

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: The Quad Cities Rehabilitation Institute		
Street Address: 653 52 nd Avenue		
City and Zip Code: Moline, Illinois 61265		
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05

Legislators

State Senator Name: Michael W. Halpin
State Representative Name: Gregg Johnson

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

Exact Legal Name: SummitOne Enterprises, Inc.
Street Address: The Cooper Center, 9521 San Mateo Boulevard NE
City and Zip Code: Albuquerque, New Mexico 87113
Name of Registered Agent: The Corporation Trust Company
Registered Agent Street Address: Corporation Trust Center, 1209 Orange Street
Registered Agent City and Zip Code: Wilmington, Delaware 19801
Name of Chief Executive Officer: Dale Maxwell
CEO Street Address: The Cooper Center, 9521 San Mateo Boulevard NE
CEO City and Zip Code: Albuquerque, New Mexico 87113
CEO Telephone Number: 505-923-5700

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"/>

- 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: Tracey Klein/Anne Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3616/312-873-3606
E-mail Address: TKlein@polsinelli.com/ACooper@polsinelli.com
Fax Number:

Facility/Project Identification

Facility Name: The Quad Cities Rehabilitation Institute		
Street Address: 653 52 nd Avenue		
City and Zip Code: Moline, Illinois 61265		
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05

Legislators

State Senator Name: Michael W. Halpin
State Representative Name: Gregg Johnson

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

Exact Legal Name: Iowa Health System d/b/a UnityPoint Health
Street Address: 1776 West Lakes Parkway, Suite 400
City and Zip Code: West Des Moines, Iowa 50266
Name of Registered Agent: URS Agents, LLC
Registered Agent Street Address: 30 North LaSalle Street, Suite 1510
Registered Agent City and Zip Code: Chicago, Illinois 60602
Name of Chief Executive Officer: Clay Holderman
CEO Street Address: 1776 West Lakes Parkway, Suite 400
CEO City and Zip Code: West Des Moines, Iowa 50266
CEO Telephone Number: (515) 241-8215

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"/>

- 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: Tracey Klein/Anne Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3616/312-873-3606
E-mail Address: TKlein@polsinelli.com/ACooper@polsinelli.com
Fax Number:

Facility/Project Identification

Facility Name: The Quad Cities Rehabilitation Institute		
Street Address: 653 52 nd Avenue		
City and Zip Code: Moline, Illinois 61265		
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05

Legislators

State Senator Name: Michael W. Halpin
State Representative Name: Gregg Johnson

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

Exact Legal Name: Trinity Medical Center
Street Address: 500 John Deere Road
City and Zip Code: Moline, Illinois 61265
Name of Registered Agent: Robert J. Erickson
Registered Agent Street Address: 2701 17 th Street
Registered Agent City and Zip Code: Rock Island, Illinois 61201
Name of Chief Executive Officer: Robert J. Erickson
CEO Street Address: 500 John Deere Road
CEO City and Zip Code: Moline, IL 61265
CEO Telephone Number: (309) 779-5000

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: Tracey Klein/Anne Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3616/312-873-3606
E-mail Address: TKlein@polsinelli.com/ACooper@polsinelli.com
Fax Number:

Facility/Project Identification

Facility Name: The Quad Cities Rehabilitation Institute		
Street Address: 653 52 nd Avenue		
City and Zip Code: Moline, Illinois 61265		
County: Rock Island	Health Service Area: 10	Health Planning Area: C-05

Legislators

State Senator Name: Michael W. Halpin
State Representative Name: Gregg Johnson

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

Exact Legal Name: The Quad Cities Rehabilitation Institute, LLC
Street Address: 9001 Liberty Parkway
City and Zip Code: Birmingham, Alabama 35242
Name of Registered Agent: Illinois Corporation Service Company
Registered Agent Street Address: 801 Adlai Stevenson Drive
Registered Agent City and Zip Code: Springfield, Illinois 62703
Name of Chief Executive Officer: Tammy Pauwels
CEO Street Address: 9001 Liberty Parkway
CEO City and Zip Code: Birmingham, Alabama 35242
CEO Telephone Number: 309-581-3622

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
Other <input type="checkbox"/>	
<ul style="list-style-type: none"> Corporations and limited liability companies must provide an Illinois certificate of good standing. Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner. 	
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: Tracey Klein/Anne Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3616/312-873-3606
E-mail Address: TKlein@polsinelli.com/ACooper@polsinelli.com
Fax Number:

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

Name:
Title:
Company Name:
Address:
Telephone Number:
E-mail Address:
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: Tracey Klein/Anne Cooper
Title: Attorney
Company Name: Polsinelli PC
Address: 150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606
Telephone Number: 312-873-3616/312-873-3606
E-mail Address: TKlein@polsinelli.com/ACooper@polsinelli.com
Fax Number:

Site Ownership after the Project is Complete

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Trinity Medical Center d/b/a UnityPoint Health – Trinity Rock Island
Address of Site Owner: 2701 17 th Street, Rock Island, Illinois 61201
Street Address or Legal Description of the Site: 653 52 nd Avenue, Moline, IL 61265
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: The Quad Cities Rehabilitation Institute, LLC		
Address: 653 52 nd Avenue, Moline, Illinois 61265		
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship	<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: The Quad Cities Rehabilitation Institute, LLC	
Address: 653 52 nd Avenue, Moline, Illinois 61265	
<input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> For-profit Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other	<input type="checkbox"/> Partnership <input type="checkbox"/> Governmental <input type="checkbox"/> Sole Proprietorship
<ul style="list-style-type: none"> ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. 	
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Organizational Relationships

Provide (for each applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.
APPEND DOCUMENTATION AS ATTACHMENT 4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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.

Iowa Health System d/b/a UnityPoint Health, an Iowa nonprofit corporation and a Section 501(c)(3) corporation under the Internal Revenue Code ("UPH") and Presbyterian Healthcare Services, a New Mexico nonprofit corporation and a Section 501(c)(3) corporation under the Internal Revenue Code ("Presbyterian") have entered into a definitive agreement whereby each party and its subsidiaries will become financially and operationally integrated and whereby a new parent entity, SummitOne Enterprises, Inc., will be formed to serve as the sole corporate member of the two existing health systems, UPH and Presbyterian. The planned transaction is scheduled to close July 1, 2023, or as soon thereafter as all closing conditions have been satisfied.

Subject to approval of this Change of Ownership Application for Exemption, neither the licensed facility of the hospital nor the legal entity operating the hospital and maintaining responsibility for the hospital will change as a result of the UPH and Presbyterian integration. No consideration (money, property, or other assets) will be exchanged between UPH and Presbyterian in connection with the definitive agreement.

