

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD 03 2015
APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION
 HEALTH FACILITIES & SERVICES REVIEW BOARD

This Section must be completed for all projects.

ORIGINAL

Facility/Project Identification

| | | | |
|--|-------------------------|----------------------------|--|
| Facility Name: Presence Lakeshore Gastroenterology | | | |
| Street Address: 150 N. River Road. | | | |
| City and Zip Code: DesPlaines, Illinois 60016 | | | |
| County: Suburban Cook | Health Service Area 007 | Health Planning Area: A-07 | |

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

| | |
|---|--|
| Exact Legal Name: Presence Lakeshore Gastroenterology, LLC | |
| Address: 150 N. River Road, DesPlaines, IL. 60016 | |
| Name of Registered Agent: Michael McConnell | |
| Name of Chief Executive Officer: Pamela Bell, Administrator | |
| CEO Address: Same as above | |
| Telephone Number: 847-813-3215 | |

Type of Ownership of Applicant/Co-Applicant

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

o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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: Clare Connor Ranalli |
| Title: Partner |
| Company Name: McDermott, Will & Emery |
| Address: 227 W. Monroe Street, Chicago, IL. 60606 |
| Telephone Number: 312-984-3365 |
| E-mail Address: cranalli@mwe.com |
| Fax Number: |

Additional Contact

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

| |
|---|
| Name: Shawn Albritton |
| Title: Enterprise Analytics/Strategy/CON |
| Company Name: Presence Health |
| Address: 200 S. Wacker Drive, 11 th Floor, Chicago, IL 60606 |
| Telephone Number: 312-308-3937 |
| E-mail Address: SAlbritton@presencehealth.org |
| Fax Number: |

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

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

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|---|-------------------------|---------------------------|
| Facility Name: Presence Lakeshore Gastroenterology, LLC | | |
| Street Address: 150 N. River Road. | | |
| City and Zip Code: DesPlaines, Illinois 60016 | | |
| County: Cook | Health Service Area 007 | Health Planning Area: 007 |

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

| |
|--|
| Exact Legal Name: Presence Holy Family Medical Center |
| Address: 100 N. River Road, DesPlaines, IL. 60016 |
| Name of Registered Agent: Michael McConnell |
| Name of Chief Executive Officer: Pamela Bell (Administrator) |
| CEO Address: Same as above |
| Telephone Number: 847-813-3215 |

Type of Ownership of Applicant/Co-Applicant

| | | |
|--|--|--------------------------------|
| <input checked="" type="checkbox"/> Non-profit Corporation | <input type="checkbox"/> Partnership | |
| <input type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Governmental | |
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| Name: Clare Connor Ranalli |
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| Address: 227 W. Monroe Street, Chicago, IL. 60606 |
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[Person who is also authorized to discuss the application for permit]

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Facility/Project Identification

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|---|-------------------------|---------------------------|
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| Street Address: 150 N. River Road. | | |
| City and Zip Code: DesPlaines, Illinois 60016 | | |
| County: Cook | Health Service Area 007 | Health Planning Area: 007 |

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

| |
|---|
| Exact Legal Name: Presence Health |
| Address: 200 S. Wacker Drive, Chicago, IL 60606 |
| Name of Registered Agent: Evelyn Nelson |
| Name of Chief Executive Officer: Sandra Bruce |
| CEO Address: As above |
| Telephone Number: |

Type of Ownership of Applicant/Co-Applicant

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

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- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

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| Name: Clare Connor Ranalli |
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| Telephone Number: 312-308-3937 |
| E-mail Address: SAAlbritton@presencehealth.org |
| Fax Number: |

Post Permit Contact

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

| |
|---|
| Name: Shawn Albritton |
| Title: Enterprise Analytics/Strategy/CON |
| Company Name: Presence Health |
| Address: 200 S. Wacker Drive, 11 th Floor, Chicago, IL 60606 |
| Telephone Number: 312-308-3937 |
| E-mail Address: Salbritton@presencehealth.org |
| Fax Number: |

Site Ownership

[Provide this information for each applicable site]

| |
|--|
| Exact Legal Name of Site Owner: Presence Healthcare Services |
| Address of Site Owner: 1127 N. Oakley, #268, Chicago, IL 60622 |
| Street Address or Legal Description of Site: Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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 <u>ATTACHMENT-2</u> , 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: Presence Lakeshore Gastroenterology, LLC |
| Address: 150 N. River Road, DesPlaines, IL. 60016 |
| <input type="checkbox"/> Non-profit Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> For-profit Corporation <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other |
| <ul style="list-style-type: none"> o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing. o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner. o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. |
| APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. |

Organizational Relationships

Provide (for each co-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 NOT APPLICABLE – NO CONSTRUCTION

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 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 #2005-5 (<http://www.hfsrb.illinois.gov>).

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

Historic Resources Preservation Act Requirements NOT APPLICABLE – NO CONSTRUCTION OR MODERNIZATION

[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 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
 Non-substantive

2. Narrative Description

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

The applicants propose establishing an ambulatory surgery center ("ASC") located in the Medical Office Building adjacent to Presence Holy Family Medical Center ("PHFMC"). Currently, PHFMC has 2 dedicated endoscopy procedure rooms, and upon establishment of the ASC (when it is certified to treat patients) these procedure rooms will no longer be used for endoscopy procedures. The intended use for the space to be vacated is ophthalmology procedure rooms. The proposed ASC will be a limited specialty ASC with two procedure rooms dedicated solely to performing endoscopy procedures. PHFMC will operate the ASC as a joint venture with 51% ownership, and the remaining 49% ownership will be held by Lakeshore Gastroenterology and Liver Disease Institute, S.C. The ASC will be operated in leased space and the total cost of the project is \$3,153,639.70.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a

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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 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 | \$735,000.00 | \$315,000.00 | \$1,050,000.00 |
| Contingencies | | | |
| Architectural/Engineering Fees | | | |
| Consulting and Other Fees | | | |
| Movable or Other Equipment (not in construction contracts) | \$782,600.00 | \$335,400.00 | \$1,118,000.00 |
| Bond Issuance Expense (project related) | | | |
| Net Interest Expense During Construction (project related) | | | |
| Fair Market Value of Leased Space or Equipment | \$690,367.85 | \$295,871.93 | \$986,239.79 |
| Other Costs To Be Capitalized | | | |
| Acquisition of Building or Other Property (excluding land) | | | |
| TOTAL USES OF FUNDS | \$2,207,367.80 | \$946,271.93 | \$3,153,639.70 |
| SOURCE OF FUNDS | CLINICAL | NONCLINICAL | TOTAL |
| Cash and Securities | \$2,207,367.80 | \$946,271.93 | \$3,153,639.70 |
| Pledges | | | |
| Gifts and Bequests | | | |
| Bond Issues (project related) | | | |
| Mortgages | | | |
| Leases (fair market value) | | | |
| Governmental Appropriations | | | |
| Grants | | | |
| Other Funds and Sources | | | |
| TOTAL SOURCES OF FUNDS | \$2,207,367.80 | \$946,271.93 | \$3,153,639.70 |
| NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. | | | |

TO BE CHANGED

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:

| |
|---|
| <p>Land acquisition is related to project <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Purchase Price: \$ _____</p> <p>Fair Market Value: \$ _____</p> |
| <p>The project involves the establishment of a new facility or a new category of service <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p>Estimated start-up costs and operating deficit cost is \$192,402.00.</p> |

Project Status and Completion Schedules

| |
|---|
| <p>For facilities in which prior permits have been issued please provide the permit numbers.</p> <p>Indicate the stage of the project's architectural drawings:</p> <p><input checked="" type="checkbox"/> None or not applicable <input type="checkbox"/> Preliminary</p> <p><input type="checkbox"/> Schematics <input type="checkbox"/> Final Working</p> |
| <p>Anticipated project completion date (refer to Part 1130.140): 12/31/2015</p> |
| <p>Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):</p> <p><input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.</p> <p><input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies</p> <p><input checked="" type="checkbox"/> Project obligation will occur after permit issuance.</p> |
| <p>APPEND DOCUMENTATION AS <u>ATTACHMENT-8</u>, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</p> |

State Agency Submittals

| |
|--|
| <p>Are the following submittals up to date as applicable:</p> <p><input checked="" type="checkbox"/> Cancer Registry</p> <p><input checked="" type="checkbox"/> APORS</p> <p><input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted</p> <p><input checked="" type="checkbox"/> All reports regarding outstanding permits</p> <p>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</p> |
|--|

Cost Space Requirements

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

| Dept. / Area | Cost | Gross Square Feet | | Amount of Proposed Total Gross Square Feet That Is: | | | |
|-----------------------|------|-------------------|----------|---|------------|-------|---------------|
| | | Existing | Proposed | New Const. | Modernized | As Is | Vacated Space |
| REVIEWABLE | | | | | | | |
| 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 NOT APPLICABLE

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are 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: PRESENCE HOLY FAMILY MEDICAL CENTER | | CITY: DES PLAINES | | | |
|---|----------------------------|--------------------------|---------------------|------------------------|--------------------------|
| REPORTING PERIOD DATES: From: 01/01/13 to: 12/31/13 | | | | | |
| Category of Service | Authorized Beds | Admissions | Patient Days | Bed Changes | Proposed Beds |
| Medical/Surgical | 59 | 597 | 2,259 | 0 | |
| Obstetrics | | | | | |
| Pediatrics | | | | | |
| Intensive Care | | | | | |
| Comprehensive Physical Rehabilitation | | | | | |
| Acute/Chronic Mental Illness | | | | | |
| Neonatal Intensive Care | | | | | |
| General Long Term Care | 129 | 823 | 30,729 | 0 | |
| Specialized Long Term Care | | | | | |
| Long Term Acute Care | | | | | |
| Other ((identify)) | | | | | |
| TOTALS: | 188 | 1,420 | 32,988 | N/A | 188 |

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Presence Lakeshore Gastroenterology, LLC* in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.

Pamela Bell
SIGNATURE

[Signature]
SIGNATURE

Pamela Bell
PRINTED NAME

Mani Mahdavian, M.D.
PRINTED NAME

Administrator
PRINTED TITLE

President, Lakeshore Gastroenterology Institute
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 29 day of January 2015

Notarization:
Subscribed and sworn to before me
this 29 day of January 2015

Marie A. Singleton
Signature of Notary

Marie A. Singleton
Signature of Notary

Seal



Seal



*Insert EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
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Janelle Reilly
SIGNATURE

Janelle Reilly
PRINTED NAME

COO
PRINTED TITLE

Jeannie C. Frey
SIGNATURE

Jeannie Frey
PRINTED NAME

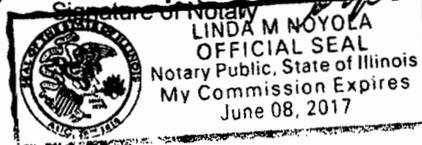
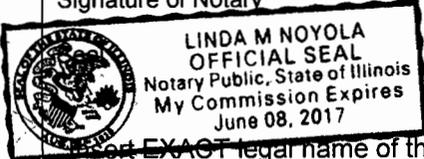
Chief Legal Officer and General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of Jan 2015

Notarization:
Subscribed and sworn to before me
this 30 day of Jan 2015

Linda M Noyola
Signature of Notary

Linda M Noyola
Signature of Notary



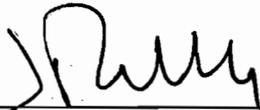
Print EXACT legal name of the applicant

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

This Application for Permit is filed on the behalf of Presence 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.


SIGNATURE

Janelle Reilly
PRINTED NAME

COO
PRINTED TITLE

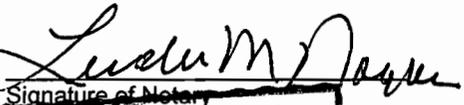

SIGNATURE

Jeannie Frey
PRINTED NAME

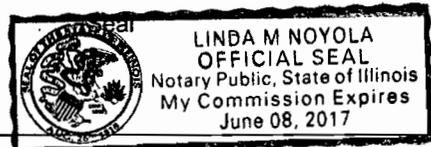
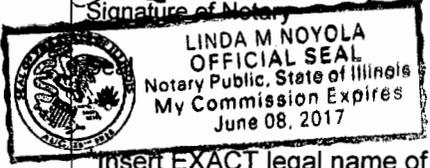
Chief Legal Officer and General Counsel
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 30 day of Jan 2015

Notarization:
Subscribed and sworn to before me
this 30 day of Jan 2015


Signature of Notary


Signature of Notary



Insert 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.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

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 certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. 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.**
4. 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 the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

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

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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 Report.

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

ALTERNATIVES

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

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

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

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

Criterion 1110.234 - 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.**
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;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

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 | MET STANDARD? |
| YEAR 1 | | | | | |
| YEAR 2 | | | | | |

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

UNFINISHED OR SHELL SPACE: NOT APPLICABLE

Provide the following information:

1. Total gross square footage 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 are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

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

ASSURANCES: NOT APPLICABLE

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.

H. Non-Hospital Based Ambulatory Surgery

This section is applicable to all projects proposing to establish or modernize a non-hospital based ambulatory surgical treatment center or to the addition of surgical specialties.

1. Criterion 1110.1540(a), Scope of Services Provided

Read the criterion and complete the following:

a. Indicate which of the following types of surgery are being proposed:

| | | |
|--|--|--|
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Obstetrics/Gynecology | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Podiatry |
| <input checked="" type="checkbox"/> Gastroenterology | <input type="checkbox"/> Oral/Maxillofacial | <input type="checkbox"/> Thoracic |
| <input type="checkbox"/> General/Other | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Plastic | <input type="checkbox"/> Urology |

b. Indicate if the project will result in a limited or a multi-specialty ASTC.

2. Criterion 1110.1540(b), Target Population

Read the criterion and provide the following:

- On a map (8 ½" x 11"), outline the intended geographic services area (GSA).
- Indicate the population within the GSA and how this number was obtained.
- Provide the travel time in all directions from the proposed location to the GSA borders and indicate how this travel time was determined.

3. Criterion 1110.1540(c), Projected Patient Volume

Read the criterion and provide signed letters from physicians that contain the following:

- The number of referrals anticipated annually for each specialty.
- For the past 12 months, the name and address of health care facilities to which patients were referred, including the number of patients referred for each surgical specialty by facility.
- A statement that the projected patient volume will come from within the proposed GSA.
- A statement that the information in the referral letter is true and correct to the best of his or her belief.

4. Criterion 1110.1540(d), Treatment Room Need Assessment

Read the criterion and provide:

- The number of procedure rooms proposed.
- The estimated time per procedure including clean-up and set-up time and the methodology used in arriving at this figure.

5. Criterion 1110.1540(e), Impact on Other Facilities

Read the criterion and provide:

- A copy of the letter sent to area surgical facilities regarding the proposed project's impact on their workload. NOTE: This letter must contain: a description of the project including its size, cost, and projected workload; the location of the proposed project; and a request that the facility administrator indicate what the impact of the proposed project will be on the existing facility.
- A list of the facilities contacted. NOTE: Facilities must be contacted by a service that provides

documentation of receipt such as the US. Postal Service, FedEx or UPS. The documentation must be included in the application for permit.

6. Criterion 1110.1540(f), Establishment of New Facilities

Read the criterion and provide:

- a. A list of services that the proposed facility will provide that are not currently available in the GSA; or
- b. Documentation that the existing facilities in the GSA have restrictive admission policies; or
- c. For co-operative ventures,
 - a. Patient origin data that documents the existing hospital is providing outpatient surgery services to the target population of the GSA, and
 - b. The hospital's surgical utilization data for the latest 12 months, and
 - c. Certification that the existing hospital will not increase its operating room capacity until such a time as the proposed project's operating rooms are operating at or above the target utilization rate for a period of twelve full months; and
 - d. Certification that the proposed charges for comparable procedures at the ASTC will be lower than those of the existing hospital.

7. Criterion 1110.1540(g), Charge Commitment

Read the criterion and provide:

- a. A complete list of the procedures to be performed at the proposed facility with the proposed charge shown for each procedure.
- b. A letter from the owner and operator of the proposed facility committing to maintain the above charges for the first two years of operation.

8. Criterion 1110.1540(h), Change in Scope of Service

NOT APPLICABLE

Read the criterion and, if applicable, document that existing programs do not currently provide the service proposed or are not accessible to the general population of the geographic area in which the facility is located.

APPEND DOCUMENTATION AS ATTACHMENT-27, 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)

VIII. - 1120.120 - Availability of Funds

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

| | | |
|----------------|------------------------------|--|
| X | 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 time table 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 time table of receipts; |
| | d) | Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: |
| | 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. |
| \$3,153,639.70 | TOTAL FUNDS AVAILABLE | |

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

IX. 1120.130 - Financial Viability NOT APPLICABLE – FUNDED THROUGH INTERNAL RESOURCES

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

Financial Viability Waiver

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

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

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-37, 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.

| Provide Data for Projects Classified as: | Category A or Category B (last three years) | | | Category B (Projected) |
|--|---|---|---|------------------------|
| Enter Historical and/or Projected Years: | | | | |
| Current Ratio | | | | |
| Net Margin Percentage | | N | / | A |
| 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.

2. 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

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

A. Reasonableness of Financing Arrangements

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

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

B. Conditions of Debt Financing NOT APPLICABLE

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 | Mod. | Gross Sq. Ft. New | Circ.* | Gross Sq. Ft. Mod. | 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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

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

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

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

A table in the following format must be provided as part of Attachment 43.

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

| | | | |
|--------------------|--|--|--|
| Medicaid (revenue) | | | |
| Inpatient | | | |
| Outpatient | | | |
| Total | | | |

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

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 44.

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

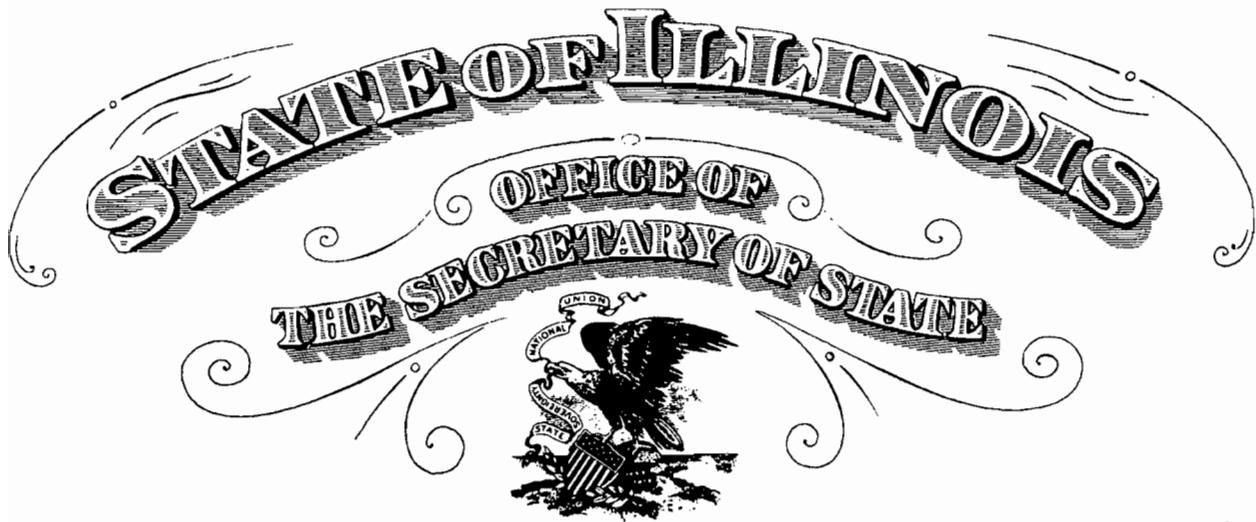
APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

| INDEX OF ATTACHMENTS | | |
|-----------------------------|--|--------------|
| ATTACHMENT NO. | | PAGES |
| 1 | Applicant/Coapplicant Identification including Certificate of Good Standing | 26-29 |
| 2 | Site Ownership | 30-33 |
| 3 | Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership. | 34 |
| 4 | Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc. | 35-36 |
| 5 | Flood Plain Requirements | 37 |
| 6 | Historic Preservation Act Requirements | 38 |
| 7 | Project and Sources of Funds Itemization | 39 |
| 8 | Obligation Document if required | |
| 9 | Cost Space Requirements | 40 |
| 10 | Discontinuation | |
| 11 | Background of the Applicant | 41-43 |
| 12 | Purpose of the Project | 44-42 |
| 13 | Alternatives to the Project | 43 |
| 14 | Size of the Project | 44 |
| 15 | Project Service Utilization | 45-46 |
| 16 | Unfinished or Shell Space | |
| 17 | Assurances for Unfinished/Shell Space | |
| 18 | Master Design Project | |
| 19 | Mergers, Consolidations and Acquisitions | |
| | Service Specific: | |
| 20 | Medical Surgical Pediatrics, Obstetrics, ICU | |
| 21 | Comprehensive Physical Rehabilitation | |
| 22 | Acute Mental Illness | |
| 23 | Neonatal Intensive Care | |
| 24 | Open Heart Surgery | |
| 25 | Cardiac Catheterization | |
| 26 | In-Center Hemodialysis | |
| 27 | Non-Hospital Based Ambulatory Surgery | 97-135 |
| 28 | Selected Organ Transplantation | |
| 29 | Kidney Transplantation | |
| 30 | Subacute Care Hospital Model | |
| 31 | Children's Community-Based Health Care Center | |
| 32 | Community-Based Residential Rehabilitation Center | |
| 33 | Long Term Acute Care Hospital | |
| 34 | Clinical Service Areas Other than Categories of Service | |
| 35 | Freestanding Emergency Center Medical Services | |
| | Financial and Economic Feasibility: | |
| 36 | Availability of Funds | 136 |
| 37 | Financial Waiver | 137 |
| 38 | Financial Viability | 138 |
| 39 | Economic Feasibility | 139-142 |
| 40 | Safety Net Impact Statement | 143-144 |
| 41 | Charity Care Information | 145 |

Certificate of Good Standing

See attached for applicants Presence Lakeshore Gastroenterology, LLC, Presence Health and Presence Holy Family Medical Center.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PRESENCE LAKESHORE GASTROENTEROLOGY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 29, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



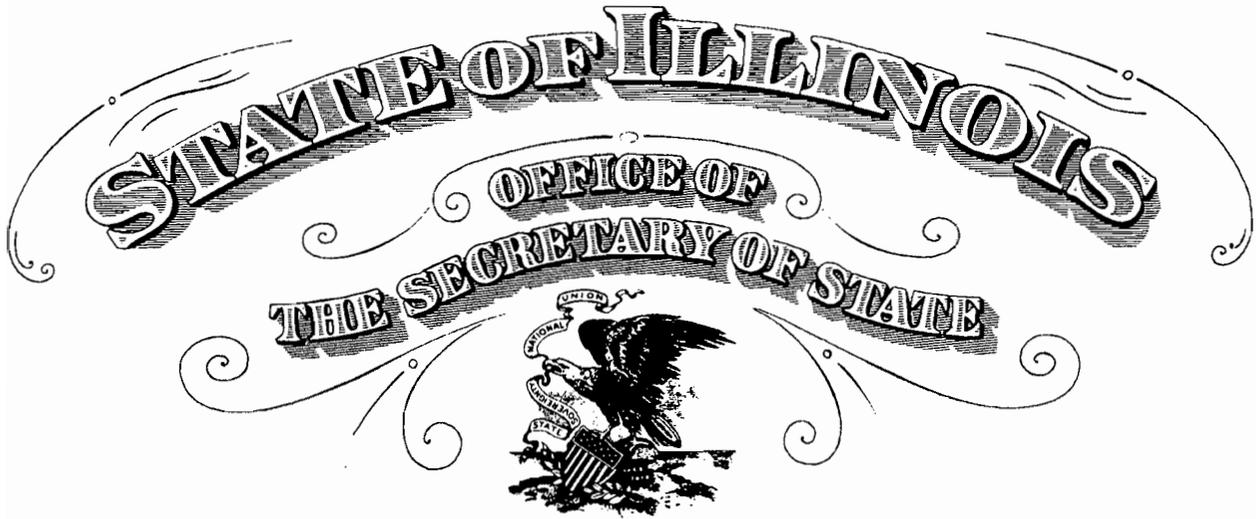
Authentication #: 1503001870

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of JANUARY A.D. 2015 .

