LLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

25-036

RECEIVED
OCT 10 2025
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name: Edward Hospital
Street Address: 801 S. Washington Street
City and Zip Code: Naperville 60540
County: DuPage Health Service Area: VII Health Planning Area: A-05

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

Exact Legal Name: Edward Hospital
Street Address: 801 S. Washington Street
City and Zip Code: Naperville 60540
Name of Registered Agent: Shivani Bautista
Registered Agent Street Address:1301 Central Street
Registered Agent City and Zip Code: Evanston 60201
Name of Chief Executive Officer: Yvette Saba
CEO Street Address: 801 S. Washington Street
CEO City and Zip Code: Naperville 60540
CEO Telephone Number: 630-527-7228

Type of Ownership of Applicants

- ☒ Non-profit Corporation
- ☐ For-profit Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT 1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Kara Friedman
Title: Attorney
Company Name: Aronberg Goldgehn Davis & Garmisa
Address: 225 W. Washington Street, Ste. 2800, Chicago, IL 60606
Telephone Number: 312-828-9600
E-mail Address: kfriedman@agdglaw.com
Fax Number:

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

Name: Shivani Bautista
Title: Chief Legal Officer
Company Name: Endeavor Health
Address: 1301 Central Street
Telephone Number: 847-570-5230
E-mail Address: sbautista@northshore.org
Fax Number:

Facility/Project Identification

Facility Name: Edward Hospital		
Street Address: 801 S. Washington Street		
City and Zip Code: Naperville 60540		
County: DuPage	Health Service Area: VII	Health Planning Area: A-05

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

Exact Legal Name: Endeavor Health
Street Address: 1301 Central Street
City and Zip Code: Evanston 60201
Name of Registered Agent: Shivani Bautista
Registered Agent Street Address:1301 Central Street
Registered Agent City and Zip Code: Evanston 60201
Name of Chief Executive Officer: Gerald P. Gallagher
CEO Street Address: 1301 Central Street
CEO City and Zip Code: Evanston 60201
CEO Telephone Number: 847-570-2000

Type of Ownership of Applicants

☒	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
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Telephone Number: 847-570-5230
E-mail Address: sbautista@northshore.org
Fax Number:

Post Permit Contact

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

Name: Cheryl Eck
Title: Vice President, Strategy, Community & Government Relations
Company Name: Endeavor Health
Address:4201 Winfield Road; Warrenville, IL 60555
Telephone Number: 331-221-3478
E-mail Address:Cheryl.Eck@endeavorhealth.org
Fax Number:

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Edward Hospital
Address of Site Owner: 801 S. Washington Street, Naperville, IL 60540
Street Address or Legal Description of the Site: 801 S. Washington Street, Naperville, IL 60540 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease, or a lease.**
APPEND DOCUMENTATION AS ATTACHMENT 2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Operating Identity/Licensee

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

Exact Legal Name: Edward Hospital
Address: 801 S. Washington Street, Naperville, IL 60540
☒ Non-profit Corporation ☐ Partnership ☐ For-profit Corporation ☐ Governmental ☐ Limited Liability Company ☐ Sole Proprietorship ☐ Other ○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. ○ Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. ○ **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**
APPEND DOCUMENTATION AS ATTACHMENT 3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Organizational Relationships

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

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements, please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at **www.FEMA.gov** or **www.illinoisfloodmaps.org**. **This map must be in a readable format**. In addition, please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2006-5 (**http://www.hfsrb.illinois.gov**). **NOTE:** A SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM has been added at the conclusion of this Application for Permit that must be completed to deem a project complete.

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

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification :

☐ Substantive

☒ Non-substantive

2. Narrative Description

In the space below, provide a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does NOT have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

Edward Hospital is proposing a modernization project on the 4th floor of the Northeast Bed Tower of the hospital, which includes the addition of two new operating rooms, the relocation of two existing operating rooms, and a new 10-bed intensive care unit (ICU). At the completion of the project, Edward Hospital will have 22 operating rooms and 59 ICU beds.

The project's total square footage is 20,257. The total cost of the project is $ 28,755,020 with an anticipated completion date of December 31, 2027.

The project is classified as non-substantive as it does not establish a new category of service or a facility as defined by 20 ILCS 3690/3.

Project Costs and Sources of Funds

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

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts			
Contingencies			
Architectural/Engineering Fees			
Consulting and Other Fees			
Movable or Other Equipment (not in construction contracts)			
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS			
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS			
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Related Project Costs
Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☐ Yes ☒ No

If yes, provide the dollar amount of all **non-capitalized** operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.

Estimated start-up costs and operating deficit cost is $ _____.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☐ None or not applicable ☐ Preliminary
☒ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2027

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment will occur after permit issuance.

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

State Agency Submittals [Section 1130.620(c)]

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

Cost Space Requirements

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

Not Reviewable Space [i.e., non-clinical]: *means an area for the benefit of the patients, visitors, staff, or employees of a health care facility and not directly related to the diagnosis, treatment, or rehabilitation of persons receiving services from the health care facility. "Non-clinical service areas" include, but are not limited to, chapels; gift shops; newsstands; computer systems; tunnels, walkways, and elevators; telephone systems; projects to comply with life safety codes; educational facilities; student housing; patient, employee, staff, and visitor dining areas; administration and volunteer offices; modernization of structural components (such as roof replacement and masonry work); boiler repair or replacement; vehicle maintenance and storage facilities; parking facilities; mechanical systems for heating, ventilation, and air conditioning; loading docks; and repair or replacement of carpeting, tile, wall coverings, window coverings or treatments, or furniture. Solely for the purpose of this definition, "non-clinical service area" does not include health and fitness centers.* [20 ILCS 3960/3]

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON-REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

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

FACILITY NAME: Edward Hospital		**CITY: Naperville**			
REPORTING PERIOD DATES:		**From: 1/1/2024**		**to: 12/31/2024**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical	243	16,761	65,475	0	243
Obstetrics	37	4,170	8,993	0	37
Pediatrics	7	806	2,260	0	7
Intensive Care	49	3,303	13,151	10	59
Comprehensive Physical Rehabilitation	0	0	0	0	0
Acute/Chronic Mental Illness	0	0	0	0	00
Neonatal Intensive Care	22	434	5,115	0	22
General Long-Term Care	0	0	0	0	0
Specialized Long-Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify)	0	0	0	0	0
TOTALS:	358	25,474	94,994	10	368

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 Endeavor 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

Doug Welday
PRINTED NAME

Chief Financial Officer
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 2 day of October, 2025

Iris Montero
Signature of Notary

Seal

OFFICIAL SEAL
IRIS MONTERO
Commission No. 793525
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires April 18, 2027

SIGNATURE

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this _____ day of _____

Signature of Notary

Seal

*Insert the EXACT legal name of the applicant

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SIGNATURE	SIGNATURE
PRINTED NAME	Shivani Bautista PRINTED NAME
PRINTED TITLE	Chief Legal Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 20 day of October, 2025
Signature of Notary	Pennee Hale Lampres Signature of Notary
Seal	Seal

OFFICIAL SEAL
PENNEE HALE LAMPRES
Notary Public, State of Illinois
Commission No. 974073
My Commission Expires June 27, 2027

*Insert the EXACT legal name of the applicant

CERTIFICATION

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SIGNATURE	SIGNATURE
Yvette Saba PRINTED NAME	PRINTED NAME
President PRINTED TITLE	PRINTED TITLE
Notarization: Subscribed and sworn to before me this 2nd day of October 2025	Notarization Subscribed and sworn to before me this _____ day of _____
Signature of Notary	Signature of Notary
Seal	Seal

OFFICIAL SEAL
RUTH ANN RENKOR
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 09/03/2027

*Insert the EXACT legal name of the applicant

CERTIFICATION

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SIGNATURE	SIGNATURE
PRINTED NAME	Shivani Bautista PRINTED NAME
PRINTED TITLE	Chief Legal Officer PRINTED TITLE
Notarization: Subscribed and sworn to before me this _____ day of _____	Notarization: Subscribed and sworn to before me this 20 day of October 2025
Signature of Notary	Pennee Hale Lampres Signature of Notary
Seal	Seal

OFFICIAL SEAL
PENNEE HALE LAMPRES
Notary Public, State of Illinois
Commission No. 974073
My Commission Expires June 27, 2027

*Insert the EXACT legal name of the applicant

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

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

1110.110(a) – Background of the Applicant

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

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

2. A listing of all health care facilities currently owned and/or operated in Illinois, by any corporate officers or directors, LLC members, partners, or owners of at least 5% of the proposed health care facility.

3. For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.

    a. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.

    b. A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.

    c. A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.

    d. A certified listing of each applicant with one or more unsatisfied judgements against him or her.

    e. A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.

4. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**

5. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest that the information was previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant can submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS ATTACHMENT 11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

Criterion 1110.110(b) & (d)

PURPOSE OF PROJECT

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

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

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

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

ALTERNATIVES

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

Alternative options **must** include:

A) Proposing a project of greater or lesser scope and cost.

B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes.

C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and

D) Provide the reasons why the chosen alternative was selected.

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

3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

SECTION IV. PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.120 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative and it shall include the basis used for determining the space and the methodology applied.**

2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following:

    a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies and certified by the facility's Medical Director.

    b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

    c. The project involves the conversion of existing space that results in excess square footage.

    d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**

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

PROJECT SERVICES UTILIZATION:

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

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

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

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

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

UNFINISHED OR SHELL SPACE:

Provide the following information:

1. Total gross square footage (GSF) of the proposed shell space.

2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area, or function.

3. Evidence that the shell space is being constructed due to:
    a. Requirements of governmental or certification agencies; or
    b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.

