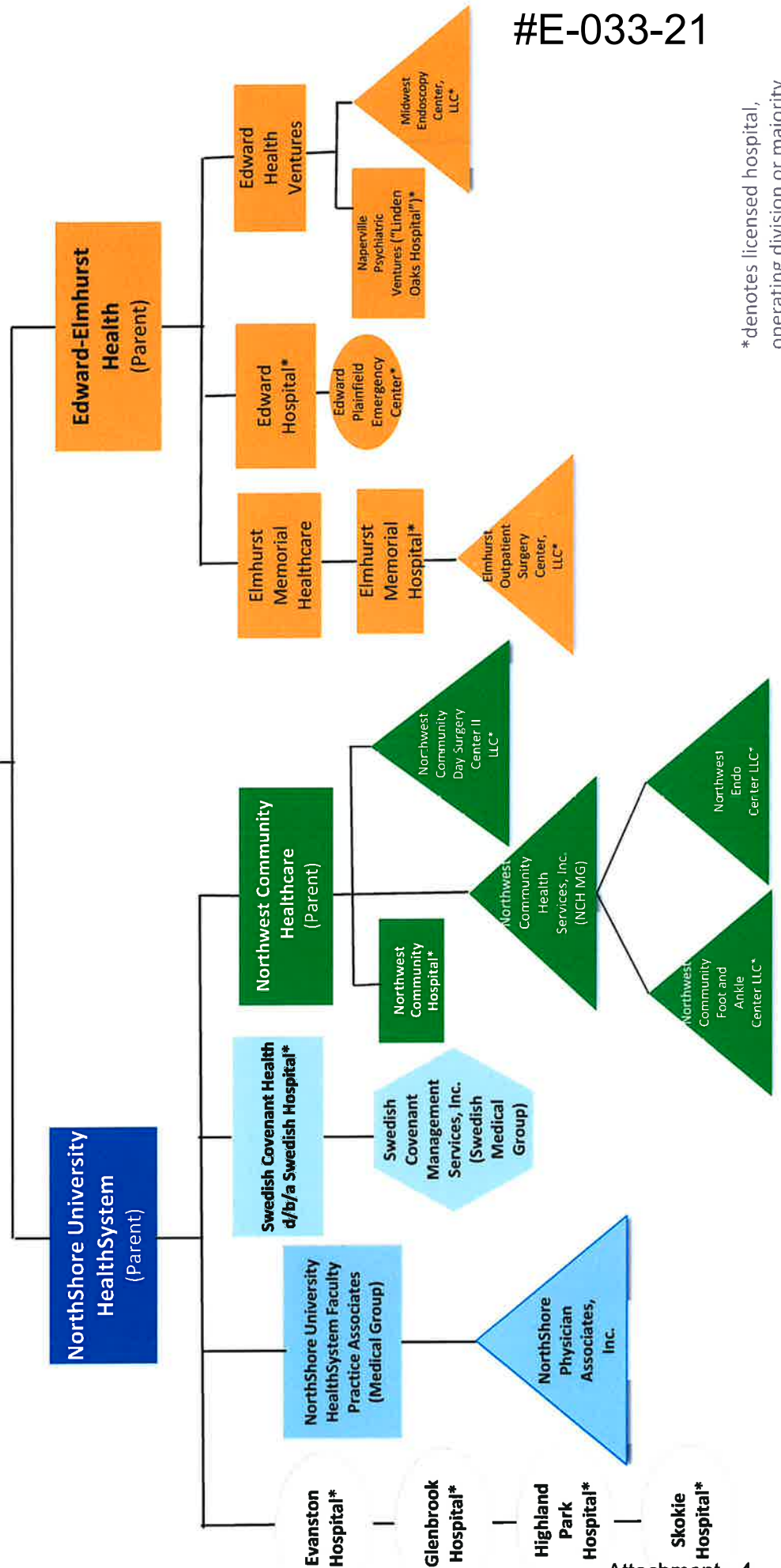
# Organizational Structure, Effective January 1, 2021



#E-033-21

# Post-close Organizational Structure

## NS-EE Holdings



\*denotes licensed hospital, operating division or majority owned facility

**Section II, Background of the Applicant**

1. A list of health care facilities owned or operated by NorthShore University HealthSystem and Swedish Covenant Health in Illinois including licensing and certification information is attached at Attachment – 5A.
2. Letters from the Applicants certifying no adverse action has been taken against any facility owned and/or operated by the Applicants in Illinois during the three years prior to filing this application is attached at Attachment – 5C.
3. An authorization permitting the State Board and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies is attached at Attachment – 5C.



<b>NorthShore University HealthSystem</b>			
<b>Name</b>	<b>Address</b>	<b>License No.</b>	<b>Accreditation Identification No</b>
NorthShore Evanston Hospital	2650 Ridge Avenue Evanston, Illinois 60201	0000646	7343
NorthShore Glenbrook Hospital	2100 Pfingsten Road Glenview, Illinois 60225	0003483	7343
NorthShore Highland Park Hospital	777 Park Avenue West Highland Park, Illinois 60035	0005066	7343
NorthShore Skokie Hospital	9600 Gross Point Road Skokie, Illinois 60076	0005587	7343
Swedish Covenant Health d/b/a Swedish Hospital	5145 North California Avenue Chicago, Illinois	0002717	7343
Northwest Community Hospital	800 West Central Road Arlington Heights, Illinois 60005	0001701	4656