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PRESENCE HOLY FAMILY MEDICAL CENTER, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 20, 1958, 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 29TH day of JANUARY A.D. 2015 .

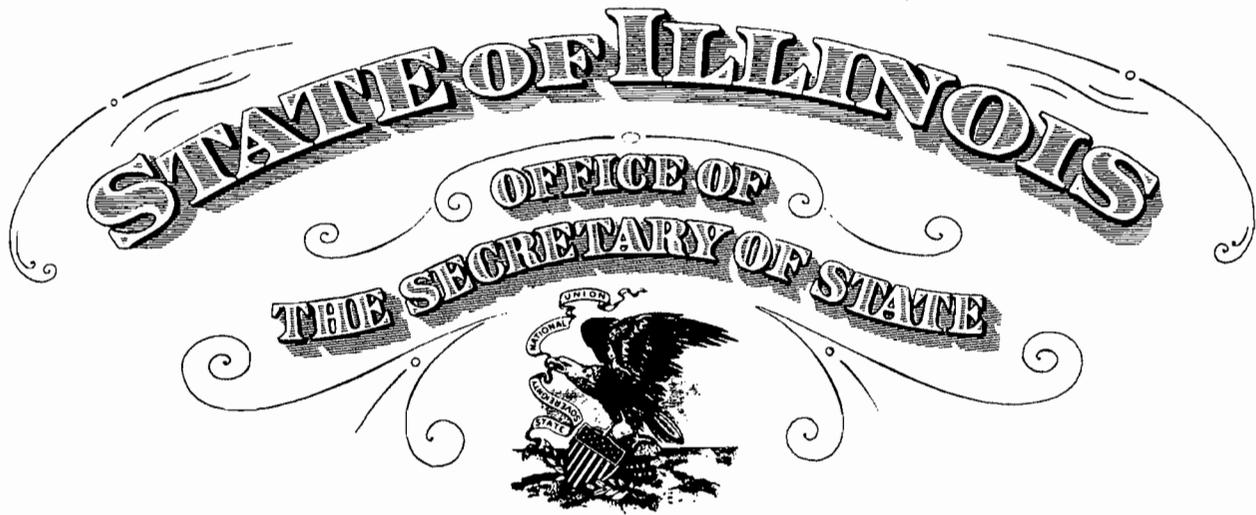


Authentication #: 1502902912

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PRESENCE HEALTH NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 05, 1939, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1502903008

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of JANUARY A.D. 2015 .

Jesse White

SECRETARY OF STATE

Site Ownership

The proposed ASTC will be located in leased space in a MOB adjacent to Presence Holy Family Medical Center. The Letter of Intent for the leased space is attached.



January 29, 2015

Presence Lakeshore Gastroenterology, LLC
150 River Road
Suite 110
Des Plaines, IL 60016

**RE: Endoscopy Suite
150 RIVER ROAD
DES PLAINES, ILLINOIS**

The following is the "Letter of Intent" outlining the terms upon which Presence Healthcare Services ("Landlord") is willing to enter into a lease (the "Lease") with Presence Lakeshore Gastroenterology, LLC. Once this Letter of Intent is signed, we will finalize on the design and begin construction. The Lease will be created upon approval of the drawings and delivered to you for execution.

PREMISES: Tenant shall lease approximately 3417 rentable square feet located at 150 River Road, Des Plaines, IL. The actual square footage may change based on the approved design and will be reflected in the Lease.

LEASE COMMENCEMENT DATE: The later of (i) Substantial Completion of Building Standard Leasehold Improvements or (ii) December 1, 2015.

TERM: Ten (10) Year

BASE RENT: \$28.00 per Rentable Square Foot, for the First Five Years of the Lease.

RENT ESCALATIONS: Base Rent shall escalate by 2% annually in years 6 – 10.

| Month of Term | Lease Year Payments | Monthly Payment |
|----------------------|----------------------------|------------------------|
| 12/1/15 – 11/30/16 | \$95,676.00 | \$7,973.00 |
| 12/1/16 – 11/30/17 | \$95,676.00 | \$7,973.00 |
| 12/1/17 – 11/30/18 | \$95,676.00 | \$7,973.00 |
| 12/1/18 – 11/30/19 | \$95,676.00 | \$7,973.00 |
| 12/1/19 – 11/30/20 | \$95,676.00 | \$7,973.00 |
| 12/1/20 – 11/30/21 | \$97,589.52 | \$8,132.46 |
| 12/1/21 – 11/30/22 | \$99,541.31 | \$8,295.11 |
| 12/1/22 – 11/30/23 | \$101,532.14 | \$8,461.01 |
| 12/1/23 – 11/30/24 | \$103,562.78 | \$8,630.23 |
| 12/1/24 – 11/30/25 | \$105,634.04 | \$8,802.84 |

BUILDING TAXES AND OPERATING EXPENSES:

Tenant shall pay its Proportionate Share of Taxes over a 2014 Base Year; Tenant shall pay for its own utilities, Hazardous Waste disposal and telephone/data, as more fully set forth in the Lease. Tenant shall not be charged CAM charges.

TENANT IMPROVEMENTS/ CONSTRUCTION COST

The Premises will be delivered per the approved drawings in accordance with the "Building Standards" as indicated in Exhibit B "Building Standard Leasehold Improvements" attached to the Lease and shall include the "turnkey" build out of the Initial Premises per drawings approved by Landlord and Tenant. Building Standards do not include providing the art work, decorations, furniture, equipment or the tele/data systems for the Premises. Tenant shall not have to remove or restore the initial improvements. The construction cost is \$1,050,000.00 and will be paid in full prior to occupancy.

ARCHITECTURAL:

Landlord shall provide all architectural and interior design services for the Building Standard Leasehold Improvements. Tenant will pay the architectural fees for any requested changes and Additional Improvements.

SIGNAGE:

Landlord shall provide Tenant with Building Standard signage.

PARKING:

Tenant shall have use of the parking in the lots surrounding the building in common with other tenants in the building.

SUBLEASE AND ASSIGNMENT:

Tenant shall not have the right to sublease or assign any portion of the Premises to any party without Landlord's prior consent.



BROKERAGE COMMISSION: N/A

SECURITY DEPOSIT: None

GUARANTOR: None

EXCLUSIVITY: From the date of signing of this Letter of Intent, and until execution of a mutually acceptable Lease not to exceed 45 days from the date hereof (the "Exclusivity Period"), Landlord shall not negotiate with another party, or accept an offer to lease the Premises.

The purpose of this Letter of Intent is to set forth the mutual intent of Tenant and Landlord to negotiate and attempt to enter into a Lease. The parties acknowledge and agree that they have not attempted in this Letter of Intent to set forth all essential terms of the subject matter of this transaction, and such remaining essential terms shall be the subject of further negotiations. Neither Tenant nor Landlord shall be legally bound to lease the Initial Premises unless and until the Lease containing terms, conditions, and provisions satisfactory to both Tenant and Landlord in the exercise of their sole and absolute discretion has been executed and delivered by both parties. Notwithstanding the foregoing, the parties specifically acknowledge and agree that the provisions of the above captioned Exclusivity paragraph shall be binding and enforceable against the parties.

Sincerely,

PRESENCE HEALTHCARE SERVICES

By: Robert M Hauptman
Name: Robert M Hauptman

ACCEPTED BY TENANT THIS 29 day of January, 2015:

By: Pamela J Bell
Presence Lakeshore Gastroenterology

**Operating Entity
Certificate of Good Standing**

Operating Entity/Licensee Information

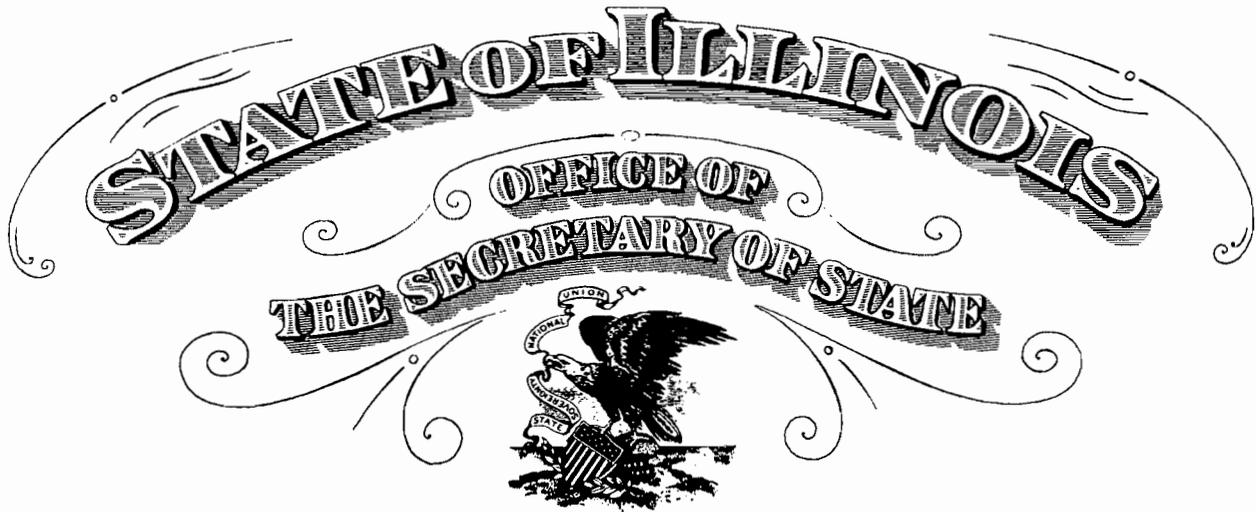
I. Certificate of Good Standing

Please find attached a Certificate of Good Standing issued by the Illinois Secretary of State for Presence Lakeshore Gastroenterology, LLC.

II. Ownership Disclosures

The following persons hold a 5 percent (5%) or greater ownership interest in the licensed entity Presence Lakeshore Gastroenterology, LLC that will own/operate the proposed LLC.

| Name | Entity/Individual | Ownership % |
|--|--------------------------|--------------------|
| Lakeshore Gastroenterology and Liver Disease Institute, S.C. | Corporate LLC | 49% |
| Presence Holy Family Medical Center | Corporate - NFP | 51% |



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

PRESENCE LAKESHORE GASTROENTEROLOGY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 29, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of JANUARY A.D. 2015 .

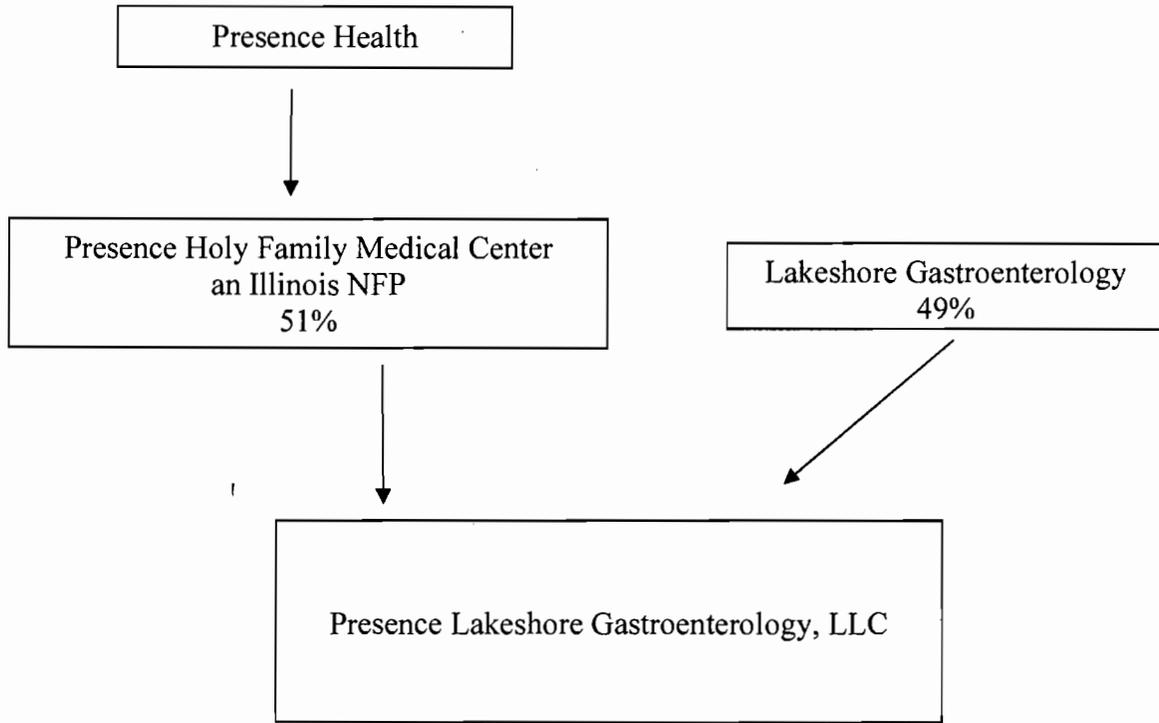
Jesse White

SECRETARY OF STATE

Authentication #: 1503001870

Authenticate at: <http://www.cyberdriveillinois.com>

Organizational Relationship



Flood Plain Requirements

Not Applicable – No Construction.

Historic Preservation Agency Letter

N/A – The modernization is in a building constructed in 1997 and will consist solely of knocking down and moving a wall within existing space, and aesthetic improvements such as painting, changing light fixtures, etc.

Itemization of Project Costs

FMV of Leased Space:

- Lease cost – 10-year term

Movable Equipment:

- Anesthesia Cart - \$6,000
- Stryker Stretchers - \$45,520
- Wheel Chairs - \$1,813
- Olympus Equipment - \$127,607
- Scopes and Related Equipment - \$719,443
- Proration - \$91,296
- Baarrk Cart and Generator - \$90,000
- Coagulator - \$36,321
- Miscellaneous - \$92,658

Modernization:

- -Moving Wall
- -New Furniture
- -Painting
- -New Light Fixtures

Cost Space Requirements

| Reviewable | | GSF | Amount of Proposed Total GSF that is: | | | |
|------------------------------------|-----------------------|--------------|--|--------------|--------------|----------------|
| <u>Dept.</u> | <u>Cost</u> | <u>Prop.</u> | <u>New Cust.</u> | <u>Mod.</u> | <u>As Is</u> | <u>Vacated</u> |
| Ambulatory Surgery | \$2,207,367.80 | 2,196 | 0 | 2,196 | 0 | 0 |
| Non Reviewable | | GSF | Amount of Proposed Cost That is: | | | |
| <u>Dept.</u> | <u>Cost</u> | <u>Prop.</u> | <u>New Cust.</u> | <u>Mod.</u> | <u>As Is</u> | <u>Vacated</u> |
| Registration/ Waiting/ Admin | \$946,271.93 | 1,221 | 0 | 1,221 | 0 | 0 |
| Total ASC | \$3,153,639.70 | 3,417 | 0 | 3,417 | 0 | 0 |

Cost Per GSF for the Reviewable (Clinical) Portion of the Project is \$1,005*.

The costs for this project include the FMV of leased space, the FMV of leased equipment and the purchase price of movable equipment.

*Includes all equipment cost.

Background

Pursuant to 77 Il. Adm. Code § 1110.230: Presence Health and Presence Holy Family Medical Center hereby certify:

I. Facilities Owned or Operated by Applicant

The Applicant ASC is a newly formed company and does not own, operate, or manage any other ambulatory surgical treatment centers or any other type of health care facilities or health care provider entities. Accordingly, this applicant has no history regarding adverse action taken against the Applicant's facility. The applicants Presence Health and Presence Holy Family Medical Center own and operate acute care hospitals. Presence Health owns the following health care facilities as defined by HFSRB:

See attached.

II. No Adverse Action Certification

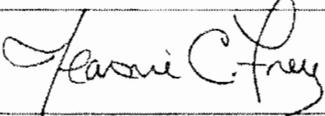
Pursuant to 77 Ill. Adm. Code 1110.230(b), the Applicants hereby certifies that no adverse actions has been taken against any health care facility owned or operated by the Applicants during the three (3) years prior to filing of this certificate of need application.

III. Authorization

Pursuant to 77 Ill. Adm. Code 1110.230(b), the Applicants hereby authorizes the Illinois Health Facilities and Services Review Board and the Illinois Department of Public Health ("IDPH") to access any documents necessary to verify the information submitted, including, but not limited to: (i) official records of IDPH or other State of Illinois agencies; (ii) the licensing or certification of records of other states, where applicable; and (iii) the records of nationally recognized accreditation organizations.

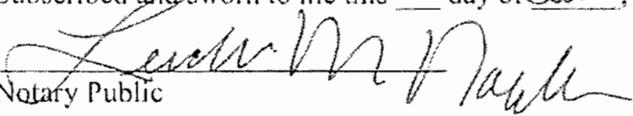
IV. Prior Applications

The Applicants have not submitted a prior application for permit this calendar year.

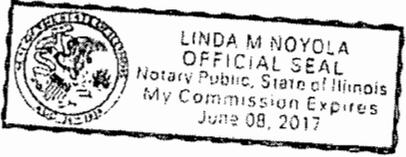
| | | |
|------------------|---|---|
| By: Jeannie Frey |  | Chief Legal Officer and General Counsel, Presence Health |
|------------------|---|---|

NOTARY:

Subscribed and sworn to me this 30 day of June, 20145


Notary Public

Seal:



**PRESENCE HEALTH NETWORK
CORPORATE NAMES**

| | |
|--------------------------|---|
| <input type="checkbox"/> | Denotes not-for-profit corporation or other legal business entity |
| <input type="checkbox"/> | Denotes assumed name (d/b/a) on file with the Secretary of State |

| CORPORATE NAME | EIN | IDPH | TJC ID | Medicare/ State ID |
|--|------------|-------------|---------------|-------------------------------|
| Presence Health Network | 361649520 | | 7364 | |
| Presence Health | | | | |
| Presence PRV Health | 363366652 | | | |
| Presence RHC Corporation | 362235165 | | | |
| Presence Hospitals PRV | 364195126 | | | |
| Presence Covenant Medical Center | | HF107140 | 4968 | 140113 |
| Presence Mercy Medical Center | | HF107143 | 7240 | 140174 |
| Presence Saint Joseph Hospital - Elgin | | HF107142 | 7338 | 140217 |
| Presence Saint Joseph Medical Center | | HF107138 | 7364 | 140007 |
| Presence St. Mary's Hospital | | HF107141 | 7367 | 140155 |
| Presence United Samaritans Medical Center | | HF107139 | 4928 | 140093 |
| Presence Holy Family Medical Center | 362439318 | HF106056 | 7326 | 142011 |
| Presence Resurrection Medical Center | 363330926 | HF107107 | 3836 | 140117 |
| Presence Saint Francis Hospital | 362167800 | HF107116 | 4176 | 140080 |
| Presence Saint Joseph Hospital - Chicago | 363200170 | HF106197 | 7307 | 140224 |
| Presence Saints Mary and Elizabeth Medical Center | 362171079 | | 7308 | 140180 |
| Presence Saint Elizabeth Hospital | | HF104587 | | |
| Presence Saint Mary of Nazareth Hospital | | HF104561 | | |
| Presence Life Connections | 371127787 | | | |
| Presence Cor Mariae Center | | 2172231 | 544370 | 145972-IL |
| Presence Fox Knoll | | 2178213 | | |
| Presence Heritage Village | | | 544371 | 146056-IL |
| Presence McAuley Manor | | 2138209 | 520137 | 145944-IL |
| Presence Our Lady of Victory Nursing Home | | 2195029 | 544411 | 145536-IL |
| Presence Pine View Care Center | | 2193110 | 544392 | 145433-IL |
| Presence Saint Anne Center | | 2189103 | 544388 | 145563-IL |
| Presence Saint Joseph Center | | 2165552 | 544389 | 145935-IL |
| Presence Villa Franciscan | | 2193109 | 544412 | 145029-IL |
| Presence RHC Senior Services | 237061646 | | | |
| Presence Maryhaven Nursing and | | | 497146 | 145741 |

| CORPORATE NAME | EIN | IDPH | TJC ID | Medicare/ State ID |
|---|------------|-------------|---------------|-------------------------------|
| Rehabilitation Center | | | | |
| Presence Resurrection Life Center | | 2119498 | 544391 | 145960 |
| Presence Resurrection Nursing and Rehabilitation Center | | 2132168 | 497145 | 145324 |
| Presence Saint Benedict Nursing and Rehabilitation Center | | | 544379 | 145731 |
| Presence Villa Scalabrini Nursing and Rehabilitation Center | | 2169124 | 544372 | 145956 |
| Presence Nazarethville | 362801392 | 21959281 | | 14E620 |
| Arthur Merkle-Clara Knipprath Nursing Home | 362841358 | | | 146085 |
| Presence Ambulatory Services | 364286236 | | | |
| Vermillion County Surgery Center, LLC | | | 546838 | |

Purpose (1110.230)

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.