4. Provide:
    a. Historical utilization for the area for the latest five-year period for which data is available; and
    b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES:

Submit the following:

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

2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and

3. The anticipated date when the shell space will be completed and placed into operation.

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

A. Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

1. Applicants proposing to establish, expand and/or modernize the Medical/Surgical, Obstetric, Pediatric and/or Intensive Care categories of service must submit the following information:

2. Indicate bed capacity changes by Service: Indicate # of beds changed by action(s):

Category of Service	# Existing Beds	# Proposed Beds
☐ **Medical/Surgical**		
☐ **Obstetric**		
☐ **Pediatric**		
☒ **Intensive Care**	**49**	**59**

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

APPLICABLE REVIEW CRITERIA	**Establish**	**Expand**	**Modernize**
1110.200(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (Formula calculation)	X		
1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.200(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.200(b)(5) - Planning Area Need - Service Accessibility	X		
1110.200(c)(1) - Unnecessary Duplication of Services	X		
1110.200(c)(2) - Maldistribution	X	X	
1110.200(c)(3) - Impact of Project on Other Area Providers	X		
1110. 200(d)(1), (2), and (3) - Deteriorated Facilities			X
1110.200(d)(4) - Occupancy			X
1110.200(e) - Staffing Availability	X	X	
1110.200(f) - Performance Requirements	X	X	X
1110.200(g) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 19, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

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

1. Applicants proposing to establish, expand and/or modernize Clinical Service Areas Other than categories of service must submit the following information:

2. Indicate changes by Service: Indicate # of key room changes by action(s):

Service	# Existing Key Rooms	# Proposed Key Rooms
☐		
☐		
☐		

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

Project Type	Required Review Criteria
New Services or Facility or Equipment	(b) – Need Determination – Establishment
Service Modernization	(c)(1) – Deteriorated Facilities
	AND/OR
	(c)(2) – Necessary Expansion
	PLUS
	(c)(3)(A) – Utilization – Major Medical Equipment
	OR
	(c)(3)(B) – Utilization – Service or Facility
1APPEND DOCUMENTATION AS ATTACHMENT 31, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

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

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

VII. 1120.120 - AVAILABILITY OF FUNDS

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

_____	a) Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion.
_____	b) Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated timetable of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c) Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated timetable of receipts.
_____	d) Debt – a statement of the estimated terms and conditions (including the debt time, variable or permanent interest rates over the debt time, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated.
	2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate.
	3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.
	4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment.
	5) For any option to lease, a copy of the option, including all terms and conditions.

_____ _____ _____	e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent. f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt. g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
	TOTAL FUNDS AVAILABLE

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

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

All the applicants and co-applicants shall be identified, specifying their roles in the project funding, or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All the project's capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third-party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

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

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

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

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

Variance

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

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

SECTION IX. 1120.140 - ECONOMIC FEASIBILITY

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or

2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:

A) A portion or all the cash and equivalents must be retained in the balance sheet asset accounts to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or

B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing

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

1) That the selected form of debt financing for the project will be at the lowest net cost available.

2) That the selected form of debt financing will not be at the lowest net cost available but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors.

3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

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

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

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

SECTION X. SAFETY NET IMPACT STATEMENT

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

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

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

3. How the discontinuation of a facility or service might impact the remaining safety net providers in each community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all the following:

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

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

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

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

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

Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. CHARITY CARE INFORMATION

Charity Care information MUST be furnished for ALL projects [1120.20(c)].

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

2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.

3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

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

A table in the following format must be provided for all facilities as part of Attachment 39.

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

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION XI -SPECIAL FLOOD HAZARD AREA AND 500-YEAR FLOODPLAIN DETERMINATION FORM

In accordance with Executive Order 2006-5 (EO 5), the Health Facilities & Services Review Board (HFSRB) must determine if the site of the CRITICAL FACILITY, as defined in EO 5, is in a mapped floodplain (Special Flood Hazard Area) or a 500-year floodplain. All state agencies are required to ensure that before a permit, grant or a development is planned or promoted, the proposed project meets the requirements of the Executive Order, including compliance with the National Flood Insurance Program (NFIP) and state floodplain regulation.

1. Applicant:

(Name) (Address)

(City) (State) (ZIP Code) (Telephone Number)

2. Project Location:

(Address) (City) (State)

(County) (Township) (Section)

3. You can create a small map of your site showing the FEMA floodplain mapping using the FEMA Map Service Center website (https://msc.fema.gov/portal/home) by entering the address for the property in the Search bar. If a map, like that shown on page 2 is shown, select the ***Go to NFHL Viewer*** tab above the map. You can print a copy of the floodplain map by selecting the  icon in the top corner of the page. Select the pin tool icon  and place a pin on your site. Print a FIRMETTE size image.

   If there is no digital floodplain map available select the **View/Print FIRM** icon above the aerial photo. You will then need to use the Zoom tools provided to locate the property on the map and use the **Make a FIRMette** tool to create a pdf of the floodplain map.

IS THE PROJECT SITE LOCATED IN A SPECIAL FLOOD HAZARD AREA: Yes___ No ___?

IS THE PROJECT SITE LOCATED IN THE 500-YEAR FLOOD PLAIN?

If you are unable to determine if the site is in the mapped floodplain or 500-year floodplain, contact the county or the local community building or planning department for assistance.
If the determination is being made by a local official, please complete the following:

FIRM Panel Number:_____ Effective Date:

Name of Official:_____Title:

Business/Agency:_____Address:

(City) (State) (ZIP Code) (Telephone Number)

Signature:_____ Date:

NOTE: This finding only means that the property in question is or is not in a Special Flood Hazard Area or a 500-year floodplain as designated on the map noted above. It does not constitute a guarantee that the property will or will not be flooded or be subject to local drainage problems.

If you need additional help, contact the Illinois Statewide Floodplain Program at 217/782-4428

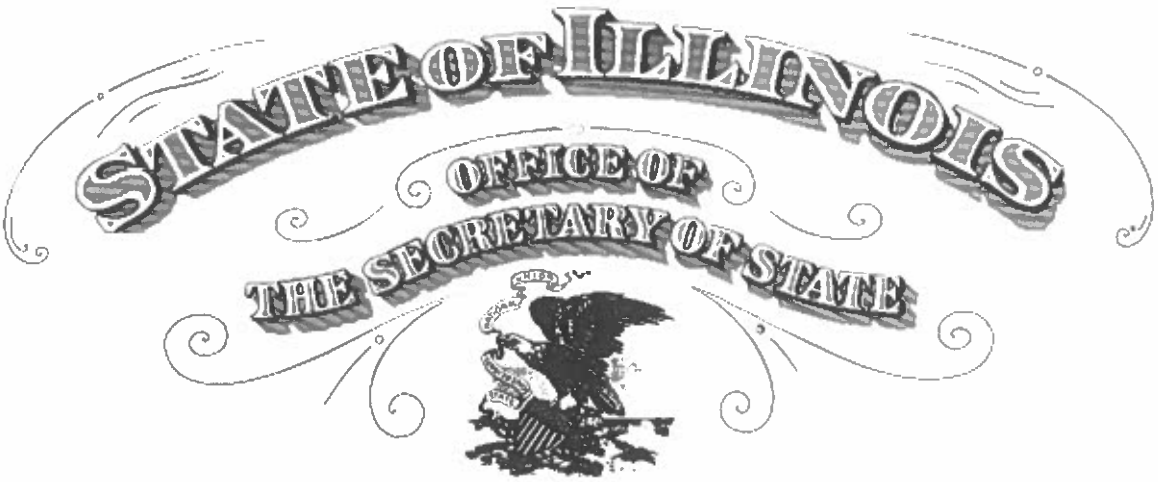
INDEX OF ATTACHMENTS

Attachment #1
Certificate of Good Standing

Included with this attachment are the following:
1. Illinois Certificate of Good Standing for Endeavor Health
2. Illinois Certificate of Good Standing for Edward Hospital

ATTACHMENT-1

File Number 7305-903-8



To all to whom these Presents Shall Come, Greeting:

I, **Alexi Giannoulias,** *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*

ENDEAVOR HEALTH, 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* 27TH *day of* NOVEMBER *A.D.* 2024 .

Authentication #: 2433200612 verifiable until 11/27/2025
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ATTACHMENT-1

File Number 5341-344-7

To all to whom these Presents Shall Come, Greeting:

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

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

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 13TH *day of* JANUARY *A.D.* 2025 .

Authentication #: 2501303524 verifiable until 01/13/2026
Authenticate at: https://www.ilsos.gov

Alexi Giannoulias
SECRETARY OF STATE

ATTACHMENT-1

Attachment #2
Site Ownership

Edward Hospital is located at 801 South Washington Street in Naperville, IL . A notarized statement attesting to Edward Hospital's ownership of the parcel on which the hospital is situated is on the following page.

ATTACHMENT-2

Endeavor Health

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

Re: Edward Hospital Site Ownership

Dear Chair Savage,

I am writing to attest that Edward Hospital owns the property located at 801 South Washington Street in Naperville Illinois which houses Edward Hospital.

Sincerely,

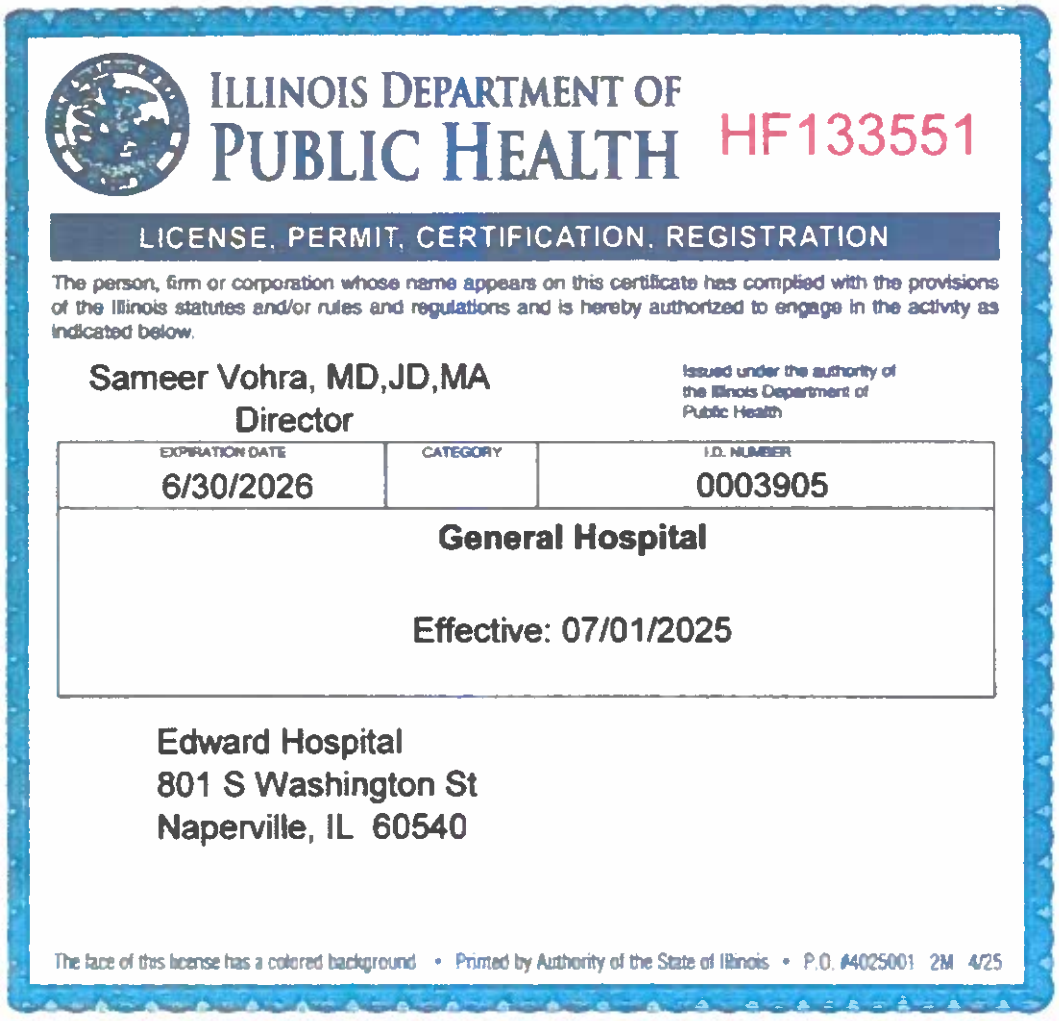
Yvette Saba
President, Edward Hospital

Subscribed and sworn to me
This 2nd day of October 2025

Notary Public

OFFICIAL SEAL
RUTH ANN RENKOR
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 08/08/2027