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 ___ 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): July 1, 2023, 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 **N/A**
☐ APORS **N/A**
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ All reports regarding outstanding permits

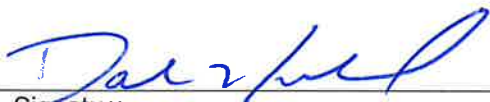
Failure to be up to date with these requirements will result in the Application being deemed incomplete.

CERTIFICATION

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

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

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



Signature

Dale Maxwell

Printed Name

Chief Executive Officer

Printed Title

Signature

Clay Holderman

Printed Name

President

Printed Title

Notarization:

Subscribed and sworn to before me
this 17 day of May 2023



Signature of Notary

Notarization:

Subscribed and sworn to before me
this ____ day of ____

Signature of Notary

Seal

Seal
*Insert the EXEMPTION of the applicant

Notary Public - State of New Mexico
Commission # 1115471
My Comm. Expires Sep 23, 2024

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

Signature

Dale Maxwell

Printed Name

Chief Executive Officer

Printed Title

Notarization:

Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

Signature

Clay Holderman

Printed Name

President

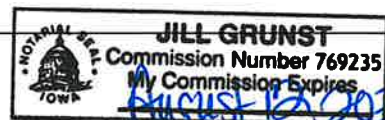
Printed Title

Notarization:

Subscribed and sworn to before me
this ____ day of May, 2023

Signature of Notary

Seal

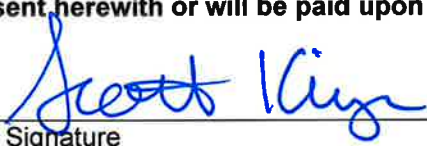


CERTIFICATION

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 Iowa Health System d/b/a UnityPoint Health 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

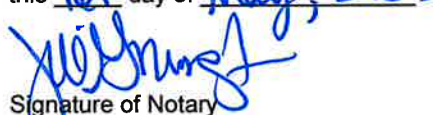
Scott Kizer
Printed Name

SVP, Chief Legal Officer & General Counsel
Printed Title


Signature


Dan Carpenter
Printed Name

Senior VP & Chief Strategy Officer
Printed Title

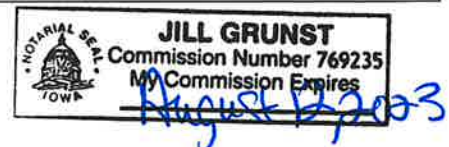
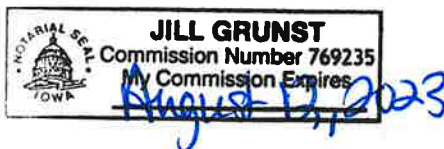
Notarization:
Subscribed and sworn to before me
this 16th day of May, 2023

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

Notarization:
Subscribed and sworn to before me
this 16th day of May, 2023

Signature of Notary

Seal



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 Trinity Medical Center 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

Robert J. Erickson

Printed Name

President and Chief Executive Officer

Printed Title


Signature

Katherine Pearson

Printed Name

Chief Strategy Officer

Printed Title

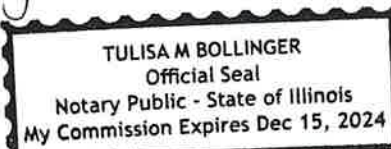
Notarization:

Subscribed and sworn to before me
this 16th day of May 2023


Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

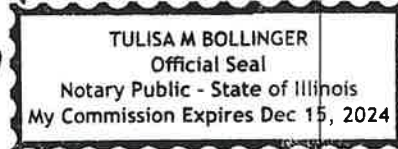


Notarization:

Subscribed and sworn to before me
this 16th day of May 2023


Signature of Notary

Seal



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



Signature

Tammy Pauwels
Printed Name

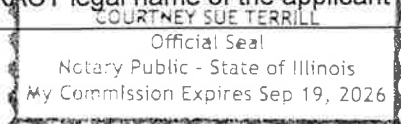
Chief Executive Officer
Printed Title

Notarization:
Subscribed and sworn to before me
this 16th day of MAY 2023

Signature of Notary 

Seal

*Insert the EXACT legal name of the applicant



DOCS/2972994.2



Signature

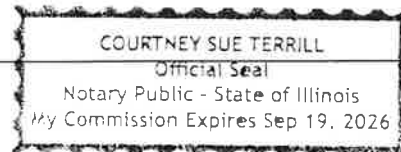
Lavern Balk
Printed Name

Controller
Printed Title

Notarization:
Subscribed and sworn to before me
this 16th day of MAY 2023

Signature of Notary 

Seal



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	X
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 ATTACHMENT 6, 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
Net Patient Revenue			
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 SummitOne Enterprises, Inc. (“SummitOne”), Iowa Health System d/b/a UnityPoint Health (“UnityPoint Health”), Trinity Medical Center, and The Quad Cities Rehabilitation Institute, LLC (“QCRI”) (collectively, the “Applicants”) are attached at Attachment – 1.

QCRI is the operator/licensee of the rehabilitation hospital

Trinity Medical Center has a 50% ownership interest in QCRI.

Trinity Regional Health System is the sole corporate member of Trinity Medical Center.

UnityPoint Health is the sole corporate member of Trinity Regional Health System.

SummitOne will be the sole corporate member of UnityPoint Health after closing of the planned transaction.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUMMITONE ENTERPRISES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.



7318583 8300C

SR# 20232003468

You may verify this certificate online at corp.delaware.gov/authver.shtml

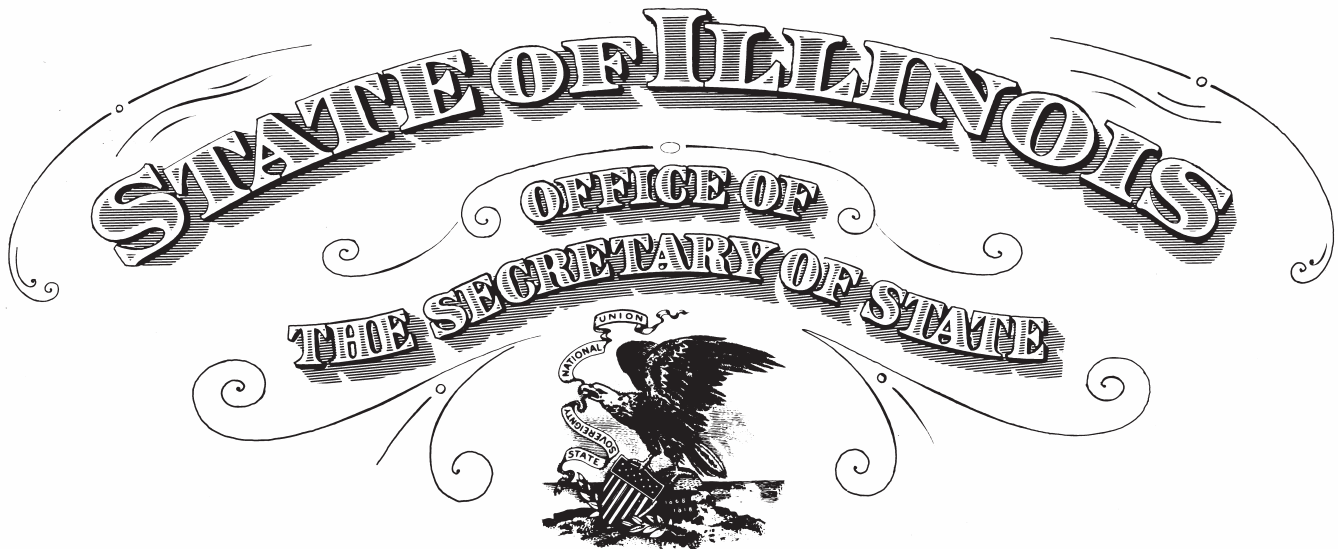
A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203335942