<b>NorthShore University HealthSystem Health Care Facilities with 5% or Greater Ownership</b>		
<b>Name</b>	<b>Address</b>	<b>License</b>
Northwest Community Foot and Ankle Center	1455 East Golf Road Des Plaines, Illinois 60016	7003213
Ravine Way Surgery Center	2350 Ravine Way #500 Glenview, Illinois 60025	7003080
River North Same Day Surgery Center	1 East Street #300 Chicago, Illinois 60611	7002090
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, Illinois 60005	7001209
Northwest Endo Center	1415 South Arlington Heights Road Arlington Heights, Illinois 60005	7003210

<b>Swedish Covenant Health</b>			
<b>Name</b>	<b>Address</b>	<b>License No.</b>	<b>Accreditation Identification No</b>
Swedish Covenant Health d/b/a Swedish Hospital	5145 North California Avenue Chicago, Illinois	0002717	7343

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. Director		
Issued under the authority of the Illinois Department of Public Health		
EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2021	General Hospital	0000646
Effective: 01/01/2021		
NorthShore University HealthSystem dba NorthShore Univ. HealthSystem Evanston Hospital 2650 Ridge Avenue Evanston, IL 60201		
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 12/31/2021

Lic Number 0000646

Date Printed 10/30/2020

NorthShore University HealthSystem  
dba NorthShore Univ. HealthSystem E  
2650 Ridge Avenue  
Evanston, IL 60201

FEE RECEIPT NO.



**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.**  
Director

Issued under the authority of  
the Illinois Department of  
Public Health

12/31/2021	0003483
General Hospital	
Effective: 01/01/2021	

NorthShore University HealthSystem  
dba NorthShore Univ. HealthSystem Glenbrook Hospital  
2100 Pfingsten Road  
Glenview, IL 60025

This license is a public record. Printed by authority of the State of Illinois • P.O. #19-033-001 10/1/15

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

Exp. Date 12/31/2021

Lic Number 0003483

Date Printed 10/30/2020

NorthShore University HealthSystem  
dba NorthShore Univ. HealthSystem G  
2100 Pfingsten Road  
Glenview, IL 60025

FEE RECEIPT NO.

#E-033-21

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE**Illinois Department of  
PUBLIC HEALTH**

HF 121624

**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**

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/31/2021		0005066
<b>General Hospital</b>		
<b>Effective: 01/01/2021</b>		

**NorthShore University HealthSystem  
dba NorthShore Univ. HealthSystem Highland Park Hosp  
777 Park Avenue West**

**Highland Park, IL 60035**

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

Exp. Date 12/31/2021

Lic Number 0005066

Date Printed 10/30/2020

NorthShore University HealthSystem  
dba NorthShore Univ. HealthSystem Hi  
777 Park Avenue West  
Highland Park, IL 60035

FEE RECEIPT NO.

Attachment - 5B

DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

**Illinois Department of  
PUBLIC HEALTH**



HF 121625

**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	LD NUMBER
12/31/2021	General Hospital	0005587

Effective: 01/01/2021

NorthShore University HealthSystem  
dba NorthShore University HealthSystem Skokie Hospital  
9600 Gross Point Rd

Skokie, IL 60076

Exp. Date 12/31/2021  
Lic Number 0005587


Date Printed 10/30/2020

NorthShore University HealthSystem  
dba NorthShore University HealthSystem  
9600 Gross Point Rd  
Skokie, IL 60076

Attachment 5B  
RECEIPT

#E-033-21





**Illinois Department of  
PUBLIC HEALTH** HF 121586

**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	L.D. NUMBER
12/31/2021		0001701
<b>General Hospital</b>		
<b>Effective: 01/01/2021</b>		

**Northwest Community Hospital**  
**800 W Central Road**  
**Arlington Heights, IL 60005**

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 12/31/2021**

**Lic Number 0001701**


**Date Printed 10/28/2020**

**Northwest Community Hospital**

**800 W Central Road**  
**Arlington Heights, IL 60005**

**FEE RECEIPT NO.**



 **Illinois Department of  
PUBLIC HEALTH** HF 121459

**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
12/31/2021		0002717
<b>General Hospital</b>		
<b>Effective: 01/01/2021</b>		

**Swedish Covenant Health**  
**dba Swedish Hospital**  
**5145 N California Avenue**

**Chicago, IL 60625**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-483-001 10M 9/18


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

Exp. Date 12/31/2021  
Lic Number 0002717

Date Printed 10/08/2020

Swedish Covenant Health  
dba Swedish Hospital  
5145 N California Avenue  
Chicago, IL 60625

**FEE RECEIPT NO.**

 **Illinois Department of** **PUBLIC HEALTH** **HF 122270**

**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**

EXPIRATION DATE	CATEGORY	LD NUMBER
03/20/2022		7001209

**Ambulatory Surgery Treatment Center**

Effective: 03/21/2021

Northwest Community Day Surgery Center  
 675 W Kirchhoff Rd  
 Arlington Heights, IL 60005

Exp. Date 03/20/2022  
 Lic Number 7001209  
 Date Printed 02/18/2021

Northwest Community Day Surgery Ce  
 675 W Kirchhoff Rd  
 Arlington Heights, IL 60005-2371

face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #19-493-001 10M 5/18

**FEE RECEIPT NO.**

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



# Illinois Department of PUBLIC HEALTH

HF 123040

## 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**

EXPIRATION DATE	CATEGORY	I.D. NUMBER
07/13/2022		7003213
<b>Ambulatory Surgery Treatment Center</b>  <b>Effective: 07/14/2021</b>		

Northwest Community Foot and Ankle Center, LLC  
1455 Golf Rd  
Des Plaines, IL 60016

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 07/13/2022

Lic Number 7003213


Date Printed 05/28/2021

Northwest Community Foot and Ankle  
1455 Golf Rd  
Des Plaines, IL 60016-1250

FEE RECEIPT NO.