ATTACHMENT-2



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF133551

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
6/30/2026		0003905

General Hospital

Effective: 07/01/2025

Edward Hospital
801 S Washington St
Naperville, IL 60540

The face of this license has a colored background • Printed by Authority of the State of Illinois • P.O. #4025001 2M 4/25

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

Exp. Date 6/30/2026

Lic Number 0003905

Date Printed 4/24/2025

Edward Hospital

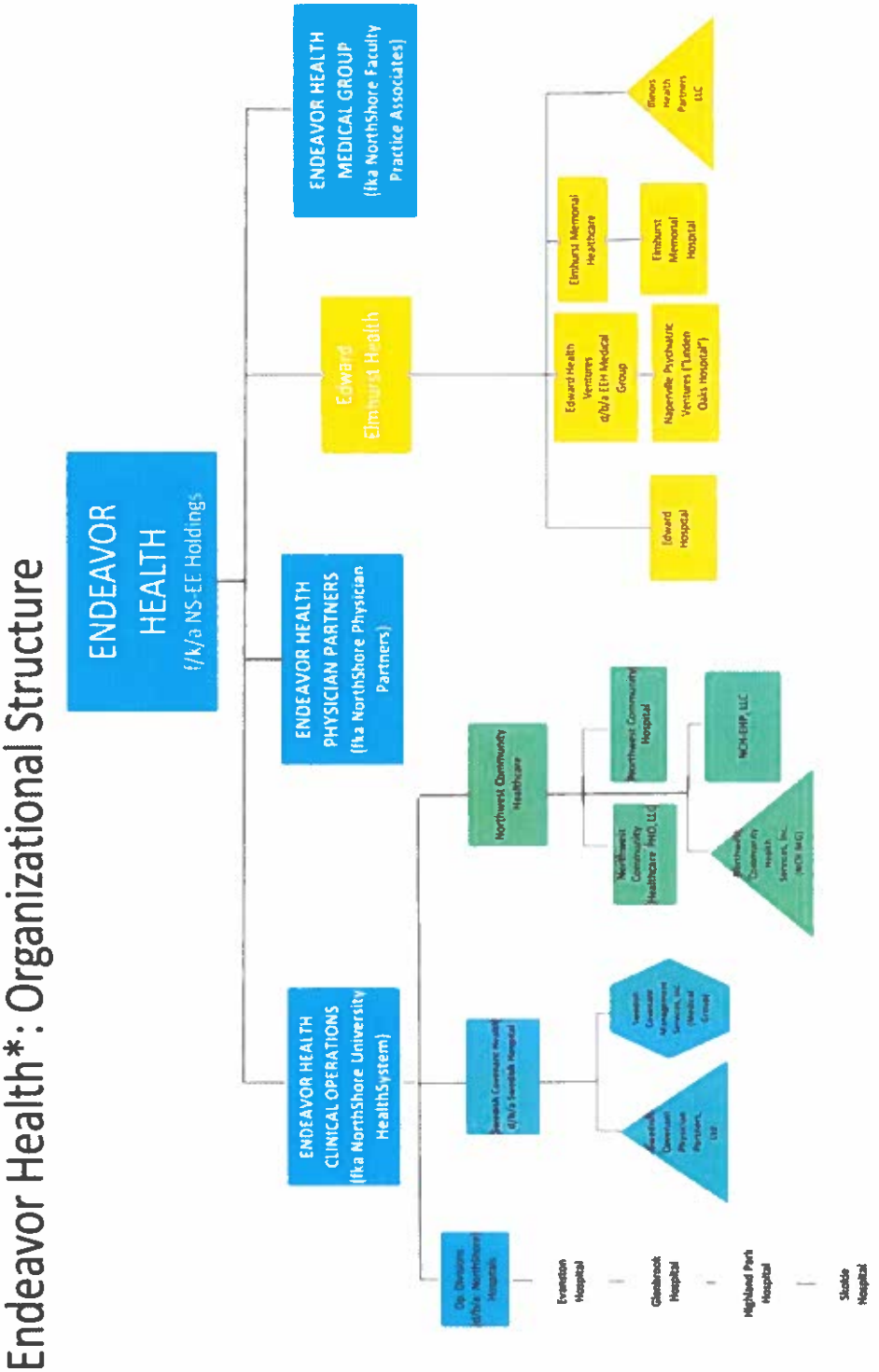
801 S Washington St
Naperville, IL 60540

FEE RECEIPT NO.

Attachment #3
Operating Identify/License

ATTACHMENT-3

Attachment #4
Organizational Relationships



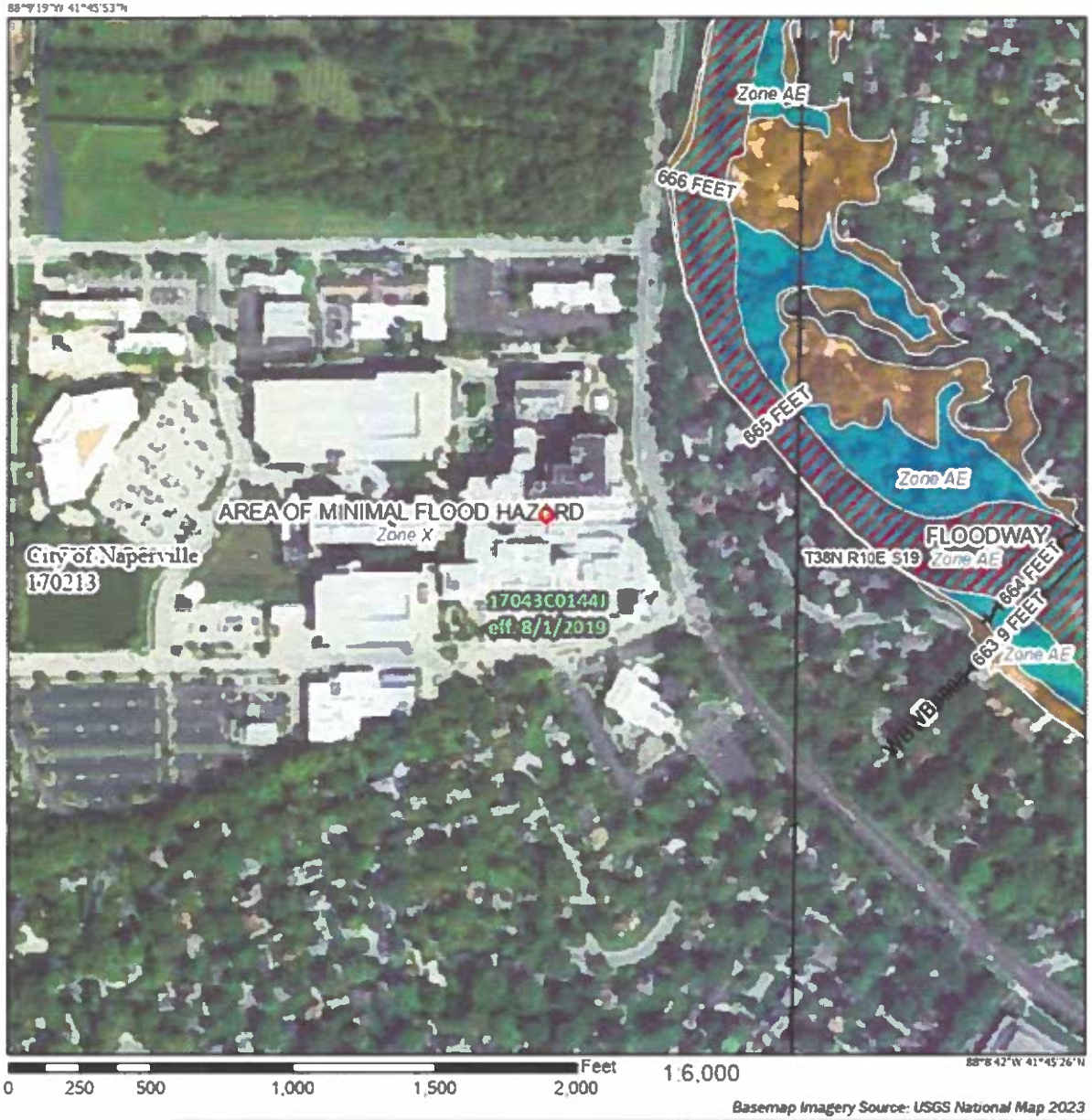
ATTACHMENT-4

Attachment #5
Flood Plain Requirements

The location of Edward Hospital is 801 South Washington Street, Naperville, Illinois.

By their signatures of the Certification pages of this application, the Applicants attest that the hospital is not located in a flood plain and complies with the Flood Plain Rule under Illinois Executive Order #2006-5 according to the FEMA flood plain map on the following page.

National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

- SPECIAL FLOOD HAZARD AREAS: Without Base Flood Elevation (BFE) Zone A, V, A99; With BFE or Depth Zone AE, AO, AH, VE, AR; Regulatory Floodway
- OTHER AREAS OF FLOOD HAZARD: 0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X; Future Conditions 1% Annual Chance Flood Hazard Zone X; Area with Reduced Flood Risk due to Levee. See Notes. Zone X; Area with Flood Risk due to Levee Zone D
- OTHER AREAS: NO SCREEN Area of Minimal Flood Hazard Zone X; Effective LOMRs; Area of Undetermined Flood Hazard Zone D
- GENERAL STRUCTURES: Channel, Culvert, or Storm Sewer; Levee, Dike, or Floodwall
- OTHER FEATURES: 20.2 / 17.5 Cross Sections with 1% Annual Chance; Water Surface Elevation; Coastal Transect; Base Flood Elevation Line (BFE); Limit of Study; Jurisdiction Boundary; Coastal Transect Baseline; Profile Baseline; Hydrographic Feature
- MAP PANELS: Digital Data Available; No Digital Data Available; Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not voided as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 8/7/2025 at 6:44 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.