Date: 05-12-23

File Number

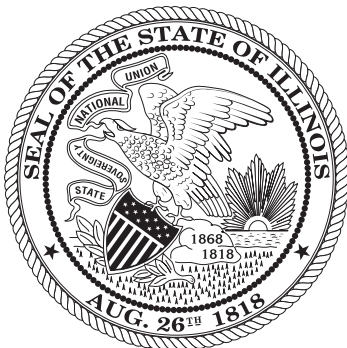
6720-693-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

IOWA HEALTH SYSTEM, INCORPORATED IN IOWA AND LICENSED TO CONDUCT AFFAIRS IN THIS STATE ON JUNE 15, 2010, 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 A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO CONDUCT AFFAIRS 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 MAY A.D. 2023 .

Authentication #: 2313201400 verifiable until 05/12/2024

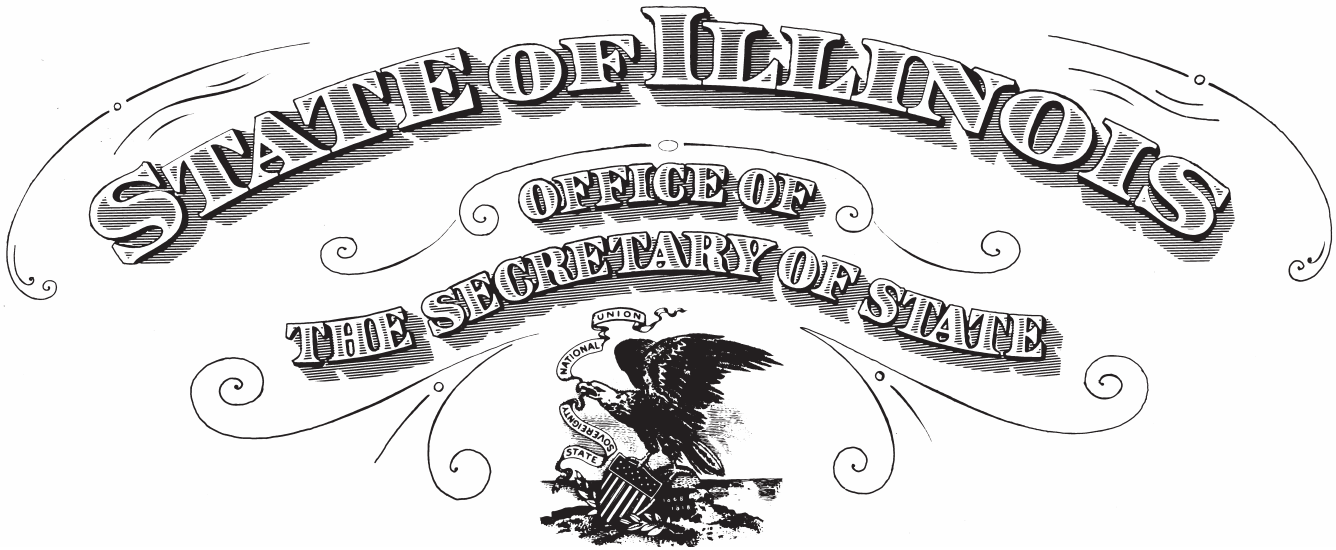
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

File Number

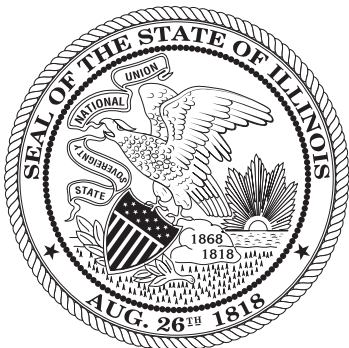
4957-982-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

TRINITY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 06, 1969, 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 MAY A.D. 2023 .

Authentication #: 2313201430 verifiable until 05/12/2024

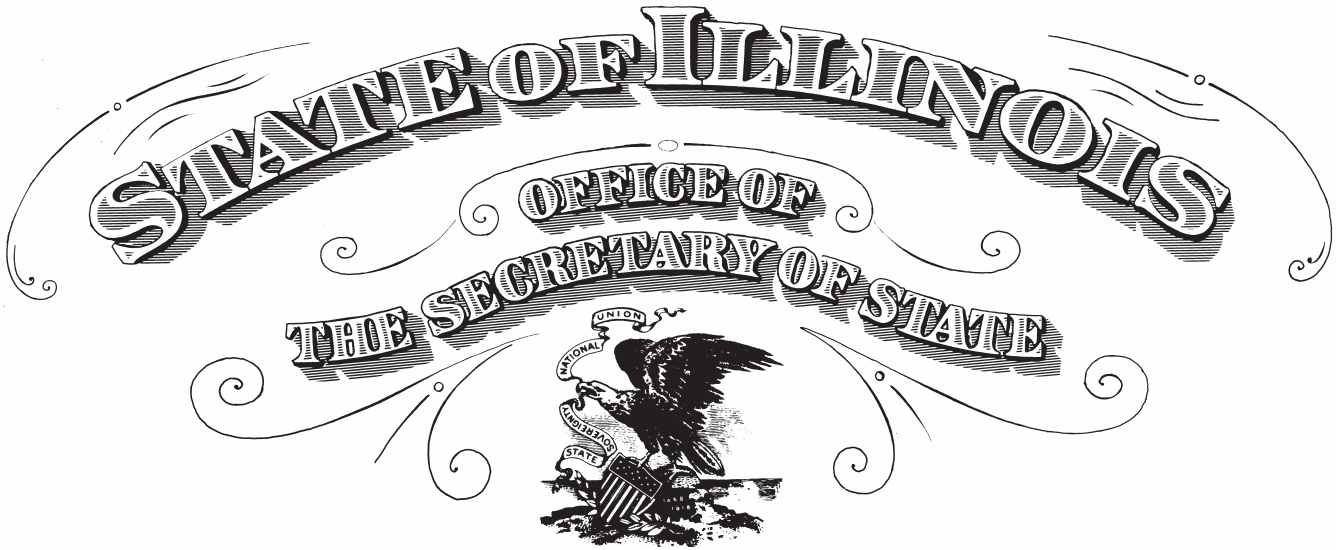
Authenticate at: <https://www.ilsos.gov>