#E-033-21

← DISPLAY THIS PART IN A  
CONSPICUOUS PLACE

		<b>Illinois Department of PUBLIC HEALTH</b>		HF 121881
<b>LICENSE, PERMIT, CERTIFICATION, REGISTRATION</b>				
<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>				
Ngozi O. Ezike, M.D. Director			Issued under the authority of the Illinois Department of Public Health	
EXPIRATION DATE	CATEGORY	ID NUMBER		
02/06/2022		7003210		
<b>Ambulatory Surgery Treatment Center</b>				
Effective: 02/07/2021				
Northwest Endo Center LLC 1415 S Arlington Heights Road Arlington Heights, IL 60005				
<small>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</small>				

Exp. Date 02/06/2022

Lic Number 7003210

Date Printed 12/18/2020

Northwest Endo Center LLC

1415 S Arlington Heights Road  
Arlington Heights, IL 60005-3765

FEE RECEIPT NO.



September 14, 2021

HCO ID: # 7343

J.P. Gallagher  
CEO  
NorthShore University HealthSystem  
1301 Central Street, Suite 300  
Evanston, Illinois 60201

Dear Mr. Gallagher:

Joint Commission accredited organizations that have a full accreditation survey that has been postponed due to the COVID-19 pandemic will continue to be considered accredited beyond their current certificate expiration date.

The Joint Commission has resumed survey/review activity and as soon as The Joint Commission has determined it is safe to resume onsite survey activity in your county, scheduling of past due surveys will be prioritized.

Organizations that have an approaching accreditation due date that may be impacted as The Joint Commission begins to survey past due organizations will also continue to be considered accredited. Once the full survey has been conducted and a final accreditation decision of Accredited has been rendered, the accreditation will be renewed without any lapse in the existing accreditation

If I can be of further assistance I can be reached at (630) 792-5749.

Sincerely,

*Cynthia Lopez*

Cynthia Lopez  
Senior Account Executive  
Accreditation and Certification Operations

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice





September 14, 2021

HCO ID:# 7343

J.P. Gallagher  
CEO  
NorthShore University HealthSystem  
1301 Central Street, Suite 300  
Evanston, Illinois 60201

Dear Mr. Gallagher:

This letter confirms that The Joint Commission surveyed NorthShore University Health System on May 17-21, 2021.

Until the findings from this most recent survey are reviewed and a decision is rendered, The Joint Commission continues to consider NorthShore University Health System accredited based on the results of the previous full survey on October 2-6, 2017. An accreditation decision on your latest survey findings will be made once the 60-day Evidence of Standards Compliance reports have been approved by our central office. At that time, your organization's accreditation status will be updated and displayed on our Quality Check report.

If NorthShore University Health System achieves accreditation, the accreditation status will be effective for 3 years from May 22, 2021 for all services surveyed under the Hospital, Home Care, and Behavioral Health Accreditation Manuals.

We understand that the accreditation process can be confusing at times. If I can be of further assistance, please call me directly at (630) 792-5749.

Sincerely,

*Cynthia Lopez*

Cynthia Lopez  
Senior Account Executive  
Accreditation and Certification Operations

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice



February 26, 2018

Re: # 7343

CCN: #140010

Program: Hospital

Accreditation Expiration Date: October 07, 2020

J.P. Gallagher  
COO  
NorthShore University HealthSystem  
1301 Central Street, Suite 300  
Evanston, Illinois 60201

Dear Mr. Gallagher:

This letter confirms that your October 02, 2017 - October 06, 2017 unannounced full resurvey was conducted for the purposes of assessing compliance with the Medicare conditions for hospitals through The Joint Commission's deemed status survey process.

Based upon the submission of your evidence of standards compliance on January 12, 2018, January 15, 2018 and February 15, 2018 and the successful on-site unannounced Medicare Deficiency Follow-up event conducted on November 16, 2017 and December 14, 2017, the areas of deficiency listed below have been removed. The Joint Commission is granting your organization an accreditation decision of Accredited with an effective date of October 07, 2017. We congratulate you on your effective resolution of these deficiencies.

§482.23 Nursing Services  
§482.41 Physical Environment  
§482.42 Infection Control  
§482.51 Surgical Services

The Joint Commission is also recommending your organization for continued Medicare certification effective October 07, 2017. Please note that the Centers for Medicare and Medicaid Services (CMS) Regional Office (RO) makes the final determination regarding your Medicare participation and the effective date of participation in accordance with the regulations at 42 CFR 489.13. Your organization is encouraged to share a copy of this Medicare recommendation letter with your State Survey Agency.

This recommendation applies to the following location(s):

Deerfield Medical Group Offices  
49 South Waukegan Road, Deerfield, Deerfield, IL, 60015

Dermatology - Old Orchard  
9933 Woods Drive, Skokie, IL, 60077

Des Plaines Internal Medicine

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice

Attachment - 5B





9301 Golf Road, Suite 302, Des Plaines, IL, 60016

Evanston Medical Office Building  
1000 Central Street, Evanston, IL, 60201

Glenbrook Hospital Ambulatory Care Center  
2180 Pfingsten Road, Glenview, IL, 60026

Glenbrook Medical East  
1007 Church St., Suite 100, Evanston, IL, 60201

Glenbrook Medical West  
211 Waukegan Road Suite 200, Northfield, IL, 60093

Glenbrook Professional Building  
d/b/a NorthShore Medical Group  
2050-2100 Pfingsten Rd., Glenview, IL, 60025