Attachment #6
Historic Resources Preservation Act Requirements

Edward Hospital is located at 801 South Washington Street in Naperville, Illinois. The letter on the following page from the Illinois Department of Natural Resources indicates that the site is not considered a historic, architectural, or archeological site.

Illinois Department of Natural Resources

www.dnr.illinois.gov

DuPage County
Naperville
CON - Conversion of 4th Floor Clinical Space to Operating Rooms and Intensive Care Patient Rooms
801 S. Washington St.

IHFSRB, SHPO Log #025090225

September 3, 2025

Martin Leibrock
Endeavor Health
Edward Hospital
801 S. Washington St.
Naperville, IL 60540

This letter is to inform you that we have reviewed the information provided concerning the referenced project. Our review of the records indicates that no historic, architectural properties exist within the project area. Our office did not conduct an archaeological review as no ground disturbing activity is listed as part of the project.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact Steve Dasovich, Cultural Resources Manager, at 217/782-7441 or at Steve.Dasovich@illinois.gov.

Sincerely,

Carey L. Mayer

Carey L. Mayer, AIA
Deputy State Historic Preservation Officer

ATTACHMENT

Attachment #7
Project Costs and Sources of Funds

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	$60,000.00	$20,000.00	$80,000.00
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$8,960,273.00	$2,986,758.00	$11,947,031.00
Contingencies	$1,330,992.00	$477,976.00	$1,808,968.00
Architectural/Engineering Fees	$993,750.00	$331,250.00	$1,325,000.00
Consulting and Other Fees	$187,500.00	$62,500.00	$250,000.00
Movable or Other Equipment (not in construction contracts)	$6,749,050.00	$389,950.00	$7,139,000.00
Bond Issuance Expense (project related)	$425,020.00	$112,980.00	$538,000.00
Net Interest Expense During Construction (project related)	$1,062,550.00	$282,450.00	$1,345,000.00
Fair Market Value of Leased Space or Equipment			
Other Costs to Be Capitalized	$3,208,908.00	$1,113,113.00	$4,322,021.00
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	$22,978,043.00	$5,776,977.00	$28,755,020.00
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities			
Pledges			
Gifts and Bequests			
Bond Issues (project related)	$22,978,043.00	$5,776,977.00	$28,755,020.00
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	$22,978,043.00	$5,776,977.00	$28,755,020.00
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.			

Project Cost and Sources of Funds - ITEMIZATION

Preplanning Costs:	**Total:**			**$ 80,000**
	Pre-Construcion Test and Balance Reporting	$	15,000	
	Pre-Construction Equipment Assessment	$	15,000	
	Pre-Construction Elevator Assessment	$	12,000	
	Scanning for 3D modeling	$	8,000	
	IDPH Plan Review	$	30,000	
Site Survey and Soil Investigation:	**Total:**			**$ -**
	Site Survey and Soil Investigation	$	-	
Site Preparation:	**Total:**			**$ -**
	Site Preparation	$	-	
Off Site Work:	**Total:**			**$ -**
	Off Site Work	$	-	
New Construction Contracts:	**Total:**			**$ -**
	Construction Cost	$	-	
Modernization Contracts:	**Total:**			**$ 11,947,031**
	Construction Cost	$	11,947,031	
Contingencies	**Total:**			**$ 1,808,968**
Architectural/Engineering Fees	**Total:**			**$ 1,325,000**
Consulting and Other Fees:	**Total:**			**$ 250,000**
	CON Application	$	-	
	Post Project Audit	$	-	
	Commissioning	$	55,000	
	Planning Consultant	$	60,000	
	Equipment Consultant	$	60,000	
	Physicist	$	30,000	
	Permits	$	45,000	
Movable and Other Equipment: (not in construction contracts)	**Total:**			**$ 7,139,000**
	CVOR	$	5,129,278	
	ICU	$	1,619,772	
	Non Clinical	$	389,950	
Bond Issuance Expense (project related)	**Total:**			**$ 1,883,000**
	Bond Issuance Expense	$	538,000	
	Net Interest Expense During Construction	$	1,345,000	
Other Costs to be Capitalized:	**Total:**			**$ 4,322,021**
	General Conditions / Temp Utilities	$	741,693	
	Insurance	$	136,744	
	Construction Management	$	578,024	
	Furnishings / Artwork / Window Treatment	$	980,650	
	IS / Telecommunications	$	605,000	
	Security System	$	144,100	
	Signage	$	30,800	
	Selective Demolition	$	375,265	
	Infection Control Procedures	$	103,534	
	Allowances	$	283,250	
	Miscellaneous	$	342,961	
	TOTAL:	**$**	**28,755,020**	

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Attachment #8
Project Status and Completion Schedules

The IHFSRB has approved the following active CON/COE applications. These projects are expected to be completed on time and within budget, without any changes to scope.

Cardiovascular Institute Ambulatory Surgery Center (Project # 23-040)
CON permit approved: 3/12/2024
Permit completion date: 3/31/2026

Elmhurst Hospital Expansion (Project #24-042)
CON permit approved: 3/18/2025
Permit completion date: 9/30/2028

Elmhurst Memorial Hospital MOB (Project #25-008)
CON permit approved: 5/6/2025
Permi completion date: 11/1/2026

Attachment #9
Cost Space Requirements

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
Surgery	$3,763,315.00		6,722		6,722		
Intensive Care	$5,196,958.00		6,839		6839		
Total Reviewable	$8,960,273.00		13,561		13,561		
NON-REVIEWABLE							
Misc., Staff Lounge, Changing, Public Waiting, Public Corridor, Shaft Space	$2,986,758.00		6,696		6,696		
Total Non-reviewable	$2.986,758.00		6,696		6,696		
TOTAL CONSTRUCTION	**$11,947,031.00**		**20,257**		**20,257**		
Other Project Costs							
Preplanning	$80,000.00						
Contingencies	$1,808,968.00						
Architectural/Engineering Fees	$1,325,000.00						
Consulting and Other Fees	$250,000.00						
Moveable and Other Equipment	$7,139,000.00						
Bond Issuance Expense	$538,000.00						
Net Interest Expense During Construction	$1,345,000.00						
Other Costs to be Capitalized	$4,322,021.00						
Total Other Project Costs	$16,807,989.00						
TOTAL PROJECT COSTS	**$28,755,020.00**						

ATTACHMENT

Attachment #11
Background of Applicant

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

Endeavor Health			
Name	**Address**	**License No.**	**Accreditation Identification No.**
NorthShore Evanston Hospital	2650 Ridge Avenue Evanston, IL 60201	0000646	7343
NorthShore Glenbrook Hospital	2100 Pfingsten Road Glenview, IL 60225	0003483	7343
NorthShore Highland Park Hospital	777 Park Avenue West Highland Park, IL 60035	0005066	7343
NorthShore Skokie Hospital	9600 Gross Point Road Skokie, IL 60076	0005587	7343
Swedish Covenant Health d/b/a Swedish Hospital	5145 North California Avenue Chicago, IL 60625	0002717	7343
Northwest Community Hospital	800 West Central Road Arlington Heights, IL 60005	0001701	4656
Edward Hospital	801 South Washington Street Naperville, IL 60540	0003905	7394
Elmhurst Memorial Hospital	155 East Brush Hill Street Elmhurst, IL 60126	0005751	7341
Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital	852 South West Street Naperville, IL 60540	0005058	4973
Edward Plainfield Emergency Center	24600 West 127th Street Plainfield, IL 60585	22003	257710
Northwest Community Day Surgery Center II	675 West Kirchoff Road Arlington Heights, IL 60005	7001209	558537
Northwest Endo Center	1415 South Arlington Heights Road Arlington Heights, IL 60005	7003210	117454

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.**

Endeavor Health: Health Care Facilities with 5% or Greater Ownership		
Name	**Address**	**License No.**
Ravine Way Surgery Center	2350 Ravine Way #500 Glenview, Illinois 60025	7003080
North Shore Same Day Surgery, LLC	3725 W. Touhy Avenue Lincolnwood, Illinois 60712	7003130
Elmhurst Outpatient Surgery Center	1200 South York Road, Suite 1400 Elmhurst, Illinois 60126	7002330
Midwest Endoscopy	3811 Highland Avenue Downers Grove, Illinois 60515	7001076
Plainfield Surgery Center	24600 West 127th Street, Building C Plainfield, Illinois 60585	7003135

3. **For the following questions, please provide information for each applicant, including corporate officers or directors, LLC members, partners, and owners of at least 5% of the proposed facility. A health care facility is considered owned or operated by every person or entity that owns, directly or indirectly, an ownership interest.**

    a. **A certified listing of any adverse action taken against any facility owned and/or operated by the applicant, directly or indirectly, during the three years prior to the filing of the application.**

    b. **A certified listing of each applicant, identifying those individuals that have been cited, arrested, taken into custody, charged with, indicted, convicted, or tried for, or pled guilty to the commission of any felony or misdemeanor or violation of the law, except for minor parking violations; or the subject of any juvenile delinquency or youthful offender proceeding. Unless expunged, provide details about the conviction, and submit any police or court records regarding any matters disclosed.**

    c. **A certified and detailed listing of each applicant or person charged with fraudulent conduct or any act involving moral turpitude.**

    d. **A certified listing of each applicant with one or more unsatisfied judgements against him or her.**

    e. **A certified and detailed listing of each applicant who is in default in the performance or discharge of any duty or obligation imposed by a judgment, decree, order or directive of any court or governmental agency.**

    By signature on the Certification page of this application, the Applicants attest that no adverse action has been taken against any facility owned and/or operated by the Applicants during the three years prior to the filing of this application. For purpose of this certification, the term "adverse action" is defined in the Illinois Administrative Code, Title 77, Section 1130.140.

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.**

    By signature on this application, the Applicants grant the IHFSRB and IDPH access to information to verify information in this application.

Attachment #12
Purpose of Project

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

The purpose of this project is to enhance and ensure timely access to essential healthcare services at Edward Hospital. By addressing procedural area and intensive care space constraints at Edward Hospital, the Applicants will be prepared to meet current and future demand for healthcare services in our community and fulfill our Endeavor Health mission of empowering everyone in its communities to be their best.

Key benefits include:

- **Timely Access to Surgical Care for Patients –** By addressing capacity constraints, this project will facilitate faster patient access to essential services. Reduced wait times will ensure that patients receive prompt treatment without the need to seek out services at distant facilities.

- **Improved Access to Critical Care-** The proposed 10-bed addition to ICU services will expand access to critical care by easing patient wait times for admission during peak demand and emergencies. It will also reduce the need to transfer critically ill patients to distant hospitals, keeping care closer to home. According to the most recently published IDPH Bed Need Determination (dated July 3, 2025), there is a documented need for 32 additional ICU beds in Planning Area A-05, where Edward Hospital is located. This project directly addresses that gap by adding ICU capacity to meet the current and growing needs of the community.