Alexi Giannoulas

SECRETARY OF STATE

File Number

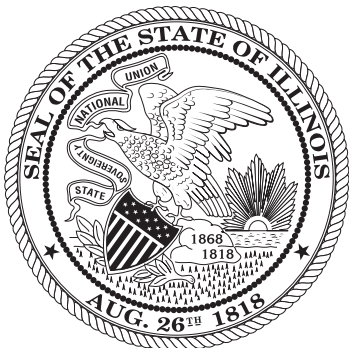
0820603-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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 QUAD CITIES REHABILITATION INSTITUTE, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 04, 2019, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 MAY A.D. 2023 .

Authentication #: 2313201730 verifiable until 05/12/2024

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

Alexi Giannoulas

SECRETARY OF STATE

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

Attached at Attachment – 2 is the recorded warranty deed for QCRI.

#E-024-23
2021-10675KELLY FISHER
ROCK ISLAND COUNTY RECORDER
ROCK ISLAND, ILRECORDED ON
06/14/2021 11:02:30 AM
RHSP FEE 10.00
RECORDING FEE 55.00BOOK: 0 PAGE: 0
PAGES: 2**WARRANTY DEED**
(Corporation)

THIS INDENTURE WITNESSETH That the Grantor, **TRINITY MEDICAL CENTER**, an Illinois not for profit corporation organized and existing under the laws of Illinois, for and in consideration of the sum of Ten Dollars and other good and valuable consideration in hand paid, CONVEYS and WARRANTS to THE QUAD CITIES REHABILITATION INSTITUTE, LLC, a Delaware limited liability company, the real estate described as follows, to-wit:

Lot 2 in Unity Point 7th Street Subdivision; a re-plat of part of Lots 1 and 3 in Rock Valley 2nd Addition, and part of the Northeast Quarter of Section 18, Township 17 North, Range 1 West of the 4th Principal Meridian, in the City of Moline, County of Rock Island, State of Illinois.

per plat recorded in BOOK 48, PAGE 263
situated in the County of Rock Island and State of Illinois, hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

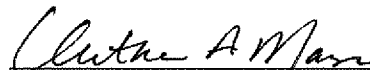
Part of
PIN# 17-18-200-018, *VACANT land at the NE corner of 52nd Ave + 7th Street, Moline, IL*
Subject to covenants, conditions and easements of record.

Exempt under provisions of Paragraph (b-3) 35 ILCS 200/31-45 Property Tax Code.

^{1st} June
Dated this 27th day of May, 2021

TRINITY MEDICAL CENTER, an Illinois not for profit corporation.

By:



Katherine A. Marchik

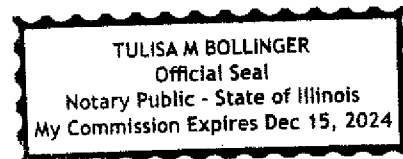
Its Senior Vice President & CFO

Acknowledgement on following page

STATE OF ILLINOIS)
COUNTY OF ROCK ISLAND) SS:

On this 27th day of May, 2021, before me, a notary public in and for said county and state, personally appeared KATHERINE A. MARCHIK, to me personally known, who being by me duly sworn (or affirmed) did say that she is the Senior Vice President and CFO of Trinity Medical Center, the said corporation, that no seal has been procured by the said corporation and that said instrument was signed on behalf of the said corporation by the authority of its board of directors and the said KATHERINE A. MARCHIK acknowledged the execution of said instrument to be the voluntary act and deed of said corporation by her voluntarily executed.

Tulisa M Bollinger
Notary Public



PIN 17-18-200-018

Prepared by/Return to:

PASTRNAK LAW FIRM, P.C.
313 W. 3rd St.
Davenport, IA 52801
(319) 323-7737

Mail Tax Bill to:

THE QUAD CITIES REHABILITATION
INSTITUTION
C/of Trinity Medical Center
2701 17th Street
Rock Island, IL 61201
Attention: Katherine A. Marchik

Grantee's address:

The Quad Cities Rehabilitation Institution
9001 Liberty Parkway, Birmingham, AL 35242



PTAX-203

Illinois Real Estate Transfer Declaration

Please read the instructions before completing this form.
This form can be completed electronically at tax.illinois.gov/retd.

Step 1: Identify the property and sale information.

- 1 342,800 sq.ft. @ 52nd Ave. and 7th St.
Street address of property (or 911 address, if available)
- Moline 61285
City or village ZIP
- South Moline
Township
- 2 Write the total number of parcels to be transferred. 1
- 3 Write the parcel identifying numbers and lot sizes or acreage.
- | Property index number (PIN) | Lot size or acreage |
|-----------------------------|-----------------------|
| a <u>17-18-200-018</u> | <u>342,800 sq.ft.</u> |
| b _____ | _____ |
| c _____ | _____ |
| d _____ | _____ |
- Write additional property index numbers, lot sizes or acreage in Step 3.
- 4 Date of instrument: June 1 / 2 / 02 / 21
Month Year
- 5 Type of instrument (Mark with an "X"):
☐ Quit claim deed ☐ Executor deed ☒ Warranty deed
☐ Beneficial interest ☐ Other (specify): _____
- 6 ☐ Yes ☒ No Will the property be the buyer's principal residence?
- 7 ☐ Yes ☒ No Was the property advertised for sale?
(i.e., media, sign, newspaper, realtor)
- 8 Identify the property's current and intended primary use.
Current Intended (Mark only one item per column with an "X")
- | | |
|---------------------------------------|--|
| a <input checked="" type="checkbox"/> | Land/lot only |
| b _____ | Residence (single-family, condominium, townhome, or duplex) |
| c _____ | Mobile home residence |
| d _____ | Apartment building (6 units or less) No. of units: _____ |
| e _____ | Apartment building (over 6 units) No. of units: _____ |
| f _____ | Office |
| g _____ | Retail establishment |
| h <input checked="" type="checkbox"/> | Commercial building (specify): <u>rehabilitation institute</u> |
| i _____ | Industrial building |
| j _____ | Farm |
| k _____ | Other (specify): _____ |

Do not write in this area.
County Recorder's Office use.