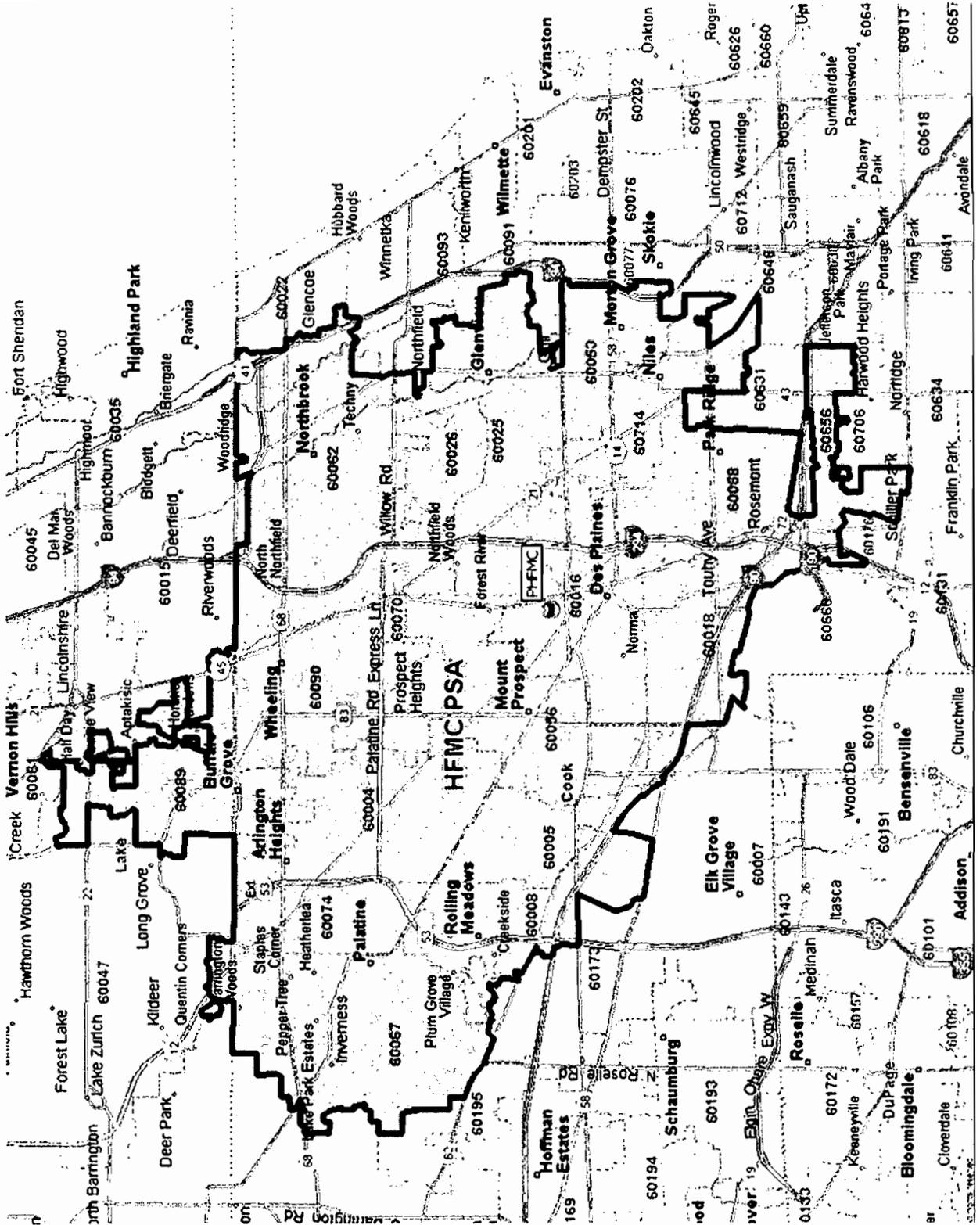
The project will provide better access to endoscopy procedures in the community. The endoscopy center will be patient centered with navigators to ease the patient through steps of education, diagnosis and treatment of disease. An Advanced Practice Nurse will provide an opportunity to have an office visit and procedure in the same visit. The project will result in strong physician alignment between PHFMC and the physicians on staff to focus on a common Mission and aligned vision. The proposed endoscopy center will focus on a workflow with the patient and employee in mind. Access to care and transportation are primary issues in the community served by PHFMC. The location of the proposed endoscopy center will provide easy access. It is on the PACE bus line, one mile from Metra and Presence PHFMC offers a low cost Care A Van service to the location. One in five people in the community live below 200% of the federal poverty level, and 13% of those who responded to the PHFMC community health needs assessment reported they did not follow up with specialists because of cost. A free standing endoscopy center will provide a more affordable option to those PHFMC serves. Colon cancer is the third most common cancer and the second leading cause of cancer-related deaths in the United States. Cancer is a leading age-adjusted cause of mortality in the PHFMC service area. GI screenings, through endoscopy, are a valuable tool to identify and treat colon cancer in the early stages, saving lives. The bulk of patients served will reside within a 10 mile radius of the PHFMC catchment area (see attached map).

Purpose

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

In determining the market area the Applicants reviewed the patient demographics by zip code of the physicians practice and those patients who were referred for surgery by it. The zip codes of the proposed market area are attached, along with population by zip code for the general PHFMC market area. The total population of the area is approximately 2,916,057 (2012 US Census Estimates). However, the proposed ASC will only draw from portions of these zip codes, and the primary service area is reflected on the attached map (30 minutes).

Presence Holy Family Medical Center
 Outpatient Primary Service Area (75% of all Outpatient cases)



Male Population Growth for Age Groups
 Area: HFMC GI JV CON
 2014 ZIP Code Report
 Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | |
|----------|-------------------|-----------------------|--------|--------------------|---------|--------------------|---------|--------------------|-------|
| | | Male Population Count | % | Age 0-14 Count | % | Age 15-17 Count | % | Age 18-24 Count | % |
| 60004 | Arlington Heights | 237 | 1.0% | -221 | -4.9% | -19 | -1.8% | 238 | 11.1% |
| 60005 | Arlington Heights | 153 | 1.0% | -8 | -0.3% | 67 | 13.0% | 76 | 6.9% |
| 60007 | Elk Grove Village | 49 | 0.3% | -80 | -3.0% | -107 | -15.5% | -48 | -3.2% |
| 60008 | Rolling Meadows | 293 | 2.5% | 82 | 3.6% | -6 | -1.3% | -48 | -4.6% |
| 60010 | Barrington | 111 | 0.5% | -619 | -14.7% | -29 | -2.5% | 448 | 21.0% |
| 60015 | Deerfield | -137 | -1.1% | -321 | -11.8% | 0 | 0.0% | 268 | 19.9% |
| 60016 | Des Plaines | 817 | 2.7% | 257 | 4.9% | 21 | 2.1% | -68 | -2.9% |
| 60018 | Des Plaines | 474 | 3.1% | 8 | 0.3% | 2 | 0.3% | 36 | 2.5% |
| 60022 | Glencoe | 5 | 0.1% | -155 | -16.4% | 13 | 4.8% | 126 | 28.6% |
| 60025 | Glenview | 353 | 1.8% | -210 | -5.5% | 33 | 3.7% | 280 | 16.2% |
| 60026 | Glenview | 459 | 6.8% | -41 | -3.0% | 57 | 19.4% | 148 | 26.3% |
| 60029 | Golf | 6 | 3.8% | -5 | -13.5% | 3 | 42.9% | 7 | 53.8% |
| 60035 | Highland Park | -403 | -2.8% | -392 | -13.5% | -22 | -3.0% | 316 | 24.8% |
| 60037 | Fort Sheridan | -1 | -33.3% | -1 | -100.0% | -1 | -100.0% | 1 | 0.0% |
| 60040 | Highwood | 38 | 1.4% | -2 | -0.3% | 13 | 12.1% | 22 | 9.9% |
| 60043 | Kenilworth | 14 | 1.2% | -35 | -11.3% | 5 | 6.8% | 28 | 20.6% |
| 60045 | Lake Forest | -273 | -2.8% | -357 | -20.2% | -39 | -7.2% | 181 | 14.1% |
| 60047 | Lake Zurich | 34 | 0.2% | -529 | -13.0% | -73 | -6.4% | 325 | 15.6% |
| 60048 | Libertyville | -108 | -0.7% | -441 | -15.2% | -42 | -5.3% | 274 | 19.1% |
| 60053 | Morton Grove | 169 | 1.5% | 25 | 1.3% | 22 | 5.8% | -18 | -2.1% |
| 60056 | Mount Prospect | 293 | 1.1% | -17 | -0.3% | -14 | -1.3% | 101 | 4.3% |
| 60061 | Vernon Hills | 4 | 0.0% | -191 | -7.0% | -28 | -4.6% | 154 | 13.4% |
| 60062 | Northbrook | 145 | 0.8% | -327 | -9.7% | -27 | -3.0% | 268 | 15.7% |
| 60067 | Palatine | 435 | 2.2% | -114 | -3.3% | -23 | -2.8% | 199 | 12.3% |
| 60068 | Park Ridge | 167 | 0.9% | -278 | -7.9% | 5 | 0.6% | 169 | 9.5% |

Male Population Growth for Age Groups
 Area: HFMC GI JV CON
 2014 ZIP Code Report
 Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | |
|----------|------------------|--------------------|-------|--------------------|--------|--------------------|--------|--------------------|-------|
| | | Male Population | % | Age 0-14 | % | Age 15-17 | % | Age 18-24 | % |
| 60069 | Lincolnshire | 38 | 0.9% | -129 | -17.8% | -11 | -5.0% | 87 | 21.7% |
| 60070 | Prospect Heights | 41 | 0.5% | 16 | 1.1% | 14 | 5.4% | 12 | 2.2% |
| 60074 | Palatine | 617 | 3.1% | 107 | 2.5% | 33 | 4.1% | 59 | 3.4% |
| 60076 | Skokie | 163 | 1.0% | -71 | -2.4% | -39 | -5.4% | 32 | 2.1% |
| 60077 | Skokie | 531 | 4.1% | 63 | 2.8% | -36 | -6.9% | 24 | 2.1% |
| 60089 | Buffalo Grove | -178 | -0.9% | -376 | -10.9% | -92 | -9.9% | 141 | 7.8% |
| 60090 | Wheeling | 603 | 3.1% | 195 | 5.1% | 47 | 7.0% | -44 | -2.9% |
| 60091 | Wilmette | 173 | 1.3% | -275 | -9.5% | -11 | -1.5% | 291 | 21.4% |
| 60093 | Winnetka | 89 | 0.9% | -198 | -9.0% | 10 | 1.8% | 200 | 20.6% |
| 60101 | Addison | 353 | 1.8% | -27 | -0.6% | 5 | 0.6% | 6 | 0.3% |
| 60104 | Bellwood | 31 | 0.3% | -90 | -4.7% | -53 | -11.2% | -26 | -2.6% |
| 60106 | Bensenville | 104 | 1.0% | -29 | -1.4% | -9 | -2.1% | -14 | -1.4% |
| 60107 | Streamwood | 450 | 2.3% | 97 | 2.1% | 53 | 6.4% | 36 | 2.1% |
| 60108 | Bloomingtondale | 183 | 1.6% | -13 | -0.7% | -22 | -5.3% | 12 | 1.3% |
| 60126 | Elmhurst | 320 | 1.4% | -372 | -7.6% | 22 | 2.0% | 365 | 14.8% |
| 60130 | Forest Park | -43 | -0.6% | 42 | 3.8% | 11 | 6.1% | -6 | -1.6% |
| 60131 | Franklin Park | 12 | 0.1% | -34 | -1.8% | -29 | -7.3% | -35 | -4.0% |
| 60137 | Glen Ellyn | 305 | 1.6% | -225 | -5.7% | -2 | -0.2% | 194 | 10.6% |
| 60139 | Glendale Heights | 454 | 2.5% | -49 | -1.3% | 25 | 3.3% | -51 | -2.8% |
| 60141 | Hines | 5 | 3.6% | 0 | 0.0% | 0 | 0.0% | 5 | 62.5% |
| 60143 | Itasca | 119 | 2.4% | -40 | -4.3% | -3 | -1.4% | 63 | 15.0% |
| 60148 | Lombard | 562 | 2.2% | 50 | 1.1% | -49 | -4.9% | -24 | -1.1% |
| 60153 | Maywood | -107 | -0.9% | -106 | -3.9% | -30 | -5.2% | -35 | -2.8% |
| 60154 | Westchester | 126 | 1.6% | 20 | 1.4% | 38 | 14.5% | 74 | 13.9% |
| 60155 | Broadview | 30 | 0.8% | -40 | -6.0% | -12 | -7.0% | 23 | 6.5% |

Male Population Growth for Age Groups

Area: HFMC GI JV CON
2014 ZIP Code Report

Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | | |
|----------|-----------------|--------------------|----------|--------------------|-----------|--------------------|-------|--------------------|--------|------|--------|
| | | Male Population | Age 0-14 | Age 15-17 | Age 18-24 | Count | % | Count | % | | |
| 60157 | Medinah | 4 | -13 | -9 | 3 | 4 | 0.3% | -7.0% | -18.0% | 3 | 2.9% |
| 60160 | Melrose Park | 341 | 3 | 56 | 3 | 80 | 2.6% | 0.1% | 9.6% | 80 | 6.5% |
| 60162 | Hillside | 79 | 2 | -16 | 2 | 12 | 1.9% | 0.3% | -8.9% | 12 | 3.2% |
| 60163 | Berkeley | 39 | -29 | -14 | -29 | 18 | 1.5% | -6.2% | -11.0% | 18 | 6.9% |
| 60164 | Melrose Park | 155 | -29 | -76 | -29 | -12 | 1.4% | -1.3% | -13.2% | -12 | -1.0% |
| 60165 | Stone Park | -4 | -31 | 5 | -31 | 8 | -0.1% | -4.1% | 3.7% | 8 | 2.9% |
| 60169 | Hoffman Estates | 261 | -20 | 0 | -20 | -59 | 1.6% | -0.6% | 0.0% | -59 | -3.9% |
| 60171 | River Grove | 72 | 36 | -19 | 36 | -52 | 1.4% | 4.1% | -9.8% | -52 | -11.3% |
| 60172 | Roselle | 187 | -105 | -55 | -105 | 58 | 1.5% | -4.9% | -10.1% | 58 | 5.2% |
| 60173 | Schaumburg | 290 | 126 | -4 | 126 | -64 | 4.4% | 11.4% | -2.1% | -64 | -13.0% |
| 60176 | Schiller Park | 108 | 91 | 8 | 91 | -78 | 1.8% | 8.1% | 4.2% | -78 | -15.9% |
| 60181 | Villa Park | 120 | -32 | -35 | -32 | -25 | 0.8% | -1.2% | -6.0% | -25 | -2.0% |
| 60191 | Wood Dale | 131 | -32 | -8 | -32 | 17 | 1.8% | -2.4% | -2.6% | 17 | 2.5% |
| 60192 | Hoffman Estates | 206 | -106 | 0 | -106 | 110 | 2.6% | -6.4% | 0.0% | 110 | 14.6% |
| 60193 | Schaumburg | 378 | -59 | -50 | -59 | 72 | 1.9% | -1.7% | -6.0% | 72 | 4.1% |
| 60194 | Schaumburg | 117 | -6 | -6 | -6 | 3 | 1.2% | -0.3% | -1.6% | 3 | 0.4% |
| 60195 | Schaumburg | 78 | 50 | 15 | 50 | -40 | 2.9% | 10.1% | 23.4% | -40 | -21.4% |
| 60201 | Evanston | 541 | 94 | 69 | 94 | -186 | 2.8% | 2.8% | 11.0% | -186 | -5.5% |
| 60202 | Evanston | 156 | 23 | 47 | 23 | 72 | 1.0% | 0.7% | 9.0% | 72 | 6.6% |
| 60203 | Evanston | 24 | -20 | 14 | -20 | 44 | 1.1% | -3.9% | 13.5% | 44 | 22.9% |
| 60208 | Evanston | -6 | 14 | 2 | 14 | -25 | -0.4% | 38.9% | 8.0% | -25 | -1.8% |
| 60301 | Oak Park | 28 | 18 | 1 | 18 | 1 | 2.9% | 12.5% | 5.0% | 1 | 2.1% |
| 60302 | Oak Park | 41 | -137 | 33 | -137 | 111 | 0.3% | -4.4% | 5.4% | 111 | 9.0% |
| 60304 | Oak Park | 84 | -37 | 3 | -37 | 115 | 1.0% | -1.9% | 0.8% | 115 | 16.5% |
| 60305 | River Forest | -28 | -107 | -2 | -107 | 65 | -0.5% | -10.2% | -0.7% | 65 | 7.9% |

Male Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | |
|----------|-----------------|--------------------|-------|--------------------|--------|--------------------|--------|--------------------|--------|
| | | Male Population | % | Age 0-14 | % | Age 15-17 | % | Age 18-24 | % |
| 60515 | Downers Grove | 141 | 1.1% | -161 | -6.1% | 20 | 3.5% | 188 | 16.3% |
| 60521 | Hinsdale | 79 | 0.9% | -267 | -12.3% | -7 | -1.3% | 178 | 18.2% |
| 60523 | Oak Brook | 13 | 0.3% | -50 | -9.4% | -18 | -11.6% | 9 | 2.6% |
| 60558 | Western Springs | 97 | 1.6% | -130 | -8.4% | 9 | 2.4% | 151 | 23.5% |
| 60618 | Chicago | 257 | 0.6% | 406 | 4.2% | 152 | 10.4% | -235 | -6.8% |
| 60622 | Chicago | 323 | 1.2% | 498 | 11.7% | 52 | 9.6% | -285 | -19.0% |
| 60625 | Chicago | -42 | -0.1% | 177 | 2.2% | 137 | 11.0% | -357 | -10.0% |
| 60626 | Chicago | 223 | 0.9% | 238 | 5.4% | 60 | 8.4% | -481 | -18.3% |
| 60630 | Chicago | 250 | 0.9% | 103 | 2.0% | -25 | -2.5% | -6 | -0.3% |
| 60631 | Chicago | 153 | 1.1% | -104 | -4.1% | 67 | 13.1% | 206 | 21.1% |
| 60634 | Chicago | 664 | 1.8% | 149 | 2.1% | 32 | 2.3% | -132 | -4.2% |
| 60639 | Chicago | 209 | 0.5% | -112 | -1.0% | -128 | -5.7% | -253 | -5.1% |
| 60640 | Chicago | 359 | 1.0% | 369 | 8.4% | 70 | 11.4% | -320 | -18.8% |
| 60641 | Chicago | -56 | -0.2% | 137 | 1.8% | 16 | 1.2% | -200 | -6.5% |
| 60645 | Chicago | 573 | 2.6% | 146 | 2.7% | 121 | 13.7% | 171 | 9.3% |
| 60646 | Chicago | 81 | 0.6% | -70 | -2.7% | 61 | 12.0% | 193 | 20.0% |
| 60647 | Chicago | 358 | 0.8% | 308 | 3.5% | 58 | 4.0% | -524 | -14.4% |
| 60656 | Chicago | 612 | 4.3% | 185 | 7.1% | 82 | 19.5% | 86 | 9.5% |
| 60659 | Chicago | 2 | 0.0% | 72 | 1.8% | 9 | 1.2% | -148 | -8.6% |
| 60660 | Chicago | 400 | 1.8% | 188 | 6.9% | 71 | 15.7% | -293 | -14.5% |
| 60666 | Chicago | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| 60706 | Harwood Heights | 170 | 1.6% | -7 | -0.5% | -48 | -12.3% | -88 | -9.3% |
| 60707 | Elmwood Park | 176 | 0.8% | -32 | -0.8% | -9 | -1.1% | -59 | -3.1% |
| 60712 | Lincolnwood | 106 | 1.7% | -66 | -6.1% | -21 | -7.2% | 41 | 6.8% |
| 60714 | Niles | 303 | 2.1% | 30 | 1.4% | -25 | -5.1% | 3 | 0.3% |

Male Population Growth for Age Groups

Area: HFMC GI JV CON

2014 ZIP Code Report

Selected Age Group Set: Market Expert Demographic Snapshot Age Groups

Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 Male Population Count | % | Change 2014 - 2019 Age 0-14 Count | % | Change 2014 - 2019 Age 15-17 Count | % | Change 2014 - 2019 Age 18-24 Count | % |
|----------|---------------|---|------|--|-------|---|------|---|------|
| Total | | 17,168 | 1.2% | -3,755 | -1.3% | 366 | 0.6% | 2,965 | 2.3% |

Demographics Expert 2.7

DEM00046

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| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|---------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| 8 | 0.3% | -589 | -8.6% | 226 | 6.3% | 594 | 16.4% |
| -195 | -10.5% | -143 | -3.4% | 88 | 4.6% | 268 | 12.2% |
| -15 | -0.7% | -301 | -6.6% | 177 | 7.3% | 423 | 18.8% |
| -150 | -8.8% | -4 | -0.1% | 219 | 15.5% | 200 | 15.6% |
| 751 | 56.3% | -1,397 | -25.0% | 259 | 6.9% | 698 | 18.9% |
| 298 | 34.9% | -722 | -21.9% | -5 | -0.3% | 345 | 19.6% |
| -655 | -14.5% | 423 | 5.0% | 86 | 2.1% | 753 | 18.2% |
| -145 | -6.9% | 98 | 2.3% | 125 | 6.5% | 350 | 19.1% |
| 186 | 13.3.8% | -320 | -31.6% | 52 | 7.7% | 103 | 15.7% |
| 242 | 14.8% | -555 | -11.1% | 63 | 2.2% | 500 | 15.6% |
| 84 | 15.0% | -89 | -5.2% | 106 | 10.5% | 194 | 15.8% |
| 3 | 33.3% | -8 | -19.5% | 0 | 0.0% | 6 | 25.0% |
| 347 | 38.5% | -792 | -22.0% | -89 | -4.1% | 229 | 8.4% |
| 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| -71 | -16.6% | 38 | 5.0% | 8 | 3.4% | 30 | 12.9% |
| 60 | 130.4% | -96 | -33.6% | 23 | 13.0% | 29 | 16.2% |
| 381 | 74.3% | -659 | -32.2% | 13 | 0.8% | 207 | 11.5% |
| 609 | 39.1% | -1,335 | -22.7% | 310 | 9.4% | 727 | 32.2% |
| 405 | 39.3% | -886 | -22.4% | 138 | 6.0% | 444 | 22.2% |
| -70 | -5.4% | -43 | -1.5% | -5 | -0.3% | 258 | 12.1% |
| -259 | -7.1% | -238 | -3.1% | 201 | 5.9% | 519 | 13.6% |
| 59 | 4.5% | -528 | -13.2% | 136 | 7.7% | 402 | 33.9% |
| 407 | 30.6% | -716 | -15.6% | 67 | 2.2% | 473 | 11.4% |
| -146 | -6.0% | -290 | -5.1% | 230 | 8.1% | 579 | 23.0% |
| 367 | 23.5% | -699 | -15.0% | 173 | 6.3% | 430 | 14.1% |

| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|--------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| 159 | 75.0% | -253 | -23.8% | 58 | 9.1% | 127 | 13.2% |
| -220 | -16.9% | 0 | 0.0% | 48 | 5.2% | 171 | 17.4% |
| -442 | -12.7% | 221 | 3.8% | 243 | 11.4% | 396 | 22.3% |
| 75 | 4.1% | -160 | -4.0% | -88 | -3.5% | 414 | 16.4% |
| -99 | -5.8% | 232 | 6.8% | 15 | 0.8% | 332 | 15.1% |
| 188 | 9.1% | -790 | -13.5% | 67 | 2.1% | 684 | 25.4% |
| -512 | -15.5% | 423 | 7.8% | 39 | 1.7% | 455 | 20.7% |
| 524 | 79.0% | -826 | -26.0% | 112 | 5.3% | 358 | 16.6% |
| 365 | 80.0% | -615 | -27.8% | 93 | 6.3% | 234 | 14.6% |
| -333 | -10.9% | 184 | 3.4% | 96 | 4.2% | 422 | 19.2% |
| 30 | 2.6% | -10 | -0.4% | -25 | -2.3% | 205 | 21.7% |
| -179 | -10.5% | 29 | 1.0% | 59 | 4.7% | 247 | 22.7% |
| -491 | -17.7% | 120 | 2.0% | 187 | 8.4% | 448 | 26.7% |
| -121 | -8.2% | -62 | -2.0% | 33 | 2.0% | 356 | 20.6% |
| 383 | 18.7% | -912 | -14.8% | 283 | 9.2% | 551 | 18.5% |
| -362 | -31.5% | 58 | 2.7% | 15 | 1.6% | 199 | 26.7% |
| -145 | -10.5% | 42 | 1.6% | 22 | 2.0% | 191 | 20.4% |
| 221 | 11.4% | -605 | -11.7% | 192 | 7.0% | 530 | 22.2% |
| -286 | -9.4% | 281 | 5.6% | 91 | 4.9% | 443 | 30.2% |
| 0 | 0.0% | -1 | -3.2% | 2 | 10.0% | -1 | -2.6% |
| 4 | 0.7% | -101 | -7.1% | 49 | 6.9% | 147 | 18.9% |
| -256 | -6.7% | -93 | -1.3% | 297 | 9.0% | 637 | 20.4% |
| -53 | -3.4% | -39 | -1.4% | 36 | 3.0% | 120 | 10.1% |
| -82 | -10.9% | -94 | -4.4% | 9 | 0.8% | 161 | 10.6% |
| -11 | -2.5% | -7 | -0.7% | -20 | -3.7% | 97 | 16.6% |

| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|--------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| -8 | -4.5% | -27 | -7.6% | 14 | 7.0% | 44 | 22.9% |
| -346 | -17.1% | 284 | 8.1% | 125 | 11.0% | 139 | 12.4% |
| -12 | -2.5% | -18 | -1.5% | 29 | 5.4% | 82 | 15.1% |
| 3 | 1.0% | -10 | -1.4% | 5 | 1.4% | 66 | 20.1% |
| -7 | -0.5% | -66 | -2.2% | 132 | 10.0% | 213 | 18.3% |
| -71 | -16.2% | 33 | 4.6% | 30 | 15.2% | 22 | 13.5% |
| -285 | -10.7% | 130 | 2.8% | 101 | 5.2% | 394 | 24.4% |
| -99 | -11.7% | 69 | 4.7% | 7 | 1.0% | 130 | 22.4% |
| -67 | -4.4% | -158 | -4.5% | 77 | 4.2% | 437 | 31.9% |
| -190 | -11.8% | 176 | 8.9% | 82 | 11.5% | 164 | 31.2% |
| -206 | -18.8% | 155 | 8.9% | 24 | 3.3% | 114 | 18.4% |
| -198 | -9.1% | -115 | -2.7% | 191 | 10.4% | 334 | 21.2% |
| -20 | -2.1% | -64 | -3.1% | 52 | 5.1% | 186 | 16.6% |
| 79 | 10.9% | -256 | -10.4% | 113 | 9.5% | 266 | 30.4% |
| -252 | -9.9% | -24 | -0.4% | 164 | 5.8% | 527 | 20.3% |
| -198 | -13.7% | 37 | 1.3% | -8 | -0.6% | 295 | 25.4% |
| -104 | -12.8% | 89 | 11.9% | 20 | 9.3% | 48 | 29.8% |
| 27 | 0.9% | 160 | 3.5% | 2 | 0.1% | 375 | 14.9% |
| -473 | -20.6% | 86 | 1.9% | 49 | 2.6% | 352 | 23.2% |
| 35 | 21.6% | -76 | -14.5% | -18 | -5.2% | 45 | 11.6% |
| -10 | -14.7% | 7 | 9.5% | 4 | 15.4% | 2 | 4.7% |
| -61 | -31.9% | 39 | 12.4% | 12 | 10.3% | 18 | 13.1% |
| -203 | -11.6% | -206 | -4.6% | -6 | -0.3% | 449 | 25.0% |
| -79 | -9.2% | -146 | -5.9% | -10 | -1.0% | 238 | 30.1% |
| 149 | 44.5% | -262 | -22.3% | 21 | 2.7% | 108 | 14.0% |

| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|--------|------------------------------------|--------|------------------------------------|--------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| 23 | 1.7% | -396 | -10.7% | 51 | 2.5% | 416 | 21.6% |
| 407 | 89.6% | -638 | -27.8% | 128 | 9.1% | 278 | 23.8% |
| 50 | 12.9% | -72 | -9.0% | -84 | -10.4% | 178 | 12.8% |
| 256 | 94.1% | -437 | -27.2% | 108 | 11.8% | 140 | 16.3% |
| -2,196 | -22.2% | 1,059 | 7.3% | 401 | 9.8% | 670 | 20.6% |
| -1,673 | -18.4% | 1,198 | 14.8% | 231 | 12.3% | 302 | 19.4% |
| -1,653 | -20.2% | 724 | 6.1% | 335 | 9.2% | 595 | 19.8% |
| -880 | -17.0% | 413 | 5.0% | 368 | 14.1% | 505 | 24.3% |
| -593 | -16.1% | 27 | 0.3% | 166 | 4.8% | 578 | 18.8% |
| -190 | -12.3% | -231 | -5.7% | 81 | 4.1% | 324 | 15.2% |
| -847 | -15.6% | 435 | 4.0% | 103 | 2.1% | 924 | 20.5% |
| -858 | -12.1% | 586 | 4.8% | 298 | 7.4% | 676 | 23.2% |
| -1,700 | -21.6% | 596 | 4.7% | 636 | 16.4% | 708 | 21.3% |
| -1,121 | -19.3% | 282 | 2.7% | 69 | 1.7% | 761 | 25.0% |
| -570 | -18.2% | 231 | 3.7% | 43 | 1.7% | 431 | 17.8% |
| -42 | -3.5% | -408 | -11.1% | 104 | 5.7% | 243 | 11.5% |
| -1,874 | -16.1% | 1,375 | 10.5% | 410 | 12.2% | 605 | 24.0% |
| -339 | -15.7% | 156 | 3.6% | 129 | 7.0% | 313 | 15.6% |
| -435 | -14.9% | 159 | 3.0% | -6 | -0.3% | 351 | 16.0% |
| -914 | -20.0% | 297 | 3.9% | 478 | 18.1% | 573 | 25.7% |
| 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| -50 | -3.5% | 29 | 1.0% | 77 | 4.9% | 257 | 12.9% |
| -343 | -11.7% | 49 | 0.8% | 127 | 4.8% | 443 | 18.4% |
| 108 | 16.6% | -85 | -6.3% | -3 | -0.3% | 132 | 10.2% |
| -95 | -5.4% | 40 | 1.1% | 17 | 0.8% | 333 | 10.4% |

| Change 2014 - 2019 Age 25-34 Count | % | Change 2014 - 2019 Age 35-54 Count | % | Change 2014 - 2019 Age 55-64 Count | % | Change 2014 - 2019 Age 65+ Count | % |
|---|-------|---|-------|---|------|---|-------|
| -17,267 | -8.4% | -7,603 | -1.9% | 9,993 | 5.5% | 32,469 | 18.8% |

Female Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | |
|----------|-------------------|--------------------|--------|--------------------|--------|--------------------|--------|--------------------|-------|
| | | Female Population | % | Age 0-14 | % | Age 15-17 | % | Age 18-24 | % |
| 60004 | Arlington Heights | 178 | 0.7% | -242 | -5.5% | 34 | 3.4% | 181 | 9.0% |
| 60005 | Arlington Heights | 68 | 0.4% | 9 | 0.3% | 45 | 9.0% | 91 | 9.0% |
| 60007 | Elk Grove Village | 3 | 0.0% | -57 | -2.3% | -63 | -10.2% | -47 | -3.5% |
| 60008 | Rolling Meadows | 270 | 2.3% | 54 | 2.4% | 22 | 5.2% | 54 | 6.2% |
| 60010 | Barrington | 188 | 0.8% | -571 | -14.6% | -24 | -2.1% | 457 | 23.4% |
| 60015 | Deerfield | -140 | -1.1% | -315 | -12.1% | 18 | 2.9% | 237 | 18.8% |
| 60016 | Des Plaines | 724 | 2.3% | 280 | 5.6% | 43 | 4.6% | -91 | -4.2% |
| 60018 | Des Plaines | 437 | 2.9% | 25 | 0.9% | 30 | 5.1% | 20 | 1.6% |
| 60022 | Glencoe | 25 | 0.6% | -148 | -16.2% | 20 | 8.9% | 106 | 27.2% |
| 60025 | Glenview | 291 | 1.4% | -226 | -6.0% | 49 | 5.7% | 295 | 18.3% |
| 60026 | Glenview | 465 | 6.3% | -38 | -2.9% | 61 | 22.0% | 173 | 35.2% |
| 60029 | Golf | -1 | -0.6% | 0 | 0.0% | 1 | 12.5% | 3 | 23.1% |
| 60035 | Highland Park | -424 | -2.8% | -373 | -13.4% | 27 | 4.1% | 279 | 24.2% |
| 60037 | Fort Sheridan | 1 | 100.0% | 1 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| 60040 | Highwood | 43 | 1.8% | 9 | 1.5% | 13 | 12.9% | 37 | 19.8% |
| 60043 | Kenilworth | 12 | 0.9% | -37 | -12.6% | 1 | 1.2% | 28 | 21.1% |
| 60045 | Lake Forest | -284 | -2.8% | -319 | -19.2% | -35 | -6.9% | 210 | 15.4% |
| 60047 | Lake Zurich | 167 | 0.8% | -490 | -12.5% | -56 | -5.2% | 294 | 15.0% |
| 60048 | Libertyville | -91 | -0.6% | -426 | -15.7% | -46 | -5.9% | 309 | 23.1% |
| 60053 | Morton Grove | 124 | 1.0% | 29 | 1.7% | -26 | -6.3% | 10 | 1.1% |
| 60056 | Mount Prospect | 260 | 0.9% | -40 | -0.8% | 42 | 4.1% | 167 | 8.1% |
| 60061 | Vernon Hills | 12 | 0.1% | -221 | -8.3% | 15 | 2.6% | 167 | 15.5% |
| 60062 | Northbrook | 100 | 0.5% | -286 | -8.8% | 15 | 1.9% | 264 | 17.7% |
| 60067 | Palatine | 454 | 2.3% | -76 | -2.3% | -3 | -0.4% | 107 | 7.0% |
| 60068 | Park Ridge | 66 | 0.3% | -241 | -7.3% | -12 | -1.4% | 196 | 12.1% |

Female Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | |
|----------|------------------|--------------------|----------|--------------------|-----------|--------------------|---|--------------------|---|
| | | Female Population | Age 0-14 | Age 15-17 | Age 18-24 | Count | % | Count | % |
| 60069 | Lincolnshire | 66 | -95 | -20 | 71 | 19.2% | | | |
| 60070 | Prospect Heights | 58 | 0 | 18 | 11 | 2.1% | | | |
| 60074 | Palatine | 609 | 38 | 68 | 84 | 5.3% | | | |
| 60076 | Skokie | 62 | -77 | -46 | 63 | 4.4% | | | |
| 60077 | Skokie | 451 | 35 | -11 | 17 | 1.6% | | | |
| 60089 | Buffalo Grove | -212 | -390 | -50 | 152 | 8.9% | | | |
| 60090 | Wheeling | 585 | 189 | 28 | 24 | 1.7% | | | |
| 60091 | Wilmette | 143 | -293 | 42 | 323 | 26.8% | | | |
| 60093 | Winnetka | 60 | -195 | 20 | 192 | 21.6% | | | |
| 60101 | Addison | 365 | -69 | 20 | 106 | 6.3% | | | |
| 60104 | Bellwood | -47 | -98 | -35 | -37 | -3.8% | | | |
| 60106 | Bensenville | 129 | -4 | -2 | 55 | 6.8% | | | |
| 60107 | Streamwood | 448 | 87 | 41 | 88 | 5.5% | | | |
| 60108 | Bloomingtondale | 184 | -46 | -4 | 26 | 3.0% | | | |
| 60126 | Elmhurst | 218 | -377 | 39 | 384 | 14.9% | | | |
| 60130 | Forest Park | -93 | 39 | 11 | -22 | -5.8% | | | |
| 60131 | Franklin Park | -26 | -14 | -21 | -34 | -4.3% | | | |
| 60137 | Glen Ellyn | 259 | -241 | 0 | 242 | 14.0% | | | |
| 60139 | Glendale Heights | 478 | -31 | 53 | 110 | 7.6% | | | |
| 60141 | Hines | -4 | -1 | 0 | 0 | 0.0% | | | |
| 60143 | Itasca | 112 | -40 | 24 | 66 | 18.3% | | | |
| 60148 | Lombard | 480 | 22 | -32 | 54 | 2.6% | | | |
| 60153 | Maywood | -223 | -89 | -71 | -51 | -4.1% | | | |
| 60154 | Westchester | 61 | 45 | 34 | 63 | 13.0% | | | |
| 60155 | Broadview | 16 | -31 | -22 | 24 | 7.3% | | | |

Female Population Growth for Age Groups
 Area: HFMC GI JV CON
 2014 ZIP Code Report
 Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | |
|----------|-----------------|--------------------|----------|--------------------|-----------|--------------------|--------|--------------------|--------|
| | | Female Population | Age 0-14 | Age 15-17 | Age 18-24 | Count | % | Count | % |
| 60157 | Medinah | 5 | 0.4% | -17 | -9.3% | 0 | 0.0% | 1 | 0.9% |
| 60160 | Melrose Park | 319 | 2.5% | 2 | 0.1% | 54 | 9.7% | 57 | 5.0% |
| 60162 | Hillside | 55 | 1.3% | 0 | 0.0% | -7 | -4.0% | -17 | -4.4% |
| 60163 | Berkeley | 35 | 1.3% | -29 | -6.2% | 12 | 12.0% | 5 | 2.3% |
| 60164 | Melrose Park | 120 | 1.1% | -18 | -0.8% | -48 | -9.3% | -56 | -5.0% |
| 60165 | Stone Park | 6 | 0.2% | -27 | -3.7% | 10 | 8.5% | 10 | 4.2% |
| 60169 | Hoffman Estates | 272 | 1.6% | 0 | 0.0% | 3 | 0.5% | -22 | -1.6% |
| 60171 | River Grove | 58 | 1.1% | 37 | 4.2% | 5 | 3.1% | -30 | -7.9% |
| 60172 | Roselle | 165 | 1.3% | -157 | -7.3% | -12 | -2.3% | 98 | 9.4% |
| 60173 | Schaumburg | 286 | 4.4% | 103 | 9.6% | -4 | -2.0% | -68 | -13.5% |
| 60176 | Schiller Park | 97 | 1.7% | 85 | 7.9% | -7 | -3.6% | -37 | -8.2% |
| 60181 | Villa Park | 77 | 0.5% | -25 | -0.9% | -17 | -3.1% | 3 | 0.3% |
| 60191 | Wood Dale | 134 | 1.8% | -17 | -1.3% | -2 | -0.7% | 48 | 8.4% |
| 60192 | Hoffman Estates | 233 | 2.8% | -102 | -6.3% | 14 | 3.8% | 96 | 13.7% |
| 60193 | Schaumburg | 294 | 1.4% | -30 | -0.9% | -13 | -1.7% | 82 | 5.4% |
| 60194 | Schaumburg | 116 | 1.1% | -8 | -0.4% | -5 | -1.4% | -17 | -2.2% |
| 60195 | Schaumburg | 71 | 2.7% | 54 | 12.1% | 12 | 20.7% | -68 | -33.8% |
| 60201 | Evanston | 472 | 2.2% | 11 | 0.3% | 92 | 14.2% | -150 | -4.3% |
| 60202 | Evanston | 47 | 0.3% | 3 | 0.1% | 61 | 12.2% | 49 | 4.7% |
| 60203 | Evanston | -6 | -0.2% | -20 | -4.1% | 4 | 3.8% | 31 | 15.8% |
| 60208 | Evanston | 21 | 1.2% | 9 | 26.5% | -9 | -16.7% | -9 | -0.6% |
| 60301 | Oak Park | 8 | 0.7% | 14 | 11.1% | -5 | -21.7% | -13 | -22.4% |
| 60302 | Oak Park | -65 | -0.4% | -134 | -4.6% | 24 | 4.1% | 112 | 9.6% |
| 60304 | Oak Park | 21 | 0.2% | -98 | -5.0% | 33 | 8.9% | 113 | 16.3% |
| 60305 | River Forest | -71 | -1.2% | -111 | -11.2% | -9 | -3.3% | 67 | 6.9% |

Female Population Growth for Age Groups
 Area: HFMC GI JV CON
 2014 ZIP Code Report
 elected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | |
|----------|-----------------|--------------------|----------|--------------------|-----------|--------------------|-------|
| | | Female Population | Age 0-14 | Age 15-17 | Age 18-24 | | |
| | | Count | Count | Count | Count | Count | Count |
| | | % | % | % | % | % | % |
| 60515 | Downers Grove | 100 | -176 | 52 | 167 | | |
| 60521 | Hinsdale | 84 | -247 | 0 | 192 | | |
| 60523 | Oak Brook | 3 | -49 | -6 | 25 | | |
| 60558 | Western Springs | 79 | -124 | 10 | 133 | | |
| 60618 | Chicago | 234 | 289 | 193 | -125 | | |
| 60622 | Chicago | 292 | 529 | 4 | -643 | | |
| 60625 | Chicago | -13 | 218 | 126 | -234 | | |
| 60626 | Chicago | 263 | 215 | 80 | -520 | | |
| 60630 | Chicago | 76 | 106 | 76 | -22 | | |
| 60631 | Chicago | 50 | -65 | 45 | 140 | | |
| 60634 | Chicago | 452 | 142 | -23 | -54 | | |
| 60639 | Chicago | 44 | -259 | -88 | -144 | | |
| 60640 | Chicago | 366 | 359 | 83 | -377 | | |
| 60641 | Chicago | -228 | 77 | 9 | -151 | | |
| 60645 | Chicago | 491 | 110 | 105 | 97 | | |
| 60646 | Chicago | 2 | -118 | 75 | 189 | | |
| 60647 | Chicago | 377 | 386 | -23 | -817 | | |
| 60656 | Chicago | 502 | 233 | 50 | 76 | | |
| 60659 | Chicago | 34 | -11 | 48 | 4 | | |
| 60660 | Chicago | 455 | 239 | 19 | -341 | | |
| 60666 | Chicago | 0 | 0 | 0 | 0 | | |
| 60706 | Harwood Heights | 120 | -29 | -29 | -72 | | |
| 60707 | Elmwood Park | -3 | 46 | -53 | -95 | | |
| 60712 | Lincolnwood | 85 | -30 | -33 | 16 | | |
| 60714 | Niles | 258 | 28 | -14 | 22 | | |

Female Population Growth for Age Groups

Area: HFMC GI JV CON

2014 ZIP Code Report

elected Age Group Set: Market Expert Demographic Snapshot Age Groups

Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 Female Population Count | % | Change 2014 - 2019 Age 0-14 Count | % | Change 2014 - 2019 Age 15-17 Count | % | Change 2014 - 2019 Age 18-24 Count | % |
|----------|---------------|---|------|--|-------|---|------|---|------|
| Total | | 14,020 | 0.9% | -3,941 | -1.5% | 1,147 | 2.1% | 3,309 | 2.7% |

Demographics Expert 2.7

DEMO0050

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| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|--------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| -13 | -0.5% | -698 | -9.7% | 329 | 8.4% | 587 | 11.4% |
| -211 | -11.7% | -239 | -5.6% | 97 | 4.7% | 276 | 8.5% |
| -81 | -3.8% | -415 | -8.5% | 250 | 9.4% | 416 | 13.2% |
| -225 | -14.7% | 17 | 0.5% | 148 | 9.9% | 200 | 11.1% |
| 620 | 48.0% | -1,501 | -23.8% | 357 | 8.9% | 850 | 20.7% |
| 263 | 29.9% | -850 | -23.0% | 148 | 7.2% | 359 | 16.6% |
| -720 | -16.5% | 310 | 3.7% | 28 | 0.6% | 874 | 14.2% |
| -112 | -5.9% | -12 | -0.3% | 153 | 7.9% | 333 | 12.7% |
| 160 | 98.8% | -321 | -27.2% | 56 | 8.0% | 152 | 22.0% |
| 209 | 13.4% | -749 | -13.5% | 187 | 5.9% | 526 | 12.0% |
| 36 | 6.2% | -137 | -7.1% | 131 | 11.6% | 239 | 14.3% |
| 1 | 9.1% | -12 | -25.0% | -1 | -3.6% | 7 | 25.9% |
| 284 | 33.2% | -908 | -22.8% | 1 | 0.0% | 266 | 8.0% |
| 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| -79 | -23.0% | 17 | 2.4% | 41 | 18.6% | 5 | 1.6% |
| 61 | 129.8% | -97 | -28.7% | 22 | 11.6% | 34 | 16.6% |
| 323 | 71.5% | -782 | -31.7% | 95 | 5.5% | 224 | 10.4% |
| 604 | 41.8% | -1,481 | -22.8% | 485 | 14.6% | 811 | 33.4% |
| 361 | 37.9% | -985 | -22.4% | 213 | 8.8% | 483 | 18.9% |
| -60 | -4.9% | -87 | -2.8% | -48 | -2.5% | 306 | 10.9% |
| -356 | -10.8% | -341 | -4.4% | 278 | 7.6% | 510 | 9.7% |
| -34 | -2.5% | -568 | -13.0% | 224 | 11.8% | 429 | 26.0% |
| 341 | 28.7% | -925 | -17.9% | 142 | 4.3% | 549 | 9.9% |
| -113 | -4.8% | -423 | -7.2% | 304 | 9.9% | 658 | 20.9% |
| 316 | 21.5% | -876 | -16.8% | 237 | 7.8% | 446 | 11.0% |

| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|--------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| 139 | 61.2% | -276 | -23.2% | 105 | 16.5% | 142 | 11.1% |
| -202 | -17.5% | 23 | 1.2% | 0 | 0.0% | 208 | 15.4% |
| -461 | -15.1% | 172 | 3.0% | 255 | 11.1% | 453 | 18.8% |
| 31 | 1.7% | -271 | -6.1% | -77 | -2.8% | 439 | 13.1% |
| -170 | -9.7% | 133 | 3.5% | 68 | 3.2% | 379 | 11.5% |
| 116 | 5.7% | -999 | -15.3% | 220 | 6.2% | 739 | 20.9% |
| -525 | -17.6% | 250 | 4.7% | 68 | 2.6% | 551 | 16.5% |
| 431 | 69.9% | -930 | -25.2% | 163 | 7.0% | 407 | 14.5% |
| 343 | 87.1% | -702 | -27.9% | 138 | 8.6% | 264 | 13.9% |
| -361 | -12.7% | 102 | 2.0% | 137 | 5.8% | 430 | 16.7% |
| 6 | 0.5% | -118 | -4.3% | -86 | -5.7% | 321 | 24.2% |
| -240 | -16.6% | 56 | 2.1% | 100 | 8.7% | 164 | 11.3% |
| -538 | -19.4% | 67 | 1.1% | 133 | 5.4% | 570 | 26.0% |
| -170 | -11.2% | -98 | -3.0% | 77 | 4.2% | 399 | 16.8% |
| 326 | 16.7% | -986 | -14.8% | 415 | 13.4% | 417 | 10.0% |
| -368 | -29.2% | 34 | 1.5% | 25 | 2.3% | 188 | 17.2% |
| -117 | -9.7% | -8 | -0.3% | 38 | 3.4% | 130 | 10.6% |
| 176 | 9.8% | -726 | -13.0% | 273 | 9.4% | 535 | 16.6% |
| -480 | -17.3% | 264 | 5.4% | 95 | 4.8% | 467 | 27.4% |
| 0 | 0.0% | -4 | -11.4% | -1 | -4.8% | 2 | 8.3% |
| -29 | -5.5% | -115 | -7.6% | 21 | 2.7% | 185 | 19.9% |
| -341 | -9.1% | -170 | -2.3% | 291 | 8.0% | 656 | 14.3% |
| -125 | -7.5% | 12 | 0.4% | -98 | -6.4% | 199 | 11.2% |
| -131 | -17.1% | -101 | -4.4% | -24 | -1.8% | 175 | 8.1% |
| -36 | -7.8% | -69 | -5.9% | 7 | 1.1% | 143 | 21.4% |

| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|--------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| -3 | -2.0% | -31 | -8.3% | 15 | 7.9% | 40 | 18.3% |
| -330 | -16.6% | 342 | 10.3% | 87 | 7.7% | 107 | 6.8% |
| 5 | 1.0% | -31 | -2.6% | 15 | 2.6% | 90 | 12.1% |
| -3 | -1.0% | -39 | -5.2% | 27 | 7.4% | 62 | 14.4% |
| 25 | 1.7% | -90 | -3.0% | 160 | 12.4% | 147 | 8.9% |
| -72 | -19.1% | 37 | 5.6% | 23 | 12.4% | 25 | 13.9% |
| -307 | -12.7% | -6 | -0.1% | 155 | 7.3% | 449 | 19.9% |
| -147 | -17.1% | 56 | 3.9% | -22 | -2.7% | 159 | 19.2% |
| -82 | -5.4% | -266 | -7.1% | 87 | 4.3% | 497 | 27.8% |
| -182 | -12.0% | 182 | 9.8% | 84 | 11.2% | 171 | 27.2% |
| -201 | -20.5% | 118 | 7.3% | 22 | 3.0% | 117 | 15.1% |
| -230 | -11.8% | -115 | -2.8% | 178 | 9.7% | 283 | 13.7% |
| -76 | -8.8% | -99 | -4.8% | 71 | 6.5% | 209 | 15.1% |
| 26 | 3.3% | -266 | -10.1% | 112 | 8.5% | 353 | 37.1% |
| -360 | -13.7% | -172 | -2.8% | 230 | 7.2% | 557 | 15.1% |
| -202 | -14.2% | -84 | -2.8% | 26 | 1.7% | 406 | 21.0% |
| -94 | -11.7% | 109 | 16.9% | 3 | 1.3% | 55 | 27.4% |
| 23 | 0.8% | 123 | 2.6% | -33 | -1.4% | 406 | 10.7% |
| -548 | -21.6% | -9 | -0.2% | -4 | -0.2% | 495 | 22.2% |
| 39 | 26.4% | -98 | -16.6% | -24 | -5.8% | 62 | 12.1% |
| 5 | 8.5% | 18 | 31.0% | 3 | 9.1% | 4 | 5.8% |
| -48 | -18.7% | 40 | 11.8% | 2 | 1.4% | 18 | 6.8% |
| -356 | -15.8% | -256 | -4.9% | -40 | -1.5% | 585 | 22.9% |
| -143 | -14.3% | -189 | -6.6% | 22 | 1.8% | 283 | 27.7% |
| 142 | 43.3% | -329 | -22.9% | 25 | 2.7% | 144 | 14.7% |

| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|--------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| 11 | 0.8% | -479 | -12.4% | 132 | 6.1% | 393 | 13.5% |
| 332 | 73.1% | -694 | -26.2% | 244 | 17.4% | 257 | 20.3% |
| 24 | 6.8% | -114 | -12.3% | -60 | -6.1% | 183 | 9.9% |
| 238 | 81.2% | -453 | -24.9% | 141 | 15.0% | 134 | 11.1% |
| -2,225 | -23.2% | 1,316 | 9.8% | 186 | 4.4% | 600 | 13.0% |
| -1,362 | -14.9% | 1,405 | 20.1% | 119 | 6.7% | 240 | 12.0% |
| -1,812 | -22.7% | 1,012 | 9.0% | 98 | 2.6% | 579 | 14.7% |
| -854 | -17.4% | 654 | 9.2% | 151 | 5.9% | 537 | 20.7% |
| -714 | -19.1% | 109 | 1.4% | 73 | 2.0% | 448 | 10.0% |
| -207 | -13.0% | -174 | -4.2% | 100 | 4.8% | 211 | 5.9% |
| -793 | -15.2% | 365 | 3.5% | -88 | -1.6% | 903 | 14.1% |
| -801 | -11.6% | 441 | 3.7% | 221 | 5.0% | 674 | 17.3% |
| -1,682 | -21.6% | 1,262 | 13.1% | 134 | 4.1% | 587 | 12.5% |
| -1,090 | -19.6% | 286 | 2.9% | 2 | 0.0% | 639 | 15.1% |
| -542 | -16.9% | 214 | 3.4% | 10 | 0.4% | 497 | 14.7% |
| -67 | -5.4% | -394 | -10.3% | 75 | 3.8% | 242 | 8.5% |
| -1,658 | -14.6% | 1,676 | 14.0% | 250 | 7.4% | 563 | 17.5% |
| -388 | -18.7% | 255 | 6.3% | -45 | -2.2% | 321 | 11.1% |
| -536 | -19.2% | 174 | 3.4% | -29 | -1.3% | 384 | 13.2% |
| -880 | -20.8% | 704 | 11.9% | 156 | 6.2% | 558 | 19.1% |
| 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| -48 | -3.5% | -27 | -0.9% | 74 | 4.3% | 251 | 8.3% |
| -401 | -13.3% | -64 | -1.0% | 133 | 4.3% | 431 | 12.1% |
| 95 | 15.2% | -95 | -6.1% | -27 | -2.7% | 159 | 9.6% |
| -71 | -4.5% | -145 | -3.8% | 42 | 1.8% | 396 | 8.2% |

| Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|------------------------------------|-------|------------------------------------|-------|------------------------------------|------|----------------------------------|-------|
| Count | % | Count | % | Count | % | Count | % |
| -19,701 | -9.8% | -10,344 | -2.5% | 9,536 | 4.9% | 34,014 | 14.5% |

let

Total Population Growth for Age Groups
 Area: HFMC GI JV CON
 2014 ZIP Code Report
 Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | 2014 Age |
|----------|-------------------|------------------------|-------|--------------------|--------|--------------------|---------|----------|
| | | Total Population Count | % | Age 0-14 Count | % | Age 15-17 Count | % | |
| 60004 | Arlington Heights | 415 | 0.8% | -463 | -5.1% | 15 | 0.7% | 419 |
| 60005 | Arlington Heights | 221 | 0.7% | 1 | 0.0% | 112 | 11.0% | 167 |
| 60007 | Elk Grove Village | 52 | 0.2% | -137 | -2.7% | -170 | -13.0% | -95 |
| 60008 | Rolling Meadows | 563 | 2.4% | 136 | 3.0% | 16 | 1.8% | 6 |
| 60010 | Barrington | 299 | 0.7% | -1,190 | -14.7% | -53 | -2.3% | 905 |
| 60015 | Deerfield | -277 | -1.1% | -636 | -11.9% | 18 | 1.4% | 505 |
| 60016 | Des Plaines | 1,541 | 2.5% | 537 | 5.2% | 64 | 3.3% | -159 |
| 60018 | Des Plaines | 911 | 3.0% | 33 | 0.6% | 32 | 2.6% | 56 |
| 60022 | Glencoe | 30 | 0.4% | -303 | -16.3% | 33 | 6.7% | 232 |
| 60025 | Glenview | 644 | 1.6% | -436 | -5.7% | 82 | 4.7% | 575 |
| 60026 | Glenview | 924 | 6.6% | -79 | -3.0% | 118 | 20.7% | 321 |
| 60029 | Golf | 5 | 1.5% | -5 | -7.1% | 4 | 26.7% | 10 |
| 60035 | Highland Park | -827 | -2.8% | -765 | -13.4% | 5 | 0.4% | 595 |
| 60037 | Fort Sheridan | 0 | 0.0% | 0 | 0.0% | -1 | -100.0% | 1 |
| 60040 | Highwood | 81 | 1.6% | 7 | 0.6% | 26 | 12.5% | 59 |
| 60043 | Kenilworth | 26 | 1.0% | -72 | -11.9% | 6 | 3.9% | 56 |
| 60045 | Lake Forest | -557 | -2.8% | -676 | -19.7% | -74 | -7.0% | 391 |
| 60047 | Lake Zurich | 201 | 0.5% | -1,019 | -12.7% | -129 | -5.8% | 619 |
| 60048 | Libertyville | -199 | -0.7% | -867 | -15.5% | -88 | -5.6% | 583 |
| 60053 | Morton Grove | 293 | 1.3% | 54 | 1.5% | -4 | -0.5% | -8 |
| 60056 | Mount Prospect | 553 | 1.0% | -57 | -0.5% | 28 | 1.3% | 268 |
| 60061 | Vernon Hills | 16 | 0.1% | -412 | -7.6% | -13 | -1.1% | 321 |
| 60062 | Northbrook | 245 | 0.6% | -613 | -9.3% | -12 | -0.7% | 532 |
| 60067 | Palatine | 889 | 2.3% | -190 | -2.8% | -26 | -1.7% | 306 |
| 60068 | Park Ridge | 233 | 0.6% | -519 | -7.6% | -7 | -0.4% | 365 |

Total Population Growth for Age Groups
 Area: HFMC GI JV CON
 2014 ZIP Code Report
 elected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | 2014 Age |
|----------|------------------|------------------------|-------|--------------------|--------|--------------------|-------|----------|
| | | Total Population Count | % | Age 0-14 Count | % | Age 15-17 Count | % | |
| 60069 | Lincolnshire | 104 | 1.2% | -224 | -16.2% | -31 | -7.4% | 158 |
| 60070 | Prospect Heights | 99 | 0.7% | 16 | 0.6% | 32 | 6.3% | 23 |
| 60074 | Palatine | 1,226 | 3.1% | 145 | 1.7% | 101 | 6.4% | 143 |
| 60076 | Skokie | 225 | 0.7% | -148 | -2.5% | -85 | -6.0% | 95 |
| 60077 | Skokie | 982 | 3.6% | 98 | 2.3% | -47 | -4.6% | 41 |
| 60089 | Buffalo Grove | -390 | -0.9% | -766 | -11.3% | -142 | -7.8% | 293 |
| 60090 | Wheeling | 1,188 | 3.0% | 384 | 5.2% | 75 | 5.6% | -20 |
| 60091 | Wilmette | 316 | 1.2% | -568 | -9.8% | 31 | 2.1% | 614 |
| 60093 | Winnetka | 149 | 0.8% | -393 | -9.2% | 30 | 2.9% | 392 |
| 60101 | Addison | 718 | 1.8% | -96 | -1.2% | 25 | 1.5% | 112 |
| 60104 | Bellwood | -16 | -0.1% | -188 | -4.9% | -88 | -9.5% | -63 |
| 60106 | Bensenville | 233 | 1.1% | -33 | -0.8% | -11 | -1.3% | 41 |
| 60107 | Streamwood | 898 | 2.2% | 184 | 2.1% | 94 | 5.8% | 124 |
| 60108 | Bloomingtondale | 367 | 1.6% | -59 | -1.6% | -26 | -3.2% | 38 |
| 60126 | Elmhurst | 538 | 1.1% | -749 | -7.8% | 61 | 2.8% | 749 |
| 60130 | Forest Park | -136 | -1.0% | 81 | 3.7% | 22 | 6.3% | -28 |
| 60131 | Franklin Park | -14 | -0.1% | -48 | -1.3% | -50 | -6.6% | -69 |
| 60137 | Glen Ellyn | 564 | 1.4% | -466 | -6.0% | -2 | -0.1% | 436 |
| 60139 | Glendale Heights | 932 | 2.7% | -80 | -1.1% | 78 | 5.3% | 59 |
| 60141 | Hines | 1 | 0.4% | -1 | -2.8% | 0 | 0.0% | 5 |
| 60143 | Itasca | 231 | 2.3% | -80 | -4.4% | 21 | 5.2% | 129 |
| 60148 | Lombard | 1,042 | 2.0% | 72 | 0.8% | -81 | -4.1% | 30 |
| 60153 | Maywood | -330 | -1.4% | -195 | -3.7% | -101 | -8.6% | -86 |
| 60154 | Westchester | 187 | 1.1% | 65 | 2.3% | 72 | 14.3% | 137 |
| 60155 | Broadview | 46 | 0.6% | -71 | -5.4% | -34 | -9.9% | 47 |

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Total Population Growth for Age Groups
 Area: HFMC GI JV CON
 2014 ZIP Code Report
 elected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | 2014 Age |
|----------|-----------------|------------------------|-------|--------------------|--------|--------------------|--------|----------|
| | | Total Population Count | % | Age 0-14 Count | % | Age 15-17 Count | % | |
| 60157 | Medinah | 9 | 0.4% | -30 | -8.2% | -9 | -9.3% | 4 |
| 60160 | Melrose Park | 660 | 2.5% | 5 | 0.1% | 110 | 9.7% | 137 |
| 60162 | Hillside | 134 | 1.6% | 2 | 0.1% | -23 | -6.5% | -5 |
| 60163 | Berkeley | 74 | 1.4% | -58 | -6.2% | -2 | -0.9% | 23 |
| 60164 | Melrose Park | 275 | 1.2% | -47 | -1.0% | -124 | -11.4% | -68 |
| 60165 | Stone Park | 2 | 0.0% | -58 | -3.9% | 15 | 6.0% | 18 |
| 60169 | Hoffman Estates | 533 | 1.6% | -20 | -0.3% | 3 | 0.2% | -81 |
| 60171 | River Grove | 130 | 1.2% | 73 | 4.2% | -14 | -3.9% | -82 |
| 60172 | Roselle | 352 | 1.4% | -262 | -6.1% | -67 | -6.3% | 156 |
| 60173 | Schaumburg | 576 | 4.4% | 229 | 10.5% | -8 | -2.0% | -132 |
| 60176 | Schiller Park | 205 | 1.7% | 176 | 8.0% | 1 | 0.3% | -115 |
| 60181 | Villa Park | 197 | 0.7% | -57 | -1.1% | -52 | -4.6% | -22 |
| 60191 | Wood Dale | 265 | 1.8% | -49 | -1.9% | -10 | -1.7% | 65 |
| 60192 | Hoffman Estates | 439 | 2.7% | -208 | -6.3% | 14 | 1.8% | 206 |
| 60193 | Schaumburg | 672 | 1.6% | -89 | -1.3% | -63 | -4.0% | 154 |
| 60194 | Schaumburg | 233 | 1.1% | -14 | -0.4% | -11 | -1.5% | -14 |
| 60195 | Schaumburg | 149 | 2.8% | 104 | 11.0% | 27 | 22.1% | -108 |
| 60201 | Evanston | 1,013 | 2.5% | 105 | 1.6% | 161 | 12.6% | -336 |
| 60202 | Evanston | 203 | 0.6% | 26 | 0.4% | 108 | 10.6% | 121 |
| 60203 | Evanston | 18 | 0.4% | -40 | -4.0% | 18 | 8.6% | 75 |
| 60208 | Evanston | 15 | 0.4% | 23 | 32.9% | -7 | -8.9% | -34 |
| 60301 | Oak Park | 36 | 1.7% | 32 | 11.9% | -4 | -9.3% | -12 |
| 60302 | Oak Park | -24 | -0.1% | -271 | -4.5% | 57 | 4.8% | 223 |
| 60304 | Oak Park | 105 | 0.6% | -135 | -3.5% | 36 | 4.8% | 228 |
| 60305 | River Forest | -99 | -0.9% | -218 | -10.7% | -11 | -2.0% | 132 |

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Total Population Growth for Age Groups
Area: HFMC GI JV CON
2014 ZIP Code Report
elected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | 2014 Age |
|----------|-----------------|------------------------|-------|--------------------|--------|--------------------|--------|----------|
| | | Total Population Count | % | Age 0-14 Count | % | Age 15-17 Count | % | |
| 60515 | Downers Grove | 241 | 0.9% | -337 | -6.5% | 72 | 6.4% | 355 |
| 60521 | Hinsdale | 163 | 0.9% | -514 | -12.0% | -7 | -0.7% | 370 |
| 60523 | Oak Brook | 16 | 0.2% | -99 | -9.4% | -24 | -8.2% | 34 |
| 60558 | Western Springs | 176 | 1.4% | -254 | -8.5% | 19 | 2.7% | 284 |
| 60618 | Chicago | 491 | 0.5% | 695 | 3.6% | 345 | 11.9% | -360 |
| 60622 | Chicago | 615 | 1.2% | 1,027 | 12.4% | 56 | 5.1% | -928 |
| 60625 | Chicago | -55 | -0.1% | 395 | 2.6% | 263 | 10.8% | -591 |
| 60626 | Chicago | 486 | 1.0% | 453 | 5.3% | 140 | 10.3% | -1,001 |
| 60630 | Chicago | 326 | 0.6% | 209 | 2.1% | 51 | 2.7% | -28 |
| 60631 | Chicago | 203 | 0.7% | -169 | -3.4% | 112 | 11.1% | 346 |
| 60634 | Chicago | 1,116 | 1.5% | 291 | 2.1% | 9 | 0.3% | -186 |
| 60639 | Chicago | 253 | 0.3% | -371 | -1.6% | -216 | -4.8% | -397 |
| 60640 | Chicago | 725 | 1.1% | 728 | 8.4% | 153 | 12.9% | -697 |
| 60641 | Chicago | -284 | -0.4% | 214 | 1.4% | 25 | 0.9% | -351 |
| 60645 | Chicago | 1,064 | 2.3% | 256 | 2.4% | 226 | 12.8% | 268 |
| 60646 | Chicago | 83 | 0.3% | -188 | -3.7% | 136 | 13.4% | 382 |
| 60647 | Chicago | 735 | 0.8% | 694 | 4.1% | 35 | 1.2% | -1,341 |
| 60656 | Chicago | 1,114 | 3.9% | 418 | 8.3% | 132 | 16.1% | 162 |
| 60659 | Chicago | 36 | 0.1% | 61 | 0.8% | 57 | 3.9% | -144 |
| 60660 | Chicago | 855 | 2.0% | 427 | 8.0% | 90 | 9.8% | -634 |
| 60666 | Chicago | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 |
| 60706 | Harwood Heights | 290 | 1.3% | -36 | -1.2% | -77 | -10.0% | -160 |
| 60707 | Elmwood Park | 173 | 0.4% | 14 | 0.2% | -62 | -3.7% | -154 |
| 60712 | Lincolnwood | 191 | 1.5% | -96 | -4.7% | -54 | -9.6% | 57 |
| 60714 | Niles | 561 | 1.8% | 58 | 1.4% | -39 | -4.1% | 25 |

Total Population Growth for Age Groups
 Area: HFMC GI JV CON
 2014 ZIP Code Report
Selected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | Change 2014 - 2019 Total Population Count | % | Change 2014 - 2019 Age 0-14 Count | % | Change 2014 - 2019 Age 15-17 Count | % | Change 2014 - 2019 Age 18-24 Count |
|----------|---------------|--|------|--|-------|---|------|---|
| Total | | 31,188 | 1.1% | -7,696 | -1.4% | 1,513 | 1.3% | 6,274 |

Demographics Expert 2.7
 DEMO0042
 © 2014 The Nielsen Company, © 2015 Truven Health Analytics Inc.