- **Increased Patient Satisfaction-** With a focus on reducing wait times and improving access, patients will experience enhanced satisfaction with their care. Positive experiences are crucial for patient engagement and community trust in Edward Hospital's healthcare services.

- **Improved Patient Throughput and Reduced Transfers**– The planned expansion will improve patient throughput by reducing transfers to other facilities and ensuring critically ill patients move quickly into specialized care. Additional operating room capacity will ease surgical delays, reduce backlogs, and improve scheduling flexibility. Together, these planned expansions will create a smoother flow from surgery and intensive care through recovery to discharge, allowing resources to be used efficiently while meeting the community's needs.

- **Support Physician Recruitment and Retention-** Expanding OR capacity will provide additional OR block time to physicians, which is a key factor in recruiting and retaining surgeons whose services are essential to the overall wellbeing of the communities Edward Hospital serves. Reliable access to OR time allows physicians to use their time more efficiently and maximize productivity which is essential as the State of Illinois faces critical shortages in certain physician specialties. These efficiencies ensure patients have greater access to specialized surgical services without leaving the community.

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

The Edward Hospital geographic service (GSA) area consists of 22 zip codes surrounding Edward Hospital. According to demographic analyses conducted by Claritas, LLC, this area has a current population of approximately 769,000 residents. The population in the GSA is expected to grow by 2.3% by 2030. The 65+ population is expected to grow much more significantly, by 19.1% over the next five years. This aging population will be the primary beneficiary of the proposed project, as seniors are most likely to utilize these healthcare services generally.

Zip Code	Town	County
60403	Crest Hill	Will
60404	Shorewood	Will
60431	Joliet	Will
60435	Joliet	Will
60440	Bolingbrook	Will
60446	Romeoville	Will
60490	Bolingbrook	Will
60502	Aurora	DuPage
60503	Aurora	Will
60504	Aurora	DuPage
60505	Aurora	Kane
60517	Woodridge	DuPage
60532	Lisle	DuPage
60540	Naperville	DuPage
60543	Oswego	Kendall
60544	Plainfield	Will
60560	Yorkville	Kendall
60563	Naperville	DuPage
60564	Naperville	Will
60565	Naperville	DuPage
60585	Plainfield	Will
60586	Plainfield	Will

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

This project will address procedural space constraints and high ICU bed occupancy at Edward Hospital.

Procedural space at Edward Hospital is constrained due to high volume and demand across its 20 operating rooms. Edward has seen steady growth in surgical procedures over the past several years. As more cases are shifted to the ambulatory setting, those that remain in the hospital tend to be more complex, with longer procedural times. To address these challenges, the Edward Hospital operations team has worked diligently to improve throughput and extend hours to increase access, but the hospital still experiences capacity constraints with only 20 operating rooms. Specifically, the long case lengths in thoracic, vascular and cardiac surgery make improving throughput through operational efficiency very challenging. In order to accommodate existing patients in a timely manner

and respond to projected demand for these services, with this project the Applicants will add two incremental operating rooms.

The proposed expansions will specifically improve patient access to surgical specialties such as cardiac, vascular, and thoracic surgeries. With the rapidly aging population in Edward Hospital's service area (expected growth in 65+ age group is 19% from 2025-2030), projected demand for cardiac, vascular and thoracic surgery is expected to be high. Advisory Board's Market Scenario Planner anticipates the following surgical specialty growth rates in the Edward Hospital service area, through 2034:

- Structural Heart: +89%
- Vascular Surgery: +23%
- Cardiac Surgery: +15%
- Thoracic Surgery: +8%

The addition of these rooms will enhance patient experience by reducing wait times, ensuring access to high-quality care, and improving operational efficiency across all Edward Hospital operating rooms.

Edward Hospital's ICUs have consistently operated above 70% occupancy for more than five years, reaching 76% in 2024 for the adult ICU units, well above the State standard of 60%. This high occupancy creates a strain on beds, staff, and resources, limits timely admission of critically ill patients, increases the likelihood of transfers, and can delay life-saving interventions. The most recent IDPH Bed Need Determination documented the need for additional ICU beds in Planning Area A-05. With the 65+ population in the service area projected to grow 19% by 2030, these pressures are expected to intensify, highlighting the urgent need for expanded ICU capacity

4. ***Cite the sources of the documentation.***

- Advisory Board Company
- Claritas, LLC
- IDPH hospital surveys
- Internal utilization analyses

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

This project will directly address the critical issues identified in previous sections by adding ICU bed and operating room capacity (10 ICU beds and two operating rooms). The additional ICU beds will relieve high occupancy rates experienced today and will allow Edward Hospital to accommodate future increased demand brought on by a growing and aging local population. With this project adding two operating rooms it will help relieve high OR utilization, especially for long cases that cannot be easily accommodated by increased operational efficiency initiatives. The increased capacity will ensure timely access to all surgical services for patients of Edward Hospital, ensuring patients receive care when they need it most. By addressing these capacity challenges, the project will improve the health status and well-being of the local population, offering faster, more accessible care. This expansion will support the growing needs of the community, keeping high-quality care local and preventing patients from seeking services at distant facilities.

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

- Increase ICU and surgical capacity with project completion by December 31, 2027
- Accommodate 16,550 surgical cases, after 2 years of operation, 2029
- Accommodate 14,220 ICU patient days (66% occupancy), after 2 years of operation, 2029

Attachment #13
Alternatives

Option #1: Do nothing
Cost: $0. Choosing not to move forward with any expansion would leave existing surgical and ICU capacity constraints unaddressed. Without additional procedural and ICU beds, patients would face longer waits for procedures and critical care beds and may need to leave the GSA for care they could otherwise receive locally. Care delays increase the risk of adverse outcomes, particularly for time-sensitive conditions and could compromise patient safety and quality. Limited ICU capacity also raises the likelihood of patient transfers, which disrupt continuity of care and heighten the risk of suboptimal outcomes.

The inability to meet demand would also make it more difficult to recruit and retain highly skilled providers, as they may seek opportunities in facilities with more advanced resources and adequate capacity. Failing to act would intensify the current challenges in patient access. Given the projected growth in community demand, this alternative was deemed unsuitable.

Option #2: Larger Operating Room Scope
A larger expansion was considered that would involve building additional operating rooms beyond the proposed scope. Given historical and projected volumes, this approach could be justified as it would create capacity not only for current demand but also long-term growth. Ideally, these new operating rooms would be located adjacent to the existing surgical suites so they could leverage shared resources such as sterile processing, recovery space, and perioperative support services.

Despite these potential benefits, this option presents significant barriers. The areas surrounding the existing operating rooms are fully occupied by critical hospital services including catheterization labs, imaging suites, and inpatient units. Relocating these functions to make space for new ORs would involve major construction, high capital expense, and substantial campus disruption. It would negatively affect patient flow, delay access to diagnostics and procedures, and create operational inefficiencies during construction. The sequencing of such a project would add years to the timeline and increase costs significantly.

While more operating rooms could support growth and operational efficiencies, limited space and the disruption required make this alternative impractical.

Option #3: Larger ICU Expansion, Lesser Operating Room Scope
Adding more ICU beds was considered as volumes projections support a larger unit. However, the planned ICU site is landlocked, and the current design already builds out the maximum number of beds possible within the footprint. The surrounding area is a medical/surgical unit that cannot be displaced without creating significant loss of inpatient capacity, major campus disruption, and additional cost.

Increasing the planned ICU unit would reduce the footprint available for the new operating rooms in this project, directly limiting surgical capacity. This would limit the hospital's ability to address procedural demand and continue to create bottlenecks in patient flow. While a larger ICU might offer some future flexibility, the physical constraints of the site and the trade-off with operating room expansion make this option infeasible.

Proposed Option:
The proposed project includes a 10-bed ICU unit and two additional operating rooms, addressing

critical capacity needs while maximizing available space. This expansion will enhance timely access to high-quality care, improve patient flow, and provide a sustainable solution to meet the community's growing needs.

Attachment #14
Size of Project

Edward Hospital plans to construct 4 Class C operating rooms (2 new, 2 relocated) and 10 Intensive Care (ICU) Beds.

Pursuant to Section 1110 of the Administrative Code, the state standard is 2,750 GSF per operating room and 685 GSF per ICU room. The proposed department gross square footage is shown in the table below. The project size meets the State standard for both operating rooms and the intensive care rooms.

DEPARTMENT/ SERVICE	PROPOSED BGSF/DGSF	Rooms/ Beds	STATE STANDARD	DIFFERENCE	MET STANDARD?
Intensive Care Service	**6,839 sf**	10	6,850 DGSF	**n/a**	**Yes**
Operating Rooms (Class C)	**6,722 sf**	4	11,000 DGSF	**n/a**	**Yes**

Attachment #15
Project Services Utilization

This project proposes to add 10 incremental ICU beds and 2 incremental Operating Rooms, both of which have a utilization standard as outlined in Section 1110 Appendix B. As the table below displays, historical utilization for these two services exceeds the state standard.

2024 ICU Days	*Current Beds*	*Current Occupancy Rate*	*Planned ICU Beds*	*Planned ICU Occupancy Rate*	*State Standard*	*Met Standard ?*
13,151	*49*	*73.5%*	*59*	*61.1%*	*60%*	*Yes*

2024 OR Hours	*Current ORs*	*Current Hours/Room*	*Planned ORs*	*Planned Hours/Room*	*State Standard*	*Met Standard?*
38,780	*20*	*1,939*	*22*	*1,763*	*1,500 hours/room*	*Yes*

Attachment #16
Unfinished or Shell Space

The proposed project does not include unfinished or shell space.

Attachment #19
Intensive Care Review Criteria

Criterion 1110.200 - Medical/Surgical, Obstetric, Pediatric and Intensive Care

Category of Service	# Existing Beds	# Proposed Beds
☒ **Intensive Care**	**49**	**59**

1110.200(b)(2) - Planning Area Need - Service to Planning Area Residents

The proposed 10-bed ICU expansion is necessary to reduce Edward Hospital's high occupancy and to meet the projected demand in Planning Area A-05. According to the most recently published IDPH Bed Need Determination by Planning Area dated 7/31/2025, there is a need for 32 ICU beds in A-05, where Edward Hospital is located.

More than 70% of the ICU admissions in CY2024 were for patients residing in Edward Hospital's Primary Service Area as shown in the table below).