County: _____
Date: _____
Doc. No.: _____
Vol.: _____
Page: _____
Received by: _____

#E-024-23

2021-10675

KELLY FISHER
ROCK ISLAND COUNTY RECORDER
ROCK ISLAND, IL
RECORDED ON
06/14/2021 11:02:30 AM
RHSP FEE 10.00
RECORDING FEE 55.00

BOOK: 0 PAGE: 0
PAGES: 2

- 9 Identify any significant physical changes in the property since January 1 of the previous year and write the date of the change.
Date of significant change: _____ / _____ / _____
Month Year
(Mark with an "X")
☐ Demolition/damage ☐ Additions ☐ Major remodeling
☐ New construction ☐ Other (specify): _____
- 10 Identify only the items that apply to this sale. (Mark with an "X")
- | | |
|---------------------------------------|---|
| a _____ | Fulfillment of installment contract —
year contract initiated: _____ |
| b _____ | Sale between related individuals or corporate affiliates |
| c _____ | Transfer of less than 100 percent interest |
| d _____ | Court-ordered sale |
| e _____ | Sale in lieu of foreclosure |
| f _____ | Condemnation |
| g _____ | Short sale |
| h _____ | Bank REO (real estate owned) |
| i _____ | Auction sale |
| j _____ | Seller/buyer is a relocation company |
| k _____ | Seller/buyer is a financial institution or government agency |
| l _____ | Buyer is a real estate investment trust |
| m _____ | Buyer is a pension fund |
| n _____ | Buyer is an adjacent property owner |
| o _____ | Buyer is exercising an option to purchase |
| p _____ | Trade of property (simultaneous) |
| q _____ | Sale-leaseback |
| r <input checked="" type="checkbox"/> | Other (specify): <u>Seller is a charitable organization</u> |
| s _____ | Homestead exemptions on most recent tax bill: |
| | 1 General/Alternative \$ _____ |
| | 2 Senior Citizens \$ _____ |
| | 3 Senior Citizens Assessment Freeze \$ _____ |

Step 2: Calculate the amount of transfer tax due.

Note: Round Lines 11 through 18 to the next highest whole dollar. If the amount on Line 11 is over \$1 million and the property's current use on Line 8 above is marked "e," "f," "g," "h," "i," or "k," complete Form PTAX-203-A, Illinois Real Estate Transfer Declaration Supplemental Form A. If you are recording a beneficial interest transfer, do not complete this step. Complete Form PTAX-203-B, Illinois Real Estate Transfer Declaration Supplemental Form B.

- | | |
|--|---|
| 11 Full actual consideration | 11 \$ <u>1,015,000</u> |
| 12a Amount of personal property included in the purchase | 12a \$ _____ 0.00 |
| 12b Was the value of a mobile home included on Line 12a? | 12b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 13 Subtract Line 12a from Line 11. This is the net consideration for real property. | 13 \$ _____ |
| 14 Amount for other real property transferred to the seller (in a simultaneous exchange) as part of the full actual consideration on Line 11 | 14 \$ _____ 0.00 |
| 15 Outstanding mortgage amount to which the transferred real property remains subject | 15 \$ _____ 0.00 |
| 16 If this transfer is exempt, use an "X" to identify the provision. | 16 <input checked="" type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> k <input type="checkbox"/> m |
| 17 Subtract Lines 14 and 15 from Line 13. This is the net consideration subject to transfer tax. | 17 \$ _____ 0.00 |
| 18 Divide Line 17 by 500. Round the result to the next highest whole number (e.g., 61.002 rounds to 62). | 18 _____ 0.00 |
| 19 Illinois tax stamps — multiply Line 18 by 0.50. | 19 \$ _____ 0.00 |
| 20 County tax stamps — multiply Line 18 by 0.25. | 20 \$ _____ 0.00 |
| 21 Add Lines 19 and 20. This is the total amount of transfer tax due. | 21 \$ _____ 0.00 |

This form is authorized in accordance with 35 ILCS 200/31-1 et seq. Disclosure of this information is REQUIRED. This form has been approved by the Forms Management Center. IL-492-0227

Step 3: Write the legal description from the deed. Write, type (minimum 10-point font required), or attach the legal description from the deed. If you prefer, submit an 8 1/2" x 11" copy of the extended legal description with this form. You may also use the space below to write additional property index numbers, lots sizes or acreage from Step 1, Line 3.

Lot 2 in Unity Point 7th Street Subdivision; a re-plat of Lots 1 and 3 in Rock Valley 2nd Addition, and part of the Northeast Quarter of Section 18, Township 17 North, Range 1 West of the 4th Principal Meridian, in the City of Moline, County of Rock Island, State of Illinois.

Step 4: Complete the requested information.

The buyer and seller (or their agents) hereby verify that to the best of their knowledge and belief, the full actual consideration and facts stated in this declaration are true and correct. If this transaction involves any real estate located in Cook County, the buyer and seller (or their agents) hereby verify that to the best of their knowledge, the name of the buyer shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois. Any person who willfully falsifies or omits any information required in this declaration shall be guilty of a Class B misdemeanor for the first offense and a Class A misdemeanor for subsequent offenses. Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

Seller Information (Please print.)

Trinity Medical Center, an Illinois not for profit corporation

Seller's or trustee's name

2701 17th Street

Street address (after sale)

Clifton March

Seller's or agent's signature

Seller's trust number (if applicable - not an SSN or FEIN)

Rock Island IL 61201

City State ZIP

(309) 779-5000

Seller's daytime phone

Buyer Information (Please print.)

Quad Cities Rehabilitation Institute, LLC, a Delaware limited liability company

Buyer's or trustee's name

9001 Liberty Parkway, Attn: Tax Department

Street address (after sale)

Carmen Rice as agent

Buyer's or agent's signature

Buyer's trust number (if applicable - not an SSN or FEIN)

Birmingham, AL 35242

City State ZIP

(205) 967-7116

Buyer's daytime phone

Mail tax bill to:

Quad Cities Rehabilitation Institute

9001 Liberty Parkway, Attn: Tax Department

Birmingham, AL 35242

Name or company

Street address

City

State

ZIP

Preparer Information (Please print.)

Dee A. Runnels, Pastrnak Law Firm, P.C.