| Age 18-24 | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | |
|-----------|--------------------|--------|--------------------|--------|--------------------|-------|
| | Count | % | Count | % | Count | % |
| 10.0% | -5 | -0.1% | -1,287 | -9.1% | 555 | 7.4% |
| 7.9% | -406 | -11.1% | -382 | -4.5% | 185 | 4.7% |
| -3.3% | -96 | -2.3% | -716 | -7.6% | 427 | 8.4% |
| 0.3% | -375 | -11.6% | 13 | 0.2% | 367 | 12.6% |
| 22.1% | 1,371 | 52.2% | -2,898 | -24.3% | 616 | 7.9% |
| 19.3% | 561 | 32.4% | -1,572 | -22.5% | 143 | 3.5% |
| -3.6% | -1,375 | -15.5% | 733 | 4.3% | 114 | 1.3% |
| 2.1% | -257 | -6.5% | 86 | 1.0% | 278 | 7.2% |
| 28.0% | 346 | 115.0% | -641 | -29.2% | 108 | 7.9% |
| 17.2% | 451 | 14.1% | -1,304 | -12.3% | 250 | 4.2% |
| 30.4% | 120 | 10.5% | -226 | -6.2% | 237 | 11.1% |
| 38.5% | 4 | 20.0% | -20 | -22.5% | -1 | -1.9% |
| 24.5% | 631 | 35.9% | -1,700 | -22.4% | -88 | -1.9% |
| 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| 14.4% | -150 | -19.5% | 55 | 3.8% | 49 | 10.7% |
| 20.8% | 121 | 130.1% | -193 | -30.9% | 45 | 12.3% |
| 14.8% | 704 | 73.0% | -1,441 | -31.9% | 108 | 3.2% |
| 15.3% | 1,213 | 40.4% | -2,816 | -22.8% | 795 | 12.0% |
| 21.0% | 766 | 38.6% | -1,871 | -22.4% | 351 | 7.4% |
| -0.5% | -130 | -5.1% | -130 | -2.2% | -53 | -1.5% |
| 6.1% | -615 | -8.9% | -579 | -3.8% | 479 | 6.7% |
| 14.4% | 25 | 0.9% | -1,096 | -13.1% | 360 | 9.8% |
| 16.6% | 748 | 29.7% | -1,641 | -16.8% | 209 | 3.3% |
| 9.7% | -259 | -5.4% | -713 | -6.2% | 534 | 9.0% |
| 10.7% | 683 | 22.6% | -1,575 | -16.0% | 410 | 7.1% |

| Age 18-24 | Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|--------------|------------------------------------|--------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| | Count | % | Count | % | Count | % | Count | % |
| 20.5% | 298 | 67.9% | -529 | -23.5% | 163 | 12.8% | 269 | 12.0% |
| 2.1% | -422 | -17.2% | 23 | 0.6% | 48 | 2.5% | 379 | 16.3% |
| 4.3% | -903 | -13.8% | 393 | 3.4% | 498 | 11.2% | 849 | 20.2% |
| 3.2% | 106 | 2.9% | -431 | -5.1% | -165 | -3.1% | 853 | 14.5% |
| 1.9% | -269 | -7.7% | 365 | 5.1% | 83 | 2.1% | 711 | 13.0% |
| 8.3% | 304 | 7.4% | -1,789 | -14.4% | 287 | 4.3% | 1,423 | 22.9% |
| -0.7% | -1,037 | -16.5% | 673 | 6.3% | 107 | 2.2% | 1,006 | 18.2% |
| 23.9% | 955 | 74.6% | -1,756 | -25.6% | 275 | 6.2% | 765 | 15.4% |
| 21.1% | 708 | 83.3% | -1,317 | -27.9% | 231 | 7.5% | 498 | 14.2% |
| 3.2% | -694 | -11.8% | 286 | 2.7% | 233 | 5.0% | 852 | 17.9% |
| -3.2% | 36 | 1.5% | -128 | -2.5% | -111 | -4.3% | 526 | 23.1% |
| 2.3% | -419 | -13.3% | 85 | 1.5% | 159 | 6.6% | 411 | 16.2% |
| 3.7% | -1,029 | -18.6% | 187 | 1.5% | 320 | 6.8% | 1,018 | 26.3% |
| 2.2% | -291 | -9.8% | -160 | -2.5% | 110 | 3.1% | 755 | 18.4% |
| 14.8% | 709 | 17.7% | -1,898 | -14.8% | 698 | 11.3% | 968 | 13.6% |
| -3.6% | -730 | -30.3% | 92 | 2.1% | 40 | 2.0% | 387 | 21.0% |
| -4.1% | -262 | -10.2% | 34 | 0.7% | 60 | 2.7% | 321 | 14.9% |
| 12.3% | 397 | 10.7% | -1,331 | -12.3% | 465 | 8.3% | 1,065 | 19.0% |
| 1.8% | -766 | -13.2% | 545 | 5.5% | 186 | 4.8% | 910 | 28.7% |
| 29.4% | 0 | 0.0% | -5 | -7.6% | 1 | 2.4% | 1 | 1.6% |
| 16.5% | -25 | -2.4% | -216 | -7.4% | 70 | 4.7% | 332 | 19.4% |
| 0.7% | -597 | -7.9% | -263 | -1.8% | 588 | 8.5% | 1,293 | 16.8% |
| -3.5% | -178 | -5.5% | -27 | -0.5% | -62 | -2.3% | 319 | 10.8% |
| 13.5% | -213 | -14.0% | -195 | -4.4% | -15 | -0.6% | 336 | 9.1% |
| 6.9% | -47 | -5.2% | -76 | -3.6% | -13 | -1.1% | 240 | 19.2% |

| Age 18-24 | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | Change 2014 - 2019 | | | | | |
|--------------|-----------------------|-----------|-----------------------|---------|-----------------------|--------|-----------------------|--------|-----|-------|-------|-------|
| | Age 25-34 | Age 35-54 | Age 55-64 | Age 65+ | Count | % | Count | % | | | | |
| 1.9% | -11 | -58 | 29 | 84 | -11 | -3.4% | -58 | -8.0% | 29 | 7.5% | 84 | 20.4% |
| 5.8% | -676 | 626 | 212 | 246 | -676 | -16.9% | 626 | 9.1% | 212 | 9.4% | 246 | 9.1% |
| -0.7% | -7 | -49 | 44 | 172 | -7 | -0.7% | -49 | -2.1% | 44 | 3.9% | 172 | 13.4% |
| 4.8% | 0 | -49 | 32 | 128 | 0 | 0.0% | -49 | -3.4% | 32 | 4.4% | 128 | 16.9% |
| -2.9% | 18 | -156 | 292 | 360 | 18 | 0.6% | -156 | -2.6% | 292 | 11.2% | 360 | 12.7% |
| 3.5% | -143 | 70 | 53 | 47 | -143 | -17.6% | 70 | 5.1% | 53 | 13.8% | 47 | 13.7% |
| -2.8% | -592 | 124 | 256 | 843 | -592 | -11.6% | 124 | 1.3% | 256 | 6.3% | 843 | 21.8% |
| -9.8% | -246 | 125 | -15 | 289 | -246 | -14.5% | 125 | 4.3% | -15 | -1.0% | 289 | 20.6% |
| 7.2% | -149 | -424 | 164 | 934 | -149 | -4.9% | -424 | -5.8% | 164 | 4.3% | 934 | 29.6% |
| -13.2% | -372 | 358 | 166 | 335 | -372 | -11.9% | 358 | 9.3% | 166 | 11.3% | 335 | 29.0% |
| -12.2% | -407 | 273 | 46 | 231 | -407 | -19.6% | 273 | 8.1% | 46 | 3.1% | 231 | 16.5% |
| -0.9% | -428 | -230 | 369 | 617 | -428 | -10.4% | -230 | -2.8% | 369 | 10.1% | 617 | 16.9% |
| 5.3% | -96 | -163 | 123 | 395 | -96 | -5.4% | -163 | -4.0% | 123 | 5.8% | 395 | 15.8% |
| 14.2% | 105 | -522 | 225 | 619 | 105 | 7.0% | -522 | -10.3% | 225 | 9.0% | 619 | 33.9% |
| 4.7% | -612 | -196 | 394 | 1,084 | -612 | -11.9% | -196 | -1.6% | 394 | 6.6% | 1,084 | 17.3% |
| -0.9% | -400 | -47 | 18 | 701 | -400 | -14.0% | -47 | -0.8% | 18 | 0.6% | 701 | 22.7% |
| -27.8% | -198 | 198 | 23 | 103 | -198 | -12.3% | 198 | 14.2% | 23 | 5.2% | 103 | 28.5% |
| -4.9% | 50 | 283 | -31 | 781 | 50 | 0.9% | 283 | 3.0% | -31 | -0.7% | 781 | 12.4% |
| 5.7% | -1,021 | 77 | 45 | 847 | -1,021 | -21.1% | 77 | 0.8% | 45 | 1.1% | 847 | 22.6% |
| 19.3% | 74 | -174 | -42 | 107 | 74 | 23.9% | -174 | -15.6% | -42 | -5.5% | 107 | 11.9% |
| -1.2% | -5 | 25 | 7 | 6 | -5 | -3.9% | 25 | 18.9% | 7 | 11.9% | 6 | 5.4% |
| -11.3% | -109 | 79 | 14 | 36 | -109 | -24.3% | 79 | 12.1% | 14 | 5.4% | 36 | 9.0% |
| 9.3% | -559 | -462 | -46 | 1,034 | -559 | -14.0% | -462 | -4.8% | -46 | -1.0% | 1,034 | 23.7% |
| 16.4% | -222 | -335 | 12 | 521 | -222 | -12.0% | -335 | -6.3% | 12 | 0.5% | 521 | 28.8% |
| 7.4% | 291 | -591 | 46 | 252 | 291 | 43.9% | -591 | -22.7% | 46 | 2.7% | 252 | 14.4% |

| Age 18-24 | Change 2014 - 2019 Age 25-34 | | Change 2014 - 2019 Age 35-54 | | Change 2014 - 2019 Age 55-64 | | Change 2014 - 2019 Age 65+ | |
|--------------|------------------------------------|--------|------------------------------------|--------|------------------------------------|-------|----------------------------------|-------|
| | Count | % | Count | % | Count | % | Count | % |
| 15.4% | 34 | 1.3% | -875 | -11.5% | 183 | 4.4% | 809 | 16.7% |
| 19.8% | 739 | 81.4% | -1,332 | -26.9% | 372 | 13.3% | 535 | 22.0% |
| 5.3% | 74 | 10.0% | -186 | -10.7% | -144 | -8.0% | 361 | 11.2% |
| 22.5% | 494 | 87.4% | -890 | -26.0% | 249 | 13.5% | 274 | 13.2% |
| -5.4% | -4,421 | -22.7% | 2,375 | 8.5% | 587 | 7.0% | 1,270 | 16.1% |
| -28.1% | -3,035 | -16.6% | 2,603 | 17.2% | 350 | 9.6% | 542 | 15.2% |
| -8.5% | -3,465 | -21.5% | 1,736 | 7.5% | 433 | 5.9% | 1,174 | 16.9% |
| -17.0% | -1,734 | -17.2% | 1,067 | 7.0% | 519 | 10.0% | 1,042 | 22.3% |
| -0.7% | -1,307 | -17.6% | 136 | 0.8% | 239 | 3.4% | 1,026 | 13.6% |
| 17.8% | -397 | -12.7% | -405 | -4.9% | 181 | 4.5% | 535 | 9.4% |
| -3.0% | -1,640 | -15.4% | 800 | 3.8% | 15 | 0.1% | 1,827 | 16.7% |
| -4.1% | -1,659 | -11.9% | 1,027 | 4.3% | 519 | 6.2% | 1,350 | 19.8% |
| -20.7% | -3,382 | -21.6% | 1,858 | 8.3% | 770 | 10.7% | 1,295 | 16.2% |
| -5.8% | -2,211 | -19.5% | 568 | 2.8% | 71 | 0.8% | 1,400 | 19.2% |
| 7.3% | -1,112 | -17.5% | 445 | 3.6% | 53 | 1.0% | 928 | 16.0% |
| 20.1% | -109 | -4.5% | -802 | -10.7% | 179 | 4.7% | 485 | 9.8% |
| -18.1% | -3,532 | -15.4% | 3,051 | 12.2% | 660 | 9.8% | 1,168 | 20.4% |
| 9.3% | -727 | -17.2% | 411 | 4.9% | 84 | 2.2% | 634 | 13.0% |
| -4.4% | -971 | -17.0% | 333 | 3.2% | -35 | -0.8% | 735 | 14.4% |
| -13.7% | -1,794 | -20.4% | 1,001 | 7.4% | 634 | 12.3% | 1,131 | 21.9% |
| 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| -8.7% | -98 | -3.5% | 2 | 0.0% | 151 | 4.6% | 508 | 10.1% |
| -4.2% | -744 | -12.5% | -15 | -0.1% | 260 | 4.6% | 874 | 14.7% |
| 4.9% | 203 | 15.9% | -180 | -6.2% | -30 | -1.6% | 291 | 9.9% |
| 1.2% | -166 | -5.0% | -105 | -1.4% | 59 | 1.3% | 729 | 9.1% |

| Age | Change 2014 - 2019 Age 25-34 | Change 2014 - 2019 Age 35-54 | Change 2014 - 2019 Age 55-64 | Change 2014 - 2019 Age 65+ |
|-------|------------------------------------|------------------------------------|------------------------------------|----------------------------------|
| 2019 | Count | Count | Count | Count |
| 18-24 | -36,968 | -17,947 | 19,529 | 66,483 |
| % | -9.1% | -2.2% | 5.2% | 16.3% |

Current Population for Age Group and Sex

Area: HFMC GI JV CON
2014 ZIP Code Report

ected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | 2014 Total | | Males 0-14 | Females 0-14 | Males 15-17 | Females 15-17 |
|----------|-------------------|------------------|-------|------------|--------------|-------------|---------------|
| | | Population Count | %Down | | | | |
| 60004 | Arlington Heights | 50,838 | 1.7% | 4,556 | 4,437 | 1,080 | 1,013 |
| 60005 | Arlington Heights | 30,252 | 1.0% | 2,876 | 2,700 | 515 | 500 |
| 60007 | Elk Grove Village | 33,410 | 1.1% | 2,671 | 2,497 | 692 | 619 |
| 60008 | Rolling Meadows | 23,203 | 0.8% | 2,276 | 2,215 | 446 | 421 |
| 60010 | Barrington | 44,581 | 1.5% | 4,212 | 3,900 | 1,171 | 1,117 |
| 60015 | Deerfield | 25,888 | 0.9% | 2,719 | 2,606 | 642 | 611 |
| 60016 | Des Plaines | 61,339 | 2.1% | 5,281 | 5,039 | 1,017 | 938 |
| 60018 | Des Plaines | 30,438 | 1.0% | 3,078 | 2,879 | 654 | 588 |
| 60022 | Glencoe | 8,398 | 0.3% | 946 | 914 | 272 | 224 |
| 60025 | Glenview | 40,049 | 1.4% | 3,820 | 3,766 | 889 | 864 |
| 60026 | Glenview | 14,088 | 0.5% | 1,350 | 1,306 | 294 | 277 |
| 60029 | Golf | 325 | 0.0% | 37 | 33 | 7 | 8 |
| 60035 | Highland Park | 29,491 | 1.0% | 2,908 | 2,780 | 742 | 662 |
| 60037 | Fort Sheridan | 4 | 0.0% | 1 | 0 | 1 | 0 |
| 60040 | Highwood | 5,074 | 0.2% | 637 | 594 | 107 | 101 |
| 60043 | Kenilworth | 2,494 | 0.1% | 309 | 294 | 74 | 81 |
| 60045 | Lake Forest | 19,910 | 0.7% | 1,766 | 1,663 | 544 | 507 |
| 60047 | Lake Zurich | 40,942 | 1.4% | 4,081 | 3,927 | 1,136 | 1,071 |
| 60048 | Libertyville | 29,563 | 1.0% | 2,893 | 2,706 | 796 | 777 |
| 60053 | Morton Grove | 23,222 | 0.8% | 1,890 | 1,735 | 377 | 411 |
| 60056 | Mount Prospect | 55,448 | 1.9% | 5,277 | 5,097 | 1,115 | 1,031 |
| 60061 | Vernon Hills | 26,350 | 0.9% | 2,732 | 2,676 | 608 | 575 |
| 60062 | Northbrook | 39,817 | 1.4% | 3,368 | 3,235 | 896 | 805 |
| 60067 | Palatine | 39,445 | 1.4% | 3,458 | 3,301 | 827 | 748 |
| 60068 | Park Ridge | 37,760 | 1.3% | 3,500 | 3,313 | 879 | 858 |
| 60069 | Lincolnshire | 8,778 | 0.3% | 723 | 657 | 218 | 203 |
| 60070 | Prospect Heights | 15,196 | 0.5% | 1,465 | 1,401 | 259 | 250 |
| 60074 | Palatine | 40,080 | 1.4% | 4,270 | 4,173 | 802 | 766 |
| 60076 | Skokie | 33,616 | 1.2% | 3,017 | 2,881 | 719 | 703 |

Current Population for Age Group and Sex
 Area: HFMC GI JV CON
 2014 ZIP Code Report

ected Age Group Set: Market Expert Demographic Snapshot Age Groups
 Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | 2014 Total | | Males 0-14 | Females 0-14 | Males 15-17 | Females 15-17 |
|------------------------|---------------|------------------|-------|------------|--------------|-------------|---------------|
| | | Population Count | %Down | | | | |
| 60077 Skokie | | 27,629 | 0.9% | 2,211 | 2,118 | 519 | 492 |
| 60089 Buffalo Grove | | 41,587 | 1.4% | 3,459 | 3,336 | 929 | 890 |
| 60090 Wheeling | | 39,169 | 1.3% | 3,795 | 3,645 | 667 | 666 |
| 60091 Wilmette | | 27,365 | 0.9% | 2,907 | 2,896 | 756 | 703 |
| 60093 Winnetka | | 19,346 | 0.7% | 2,208 | 2,081 | 544 | 506 |
| 60101 Addison | | 39,278 | 1.3% | 4,192 | 4,084 | 833 | 814 |
| 60104 Bellwood | | 19,058 | 0.7% | 1,921 | 1,890 | 472 | 457 |
| 60106 Bensenville | | 20,573 | 0.7% | 2,091 | 1,991 | 431 | 401 |
| 60107 Streamwood | | 40,006 | 1.4% | 4,540 | 4,324 | 822 | 799 |
| 60108 Bloomingdale | | 23,320 | 0.8% | 1,844 | 1,814 | 416 | 401 |
| 60126 Elmhurst | | 46,934 | 1.6% | 4,874 | 4,673 | 1,115 | 1,066 |
| 60130 Forest Park | | 14,034 | 0.5% | 1,095 | 1,070 | 179 | 169 |
| 60131 Franklin Park | | 18,155 | 0.6% | 1,860 | 1,759 | 396 | 363 |
| 60137 Glen Ellyn | | 38,897 | 1.3% | 3,921 | 3,874 | 900 | 894 |
| 60139 Glendale Heights | | 35,030 | 1.2% | 3,874 | 3,720 | 763 | 705 |
| 60141 Hines | | 260 | 0.0% | 19 | 17 | 6 | 4 |
| 60143 Itasca | | 10,188 | 0.3% | 923 | 896 | 216 | 185 |
| 60148 Lombard | | 52,657 | 1.8% | 4,699 | 4,532 | 1,001 | 971 |
| 60153 Maywood | | 23,750 | 0.8% | 2,695 | 2,570 | 575 | 598 |
| 60154 Westchester | | 16,474 | 0.6% | 1,423 | 1,421 | 262 | 240 |
| 60155 Broadview | | 7,805 | 0.3% | 668 | 654 | 172 | 171 |
| 60157 Medinah | | 2,526 | 0.1% | 186 | 182 | 50 | 47 |
| 60160 Melrose Park | | 25,898 | 0.9% | 3,378 | 3,196 | 584 | 554 |
| 60162 Hillside | | 8,411 | 0.3% | 796 | 756 | 179 | 173 |
| 60163 Berkeley | | 5,152 | 0.2% | 466 | 467 | 127 | 100 |
| 60164 Melrose Park | | 22,278 | 0.8% | 2,304 | 2,181 | 575 | 515 |
| 60165 Stone Park | | 5,149 | 0.2% | 748 | 723 | 134 | 117 |
| 60169 Hoffman Estates | | 33,016 | 1.1% | 3,279 | 3,183 | 670 | 632 |
| 60171 River Grove | | 10,470 | 0.4% | 883 | 871 | 193 | 163 |

Current Population for Age Group and Sex

Area: HFMC GI JV CON

2014 ZIP Code Report

ected Age Group Set: Market Expert Demographic Snapshot Age Groups
Ranked on ZIP Code (Ascending)

| ZIP Code | ZIP City Name | 2014 Total Population | | Males 0-14 | Females 0-14 | Males 15-17 | Females 15-17 |
|----------|-----------------|-----------------------|-------|------------|--------------|-------------|---------------|
| | | Count | %Down | | | | |
| 60172 | Roselle | 24,894 | 0.9% | 2,163 | 2,142 | 546 | 523 |
| 60173 | Schaumburg | 13,161 | 0.5% | 1,107 | 1,077 | 194 | 203 |
| 60176 | Schiller Park | 11,820 | 0.4% | 1,128 | 1,073 | 189 | 193 |
| 60181 | Villa Park | 28,665 | 1.0% | 2,743 | 2,639 | 582 | 545 |
| 60191 | Wood Dale | 14,962 | 0.5% | 1,338 | 1,262 | 307 | 278 |
| 60192 | Hoffman Estates | 16,409 | 0.6% | 1,667 | 1,617 | 395 | 365 |
| 60193 | Schaumburg | 41,318 | 1.4% | 3,527 | 3,399 | 827 | 748 |
| 60194 | Schaumburg | 20,809 | 0.7% | 1,919 | 1,810 | 380 | 362 |
| 60195 | Schaumburg | 5,267 | 0.2% | 495 | 447 | 64 | 58 |
| 60201 | Evanston | 40,643 | 1.4% | 3,306 | 3,209 | 627 | 649 |
| 60202 | Evanston | 31,757 | 1.1% | 3,088 | 2,917 | 520 | 501 |
| 60203 | Evanston | 4,671 | 0.2% | 507 | 484 | 104 | 105 |
| 60208 | Evanston | 3,474 | 0.1% | 36 | 34 | 25 | 54 |
| 60301 | Oak Park | 2,181 | 0.1% | 144 | 126 | 20 | 23 |
| 60302 | Oak Park | 32,435 | 1.1% | 3,081 | 2,926 | 606 | 589 |
| 60304 | Oak Park | 17,258 | 0.6% | 1,905 | 1,958 | 375 | 372 |
| 60305 | River Forest | 11,123 | 0.4% | 1,053 | 987 | 273 | 276 |
| 60515 | Downers Grove | 27,879 | 1.0% | 2,623 | 2,531 | 576 | 544 |
| 60521 | Hinsdale | 18,311 | 0.6% | 2,168 | 2,117 | 540 | 522 |
| 60523 | Oak Brook | 9,486 | 0.3% | 534 | 515 | 155 | 139 |
| 60558 | Western Springs | 12,882 | 0.4% | 1,540 | 1,453 | 369 | 346 |
| 60618 | Chicago | 92,408 | 3.2% | 9,725 | 9,490 | 1,467 | 1,436 |
| 60622 | Chicago | 53,194 | 1.8% | 4,250 | 4,008 | 544 | 550 |
| 60625 | Chicago | 78,521 | 2.7% | 7,879 | 7,573 | 1,247 | 1,180 |
| 60626 | Chicago | 51,129 | 1.8% | 4,368 | 4,216 | 714 | 648 |
| 60630 | Chicago | 54,190 | 1.9% | 5,073 | 4,968 | 1,015 | 883 |
| 60631 | Chicago | 29,064 | 1.0% | 2,539 | 2,478 | 513 | 494 |
| 60634 | Chicago | 75,693 | 2.6% | 7,005 | 6,615 | 1,370 | 1,368 |
| 60639 | Chicago | 90,164 | 3.1% | 11,452 | 11,225 | 2,262 | 2,250 |