Zip Code	City	County	Patient Count	% of Total
60540	Naperville	DuPage County	329	8.6%
60563	Naperville	DuPage County	328	8.6%
60565	Naperville	DuPage County	302	7.9%
60564	Naperville	Will County	296	7.8%
60532	Lisle	DuPage County	172	4.5%
60586	Plainfield	Will County	153	4.0%
60440	Bolingbrook	Will County	149	3.9%
60544	Plainfield	Will County	147	3.9%
60517	Woodridge	DuPage County	143	3.8%
60585	Plainfield	Will County	105	2.8%
60446	Romeoville	Will County	100	2.6%
60490	Bolingbrook	Will County	91	2.4%
60504	Aurora	DuPage County	88	2.3%
60435	Joliet	Will County	53	1.4%
60431	Joliet	Will County	51	1.3%
60502	Aurora	DuPage County	51	1.3%
60543	Oswego	Kendall County	50	1.3%
60505	Aurora	Kane County	38	1.0%

60560	Yorkville	Kendall County	35	0.9%
60404	Shorewood	Will County	34	0.9%
60503	Aurora	Will County	33	0.9%
60403	Crest Hill	Will County	27	0.7%
Total Primary Service Area	**2,725**	**72.9%**		

The patient origin data for all ICU admissions from CY2024 is provided below and on the subsequent pages.

Edward Hospital Direct ICU Admissions by Zip Code/County – CY2024

Zip Code	City	County	Patient Count	% of Total
60540	Naperville	DuPage County	329	8.65%
60563	Naperville	DuPage County	328	8.62%
60565	Naperville	DuPage County	302	7.94%
60564	Naperville	Will County	296	7.78%
60532	Lisle	DuPage County	172	4.52%
60586	Plainfield	Will County	153	4.02%
60440	Bolingbrook	Will County	149	3.92%
60544	Plainfield	Will County	147	3.86%
60517	Woodridge	DuPage County	143	3.76%
60585	Plainfield	Will County	105	2.76%
60446	Romeoville	Will County	100	2.63%
60490	Bolingbrook	Will County	91	2.39%
60504	Aurora	DuPage County	88	2.31%
60435	Joliet	Will County	53	1.39%
60431	Joliet	Will County	51	1.34%
60502	Aurora	DuPage County	51	1.34%
60543	Oswego	Kendall County	50	1.31%
60126	Elmhurst	DuPage County	44	1.16%
60516	Downers Grove	DuPage County	43	1.13%
60148	Lombard	DuPage County	40	1.05%
60505	Aurora	Kane County	38	1.00%
60555	Warrenville	DuPage County	36	0.95%
60560	Yorkville	Kendall County	35	0.92%
60404	Shorewood	Will County	34	0.89%
60503	Aurora	Will County	33	0.87%
60403	Crest Hill	Will County	27	0.71%
60181	Villa Park	DuPage County	24	0.63%
60439	Lemont	Cook County	23	0.60%
60538	Montgomery	Kendall County	23	0.60%
60441	Lockport	Will County	22	0.58%

60506	Aurora	Kane County	22	0.58%
60447	Minooka	Grundy County	21	0.55%
60561	Darien	DuPage County	21	0.55%
60189	Wheaton	DuPage County	20	0.53%
60137	Glen Ellyn	DuPage County	18	0.47%
60185	West Chicago	DuPage County	18	0.47%
60542	North Aurora	Kane County	18	0.47%
60548	Sandwich	DeKalb County	18	0.47%
60515	Downers Grove	DuPage County	17	0.45%
60101	Addison	DuPage County	16	0.42%
60164	Melrose Park	Cook County	14	0.37%
60139	Glendale Heights	DuPage County	13	0.34%
60106	Bensenville	DuPage County	12	0.32%
60410	Channahon	Will County	12	0.32%
60436	Joliet	Will County	11	0.29%
60450	Morris	Grundy County	11	0.29%
60554	Sugar Grove	Kane County	11	0.29%
61350	Ottawa	LaSalle County	11	0.29%
60103	Bartlett	DuPage County	10	0.26%
60133	Hanover Park	Cook County	10	0.26%
60187	Wheaton	DuPage County	9	0.24%
60510	Batavia	Kane County	9	0.24%
60559	Westmont	DuPage County	9	0.24%
60154	Westchester	Cook County	8	0.21%
60188	Carol Stream	DuPage County	8	0.21%
60527	Willowbrook	DuPage County	8	0.21%
60638	Chicago	Cook County	8	0.21%
60104	Bellwood	Cook County	7	0.18%
60108	Bloomingdale	DuPage County	7	0.18%
60134	Geneva	Kane County	7	0.18%
60163	Berkeley	Cook County	7	0.18%
60190	Winfield	DuPage County	7	0.18%
60552	Somonauk	LaSalle County	7	0.18%
60191	Wood Dale	DuPage County	6	0.16%
60433	Joliet	Will County	6	0.16%
60545	Plano	Kendall County	6	0.16%
60644	Chicago	Cook County	6	0.16%
60804	Cicero	Cook County	6	0.16%
60302	Oak Park	Cook County	5	0.13%
60421	Elwood	Will County	5	0.13%
60448	Mokena	Will County	5	0.13%
60462	Orland Park	Cook County	5	0.13%
60477	Tinley Park	Cook County	5	0.13%
60481	Wilmington	Will County	5	0.13%
60120	Elgin	Kane County	4	0.11%

60153	Maywood	Cook County	4	0.11%
60172	Roselle	DuPage County	4	0.11%
60407	Braceville	Grundy County	4	0.11%
60423	Frankfort	Will County	4	0.11%
60432	Joliet	Will County	4	0.11%
60451	New Lenox	Will County	4	0.11%
60491	Homer Glen	Will County	4	0.11%
60512	Bristol	Kendall County	4	0.11%
60523	Oak Brook	DuPage County	4	0.11%
60526	La Grange Park	Cook County	4	0.11%
60617	Chicago	Cook County	4	0.11%
60624	Chicago	Cook County	4	0.11%
60707	Elmwood Park	Cook County	4	0.11%
60901	Kankakee	Kankakee County	4	0.11%
60025	Glenview	Cook County	3	0.08%
60062	Northbrook	Cook County	3	0.08%
60115	Dekalb	DeKalb County	3	0.08%
60142	Huntley	McHenry County	3	0.08%
60155	Broadview	Cook County	3	0.08%
60162	Hillside	Cook County	3	0.08%
60174	Saint Charles	Kane County	3	0.08%
60177	South Elgin	Kane County	3	0.08%
60411	Chicago Heights	Cook County	3	0.08%
60416	Coal City	Grundy County	3	0.08%
60417	Crete	Will County	3	0.08%
60445	Midlothian	Cook County	3	0.08%
60467	Orland Park	Cook County	3	0.08%
60514	Clarendon Hills	DuPage County	3	0.08%
60541	Newark	Kendall County	3	0.08%
60631	Chicago	Cook County	3	0.08%
60641	Chicago	Cook County	3	0.08%
60651	Chicago	Cook County	3	0.08%
61301	La Salle	LaSalle County	3	0.08%
15241	Pittsburgh	Allegheny County	2	0.05%
45241	Cincinnati	Hamilton County	2	0.05%
46307	Crown Point	Lake County	2	0.05%
46383	Valparaiso	Porter County	2	0.05%
46947	Logansport	Cass County	2	0.05%
60004	Arlington Heights	Cook County	2	0.05%
60042	Island Lake	McHenry County	2	0.05%
60047	Lake Zurich	Lake County	2	0.05%
60056	Mount Prospect	Cook County	2	0.05%
60098	Woodstock	McHenry County	2	0.05%
60119	Elburn	Kane County	2	0.05%
60131	Franklin Park	Cook County	2	0.05%

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60160	Melrose Park	Cook County	2	0.05%
60175	Saint Charles	Kane County	2	0.05%
60176	Schiller Park	Cook County	2	0.05%
60178	Sycamore	DeKalb County	2	0.05%
60402	Berwyn	Cook County	2	0.05%
60430	Homewood	Cook County	2	0.05%
60442	Manhattan	Will County	2	0.05%
60458	Justice	Cook County	2	0.05%
60478	Country Club Hills	Cook County	2	0.05%
60487	Tinley Park	Cook County	2	0.05%
60531	Leland	LaSalle County	2	0.05%
60607	Chicago	Cook County	2	0.05%
60637	Chicago	Cook County	2	0.05%
60643	Chicago	Cook County	2	0.05%
60950	Manteno	Kankakee County	2	0.05%
61021	Dixon	Lee County	2	0.05%
61046	Lanark	Carroll County	2	0.05%
61342	Mendota	LaSalle County	2	0.05%
06880	Westport	Fairfield County	1	0.03%
07461	Sussex	Sussex County	1	0.03%
10003	New York	New York County	1	0.03%
11355	Flushing	Queens County	1	0.03%
22151	Springfield	Fairfax County	1	0.03%
27614	Raleigh	Wake County	1	0.03%
28711	Black Mountain	Buncombe County	1	0.03%
29681	Simpsonville	Greenville County	1	0.03%
31601	Valdosta	Lowndes County	1	0.03%
32162	The Villages	Sumter County	1	0.03%
32163	The Villages	Sumter County	1	0.03%
33311	Fort Lauderdale	Broward County	1	0.03%
33912	Fort Myers	Lee County	1	0.03%
34102	Naples	Collier County	1	0.03%
34228	Longboat Key	Sarasota County	1	0.03%
34484	Oxford	Sumter County	1	0.03%
34609	Spring Hill	Hernando County	1	0.03%
37101	Mc Ewen	Humphreys County	1	0.03%
37110	Mcminnville	Warren County	1	0.03%
37923	Knoxville	Knox County	1	0.03%
38017	Collierville	Shelby County	1	0.03%
38558	Crossville	Cumberland County	1	0.03%
46236	Indianapolis	Marion County	1	0.03%
46321	Munster	Lake County	1	0.03%
46394	Whiting	Lake County	1	0.03%
46410	Merrillville	Lake County	1	0.03%
46561	Osceola	St. Joseph County	1	0.03%