Gurnee Ambulatory Care Center  
7900 Rollins Road, Gurnee, IL, 60031

Gurnee Pediatrics  
6475 Washington St. Suite 103, Gurnee, IL, 60031

Lincolnshire Ambulatory Care Center  
920 North Milwaukee Ave, Lincolnshire, IL, Lincolnshire, IL, 60069

Medical Imaging  
1182 Northbrook Court, Northbrook, IL, 60062

Medical Offices Bannockburn  
2151 Waukegan Road, Bannockburn, IL, 60015

Mount Prospect Primary Care  
1329 Wolf Road, Mount Prospect, IL, 60056

Niles Ambulatory Care Center  
6450 West Touhy Avenue, Niles, Niles, IL, 60714

North Shore Medical Group - Ravinia  
1777 Green Bay Road, Suite 201, Highland Park, IL, 60035

North Suburban Medical Associates  
101 Waukegan Road, Suite 1200, Lake Bluff, IL, 60044

NorthShore Medical Group - Family Practice

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice

Attachment - 5B



1162 Maple Ave, Mundelein, IL, 60060

NorthShore Orthopedics Institute  
680 Lake Shore Drive, Chicago, IL, 60611

NorthShore University HealthSystem  
d/b/a Evanston Hospital  
2650 Ridge Avenue, Evanston, IL, 60201

NorthShore University HealthSystem  
d/b/a Glenbrook Hospital  
2100 Pfingsten Road, Glenview, IL, 60025

NorthShore University HealthSystem  
d/b/a Highland Park Hospital  
777 Park Avenue West, Highland Park, IL, 60035

NorthShore University HealthSystem  
d/b/a Skokie Hospital  
9600 Gross Point Road, Skokie, IL, 60076

NS - Lincolnwood Primary Care  
6810 N. McCormick, Lincolnwood, IL, 60712

NS - Medical Group  
767 Park Avenue West, Highland Park, IL, 60035

NS - Medical Group  
9669 Kenton Avenue, Skokie, IL, 60076

NS - Vernon Hills  
830 West End Court, Vernon Hills, IL, 60061

NS at Nordstrom  
77 Old Orchard Shopping Center, Skokie, IL, 60077

NS Dermatology  
1160 Park Ave West, Highland Park, Highland Park, IL, 60035

NS Highland Park Specialty Care Center  
757 Park Avenue West, Highland Park, IL, 60035

NS Medical Group  
650 Lake Cook Road, Buffalo Grove, IL, 60089

NS Medical Group - Deerpath Physician Group

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice

Attachment - 5B



731 S. IL Route 21, Suite 130, Gurnee, IL, 60031

NS Medical Group - Glenview  
1435 Waukegan Road, Glenview, IL, 60025

NS Medical Group Plastics/ENT  
501 Skokie Blvd, Northbrook, IL, 60062

NS Northbrook Family Medicine  
1885 Shermer Road, Northbrook, IL, 60062

NS Primary Care  
15 Tower Court, Gurnee, IL, 60031

NS Rehabilitation Service  
1000 Central Street, Evanston, IL, 60201

NS Rehabilitation Services, Evanston Athletic Club  
1729 Benson Ave, Evanston, IL, 60201

NS Rehabilitation Services, Highland Park Hospital Fitness  
1501 Busch Pkwy, Buffalo Grove, IL, 60089

NS Rehabilitation Services, Old Orchard  
9977 Woods Drive, Skokie, IL, 60077

NS Rehabilitation Services, Park Center  
2400 Chestnut, Glenview, IL, 60026

NS Rehabilitation Services, Pediatric Therapy Clinic  
9977 Woods Drive, Skokie, IL, 60077

Park Center Specialty Suite  
2400 Chestnut Ave Suite A, Glenview, IL, 60026

Professional Building  
d/b/a ENH Medical Group/Psychiatry  
909 Davis Street, Evanston, IL, 60201

Professional Building  
9977 Woods Dr., Skokie, IL, 60077

Psychiatry- Glenview  
2300 Lehigh, Suite 215, Glenview, IL, 60025

Skokie Ambulatory Care Center

[www.jointcommission.org](http://www.jointcommission.org)

**Headquarters**  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181  
630 792 5000 Voice

Attachment - 5B



9650 Gross Point Road, Skokie, IL, 60076

Therapeutic Day School  
3633 West Lake Ave, Suite 200, Glenview, IL, 60025

Vernon Hills Specialty Care Center  
225 N Milwaukee Ave, Vernon Hills, IL, 60061

Wilmette Primary Care  
1515 Sheridan Road, Suite 31A, Wilmette, IL, 60091

Please be assured that The Joint Commission will keep the report confidential, except as required by law or court order. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer  
Division of Accreditation and Certification Operations

cc: CMS/Central Office/Survey & Certification Group/Division of Acute Care Services  
CMS/Regional Office 5 /Survey and Certification Staff

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**



AMERICAN OSTEOPATHIC ASSOCIATION

**BUREAU OF HEALTHCARE FACILITIES ACCREDITATION  
HEALTHCARE FACILITIES ACCREDITATION PROGRAM**

142 E. Ontario Street, Chicago, IL 60611-2864 | 312 202 8258 | 800-621-1773 X 8258

February 28, 2018

Anthony Guaccio  
Chief Executive Officer  
Swedish Covenant Hospital  
5145 N California Ave  
Chicago, IL 60625

Dear Mr. Guaccio:

The American Osteopathic Association's Bureau of Healthcare Facilities Accreditation (BHFA) reviewed the triennial Deficiency Assessment Report for your Acute Care Hospital and granted Full Accreditation with resurvey within 3 years and does recommend that the Centers for Medicare and Medicaid Services Regional Office (CMS, RO) approve continued deemed status for:

Swedish Covenant Hospital  
5145 N California Ave  
Chicago, IL 60625

Center for Ambulatory Surgery  
Foster Medical Pavilion  
5215 North California, Suite #800  
Chicago, IL 60625

Outpatient Cardiac and Pulmonary Rehab  
Galter LifeCenter  
5157 N. Francisco, 2<sup>nd</sup> Floor  
Chicago, IL 60625

Wound Care/Hyperbaric Treatment  
Winona Building  
2751 W. Winona, 3<sup>rd</sup> Floor  
Chicago, IL 60625

CyberKnife Cancer Institute  
160 E. Illinois St.  
Chicago, IL 60611

Outpatient Rehab Services  
Galter LifeCenter, 1st and 2nd Floors  
5157 N. Francisco  
Chicago, IL 60625

Pain Management  
Foster Medical Pavilion  
5215 N. California, Suite #600  
Chicago, IL 60625

**Program:** Acute Care Hospital

**CCN #** 140114

**HFAP ID:** 119094

**Triennial Survey Dates:** 12/11/2017 – 12/14/2017

**Plan(s) of Correction Received:** 01/12/2018

**Effective Date of Accreditation:** 01/29/2018 – 01/29/2021

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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition**

Foster Medical Pavilion Lab and X-ray  
5215 N. California, Suite #713  
Chicago, IL 60625

**Condition Level Deficiencies:** ☒ None  
(Use crosswalk and CFR citations, if applicable):

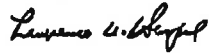
Swedish Covenant Hospital does not have Swing Beds and was not surveyed under those standards.

Swedish Covenant Hospital has a DPU Rehab Unit and a DPU Psych Unit and was surveyed under those standards. The facility met the requirements for both units.

This accreditation decision was reached on February 21, 2018 by the BHFA's Executive Committee.

In reviewing your report, the Bureau of Healthcare Facilities Accreditation (BHFA) made the observations that are contained on the enclosed Bureau Progress Report and requires that an Interim Progress Report be received in the AOA Division of Healthcare Facilities Accreditation prior to **December 10, 2018**.

Sincerely,



Lawrence U. Haspel, D.O.  
Chairman, Bureau of Healthcare Facilities Accreditation  
The Healthcare Facilities Accreditation Program  
LUH/CDC

c: CMS Central Office  
Region V, CMS

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
CHANGE OF OWNERSHIP APPLICATION FOR EXEMPTION- 09/2019 Edition



January 3, 2018

Stephen Scogna  
Chief Executive Officer

Northwest Community Hospital  
800 West Central Road  
Arlington Heights, IL 60005

Joint Commission ID #: 4656  
Program: Hospital Accreditation  
Accreditation Activity: 60-day Evidence of  
Standards Compliance  
Accreditation Activity Completed: 01/03/2018

Dear Mr. Scogna:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Hospitals**

This accreditation cycle is effective beginning October 21, 2017 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer  
Division of Accreditation and Certification Operations





August 9, 2021

Anthony Guaccio  
Chief Executive Officer  
Swedish Covenant Hospital  
5145 North California Avenue  
Chicago, IL 60625-3661

Dear Mr. Guaccio:

Congratulations! HFAP's Survey Review Group has reviewed the triennial survey report for your Acute Care Hospital and has granted Full Accreditation for 3 years. This decision was reached on August 6, 2021.

In reviewing your survey report, the Survey Review Group made the observations contained on the Survey Progress Report. An Interim Progress Report is required to be submitted by **May 17, 2022**.

HFAP recommends the Centers for Medicare and Medicaid Services (CMS) approve deemed status for:

Swedish Covenant Hospital  
5145 North California Avenue  
Chicago, IL 60625-3661

Center for Ambulatory Surgery at Swedish  
Covenant  
5215 North California Avenue  
Foster Medical Pavilion  
Chicago, IL 60625

Foster Medical Pavilion OP Lab and X-ray  
5215 North California  
Chicago, IL 60625

Galter Life Center - Cardiac Rehab  
5157 North Francisco  
Chicago, IL 60625

Galter Life Center - Diabetes Community  
Center  
5157 North Francisco  
Chicago, IL 60625

Galter Life Center - Pulmonary Rehab  
5157 North Francisco  
Chicago, IL 60625

Niles Infusion Center  
6450 West Touhy  
Niles, IL 60714

**Program:** Acute Care Hospital

**CCN #** 140114

**HFAP ID:** 119094

**Triennial Survey Dates:** 05/17/2021 – 05/20/2021

**Plan(s) of Correction Received:** 06/30/2021

**Effective Date of Accreditation:** 01/29/2021 – 01/29/2024



Sauganash ICC - Outpatient Physical Therapy  
6141 North Cicero Avenue  
Chicago, IL 60646

Swedish Covenant Hospital Hyperbaric Oxygen  
Therapy  
2751 West Winona  
Chicago, IL 60625

Swedish Covenant Hospital Outpatient  
Rehabilitation  
5157 North Francisco  
Chicago, IL 60625

Swedish Covenant Hospital Pain Center  
5215 North California, Suite 600  
Chicago, IL 60625

Swedish Covenant Hospital Wound Care  
Center  
2751 West Winona  
Chicago, IL 60625

**Condition Level Deficiencies:** ☒ None

Swedish Covenant Hospital does not have Swing Beds and was not surveyed under those standards. Swedish Covenant Hospital has, a PPS Excluded Rehab Unit and a PPS Excluded Psych Unit and was surveyed under those standards. The organization met the requirements for PPS Excluded Rehab and Psych Units.