| | Males 18-24 | Females 18-24 | Males 25-34 | Females 25-34 | Males 35-54 | Females 35-54 | Males 55-64 | Females 55-64 |
|--|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|
| | 2,153 | 2,019 | 2,654 | 2,606 | 6,851 | 7,224 | 3,567 | 3,922 |
| | 1,104 | 1,015 | 1,861 | 1,796 | 4,239 | 4,250 | 1,902 | 2,050 |
| | 1,505 | 1,339 | 2,088 | 2,107 | 4,545 | 4,868 | 2,429 | 2,652 |
| | 1,034 | 872 | 1,697 | 1,533 | 3,444 | 3,269 | 1,412 | 1,498 |
| | 2,132 | 1,955 | 1,333 | 1,293 | 5,593 | 6,316 | 3,762 | 4,003 |
| | 1,350 | 1,262 | 853 | 880 | 3,294 | 3,701 | 1,981 | 2,067 |
| | 2,331 | 2,143 | 4,511 | 4,372 | 8,432 | 8,478 | 4,063 | 4,456 |
| | 1,415 | 1,269 | 2,090 | 1,886 | 4,255 | 4,013 | 1,921 | 1,939 |
| | 440 | 390 | 139 | 162 | 1,014 | 1,180 | 672 | 699 |
| | 1,726 | 1,608 | 1,636 | 1,560 | 5,018 | 5,554 | 2,824 | 3,191 |
| | 563 | 492 | 559 | 582 | 1,704 | 1,935 | 1,005 | 1,129 |
| | 13 | 13 | 9 | 11 | 41 | 48 | 26 | 28 |
| | 1,276 | 1,151 | 902 | 856 | 3,593 | 3,989 | 2,195 | 2,383 |
| | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| | 222 | 187 | 427 | 343 | 760 | 694 | 238 | 220 |
| | 136 | 133 | 46 | 47 | 286 | 338 | 177 | 189 |
| | 1,283 | 1,366 | 513 | 452 | 2,047 | 2,466 | 1,633 | 1,714 |
| | 2,085 | 1,965 | 1,557 | 1,446 | 5,869 | 6,503 | 3,305 | 3,312 |
| | 1,436 | 1,337 | 1,031 | 953 | 3,950 | 4,391 | 2,309 | 2,426 |
| | 876 | 872 | 1,291 | 1,234 | 2,865 | 3,085 | 1,703 | 1,938 |
| | 2,327 | 2,072 | 3,648 | 3,291 | 7,747 | 7,681 | 3,435 | 3,670 |
| | 1,150 | 1,078 | 1,306 | 1,378 | 3,987 | 4,362 | 1,766 | 1,894 |
| | 1,709 | 1,492 | 1,329 | 1,190 | 4,583 | 5,168 | 2,980 | 3,325 |
| | 1,623 | 1,526 | 2,429 | 2,367 | 5,659 | 5,903 | 2,849 | 3,086 |
| | 1,775 | 1,625 | 1,559 | 1,468 | 4,653 | 5,221 | 2,767 | 3,030 |
| | 401 | 369 | 212 | 227 | 1,062 | 1,192 | 639 | 637 |
| | 558 | 533 | 1,303 | 1,152 | 2,071 | 1,937 | 923 | 1,013 |
| | 1,712 | 1,591 | 3,484 | 3,050 | 5,816 | 5,779 | 2,140 | 2,303 |
| | 1,521 | 1,442 | 1,830 | 1,833 | 4,022 | 4,474 | 2,530 | 2,763 |

| | Males 18-24 | Females 18-24 | Males 25-34 | Females 25-34 | Males 35-54 | Females 35-54 | Males 55-64 | Females 55-64 |
|--|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|
| | 1,133 | 1,070 | 1,719 | 1,758 | 3,400 | 3,823 | 1,798 | 2,101 |
| | 1,819 | 1,699 | 2,063 | 2,026 | 5,865 | 6,530 | 3,219 | 3,526 |
| | 1,540 | 1,418 | 3,311 | 2,989 | 5,421 | 5,289 | 2,325 | 2,575 |
| | 1,362 | 1,206 | 663 | 617 | 3,180 | 3,684 | 2,111 | 2,326 |
| | 969 | 890 | 456 | 394 | 2,209 | 2,519 | 1,470 | 1,596 |
| | 1,827 | 1,671 | 3,063 | 2,834 | 5,360 | 5,177 | 2,278 | 2,374 |
| | 1,019 | 972 | 1,165 | 1,217 | 2,324 | 2,742 | 1,102 | 1,503 |
| | 1,008 | 812 | 1,711 | 1,442 | 3,013 | 2,720 | 1,264 | 1,155 |
| | 1,737 | 1,594 | 2,771 | 2,774 | 6,093 | 5,993 | 2,218 | 2,470 |
| | 900 | 858 | 1,468 | 1,515 | 3,161 | 3,300 | 1,686 | 1,854 |
| | 2,465 | 2,582 | 2,053 | 1,949 | 6,168 | 6,684 | 3,085 | 3,089 |
| | 387 | 381 | 1,150 | 1,261 | 2,151 | 2,319 | 934 | 1,098 |
| | 875 | 790 | 1,375 | 1,204 | 2,603 | 2,523 | 1,115 | 1,134 |
| | 1,826 | 1,729 | 1,932 | 1,795 | 5,186 | 5,595 | 2,733 | 2,902 |
| | 1,805 | 1,453 | 3,039 | 2,777 | 5,016 | 4,868 | 1,870 | 1,968 |
| | 8 | 9 | 15 | 12 | 31 | 35 | 20 | 21 |
| | 419 | 361 | 540 | 523 | 1,429 | 1,506 | 707 | 775 |
| | 2,282 | 2,098 | 3,843 | 3,756 | 7,417 | 7,459 | 3,284 | 3,615 |
| | 1,241 | 1,239 | 1,569 | 1,668 | 2,836 | 3,061 | 1,210 | 1,525 |
| | 532 | 483 | 750 | 768 | 2,135 | 2,293 | 1,150 | 1,324 |
| | 353 | 330 | 443 | 459 | 945 | 1,163 | 535 | 661 |
| | 102 | 107 | 177 | 150 | 353 | 372 | 199 | 190 |
| | 1,226 | 1,144 | 2,026 | 1,985 | 3,517 | 3,332 | 1,141 | 1,126 |
| | 377 | 387 | 480 | 512 | 1,163 | 1,182 | 536 | 585 |
| | 259 | 217 | 296 | 288 | 704 | 748 | 357 | 364 |
| | 1,197 | 1,115 | 1,473 | 1,444 | 3,058 | 2,982 | 1,322 | 1,288 |
| | 276 | 239 | 437 | 376 | 717 | 656 | 198 | 185 |
| | 1,525 | 1,377 | 2,669 | 2,421 | 4,576 | 4,746 | 1,943 | 2,122 |
| | 459 | 381 | 843 | 858 | 1,483 | 1,433 | 694 | 803 |

8

| | Males 18-24 | Females 18-24 | Males 25-34 | Females 25-34 | Males 35-54 | Females 35-54 | Males 55-64 | Females 55-64 |
|--|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|
| | 1,113 | 1,045 | 1,537 | 1,520 | 3,545 | 3,772 | 1,828 | 2,003 |
| | 493 | 505 | 1,613 | 1,517 | 1,976 | 1,858 | 715 | 749 |
| | 490 | 449 | 1,098 | 979 | 1,740 | 1,620 | 736 | 729 |
| | 1,279 | 1,168 | 2,183 | 1,947 | 4,185 | 4,095 | 1,829 | 1,829 |
| | 669 | 569 | 934 | 860 | 2,066 | 2,057 | 1,023 | 1,093 |
| | 753 | 702 | 727 | 778 | 2,458 | 2,624 | 1,184 | 1,313 |
| | 1,736 | 1,527 | 2,535 | 2,628 | 5,882 | 6,221 | 2,817 | 3,197 |
| | 820 | 789 | 1,442 | 1,420 | 2,840 | 3,037 | 1,335 | 1,565 |
| | 187 | 201 | 810 | 805 | 751 | 645 | 214 | 228 |
| | 3,389 | 3,508 | 2,982 | 2,849 | 4,562 | 4,760 | 2,143 | 2,361 |
| | 1,092 | 1,049 | 2,297 | 2,536 | 4,629 | 5,147 | 1,885 | 2,352 |
| | 192 | 196 | 162 | 148 | 524 | 590 | 345 | 414 |
| | 1,406 | 1,489 | 68 | 59 | 74 | 58 | 26 | 33 |
| | 48 | 58 | 191 | 257 | 314 | 338 | 117 | 143 |
| | 1,234 | 1,164 | 1,749 | 2,255 | 4,442 | 5,246 | 2,139 | 2,650 |
| | 699 | 692 | 855 | 997 | 2,467 | 2,844 | 1,036 | 1,246 |
| | 821 | 972 | 335 | 328 | 1,175 | 1,434 | 784 | 936 |
| | 1,154 | 1,149 | 1,373 | 1,308 | 3,708 | 3,877 | 2,037 | 2,165 |
| | 976 | 897 | 454 | 454 | 2,294 | 2,650 | 1,400 | 1,406 |
| | 342 | 302 | 388 | 353 | 803 | 930 | 811 | 981 |
| | 642 | 621 | 272 | 293 | 1,605 | 1,821 | 912 | 939 |
| | 3,441 | 3,204 | 9,871 | 9,597 | 14,531 | 13,408 | 4,103 | 4,266 |
| | 1,501 | 1,800 | 9,084 | 9,156 | 8,096 | 6,996 | 1,880 | 1,766 |
| | 3,581 | 3,353 | 8,167 | 7,970 | 11,959 | 11,281 | 3,639 | 3,748 |
| | 2,631 | 3,249 | 5,186 | 4,915 | 8,231 | 7,114 | 2,619 | 2,568 |
| | 2,201 | 1,957 | 3,687 | 3,735 | 8,139 | 7,886 | 3,448 | 3,657 |
| | 974 | 966 | 1,546 | 1,592 | 4,055 | 4,174 | 1,985 | 2,070 |
| | 3,170 | 2,987 | 5,418 | 5,206 | 10,780 | 10,545 | 4,954 | 5,363 |
| | 4,961 | 4,727 | 7,095 | 6,883 | 12,141 | 11,932 | 4,039 | 4,387 |

23

| | Males 18-24 | Females 18-24 | Males 25-34 | Females 25-34 | Males 35-54 | Females 35-54 | Males 55-64 | Females 55-64 |
|--|-------------|---------------|-------------|---------------|-------------|---------------|-------------|---------------|
| | 1,705 | 1,664 | 7,865 | 7,802 | 12,662 | 9,629 | 3,873 | 3,300 |
| | 3,077 | 2,933 | 5,803 | 5,560 | 10,624 | 9,973 | 4,080 | 4,351 |
| | 1,832 | 1,839 | 3,138 | 3,199 | 6,305 | 6,226 | 2,574 | 2,766 |
| | 965 | 940 | 1,186 | 1,231 | 3,687 | 3,843 | 1,837 | 1,977 |
| | 3,650 | 3,766 | 11,624 | 11,331 | 13,093 | 11,974 | 3,358 | 3,364 |
| | 909 | 832 | 2,153 | 2,077 | 4,313 | 4,050 | 1,840 | 2,028 |
| | 1,718 | 1,535 | 2,926 | 2,798 | 5,322 | 5,145 | 2,132 | 2,266 |
| | 2,021 | 2,606 | 4,578 | 4,224 | 7,689 | 5,901 | 2,641 | 2,527 |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | 951 | 882 | 1,415 | 1,391 | 2,967 | 2,994 | 1,559 | 1,704 |
| | 1,906 | 1,795 | 2,922 | 3,009 | 5,965 | 6,180 | 2,630 | 3,084 |
| | 604 | 568 | 651 | 625 | 1,339 | 1,550 | 865 | 993 |
| | 1,086 | 991 | 1,744 | 1,593 | 3,646 | 3,828 | 2,099 | 2,310 |
| | 129,203 | 123,374 | 205,861 | 200,032 | 406,499 | 409,007 | 181,128 | 194,619 |

24

25

| | Males 65+ | Females 65+ |
|--|-----------|-------------|
| | 3,613 | 5,143 |
| | 2,192 | 3,252 |
| | 2,248 | 3,150 |
| | 1,279 | 1,807 |
| | 3,695 | 4,099 |
| | 1,756 | 2,166 |
| | 4,141 | 6,137 |
| | 1,835 | 2,616 |
| | 656 | 690 |
| | 3,201 | 4,392 |
| | 1,226 | 1,666 |
| | 24 | 27 |
| | 2,742 | 3,312 |
| | 0 | 0 |
| | 233 | 311 |
| | 179 | 205 |
| | 1,805 | 2,151 |
| | 2,260 | 2,425 |
| | 1,997 | 2,561 |
| | 2,139 | 2,806 |
| | 3,824 | 5,233 |
| | 1,187 | 1,651 |
| | 4,164 | 5,573 |
| | 2,514 | 3,155 |
| | 3,044 | 4,068 |
| | 959 | 1,279 |
| | 984 | 1,347 |
| | 1,779 | 2,415 |
| | 2,527 | 3,354 |

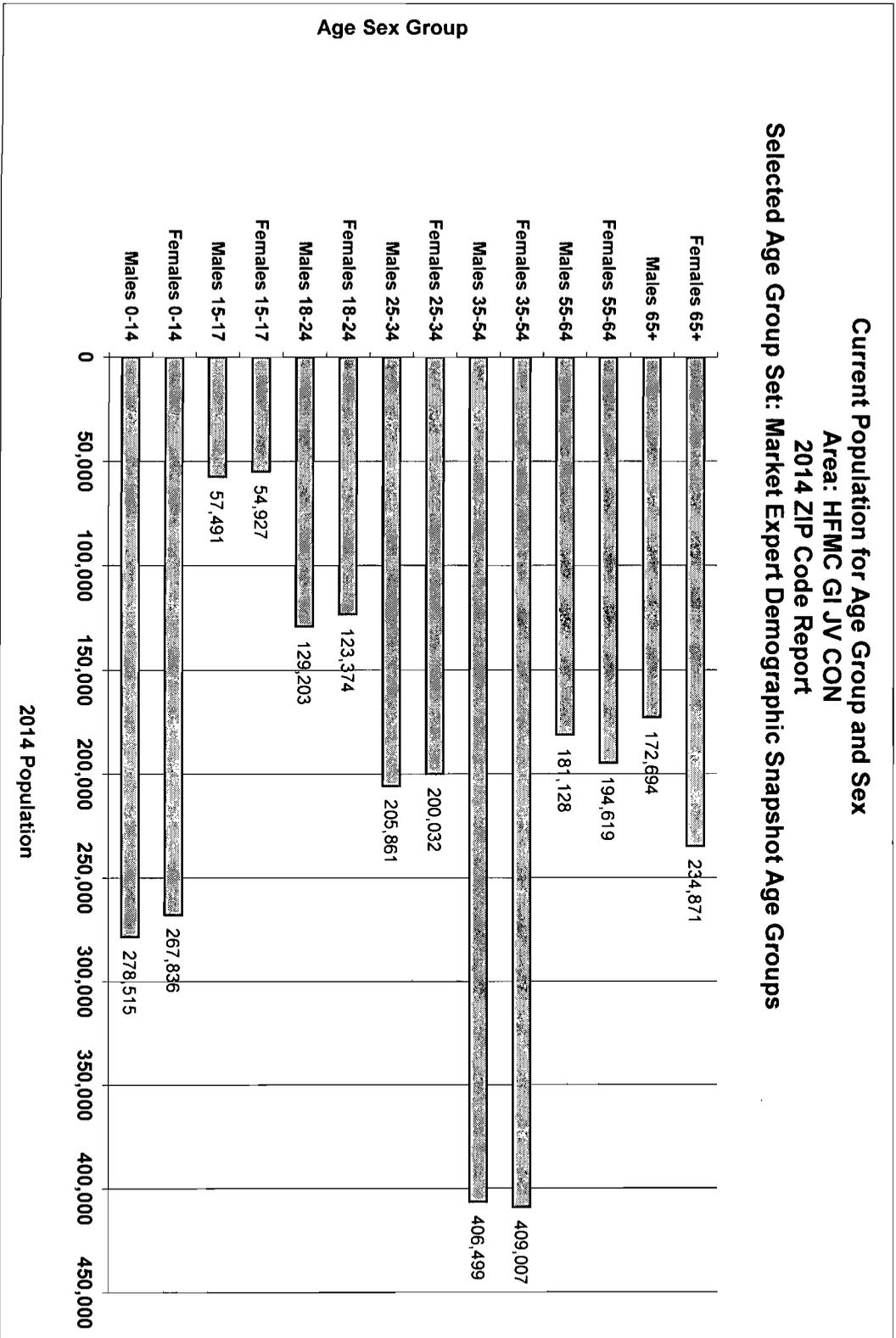
28

| | Males 65+ | Females 65+ |
|--|-----------|-------------|
| | 2,195 | 3,292 |
| | 2,698 | 3,528 |
| | 2,194 | 3,334 |
| | 2,154 | 2,800 |
| | 1,608 | 1,896 |
| | 2,201 | 2,570 |
| | 946 | 1,328 |
| | 1,087 | 1,447 |
| | 1,679 | 2,192 |
| | 1,732 | 2,371 |
| | 2,972 | 4,159 |
| | 746 | 1,094 |
| | 935 | 1,223 |
| | 2,389 | 3,221 |
| | 1,465 | 1,707 |
| | 39 | 24 |
| | 779 | 929 |
| | 3,117 | 4,583 |
| | 1,194 | 1,769 |
| | 1,522 | 2,171 |
| | 583 | 668 |
| | 192 | 219 |
| | 1,125 | 1,564 |
| | 542 | 743 |
| | 329 | 430 |
| | 1,165 | 1,659 |
| | 163 | 180 |
| | 1,612 | 2,261 |
| | 580 | 826 |

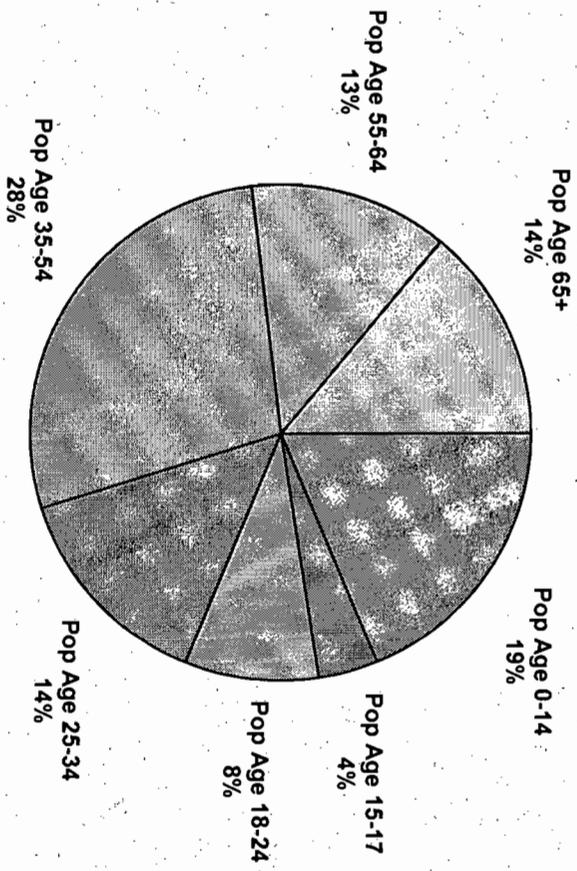
| | Males 65+ | Females 65+ |
|--|-----------|-------------|
| | 1,371 | 1,786 |
| | 526 | 628 |
| | 621 | 775 |
| | 1,577 | 2,064 |
| | 1,119 | 1,387 |
| | 874 | 952 |
| | 2,594 | 3,680 |
| | 1,161 | 1,929 |
| | 161 | 201 |
| | 2,514 | 3,784 |
| | 1,518 | 2,226 |
| | 387 | 513 |
| | 43 | 69 |
| | 137 | 265 |
| | 1,797 | 2,557 |
| | 792 | 1,020 |
| | 772 | 977 |
| | 1,923 | 2,911 |
| | 1,166 | 1,267 |
| | 1,392 | 1,841 |
| | 860 | 1,209 |
| | 3,260 | 4,609 |
| | 1,556 | 2,007 |
| | 3,011 | 3,933 |
| | 2,075 | 2,595 |
| | 3,077 | 4,464 |
| | 2,128 | 3,550 |
| | 4,499 | 6,413 |
| | 2,913 | 3,897 |

| | Males 65+ | Females 65+ |
|--|-----------|-------------|
| | 3,327 | 4,688 |
| | 3,042 | 4,234 |
| | 2,418 | 3,379 |
| | 2,104 | 2,862 |
| | 2,526 | 3,208 |
| | 2,008 | 2,882 |
| | 2,188 | 2,915 |
| | 2,228 | 2,929 |
| | 0 | 0 |
| | 1,989 | 3,038 |
| | 2,403 | 3,562 |
| | 1,296 | 1,658 |
| | 3,195 | 4,828 |
| | 172,694 | 234,871 |

Current Population for Age Group and Sex
 Area: HFMC GI JV CON
 2014 ZIP Code Report
 Selected Age Group Set: Market Expert Demographic Snapshot Age Groups



Current Population by Age Group
Area: HFMC GI JV CON
2014 ZIP Code Report
Selected Age Group Set: Market Expert Demographic Snapshot Age Groups



Purpose

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

See response to number 1, above.

4. Cite the sources of the information provided as documentation.

Sources include patient origin data from Presence PHFMC, the Lakeshore Gastroenterology practice, information regarding public transit, Mapquest and Claritas.

Purpose

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

See response to 1 above. The project will allow for user friendly access to an outpatient service (endoscopy) that is currently provided in an inpatient hospital setting. This setting is more costly and less user friendly. It also will allow alignment between the physician specialists and PHFMC, such that the results and follow-up care can be better monitored between the physician practice and PHFMC, which will improve outcomes and patient communication. The project will follow the Navigator model, which calls for a patient advocate to be present to help the patient through the process of receiving IV sedation, being transferred to the procedure room, "recovering" to the point of readiness to send home and providing information about test results and follow up. It also will provide information pre-testing regarding the prep for colonoscopy and will address patient's need in transportation home after the test itself, and any other issues the patient may have upon discharge.

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

There are no quantifiable and measureable objectives, other than lower cost care and more effective management of a fairly straight forward outpatient surgical procedure, which is becoming more and more common giving the aging of the "baby boomer" population, which is recommended to have testing beginning at age 50 – 60 based on risk factors. This population is expected to grow by approximately 10-15% between 2010 to 2020.

Alternatives

The alternatives to the project were few. The only real alternative is one the HFSRB does not consider, which is "doing nothing" and continuing to provide endoscopy as a hospital based service. The cost of this alternative was zero, but it was not seriously considered given the ultimate goals and objectives of the project.

Another alternative was to establish a joint venture to obtain a surgery center license, but have PHFMC be the minority owner versus the majority owner. The cost of this alternative would have been the same, but the return on PHFMC investment would have been less. Given the fact that PHFMC is a NFP, this was not a viable alternative.

Another alternative was to locate the ASC off PHFMC campus. This alternative would cost approximately the same as the chosen alternative assuming similar space could be obtained. It was rejected because the location on PHFMC's campus is much more accessible to the community served and convenient for both patients and Medical staff members.

The chosen alternative does include pursuing a joint venture.

The option of having other health care providers serve the population to be served is currently in place. However, this option is more costly (hospital based outpatient surgery is more costly than ASC based as per attached charge comparison), less convenient for patients and does not achieve the same physician-hospital based alignment as the proposed joint venture.

The chosen alternative was considered a positive one for patient centered care, which is why PHFMC chose to pursue same.

Size of Project

| SIZE OF PROJECT | | | | |
|---------------------------|---------------------------|-----------------------|-------------------|----------------------|
| DEPARTMENT/SERVICE | PROPOSED BGSF/DGSF | STATE STANDARD | DIFFERENCE | MET STANDARD? |
| Clinical* | 2,196 DGSF | 2075-2750 | 1,098 DSF per OR | Yes |
| Non Clinical | 1,774 | N/A | N/A | N/A |

*Any area where patient is taken and present after leaving patient registration and waiting rooms/area.