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46814	Fort Wayne	Allen County	1	0.03%
48312	Sterling Heights	Macomb County	1	0.03%
48420	Clio	Genesee County	1	0.03%
49022	Benton Harbor	Berrien County	1	0.03%
49047	Dowagiac	Cass County	1	0.03%
49079	Paw Paw	Van Buren County	1	0.03%
49101	Baroda	Berrien County	1	0.03%
49635	Frankfort	Benzie County	1	0.03%
52241	Coralville	Johnson County	1	0.03%
52803	Davenport	Scott County	1	0.03%
53094	Watertown	Jefferson County	1	0.03%
53593	Verona	Dane County	1	0.03%
54538	Lac Du Flambeau	Oneida County	1	0.03%
54937	Fond Du Lac	Fond du Lac County	1	0.03%
55428	Minneapolis	Hennepin County	1	0.03%
60007	Elk Grove Village	Cook County	1	0.03%
60008	Rolling Meadows	Cook County	1	0.03%
60012	Crystal Lake	McHenry County	1	0.03%
60013	Cary	McHenry County	1	0.03%
60014	Crystal Lake	McHenry County	1	0.03%
60015	Deerfield	Lake County	1	0.03%
60016	Des Plaines	Cook County	1	0.03%
60026	Glenview	Cook County	1	0.03%
60031	Gurnee	Lake County	1	0.03%
60035	Highland Park	Lake County	1	0.03%
60048	Libertyville	Lake County	1	0.03%
60074	Palatine	Cook County	1	0.03%
60087	Waukegan	Lake County	1	0.03%
60089	Buffalo Grove	Lake County	1	0.03%
60118	Dundee	Kane County	1	0.03%
60129	Esmond	DeKalb County	1	0.03%
60135	Genoa	DeKalb County	1	0.03%
60143	Itasca	DuPage County	1	0.03%
60146	Kirkland	DeKalb County	1	0.03%
60152	Marengo	McHenry County	1	0.03%
60156	Lake In The Hills	McHenry County	1	0.03%
60165	Stone Park	Cook County	1	0.03%
60169	Hoffman Estates	Cook County	1	0.03%
60184	Wayne	DuPage County	1	0.03%
60192	Hoffman Estates	Cook County	1	0.03%
60193	Schaumburg	Cook County	1	0.03%
60304	Oak Park	Cook County	1	0.03%
60305	River Forest	Cook County	1	0.03%
60406	Blue Island	Cook County	1	0.03%
60418	Crestwood	Cook County	1	0.03%

60420	Dwight	Livingston County	1	0.03%
60425	Glenwood	Cook County	1	0.03%
60444	Mazon	Grundy County	1	0.03%
60449	Monee	Will County	1	0.03%
60459	Burbank	Cook County	1	0.03%
60463	Palos Heights	Cook County	1	0.03%
60465	Palos Hills	Cook County	1	0.03%
60479	Verona	Grundy County	1	0.03%
60482	Worth	Cook County	1	0.03%
60501	Summit Argo	Cook County	1	0.03%
60511	Big Rock	Kane County	1	0.03%
60513	Brookfield	Cook County	1	0.03%
60521	Hinsdale	DuPage County	1	0.03%
60546	Riverside	Cook County	1	0.03%
60551	Sheridan	LaSalle County	1	0.03%
60558	Western Springs	Cook County	1	0.03%
60610	Chicago	Cook County	1	0.03%
60613	Chicago	Cook County	1	0.03%
60614	Chicago	Cook County	1	0.03%
60623	Chicago	Cook County	1	0.03%
60628	Chicago	Cook County	1	0.03%
60629	Chicago	Cook County	1	0.03%
60634	Chicago	Cook County	1	0.03%
60639	Chicago	Cook County	1	0.03%
60646	Chicago	Cook County	1	0.03%
60656	Chicago	Cook County	1	0.03%
60706	Harwood Heights	Cook County	1	0.03%
60805	Evergreen Park	Cook County	1	0.03%
60928	Crescent City	Iroquois County	1	0.03%
60940	Grant Park	Kankakee County	1	0.03%
61008	Belvidere	Boone County	1	0.03%
61032	Freeport	Stephenson County	1	0.03%
61036	Galena	Jo Daviess County	1	0.03%
61053	Mount Carroll	Carroll County	1	0.03%
61065	Poplar Grove	Boone County	1	0.03%
61068	Rochelle	Ogle County	1	0.03%
61071	Rock Falls	Whiteside County	1	0.03%
61072	Rockton	Winnebago County	1	0.03%
61081	Sterling	Whiteside County	1	0.03%
61109	Rockford	Winnebago County	1	0.03%
61327	Hennepin	Putnam County	1	0.03%
61353	Paw Paw	Lee County	1	0.03%
61362	Spring Valley	Bureau County	1	0.03%
61375	Varna	Marshall County	1	0.03%
61378	West Brooklyn	Lee County	1	0.03%

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61840	Dewey	Champaign County	1	0.03%
62521	Decatur	Macon County	1	0.03%
62711	Springfield	Sangamon County	1	0.03%
66210	Overland Park	Johnson County	1	0.03%
67217	Wichita	Sedgwick County	1	0.03%
67456	Lindsborg	McPherson County	1	0.03%
78738	Austin	Travis County	1	0.03%
79010	Boys Ranch	Oldham County	1	0.03%
79930	El Paso	El Paso County	1	0.03%
80239	Denver	Denver County	1	0.03%
84790	Saint George	Washington County	1	0.03%
85209	Mesa	Maricopa County	1	0.03%
85374	Surprise	Maricopa County	1	0.03%
92127	San Diego	San Diego County	1	0.03%
92623	Irvine	Orange County	1	0.03%
95240	Lodi	San Joaquin County	1	0.03%

1110.200(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service

A) Historical Service Demand

ICU bed utilization has exceeded the target occupancy rate of 60% for more than two years based on Edward Hospital's current ICU bed inventory of 49, as reported on the IDPH surveys in CY2023 and CY2024.

	CY2023	**CY2024**
ICU Patient Days	12,761	13,151
ICU ADC	35	36
ICU Bed Supply	49	49
ICU % Occupancy	71%	74%

C) Projected Service Demand – Based on Rapid Population Growth

Over 70% of Edward Hospital's ICU admissions were from the defined primary service area in CY2024 as referenced above in a table in section 1110.200(b)(2).

Within this geography, there is rapid population growth projected for the 65+ age group, which will increase the demand for inpatient services at Edward Hospital. The 65+ age group is projected to grow 19% over the next five years according to demographic analyses conducted by Claritas, LLC. This is significantly higher than the IL and U.S. projected growth rates of 11% and 14%, respectively.

65+ Population Growth Rate Comparison		
Area	**2025 Estimate – 2030 Projection**	**2020 Census – 2030 Projection**
Edward Hospital Primary Service Area	19%	40%
Illinois	11%	22%
United States	14%	28%

Source: Claritas Pop-Facts® Premier 2025 through Environics

1110.200(e) - Staffing Availability

Incremental staffing needs for the proposed bed expansion at Edward Hospital were considered and included in project planning. As this project represents an expansion of current capabilities, staff recruitment to support this project will not be an issue, and all licensure and Joint Commission staffing requirements will be met. Recruitment for the expansion will build on Edward Hospital's strong track record as a Magnet-designated hospital, which has consistently attracted and placed clinical staff even during industry-wide shortages. Endeavor Health's dedicated recruitment team actively sources candidates' system-wide and aligns placements with clinicians' interests and expertise, ensuring a robust pipeline of qualified staff to meet current and future needs.

1110.200(f) - Performance Requirements - Intensive Care

The minimum unit size for an intensive care unit is 4 beds. This project proposes a 59-bed ICU unit, therefore, meets the performance requirement for bed capacity.

1110.200(g) - Assurances

By signing the certification pages within this application for permit, the Applicants attest that by the second year of operation after project completion, the Hospital will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

Attachment #31
Clinical Services Other than Categories of Services

1110.270 (c)(2) & 1110.270 (c)(3)(B)- Historical Utilization

This project provides expansion to the following clinical services that are not categories of service:

Service	# Existing Key Rooms	# Proposed Key Rooms
☒ **Operating Rooms (Class C)**	**20**	**22**

Edward Hospital currently has 20 operating rooms which have experienced steady growth over the past several years. Although the hospital currently operates efficiently, meeting community demand remains challenging, particularly for procedures with long surgical times, such as thoracic, cardiac, and vascular, where increasing throughput through operational improvements alone is not feasible. With an aging population and continued growth projected, an expansion of surgical space is essential to maintain patient access to high-quality, specialty care locally.

Historical utilization data shows that Edward Hospital's operating rooms are exceeding the utilization standard of 1,500 hours per operating room, demonstrating high utilization and need for additional space to ensure access to care.

In order to accommodate current demand and future projected growth while minimizing wait times for the communities served by Edward Hospital, the proposed expansion will add 2 operating rooms. Even considering this addition, the overall surgical program will still operate above the target utilization standard for operating rooms (1,500 hours per OR).

	2022	**2023**	**2024**	**Projected 2029**
Cases	16,060	16,607	16,406	16,679
Hours/ Room	1,906	1,963	1,939	1,821

Attachment #34, 35, 36
Availability of Funds, Financial Viability, Economic Feasibility

The applicant has a "A" Bond Rating or better from Moody's as reflected in the attached document.

CREDIT OPINION
29 May 2025

Send Your Feedback

Contacts

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Rita Strauss +1.212.553.3908
AVP-Analyst
rita.sverdlik@moodys.com

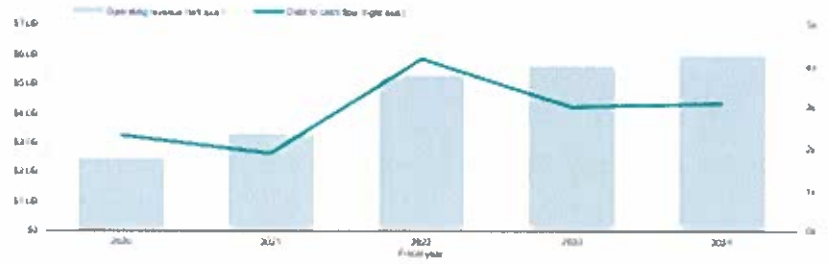
Endeavor Health, IL

Update to credit analysis

Summary

Endeavor Health's (Aa3, stable) position as the third largest system in the Chicago region and strong share in attractive markets provide key fundamental strengths. Significant savings from the successful integration of several mergers, ongoing investments in clinical services, and a very large physician network will help steadily improve modest margins. Debt-to-cashflow will remain low and cash-to-debt will be close to 300% due to moderate debt, including limited operating lease obligations. Liquidity will remain strong with disciplined capital spending that can be funded with cashflow. However, rising uncompensated care and global inflationary pressures will prolong a return to historical margins. Competition will be high in the broader region, especially amid ongoing consolidation.