Preparer's and company's name

313 W. 3rd St.

Street address

Dee A. Runnels

Preparer's signature

drunnels@pastrnak.com

Preparer's e-mail address (if available)

Preparer's file number (if applicable)

Davenport IA 52801

City State ZIP

(563) 323-7737

Preparer's daytime phone

Identify any required documents submitted with this form. (Mark with an "X.") ☐ Extended legal description ☐ Form PTAX-203-A
☐ Itemized list of personal property ☐ Form PTAX-203-B

To be completed by the Chief County Assessment Officer

1 County _____ Township _____ Class _____ Cook-Minor _____ Code 1 _____ Code 2 _____
 2 Board of Review's final assessed value for the assessment year prior to the year of sale:
 Land _____
 Buildings _____
 Total _____

3 Year prior to sale _____
 4 Does the sale involve a mobile home assessed as real estate? Yes _____ No _____
 5 Comments _____

Illinois Department of Revenue Use

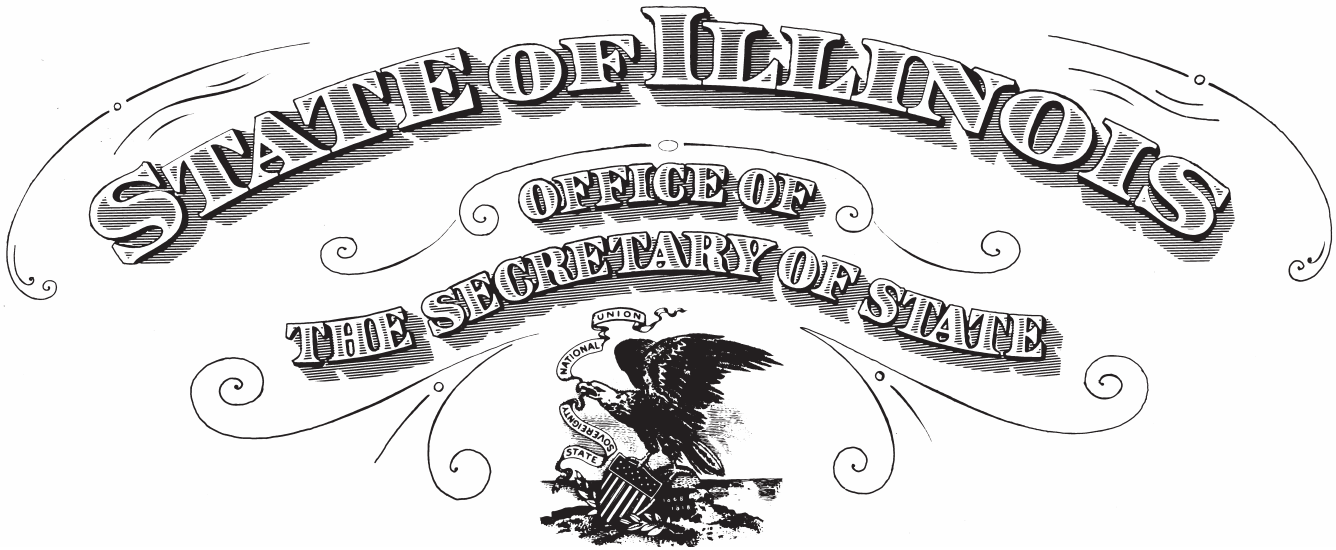
Tab number

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

The Illinois Certificate of Good Standing for QCRI is attached at Attachment – 3.

File Number

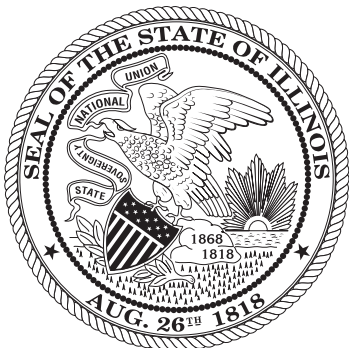
0820603-1



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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 QUAD CITIES REHABILITATION INSTITUTE, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON DECEMBER 04, 2019, 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 FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS 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 MAY A.D. 2023 .

Authentication #: 2313201730 verifiable until 05/12/2024

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

Alexi Giannoulas

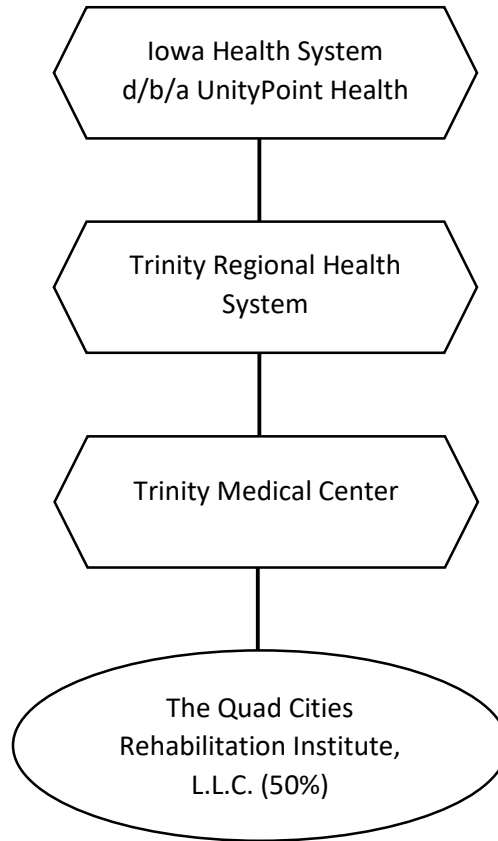
SECRETARY OF STATE

Section I, Identification, General Information, and Certification

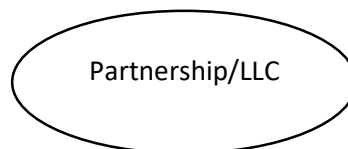
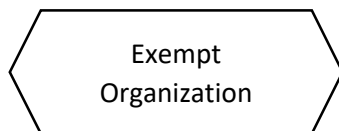
Organizational Relationships

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

Pre-Closing Organizational Chart

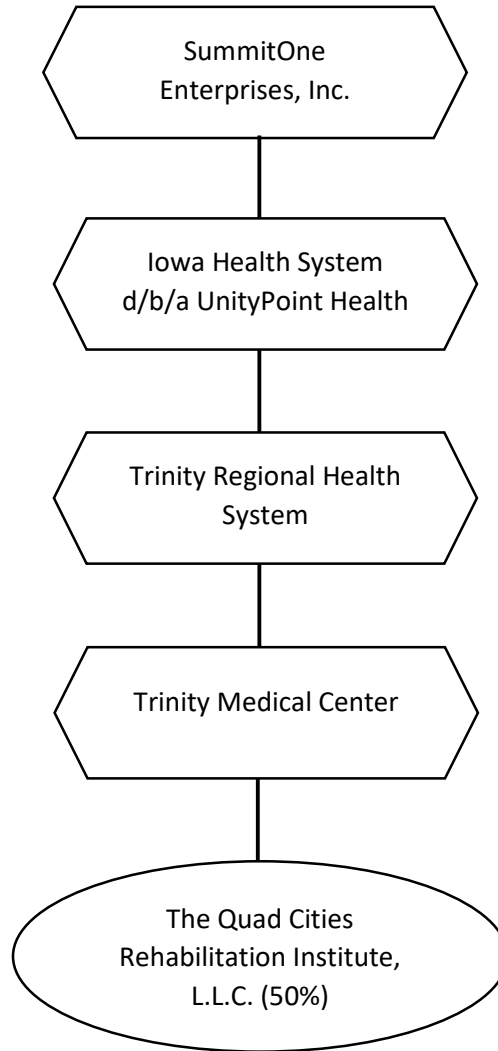


Key:

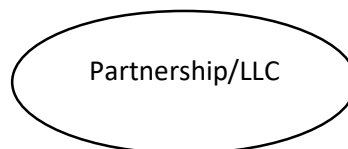
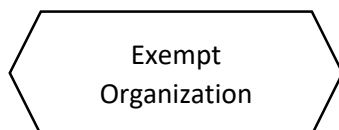


Solid Line
represents Control

Post-Closing Organizational Chart



Key:



Solid Line
represents Control

DOCS/2970910.1

Section II, Background of the Applicant

1. A list of health care facilities owned or operated by UnityPoint Health and QCRI in Illinois including licensing and certification information is attached at Attachment – 5A.
2. By their signature on the Certification pages to this application, each of the Applicants attest that to the best of their knowledge no adverse action has been taken against any Illinois health care facility owned and/or operated by them during the three (3) years prior to the filing of this application
3. By their signatures on the Certification pages to this application, each of the Applicants authorize HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: (i) official records of DPH or other State agencies, (ii) the licensing or certification records of other states, when applicable, and (iii) the records of nationally recognized accreditation organizations.

UnityPoint Health			
Name	Address	License No.	Accreditation Identification No
UnityPoint Health - Trinity Moline	500 John Deere Road Moline, Illinois 61265	0005140	
UnityPoint Health - Trinity Rock Island	2701 17 th Street Rock Island, Illinois 61201	0003244	C551743

UnityPoint Health Health Care Facilities with 5% or Greater Ownership			
Name	Address	License	Accreditation Identification No.
The Quad Cities Rehabilitation Institute	653 52 nd Avenue Moline, Illinois 61265	0006312	684196
Quad City Ambulatory Surgery Center, LLC	520 Valley View Drive, Suite 300 Moline, Illinois 61265	7002520	12794

DISPLAY THIS PART IN A
CONSPICUOUS PLACE

#E-024-23

Exp. Date 11/28/2023

Lic Number 0005140

Date Printed 10/5/2022

Trinity Medical Center - 7th St Campus
dba Trinity Moline
500 John Deere Rd, 7th St Campus
Moline, IL 61265

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.

Sameer Vohra, MD, JD, MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
11/28/2023	General Hospital	0005140

Effective: 11/29/2022

Trinity Medical Center - 7th St Campus
dba Trinity Moline
500 John Deere Rd, 7th St Campus

Moline, IL 61265

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 125478

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.

Amaal V.E. Tokars
Acting Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/30/2023		0003244
General Hospital		
Effective: 07/01/2022		

Trinity Medical Center (West)
dba Trinity Rock Island
2701 17th Street

Rock Island, IL 61201

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

#E-024-23
← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 6/30/2023

Lic Number 0003244

Date Printed 5/3/2022

Trinity Medical Center (West)
dba Trinity Rock Island
2701 17th Street
Rock Island, IL 61201

FEE RECEIPT NO.

#E-024-23

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE



**Illinois Department of
PUBLIC HEALTH**

HF 126142

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
8/17/2023		0006312
Rehabilitation Hospital		
Effective: 08/18/2022		

The Quad Cities Rehabilitation Institute, LLC
653 52nd Avenue
Moline, IL 61265

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 8/17/2023

Lic Number 0006312

Date Printed 8/19/2022

The Quad Cities Rehabilitation Institute
653 52nd Avenue
Moline, IL 61265

FEE RECEIPT NO.

#E-024-23

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

HF 126508

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.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
12/2/2023		7002520
Ambulatory Surgery Treatment Center		
Effective: 12/03/2022		

Quad City Ambulatory Surgery Center, LLC
520 Valley View Dr Ste 300
Moline, IL 61265

Exp. Date 12/2/2023

Lic Number 7002520

Date Printed 10/12/2022

Quad City Ambulatory Surgery Center,
520 Valley View Dr Ste 300
Moline, IL 61265-6152

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

FEE RECEIPT NO.



HEALTHCARE CERTIFICATE

Certificate no.:
C551743

Initial certification date:
18 October, 2022

Valid:
18 October, 2022 – 18 October, 2025

This is to certify that the management system of

Trinity Rock Island

2701 17th Street, Rock Island, IL, 61201, USA

has been found to comply with the requirements of the:

NIAHO® Hospital Accreditation Program

Pursuant to the authority granted to DNV 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).

Place and date:
Cincinnati, OH, 31 October, 2022



For the issuing office:
DNV Healthcare USA Inc.
4435 Aicholtz Road, Suite 900, Cincinnati,
OH, 45245, USA



Kelly Proctor
Management Representative



#E-024-23

September 9, 2022

Tammy Pauwels
CEO
Quad Cities Rehabilitation Institute, LLC
653 52nd Avenue
Moline, IL 61265

Joint Commission ID #: 684196
Program: Hospital Accreditation
Accreditation Activity: 60-day Evidence of Standards
Compliance
Accreditation Activity Completed : 9/7/2022

Dear Ms. Pauwels:

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 September 1, 2022 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten 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 and Chief Nurse Executive
Division of Accreditation and Certification Operations



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

ACCREDITATION NOTIFICATION

September 10, 2021

Organization #	12794		
Organization Name	Quad City Ambulatory Surgery Center, LLC dba QCASC		
Address	520 Valley View Dr, Suite 300		
City State Zip	Moline	IL	61265-6152
Decision Recipient	Amy Fox, RN, BSN, MOL		
Survey Date	8/9/2021-8/10/2021	Type of Survey	Re-Accreditation
Accreditation Type	Full Accreditation		
Accreditation Term Begins	8/24/2021	Accreditation Term Expires	8/23/2024
Accreditation Renewal Code	2D63084012794		

As an ambulatory health care organization that has undergone the AAAHC Accreditation Survey, your organization has demonstrated its substantial compliance with AAAHC Standards. The AAAHC Accreditation Committee recommends your organization for accreditation.