We're glad you are part of the HFAP family. As a reminder, to maintain continuous accreditation, you should plan to reapply nine months prior to your expiration date.

Sincerely,

Deanna Scatena, RN, BSN  
Associate Program Director

DS/co

cc: CMS Central Office  
Region V, CMS



June 17, 2021

Stephen Scogna  
President, Chief Executive Officer  
Northwest Community Day Surgery Center II, LLC  
675 West Kirchoff Road  
Arlington Heights, IL 60005

Joint Commission ID #: 558537  
Program: Ambulatory Health Care Accreditation  
Accreditation Activity: Evidence of Standards Compliance  
Accreditation Activity Completed : 6/17/2021

Dear Mr. Scogna:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

**Comprehensive Accreditation Manual for Ambulatory Health Care**

This accreditation cycle is effective beginning February 20, 2021 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Please note, if your survey was conducted off-site (virtually): Your organization may be required to undergo an on-site survey once The Joint Commission has determined that conditions are appropriate to conduct on-site survey activity.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS  
Chief Operating Officer and Chief Nurse Executive  
Division of Accreditation and Certification Operations



ACCREDITATION ASSOCIATION  
for AMBULATORY HEALTH CARE, INC.

# CERTIFICATE OF ACCREDITATION

grants this

to

NORTHWEST ENDO CENTER, LLC

1415 S ARLINGTON HEIGHTS RD  
ARLINGTON HEIGHTS, IL 60005

*In recognition of its commitment to high quality care and patient safety.*

117454

Organization Identification Number



JULY 26, 2023

*The Award expires on the above date*

*Timothy J. Peterson, MD*  
TIMOTHY J. PETERSON, MD  
Chair of the Board

*Noel M. Adachi*  
NOEL M. ADACHI, MBA  
President & CEO

AAAHC • 5250 OLD ORCHARD RD, STE 200 • SKOKIE, IL 60077  
847.953.6060 • WWW.AAAHC.ORG

Debra Savage  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Chair Savage:

Pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(C), I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 of the following:

1. NS-EE Holdings has not had any adverse action (as that term is defined in 77 Ill. Admin. Code §1130.140 against any Illinois health care facility owned and operated by it during the three-year period immediately prior to the filings of Certificate of Exemption ("COE") applications related to the change of control of (i) NorthShore University HealthSystem Evanston Hospital located at 2650 Ridge Avenue, Evanston, Illinois 60201; (ii) NorthShore University HealthSystem Glenbrook Hospital located at 2100 Pfingsten Road, Glenview, Illinois 60026; (iii) NorthShore University HealthSystem Highland Park Hospital located at 777 Park Avenue West, Highland Park, Illinois 60035; (iv) NorthShore University HealthSystem Skokie Hospital located at 9600 Gross Pointe Road, Skokie, Illinois 60076; (v) Swedish Hospital located at 5140 North California Avenue, Chicago, Illinois 60625; (vi) Northwest Community Hospital located at 850 West Central Road, Arlington Heights, Illinois 60005; (vii) Northwest Community Day Surgery Center II, LLC located at 675 West Kirchoff Road, Arlington Heights, Illinois 60005 (viii) Northwest Community Foot and Ankle Center, LLC located at 1455 East Golf Road, Des Plaines, Illinois 60016, (ix) Northwest Endo Center LLC located at 1415 South Arlington Heights Road, Arlington Heights, Illinois 60005, (x) Edward Hospital located at 801 South Washington Street, Naperville, Illinois 60540; (xi) Elmhurst Memorial Hospital located at 155 East Brush Hill Road, Elmhurst, Illinois 60126; (xii) Linden Oaks Behavioral Health located at 852 South West Street, Naperville, Illinois 60540 (xiii) Elmhurst Outpatient Surgery Center, LLC located at 1200 South York Road, Suite, 1400, Elmhurst, Illinois 60126, (xiv) Midwest Endoscopy Center, LLC located at 1243 Ricket Drive, Naperville, Illinois 60540 and (xv) Edward Plainfield Emergency Center located at 24600 West 127<sup>th</sup> Street Building A, Plainfield, Illinois 60585.
2. NS-EE Holdings authorizes the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") to access information to verify documentation or information submitted by NS-EE Holdings in connection with

the COE filing requirements or to obtain any documentation or information which the HFSRB or IDPH finds pertinent to the COE applications noted above.

Sincerely,



Gerald P. Gallagher  
President and Chief Executive Officer  
NS-EE Holdings

Subscribed and sworn to me  
This 14<sup>th</sup> day of September 2021

Barbara M. Holland  
Notary Public



Debra Savage  
Chair  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, 2nd Floor  
Springfield, Illinois 62761

Dear Chair Savage:

Pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(C), I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 of the following:

1. NorthShore University HealthSystem has not had any adverse action (as that term is defined in 77 Ill. Admin. Code §1130.140 against any Illinois health care facility owned and operated by it during the three-year period immediately prior to the filings of Certificate of Exemption (“COE”) applications related to the change of control of (i) NorthShore University HealthSystem Evanston Hospital located at 2650 Ridge Avenue, Evanston, Illinois 60201; (ii) NorthShore University HealthSystem Glenbrook Hospital located at 2100 Pfingsten Road, Glenview, Illinois 60026; (iii) NorthShore University HealthSystem Highland Park Hospital located at 777 Park Avenue West, Highland Park, Illinois 60035; (iv) NorthShore University HealthSystem Skokie Hospital located at 9600 Gross Pointe Road, Skokie, Illinois 60076; (v) Swedish Hospital located at 5140 North California Avenue, Chicago, Illinois 60625; (vi) Northwest Community Hospital located at 850 West Central Road, Arlington Heights, Illinois 60005; (vii) Northwest Community Day Surgery Center II, LLC located at 675 West Kirchoff Road, Arlington Heights, Illinois 60005 (viii) Northwest Community Foot and Ankle Center, LLC located at 1455 East Golf Road, Des Plaines, Illinois 60016, (ix) Northwest Endo Center LLC located at 1415 South Arlington Heights Road, Arlington Heights, Illinois 60005, (x) Edward Hospital located at 801 South Washington Street, Naperville, Illinois 60540; (xi) Elmhurst Memorial Hospital located at 155 East Brush Hill Road, Elmhurst, Illinois 60126; (xii) Linden Oaks Behavioral Health located at 852 South West Street, Naperville, Illinois 60540 (xiii) Elmhurst Outpatient Surgery Center, LLC located at 1200 South York Road, Suite, 1400, Elmhurst, Illinois 60126, (xiv) Midwest Endoscopy Center, LLC located at 1243 Ricket Drive, Naperville, Illinois 60540 and (xv) Edward Plainfield Emergency Center located at 24600 West 127<sup>th</sup> Street Building A, Plainfield, Illinois 60585.
2. NorthShore University HealthSystem authorizes the Illinois Health Facilities and Services Review Board (“HFSRB”) and the Illinois Department of Public Health (“IDPH”) to access information to verify documentation or information submitted by NorthShore University HealthSystem in connection with the COE filing requirements or to obtain any




documentation or information which the HFSRB or IDPH finds pertinent to the COE applications noted above.

Sincerely,



Gerald P. Gallagher  
President and Chief Executive Officer  
NorthShore University HealthSystem

Subscribed and sworn to me  
This 14<sup>th</sup> day of September, 2021



Notary Public



Debra Savage  
 Chair  
 Illinois Health Facilities and Services Review Board  
 525 West Jefferson Street, 2nd Floor  
 Springfield, Illinois 62761

Dear Chair Savage:

Pursuant to 77 Ill. Admin. Code § 1110.110(a)(2)(C), I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 of the following:

1. Swedish Covenant Health d/b/a Swedish Hospital has not had any adverse action (as that term is defined in 77 Ill. Admin. Code §1130.140 against any Illinois health care facility owned and operated by it during the three-year period immediately prior to the filings of Certificate of Exemption ("COE") applications related to the change of control of (i) NorthShore University HealthSystem Evanston Hospital located at 2650 Ridge Avenue, Evanston, Illinois 60201; (ii) NorthShore University HealthSystem Glenbrook Hospital located at 2100 Pfingsten Road, Glenview, Illinois 60026; (iii) NorthShore University HealthSystem Highland Park Hospital located at 777 Park Avenue West, Highland Park, Illinois 60035; (iv) NorthShore University HealthSystem Skokie Hospital located at 9600 Gross Pointe Road, Skokie, Illinois 60076; (v) Swedish Hospital located at 5140 North California Avenue, Chicago, Illinois 60625; (vi) Northwest Community Hospital located at 850 West Central Road, Arlington Heights, Illinois 60005; (vii) Northwest Community Day Surgery Center II, LLC located at 675 West Kirchoff Road, Arlington Heights, Illinois 60005 (viii) Northwest Community Foot and Ankle Center, LLC located at 1455 East Golf Road, Des Plaines, Illinois 60016, (ix) Northwest Endo Center LLC located at 1415 South Arlington Heights Road, Arlington Heights, Illinois 60005, (x) Edward Hospital located at 801 South Washington Street, Naperville, Illinois 60540; (xi) Elmhurst Memorial Hospital located at 155 East Brush Hill Road, Elmhurst, Illinois 60126; (xii) Linden Oaks Behavioral Health located at 852 South West Street, Naperville, Illinois 60540 (xiii) Elmhurst Outpatient Surgery Center, LLC located at 1200 South York Road, Suite, 1400, Elmhurst, Illinois 60126, (xiv) Midwest Endoscopy Center, LLC located at 1243 Ricket Drive, Naperville, Illinois 60540 and (xv) Edward Plainfield Emergency Center located at 24600 West 127<sup>th</sup> Street Building A, Plainfield, Illinois 60585.
2. Swedish Covenant Health d/b/a Swedish Hospital authorizes the Illinois Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") to access information to verify documentation or information submitted by Swedish Covenant Health d/b/a Swedish Hospital in connection with the COE filing requirements or to obtain any documentation or information which the HFSRB or IDPH finds pertinent to the COE applications noted above.

Sincerely,



Anthony Guadecio  
President and Chief Executive Officer  
Swedish Covenant Health d/b/a Swedish Hospital

Subscribed and sworn to me  
This 3<sup>rd</sup> day of September, 2021

  
\_\_\_\_\_  
Notary Public

**Section III, Change of Ownership (CHOW)****Criterion 1130.520 Requirements for Exemptions Involving the Change of Ownership of a Health Care Facility****Applicable Review Criteria – CHOW****1. 1130.520(b)(1)(A) – Names of the Parties**

Swedish Hospital is the operator/licensee of the hospital.

NorthShore University HealthSystem is the sole corporate member of Swedish Hospital.

NS-EE Holdings will be the sole member of NorthShore University HealthSystem.

**2. 1130.520(b)(1)(C) – Structure of the Transaction**

NorthShore University Health System, an Illinois not-for-profit corporation ("NorthShore") and Edward-Elmhurst Health, an Illinois not-for-profit ("EEH") intend to enter into an affiliation transaction whereby a new parent entity, NS-EE Holdings, will be formed to serve as the sole corporate parent of the two existing health systems, NorthShore and EEH. The planned transaction is scheduled to close December 31, 2021 or as soon thereafter as all closing conditions have been satisfied.