Exhibit 1
Moderate leverage during period of rapid growth



Source: Moody's Ratings

Credit strengths

- Third largest system in Chicago area with strong share in demographically attractive locations and large aligned medical group
- Very good progress on integration will drive steady cashflow growth
- Manageable capital spending and discipline will support strong cash on hand of 250-260 days
- Moderate debt will drive debt-to-cashflow to under 3x even with modest margins

Credit challenges

- Modest operating cashflow (OCF) margins of 5%-6% for several years
- Competition from several academic medical centers and large systems
- Comparatively low liquidity with 51% of investments available monthly

ATTACHMENT-34, 35, 36

Rating outlook

The stable outlook anticipates steady improvement in OCF margins to 5%-6% over the next couple of years, which will keep debt-to-cashflow under 3x assuming no material new debt. Days cash on hand will remain strong and consistent with the rating category

Factors that could lead to an upgrade

» Significant and sustained improvement in OCF margin and absolute cash flow

» Meaningfully better liquidity, including higher days cash on hand and cash-to-debt

» Further enterprise growth and diversification in multiple markets

» Growth in market share that provides a distinct leading position

Factors that could lead to a downgrade

» Inability to steadily improve operations to 5%-6% OCF margins

» Meaningful increase in leverage

» Significant decline in liquidity

» Dilutive acquisition or merger

Key indicators

Exhibit 2

Endeavor Health, IL

	2020 x MAP	2021 x MAP	2022	2023	2024
Operating Revenue ($'000)	2,442,046	3,289,410	5,272,218	5,600,765	5,949,217
3 Year Operating Revenue CAGR (%)	6.2	16.6	33.1	31.9	21.8
Operating Cash Flow Margin (%)	3.5	6.5	3.3	5.3	4.6
PM. Medicare (%)	47.0	49.0	46.0	45.8	46.6
PM. Medicaid (%)	7.0	13.0	10.5	11.2	10.8
Days Cash on Hand	381	418	269	277	256
Unrestricted Cash and Investments to Total Debt (%)	481.7	471.3	249.8	271.7	273.3
Total Debt to Cash Flow (x)	2.5	1.9	4.2	3.0	3.1

Based on audits for NorthShore University HealthSystem, fiscal years ended September 30, 2020-2021. Based on audits for Endeavor Health (previously NS-EE Holdings), fiscal years ended December 31, 2022-2024.
Fiscal 2022 excludes $71 million gain on sale from revenue; fiscal years 2023 and 2024 exclude $58 million and $457 million legal settlement costs, resp. Investment returns normalized at 5%.
Source: Moody's Ratings

Profile

Endeavor Health operates nine hospitals within the City of Chicago and throughout the northern, northwestern and western suburbs of the metropolitan Chicago area. The system employs over 1,800 physicians through its medical groups

ATTACHMENT-34, 35, 36

Detailed credit considerations

Market position

As the third largest health system in the Chicago region and in Illinois, Endeavor Health enjoys a strong market position with wide geographic coverage. Most hospitals are located in service areas with favorable demographics including median household income well above the state and US. The consolidation last year of over 6,800 employed and independent physicians into a single clinically integrated network will drive growth and efficiencies and provide a competitive advantage. This large clinic network and other outpatient services provide wide access for patients and generates close to 70% of revenue. A common electronic medical record vendor provides a strong platform to execute system-wide strategies, including standardizing clinical protocols, centralizing scheduling, and capitalizing on already well-developed data analytics.

Strategies around five primary clinical institutes and the concentration of certain specialities at each campus, such as the Orthopaedic and Spine Institute on the Skokie Hospital campus, will support growth and quality goals. Another example is the expansion of the Glenbrook campus last year to consolidate high acuity cardiovascular surgical cases, which is driving strong volume growth in that service line. Competition will increase amid ongoing consolidation in a market with several academic medical centers and large systems, including Advocate Health, Ascension and Northwestern Memorial HealthCare.

Operating performance and liquidity

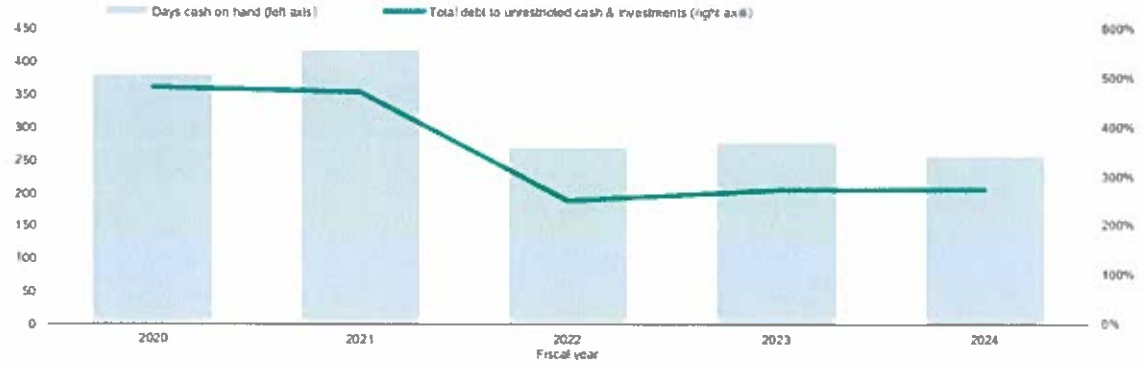
While performance will be moderate for several years, volume growth and integration savings will drive a continuation of steady operating improvement with OCF margins of 5%-6%. Strong demand and a favorable payer mix with higher than average commercial business will help net patient revenue, which increased 8.5% in fiscal 2024. The consolidation of corporate support services, leadership restructuring, supply chain initiatives, and installation of a single instance ERP system-wide, all largely completed, will drive efficiencies. The system will consolidate data centers and move to one instance of its EMR by the end of next year. The pace of improvement will be constrained by rising uncompensated care, global inflationary pressures, IT costs, and labor expense for certain hospital-based physicians such as anesthesiologists.

Liquidity

Cash on hand will remain strong at around 250-260 days over the next couple of years, after a slight decline last year from a large legal settlement. Capital spending will be manageable and disciplined at 1-1.2 times depreciation. Monthly liquidity of investments is comparatively low at 51% but adequate relative to liquidity demands with over 300% monthly liquidity-to-demand debt.

Exhibit 3

Despite decline, liquidity will remain strong and provide good debt coverage



Source: Moody's Ratings

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Leverage

Moderate debt will support generally good leverage metrics, assuming no material new debt in the near term. Debt-to-cashflow will decline to under 3 times in fiscal 2025 as cash flow improves. Depending on investment returns, cash-to-debt will remain strong at 270%-300%. Operating lease obligations are low and the pension was terminated last year.

Debt structure

Debt structure risks are manageable with staggered bank tenders or expirations across multiple banks that directly hold debt or provide standby bond purchase agreements (SBPA). The VMIG 1 ratings are based on bank SBPAs to support unremarketed tenders. Covenant headroom will be ample. Under the MTI, an event of default would occur if coverage is under 1.0 times for two consecutive years. Favorably, covenants in bank agreements are consistent with the MTI.

Debt-related derivatives

Risks related to swaps will be minimal given the modest size of the program and strong liquidity to post collateral if needed.

ESG considerations

Endeavor Health, IL's ESG credit impact score is CIS-3

Exhibit 4
ESG credit impact score

ESG considerations have a limited impact on the current rating, with potential for greater negative impact over time.

Source: Moody's Ratings

Endeavor Health's moderately negative ESG Credit Impact Score reflects low exposure to environmental and governance risks, and moderate social risks. The system's better than average customer relations score partly offsets industry risks related to demographic and societal trends.

Exhibit 5
ESG issuer profile scores

Source: Moody's Ratings

Environmental

Endeavor Health does not have material environmental risks. The system is located within the City of Chicago and throughout the northern, northwestern and western suburbs of the metropolitan Chicago area.

Social

Moderate social risks relate to demographic and societal trends and the growing reliance on government payors industry wide, although the system's exposure is less than average. Better than average customer relations reflects its position as the third largest

health system in the greater Chicago region and State of Illinois with good geographic coverage of generally attractive suburbs and large aligned physician networks. This position provides an advantage in managing various customer groups including patients, communities, and payers.

Governance

Governance characteristics are in line with the average for the sector. A single board at the parent level with full reserve powers compensates for a more complicated post-merger corporate structure. The parent holds all reserve powers and has fiduciary responsibility for system entities. Boards for the regions, Swedish, Northwest, NorthShore and Edward-Elmhurst, are responsible for quality, credentialing, community relations, philanthropy among other roles. The consolidation of enterprise-wide functions centralizes decision-making while maintaining some flexibility at the local level.

ESG Issuer Profile Scores and Credit Impact Scores for the rated entity/transaction are available on Moodys.com. In order to view the latest scores, please click here to go to the landing page for the entity/transaction on MDC and view the ESG Scores section.

ATTACHMENT-34, 35, 36

Attachment #37
Economic Feasibility

A. Reasonableness of Financing Arrangements
The applicant has an "A" Bond Rating or better from Moody's as reflected in the bond rating document in the previous attachment.

B. Conditions of Debt Financing
A notarized statement can be found on the following page, attesting that the selected form of debt financing for the project will be the lowest net cost available.

Endeavor Health

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

Re: Conditions of Debt Financing

Dear Chair Savage:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(b) that the selected form of debt financing of the Edward Hospital project will be the lowest net cost available.

Sincerely,

Doug Welday
Chief Financial Officer
Endeavor Health

Notarization:
Subscribed and sworn to before me this 2 day of October, 2025

Iris Montero
Signature of Notary

seal

OFFICIAL SEAL
IRIS MONTERO
Commission No. 793525
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires April 18, 2027

ATTACHMENT-37

C. Reasonableness of Project and Related Costs

Cost and Gross Square Footage by Department is provided in the table below:

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (List below)	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Surgery		$559.85	0		6,722	22%	-	$3,763,315.00	$3,763,315.00
Intensive Care		$759.90	0		6,839	18%	-	$5,196,958.00	$5,196,958.00
Non-Clinical		$446.05	0		6,696	50%	-	$2,986,758.00	$2,986,758.00
Contingency							-		$1,808,968.00
TOTALS			0				-	$11,947,031.00	$13,755,999.00
* Include the percentage (%) of space for circulation									

D. Projected Operating Costs

		Year 2
Total Direct Operating Costs	$	10,732,380
Units of Service (EPD)		2,923
Cost per Unit (EPD)	**$**	**3,671**

E. Total Effect of the Project on Capital Costs

		Year 2
Depreciation Expense	$	1,391,167
Units of Service (EPD)		2,923
Cost per Unit (EPD)	**$**	**476**

ATTACHMENT-37

Attachment #38
Safety Net Impact Statement

The proposed project is non-substantive and does not involve discontinuation, thus an impact statement is not required.

Attachment #39
Charity Care Information

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

Endeavor Health	CY 2022	CY 2023	CY 2024
Net Patient Revenue	$4,603,026,000	$4,969,586,000	$5,390,117,000
Amount of Charity Care (charges)	$206,661,000	$220,170,000	$280,633,179
Cost of Charity Care	$44,708,000	$46,170,000	$57,761,978
Ratio of Charity Care at Cost to NPR	1.0%	0.9%	1.1%

Edward Hospital	CY 2022	CY 2023	CY 2024
Net Patient Revenue	$760,341,855	$820,154,450	$900,343,629
Amount of Charity Care (charges)	$26,435,806	$25,034,734	$32,937,799
Cost of Charity Care	$4,176,540	$4,209,315	$4,743,801
Ratio of Charity Care at Cost to NPR	0.55%	0.51%	0.52%

ATTACHMENT-39