Next Steps

- Members of your organization should take time to thoroughly review your Survey Report.
 - Any standard rated less than "FC" (Fully Compliant) must be corrected promptly. Subsequent surveys by AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
 - The Summary Table provides an overview of compliance for each chapter applicable to your organization.
- AAAHC Standards, policies and procedures are reviewed and revised annually. You are invited to participate in the review through the public comment process each fall. Your organization will be notified when the proposed changes are available for review. You may also check the AAAHC website in late summer for details.
- Accredited organizations are required to maintain operations in compliance with the current AAAHC Standards and policies. Updates are published annually in the AAAHC *Handbooks*. Mid-year updates are announced and posted to the AAAHC website, www.aaahc.org.
- In order to ensure uninterrupted accreditation, your organization should submit the *Application for Survey* approximately five months prior to the expiration of your term of accreditation. In states for which accreditation is mandated by law, the *Application* should be submitted six months in advance to ensure adequate time for scoping and scheduling the survey.
NOTE: You will need the Accreditation Renewal Code found in the table at the beginning of this document to submit your renewal application.

Additional Information

Organization # 12794

Organization: Quad City Ambulatory Surgery Center, LLC dba QCASC

September 10, 2021

Page 2

Throughout your term of accreditation, AAAHC will communicate announcements via e-mail to the primary contact for your organization. Please be sure to notify us (notifyeast@aaahc.org) should this individual or his/her contact information change.

If you have questions or comments about the accreditation process, please contact AAAHC Accreditation Services at 847.853.6060. We look forward to continuing to partner with you to deliver safe, high-quality health care.



ACCREDITATION
ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

grants this

CERTIFICATE OF ACCREDITATION

to

QUAD CITY AMBULATORY SURGERY CENTER, LLC
DBA QCASC

520 VALLEY VIEW DR, SUITE 300
MOLINE, IL 61265

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

12794

Organization Identification Number



AUGUST 23, 2021

The Award of Accreditation expires on the above date

Arnaldo Valedon, MD

ARNALDO VALEDON, MD

Chair of the Board

Noel M. Adachi

NOEL ADACHI, MBA

President & CEO



5250 OLD ORCHARD ROAD, SUITE 200 • SKOKIE, IL 60077
PHONE: 847/853.6060 • E-MAIL: INFO@AAAHC.ORG • WEB SITE: WWW.AAAHC.ORG

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**

QCRI is the operator/licensee of the rehabilitation hospital.

Trinity Medical Center has a 50% ownership interest in QCRI.

Trinity Regional Health System is the sole corporate member of Trinity Medical Center.

UnityPoint Health is the sole corporate member of Trinity Regional Health System.

SummitOne will be the sole corporate member of UnityPoint Health (the ultimate parent entity of Trinity Medical Center).

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

Iowa Health System d/b/a UnityPoint Health, an Iowa nonprofit corporation and a Section 501(c)(3) corporation under the Internal Revenue Code (“UPH”) and Presbyterian Healthcare Services, a New Mexico nonprofit corporation and a Section 501(c)(3) corporation under the Internal Revenue Code (“Presbyterian”) have entered into a definitive agreement whereby each party and its subsidiaries will become financially and operationally integrated and whereby a new parent entity, SummitOne Enterprises, Inc., will be formed to serve as the sole corporate member of the two existing health systems, UPH and Presbyterian. The planned transaction is scheduled to close July 1, 2023, or as soon thereafter as all closing conditions have been satisfied.

Subject to approval of this Change of Ownership Application for Exemption, neither the licensed facility of the hospital nor the legal entity operating the hospital and maintaining responsibility for the hospital will change as a result of the UPH and Presbyterian integration. No consideration (money, property, or other assets) will be exchanged between UPH and Presbyterian in connection with the definitive agreement.

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

The Quad Cities Rehabilitation Institute, LLC

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 QCRI, along with the post-transaction ownership structure are attached at Attachment - 4.

5. 1130.520(b)(1)(F) – Fair Market Value of QCRI

\$35,204,064

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 UPH and Presbyterian as part of this integration.

7. 1130.520(b)(2) – Affirmations

By signing the certification page within this application, the Applicants attest that UPH 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 QCRI one year prior to the closing date of the planned transaction

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

UPH and Presbyterian are integrating their health systems for the purpose of strengthening the delivery of local healthcare by:

- Creating an elevated model for sustainable healthcare in local communities and ensuring long-term financial stability for UPH and Presbyterian;
- Continuing to prioritize value-based care;
- Recognizing that given UPH's and Presbyterian's footprints, affordable access to rural healthcare is paramount;
- Strengthening UPH's and Presbyterian's workforce pipelines and leveraging educational assets;
- Enabling clinical excellence and designing highly reliable, evidence-based models of care;
- Expanding SummitOne's healthcare financing capabilities to manage the financial risk of health plans and to align the clinical and economic interests of the plan beneficiaries' providers;
- Combining the respective operations of UPH and Presbyterian to enable them to better serve their patients and beneficiaries; and
- Increasing the providers who are clinically and economically aligned with SummitOne through value-based contracting and other risk-based mechanisms.

The parties believe this transaction will impact the lives of four million patients and members through more than twenty-six (26) hospital facilities, hundreds of clinics, a

40,000 strong workforce with nearly 3,000 physicians and advanced practice clinicians, and significant health plan operations.

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

The planned transaction will allow UPH and Presbyterian to establish a fully-integrated operating model amongst their health systems to ensure UPH and Presbyterian can achieve their shared goals and ongoing responsible stewardship of the charitable assets of the health systems so the health systems can continue to maintain a strong clinical, financial, strategic, and operational profile.

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

UPH and Presbyterian share similar values and goals including increasing investment in clinical excellence, improving patient and member experience, developing digital and other innovations, workforce development, improving access to care in rural communities, lowering administrative costs, and ongoing stewardship over the charitable assets with which they have been entrusted. By aspiring to consistently engage in process improvement and improve consistency to meet the highest standards for quality and patient and member satisfaction, UPH and Presbyterian will continue to advance the commitment to delivering care that is of the highest quality and eliminates preventable harm. It is also anticipated that UPH and Presbyterian 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

There will be no change to the QCRI governing body as a result of the planned transaction.

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

There are no anticipated changes to the Categories of Service provided at QCRI at this time. QCRI will apply for and obtain approval from the State Board to make any adjustments necessary to best address the health care needs of the community served by QCRI.

Section IV – Charity Care Information

QCRI was licensed on August 18, 2022. The table below provides charity care information for the months QCRI was operational in 2022.

The Quad Cities Rehabilitation Institute	
	2022
Net Patient Revenue	\$2,922,504
Amount of Charity Care (charges)	\$0
Cost of Charity Care	\$0

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		19 – 23
2	Site Ownership		24 – 28
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		29 – 30
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.		31- 33
5	Background of the Applicant		34 – 44
6	Change of Ownership		45 – 47
7	Charity Care Information		48