**3. 1130.520(b)(1)(D) – Name of Licensed Entity After Transaction**

Swedish Covenant Health d/b/a Swedish Hospital

**4. 1130.520(b)(1)(E) – List of Ownership or Membership Interest in the Licensed Entity Prior to and After the Transaction**

The organizational charts showing the current organizational structure for Swedish Hospital, along with the post-transaction ownership structure are attached at Attachment - 4.

**5. 1130.520(b)(1)(F) – Fair Market Value of Swedish Hospital**

\$153,948,000

**6. 1130.520(b)(1)(G) – Purchase Price of Other Forms of Consideration to be Paid**

No consideration (money, property or other assets) will be exchanged between NorthShore and EEH in connection with the affiliation agreement.

**7. 1130.520(b)(2) – Affirmations**

By signing the certification page within this application, the Applicants attest that NorthShore University HealthSystem will complete all projects for which permits have been issued in accordance with the provisions of Section 1130 of the Health Facilities and Services Review Board's rules.

**8. 1130.520(b)(3) – If 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 Applicants agree that for a period of two years following the closing of the planned transaction, it will not adopt a more restrictive charity care (financial assistance) policy than the policy that was in effect for Swedish Hospital one year prior to the closing date of the planned transaction.

**9. 1130.520(b)(4) – Anticipated Benefits to the Community**

NorthShore and EEH are aligning to become a regional, community-focused healthcare system. The affiliation will enhance delivery of top-quality primary and specialty care services, provide broad geographic access for patients, and advance the health of the communities served. By coming together, patients throughout the region will benefit from nine hospitals, including one behavioral health hospital, an exemplary physician network, including employed and independent physicians and many convenient outpatient access points. The parties will work to define and implement the integration of the health systems in a manner that:

- Furthers the charitable missions of NorthShore and EEH in meeting the needs of their communities with a commitment to care for the vulnerable and underserved;
- Continues to expand and improve patient access to comprehensive, convenient, high quality, inpatient and outpatient healthcare throughout the communities, including advanced specialty care and behavioral health services;
- Continues to improve and manage the health status of the population of the communities served by the combined system;
- Continues to invest in facilities, equipment, network developments and information technology;
- Promotes community health and well-being through enhanced patient care;
- Builds the medical community through strongly aligned relationships and enhanced education and developmental opportunities among primary care, core specialist, subspecialist, group practice physicians and other members of the staff;
- Enhances sound stewardship through the efficient delivery of all services, resulting in favorable financial performance for the system entities;
- Develops a comprehensive delivery system, focusing on coordinated care, positive outcomes and quality of life for patients;
- Enhances patient, physician, and payor preference through a focus on access, quality, cost and value; and
- Enhances community benefit and public policy advocacy.

The parties believe this transaction will result in delivering superior value and quality to patients, physicians and payers, and will also be in the best interests of the community at large.

**10. 1130.520(b)(5) – Anticipated or Potential Cost Savings**

The planned transaction will present opportunities to improve health care delivery and access to services provided in the combined system's service area in a manner that results in cost savings and other efficiencies that will ensure that NorthShore and EEH can more effectively continue their shared charitable mission and purposes. Such opportunities will likely include initiatives for integration of information technology and system-wide support functions with the goal of enhancing operational efficiency, as well as clinical integration to support strong performance in value-driven initiatives that can improve outcomes while reducing total cost of care.

**11. 1130.520(b)(6) – Quality Improvement Program**

NorthShore and EEH share a 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, NorthShore and EEH will continue to advance the commitment to delivering care that is of the highest quality and eliminates preventable harm. It is also anticipated that NorthShore and EEH will evaluate opportunities to integrate their quality plans toward the development of a System-wide quality plan after the closing of the planned transaction.

**12. 1130.520(b)(7) – Selection Process for Governing Body**

Upon consummation of the transaction, the Board of Directors of NS-E Holdings will be comprised of community members representing NorthShore, EEH, Swedish Hospital and Northwest Community Hospital.

**13. 1130.520(b)(9) – Change to Scope of Service or Levels of Care**

There will no changes to the Categories of Service provided at Swedish Hospital within 24 months following the closing of the planned transaction, unless it applies for and obtains approval from the State Board to make any adjustments necessary to best address the health care needs of the community served by Swedish Hospital.

**Section IV – Charity Care Information**

The table below provides charity care information for the most recent three years for NorthShore University HealthSystem and Swedish Hospital.

<b>NORTHSHORE UNIVERSITY HEALTHSYSTEM CHARITY CARE</b>			
	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Net Patient Revenue</b>	<b>\$1,295,160,316</b>	<b>\$1,407,899,750</b>	<b>\$1,513,478,270</b>
Amount of Charity Care (charges)	\$70,231,298	\$73,166,467	\$107,018,451
Cost of Charity Care	\$17,190,094	\$18,270,106	\$25,585,883

<b>SWEDISH COVENANT HEALTH CHARITY CARE</b>			
	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Net Patient Revenue</b>	<b>\$235,549,332</b>	<b>\$224,148,166</b>	<b>\$207,455,856</b>
Amount of Charity Care (charges)	\$47,260,443	\$48,339,842	\$47,689,933
Cost of Charity Care	\$10,436,594	\$7,708,706	\$6,713,208



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		16 – 19
2	Site Ownership		20
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		21 – 22
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		23 – 25
5	Background of the Applicant		26 – 56
6	Change of Ownership		57 – 59
7	Charity Care Information		60