The size is necessary and not excessive because the Applicant has documented sufficient surgical volume for two operating rooms. There will be six prep and recovery areas (three for each operating room) as required by Illinois regulations.

| UTILIZATION | | | | | |
|--------------------|---------------------------|--|----------------------------------|---------------------------|--------------------------|
| | DEPT./ SERVICE | HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC. | PROJECTED UTILIZATION | STATE STANDARD | MET STANDARD? |
| YEAR 1 | ASC | 2,728* | 1,500 OR 650 OR | 1,500 hours per OR | Yes |
| YEAR 2 | ASC | 2,728* | As Above | | Yes |
| | | | | | |

See below for calculation on project services utilization.

The surgery center will operate 2 ORs and anticipates 2,728 procedures at a minimum. At an average rate of 1.00 hour per procedure this volume supports the need for 2 operating rooms at 1500 hours of surgery per OR per year.

*procedures

I, Pamela Bell, attest that the proposed ASC will meet the occupancy standards required of it within 24 months of its operation. My conclusion is based on Lakeshore Gastroenterology historical practice referrals and utilization, as described herein.

Pamela Bell
Pamela Bell, Administrator

Subscribed and sworn to before me this
21 day of January, 2015

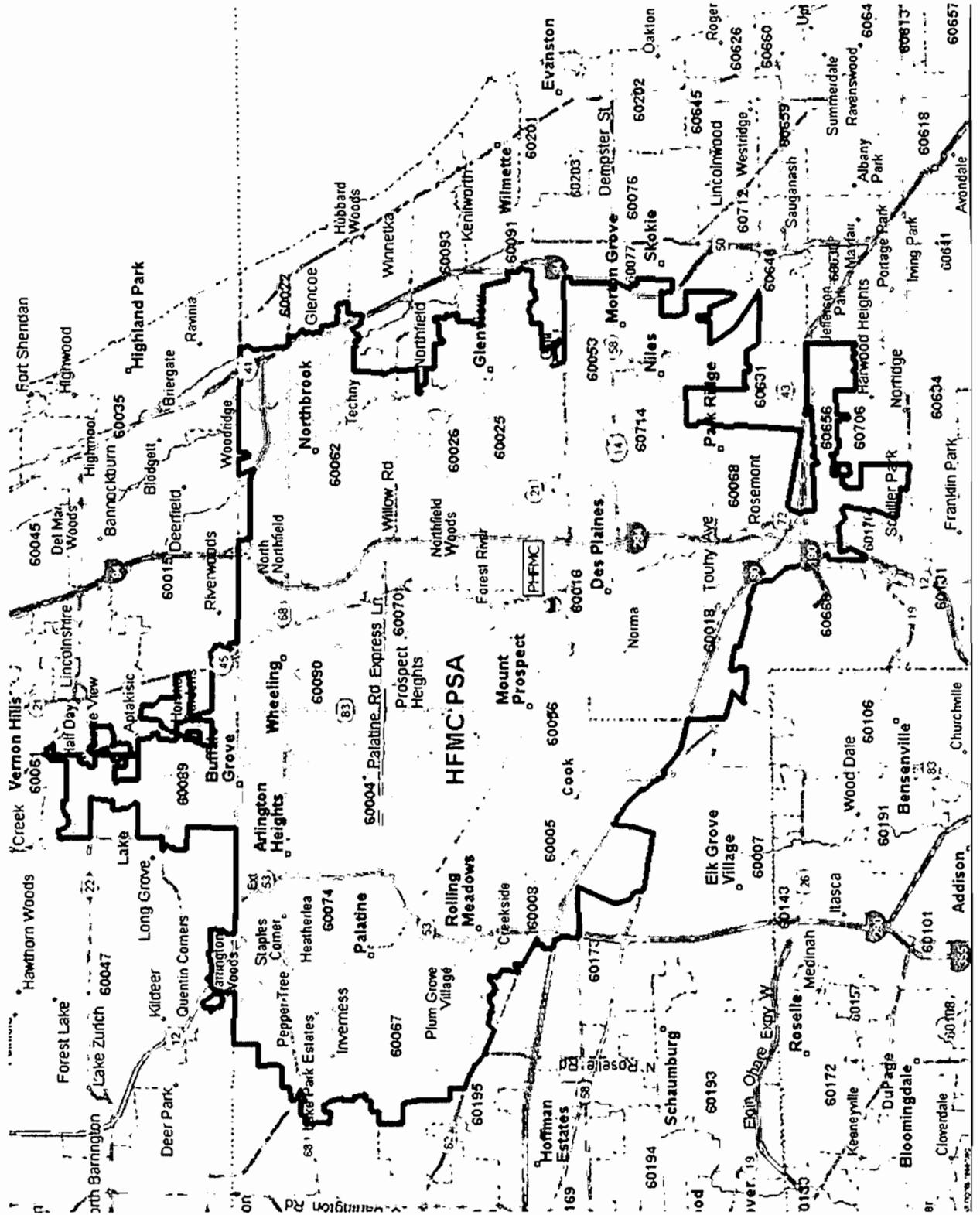
Marie A. Singleton
Notary Public



1110.1540(b)

See attached map of the PHFMC current service area and target area for the proposed ASC to be located in an adjacent MOB simultaneously with PHFMC shutting down its two procedure rooms. The service area is a 30 minute radius, based on Mapquest drive times. Also attached are referrals by zip code for the physician practice that will be primarily referring patients. The general population in the USA is approximately 3 million per US Census estimates for the zip codes at issue.

Presence Holy Family Medical Center Outpatient Primary Service Area (75% of all Outpatient cases)



CY 2014 Endoscopy Referrals for Lakeshore GI

Source: Lakeshore GI Physicians; unique patient account numbers

| | |
|--|------|
| WEST SUBURBAN HOSPITAL OP | 3009 |
| LAKESHORE GI LIVER INST DP | 1850 |
| LAKESHORE GI LIVER INST AH | 1268 |
| LAKESHORE GI LIVER INST OP | 1205 |
| NORTHWEST COMMUNITY HOSPITAL - IP | 842 |
| LUTHERAN GEN HOSPITAL IP | 624 |
| WEST SUBURBAN HOSPITAL IP | 618 |
| RPP GASTRO LS GI | 618 |
| LUTHERAN GEN HOSPITAL OP | 289 |
| NORTHWEST COMMUNITY HOSPITAL - OP | 134 |
| HOLY FAMILY MEDICAL CENTER IP | 117 |
| LAKESHORE GI LIVER INST PR | 84 |
| HOLY FAMILY MEDICAL CENTER OP | 36 |
| WESTLAKE IP | 32 |
| WESTLAKE OP | 32 |
| OUR LADY OF THE RESURRECTION MEDICAL CENTER IP | 12 |
| FULLERTON SURGERY CENTER INC. | 5 |

Grand Total

10775

CY 2014 Patient Origin for all Endoscopy Referrals for Lakeshore GI

Source: Lakeshore GI Physicians; unique patient account numbers

| Zip | Count |
|-------|-------|
| 60644 | 778 |
| 60016 | 598 |
| 60651 | 594 |
| 60302 | 544 |
| 60056 | 504 |
| 60004 | 362 |
| 60639 | 351 |
| 60005 | 320 |
| 60067 | 274 |
| 60068 | 267 |
| 60707 | 267 |
| 60714 | 251 |
| 60304 | 244 |
| 60018 | 220 |
| 60090 | 210 |
| 60074 | 195 |
| 60008 | 181 |
| 60089 | 166 |
| 60634 | 158 |
| 60624 | 150 |
| 60153 | 142 |
| 60104 | 135 |
| 60130 | 129 |
| 60305 | 126 |
| 60053 | 126 |
| 60402 | 120 |
| 60631 | 112 |
| 60646 | 95 |
| 60630 | 93 |
| 60070 | 90 |
| 60025 | 86 |
| 60047 | 82 |
| 60007 | 79 |
| 60656 | 79 |
| 60641 | 72 |
| 60193 | 71 |
| 60804 | 71 |
| 60062 | 69 |
| 60706 | 64 |
| 60623 | 63 |
| 60160 | 63 |

| | |
|-------|----|
| 60010 | 62 |
| 60154 | 52 |
| 60164 | 49 |
| 60169 | 48 |
| 60155 | 47 |
| 60077 | 46 |
| 60162 | 44 |
| 60612 | 43 |
| 60131 | 37 |
| 60076 | 37 |
| 60173 | 34 |
| 60618 | 33 |
| 60171 | 33 |
| 60192 | 33 |
| 60194 | 33 |
| 60546 | 30 |
| 60107 | 30 |
| 60647 | 28 |
| 60625 | 27 |
| 60172 | 25 |
| 60301 | 24 |
| 60191 | 23 |
| 60176 | 23 |
| 60026 | 23 |
| 60103 | 21 |
| 60142 | 20 |
| 60015 | 20 |
| 60061 | 19 |
| 60660 | 18 |
| 60640 | 18 |
| 60659 | 18 |
| 60102 | 18 |
| 60629 | 18 |
| 60513 | 18 |
| 60163 | 17 |
| 60106 | 17 |
| 60126 | 17 |
| 60148 | 17 |
| 60073 | 16 |
| 60060 | 16 |
| 60195 | 16 |
| 60645 | 16 |
| 60608 | 16 |
| 60013 | 14 |
| 60156 | 14 |
| 60607 | 14 |
| 60101 | 14 |

| | |
|-------|----|
| 60046 | 14 |
| 60626 | 14 |
| 60638 | 14 |
| 60069 | 13 |
| 60526 | 13 |
| 60657 | 13 |
| 60712 | 13 |
| 60610 | 13 |
| 60440 | 13 |
| 60108 | 12 |
| 60133 | 12 |
| 60030 | 12 |
| 60615 | 12 |
| 60110 | 12 |
| 60534 | 12 |
| 60014 | 12 |
| 60649 | 12 |
| 60525 | 12 |
| 60201 | 12 |
| 60202 | 12 |
| 60616 | 11 |
| 60139 | 11 |
| 60617 | 11 |
| 60120 | 11 |
| 60031 | 11 |
| 60035 | 11 |
| 60085 | 11 |
| 60614 | 10 |
| 60517 | 10 |
| 60050 | 10 |
| 60504 | 10 |
| 60091 | 10 |
| 60632 | 9 |
| 60636 | 9 |
| 60621 | 9 |
| 60619 | 8 |
| 60653 | 8 |
| 60118 | 8 |
| 60188 | 8 |
| 60637 | 8 |
| 60527 | 8 |
| 60143 | 8 |
| 60124 | 7 |
| 60643 | 7 |
| 60012 | 7 |
| 60051 | 7 |
| 60453 | 7 |

| | |
|-------|---|
| 60609 | 7 |
| 60181 | 7 |
| 60099 | 7 |
| 60613 | 7 |
| 60611 | 7 |
| 60020 | 6 |
| 60446 | 6 |
| 60137 | 6 |
| 60523 | 6 |
| 60605 | 6 |
| 60620 | 6 |
| 60165 | 6 |
| 60622 | 6 |
| 60002 | 6 |
| 60045 | 5 |
| 60654 | 5 |
| 60084 | 5 |
| 60628 | 5 |
| 60123 | 5 |
| 60563 | 4 |
| 60098 | 4 |
| 60083 | 4 |
| 60642 | 4 |
| 60087 | 4 |
| 60490 | 4 |
| 60081 | 4 |
| 60503 | 4 |
| 60093 | 4 |
| 60177 | 4 |
| 60516 | 4 |
| 60652 | 4 |
| 60185 | 4 |
| 60048 | 4 |
| 60559 | 4 |
| 53147 | 3 |
| 60555 | 3 |
| 60435 | 3 |
| 60455 | 3 |
| 60443 | 3 |
| 60042 | 3 |
| 60157 | 3 |
| 60189 | 3 |
| 60078 | 3 |
| 60140 | 3 |
| 60174 | 3 |
| 60565 | 3 |
| 60303 | 3 |

| | |
|-------|---|
| 60803 | 3 |
| 60560 | 2 |
| 60459 | 2 |
| 60115 | 2 |
| 60491 | 2 |
| 60006 | 2 |
| 60502 | 2 |
| 60136 | 2 |
| 60187 | 2 |
| 53142 | 2 |
| 60451 | 2 |
| 60540 | 2 |
| 60506 | 2 |
| 60462 | 2 |
| 60511 | 2 |
| 60690 | 2 |
| 60184 | 2 |
| 60411 | 2 |
| 61104 | 2 |
| 60426 | 2 |
| 60141 | 2 |
| 60458 | 2 |
| 60564 | 2 |
| 46373 | 2 |
| 60454 | 2 |
| 60544 | 2 |
| 60585 | 2 |
| 60554 | 2 |
| 60601 | 2 |
| 60473 | 2 |
| 60521 | 2 |
| 60680 | 2 |
| 60457 | 2 |
| 60041 | 2 |
| 60011 | 2 |
| 60406 | 2 |
| 60021 | 2 |
| 61065 | 2 |
| 60515 | 2 |
| 60096 | 2 |
| 60439 | 2 |
| 60471 | 1 |
| 29615 | 1 |
| 53045 | 1 |
| 47374 | 1 |
| 62979 | 1 |
| 60119 | 1 |

| | |
|-------|---|
| 13617 | 1 |
| 30043 | 1 |
| 60805 | 1 |
| 30518 | 1 |
| 61740 | 1 |
| 60190 | 1 |
| 85016 | 1 |
| 60532 | 1 |
| 60478 | 1 |
| 53144 | 1 |
| 52722 | 1 |
| 20735 | 1 |
| 60175 | 1 |
| 60541 | 1 |
| 61008 | 1 |
| 60542 | 1 |
| 61201 | 1 |
| 60543 | 1 |
| 62259 | 1 |
| 33955 | 1 |
| 72653 | 1 |
| 60017 | 1 |
| 53125 | 1 |
| 32118 | 1 |
| 60477 | 1 |
| 60197 | 1 |
| 60487 | 1 |
| 60558 | 1 |
| 60499 | 1 |
| 21230 | 1 |
| 60661 | 1 |
| 47714 | 1 |
| 60510 | 1 |
| 60561 | 1 |
| 28270 | 1 |
| 60203 | 1 |
| 60915 | 1 |
| 53158 | 1 |
| 61028 | 1 |
| 34134 | 1 |
| 61107 | 1 |
| 53191 | 1 |
| 61335 | 1 |
| 37075 | 1 |
| 61822 | 1 |
| 60602 | 1 |
| 62471 | 1 |

| | |
|-------------|-------|
| 61364 | 1 |
| 33317 | 1 |
| 61761 | 1 |
| 60159 | 1 |
| 61832 | 1 |
| 60633 | 1 |
| 62449 | 1 |
| 42081 | 1 |
| 62557 | 1 |
| 49106 | 1 |
| 63025 | 1 |
| 60161 | 1 |
| 70806 | 1 |
| 08054 | 1 |
| 74129 | 1 |
| 46038 | 1 |
| 80231 | 1 |
| 11787 | 1 |
| 85614 | 1 |
| 60464 | 1 |
| 91602 | 1 |
| 60465 | 1 |
| 60467 | 1 |
| | 1 |
| 60403 | 1 |
| Grand Total | 10775 |

1110.1540(c)

Per the attached referral letter, the referrals anticipated will be 2,527. This is based on 2014 historical referral volume for the physicians who will be referring patients. The attached referral letter addresses where patients have been referred in the past and affirms the GSA to be served.

{

January 29, 2015

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, IL 62761

Re: Physician Referral Letter for Proposed Presence Lakeshore GI Endoscopy, LLC

Dear Ms. Avery:

I am a Gastroenterologist who specializes in Endoscopy Procedures. I own and operate the Lakeshore Gastroenterology and Liver Disease Institute, S.C. Over the past twelve months (January 2014-December 2014), Lakeshore Gastroenterology and Liver Disease Institute, S.C. has referred a total of 7,523 outpatient cases in this Specialty, as referenced below. Lakeshore Gastroenterology and Liver Disease Institute, S.C. has performed over 8,393 endoscopies in the same period. Lakeshore Gastroenterology and Liver Disease Institute, S.C. endoscopic caseload will constitute the majority of the work to be referred to the proposed Presence Lakeshore GI Endoscopy, LLC in the future.

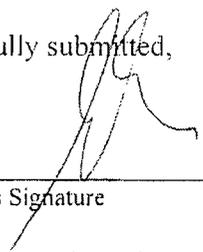
Over a twelve month time frame, I referred my ASC cases in this Specialty to the following health care facilities, which includes hospitals and/or ambulatory surgical treatment centers ("ASTCs"). The average time per surgical case including set up and clean-up is one hour. I expect to refer the following percentage of ASC surgical cases to the limited specialty ASTC that will be operated by Presence Lakeshore GI Endoscopy, LLC (the "CON Permit Applicant"), as shown in the chart below. The referred patients will reside within the CON Permit Applicant's proposed geographic service area.

| Name and Address of Healthcare Facility | Type of Healthcare Facility (ASTC, Hospital or Other) | Number of Surgical Cases Referred Period | Percentage of cases to be referred to Presence Lakeshore GI Endoscopy, LLC |
|---|---|--|--|
| West Suburban Medical Center | Hospital | 3,627 | 30% |
| Northwest Community Hospital | Hospital | 1657 | 40% |
| Advocate Lutheran General Hospital | Hospital | 1860 | 35% |
| Westlake Hospital | Hospital | 64 | 20% |
| Community First Medical Center | Hospital | 12 | 100% |
| Fullerton Surgery Center | ASTC | 5 | 100% |
| Presence Holy Family Medical Center | Hospital | 298 | 100% |
| | Total | 7,523 | 2728 |

In fact, I think the number of referrals will be even higher than the historical referrals due to the anticipated increase in demand for endoscopies (see attached).

I certify that the aforementioned referrals have not been used to support another pending or approved certificate of need permit application. I further certify that the information provided in this letter is true and correct to the best of my knowledge.

Respectfully submitted,



Physician's Signature

Mani Mandavian MD.

Physician's Name

403 Old Mill Circle.

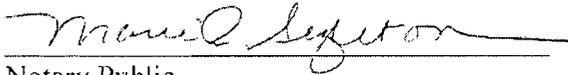
Street Address

Lisle, IL 60532.

City, State & Zip Code

NOTARY:

Subscribed and sworn to me this 29 day of January, 2015.



Notary Public

Seal:



Criterion 1110.1540(d)
Treatment Room Need Assessment

Number of Rooms Proposed

The Applicants are proposing to establish a single specialty ASTC with two (2) operating rooms and six (6) recovery areas.

Estimated Time Per Procedure

The Applicant estimates that the average length of time per procedure will average 1.00 hour, which includes time for surgery preparation and post-surgery clean up. Total surgical hours based on the projected cases of 2,728 is 2,728 surgical hours. This supports the need for two operating rooms. In addition, the endoscopy center will be open to referrals from physicians other than the Lakeshore Gastroenterology Institute, S.C.

The above time frames are arrived at based on many years of experience in performing the procedures at issue.

Criterion 1110.1540(e)
Impact on Other Facilities

The Applicant does not believe the proposed ASC will negatively impact other area facilities. The physicians who will refer patients currently utilize PHFMC, Lutheran General Hospital and Northwest Community Hospital. While this project may divert endoscopy services that are performed at other area hospitals, the impact will be minimal and not significant. However, providing these services in an outpatient setting will be less costly and much more user friendly for the patients served.

Please note the following:

- A copy of the impact letter sent to surgical facilities located within the Applicant's proposed geographic service area, along with a list of the health care facilities receiving the impact letter, are provided with this application. See Appendix 1 for the impact letters.
- The MapQuest sheets calculating the time and distance to each health care facility receiving an impact letter are attached hereto as Appendix 2, which provide evidence that each facility is located within thirty (30) minutes of the Applicant's proposed site for the ASTC.
- Copies of the certified mail return receipts evidencing receipt of the impact letter, and any copies of written responses that the Applicant received prior to the submission of this CON permit application, are attached hereto as Appendix 3.
- Any responses to the impact letter that are received by the Applicant following the submission of this CON permit application will be forwarded to the Health Facilities and Services Review Board staff.

Criterion 1110.1540(f)
Establishment of New Facilities

Services Proposed for New ASTC

The facility will offer endoscopy procedures. These procedures are available within the GSA. Some are done at PHFMC. It is going to cease doing procedures in its two procedure rooms when the proposed ASC (also two rooms) is ready to treat patients. The Hospitals surgical utilization data for the past 12 months for the current endoscopy suites is attached.

PHFMC will not increase the number of procedure rooms dedicated to endoscopy until after the proposed ASC is at target capacity. The proposed ASC's charges for endoscopy will be lesser than or comparable to the charges for endoscopy at PHFMC.



Pamela Bell

Title: Administrator

Subscribed and sworn to before me this
29 day of January, 2015.



Notary Public



Surgery and Operating Room Utilization

| Surgical Specialty | Operating Rooms | | | | Surgical Cases | | Surgical Hours | | | Hours per Case | |
|--------------------|-----------------|------------|----------|----------|----------------|-------------|----------------|-------------|-------------|----------------|------------|
| | Inpatient | Outpatient | Combined | Total | Inpatient | Outpatient | Inpatient | Outpatient | Total Hours | Inpatient | Outpatient |
| Cardiovascular | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| Dermatology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| General | 0 | 0 | 2 | 2 | 88 | 277 | 88 | 305 | 393 | 1.0 | 1.1 |
| Gastroenterology | 0 | 0 | 0 | 0 | 74 | 5 | 59 | 3 | 62 | 0.8 | 0.6 |
| Neurology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| OB/Gynecology | 0 | 0 | 0 | 0 | 0 | 8 | 0 | 6 | 6 | 0.0 | 0.8 |
| Oral/Maxillofacial | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| Ophthalmology | 0 | 0 | 2 | 2 | 0 | 662 | 0 | 463 | 463 | 0.0 | 0.7 |
| Orthopedic | 0 | 0 | 0 | 0 | 5 | 20 | 7 | 42 | 49 | 1.4 | 2.1 |
| Otolaryngology | 0 | 0 | 0 | 0 | 14 | 8 | 14 | 12 | 26 | 1.0 | 1.5 |
| Plastic Surgery | 0 | 0 | 0 | 0 | 0 | 252 | 0 | 731 | 731 | 0.0 | 2.9 |
| Podiatry | 0 | 0 | 0 | 0 | 6 | 131 | 8 | 236 | 244 | 1.3 | 1.8 |
| Thoracic | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| Urology | 0 | 0 | 1 | 1 | 3 | 7 | 2 | 10 | 12 | 0.7 | 1.4 |
| Totals | 0 | 0 | 5 | 5 | 190 | 1370 | 178 | 1808 | 1986 | 0.9 | 1.3 |

| | | | | |
|-----------------------------------|---------------------------|----|---------------------------|----|
| SURGICAL RECOVERY STATIONS | Stage 1 Recovery Stations | 13 | Stage 2 Recovery Stations | 21 |
|-----------------------------------|---------------------------|----|---------------------------|----|

Dedicated and Non-Dedicated Procedure Room Utilization

| Procedure Type | Procedure Rooms | | | | Surgical Cases | | Surgical Hours | | | Hours per Case | |
|----------------------|-----------------|------------|----------|-------|----------------|------------|----------------|------------|-------------|----------------|------------|
| | Inpatient | Outpatient | Combined | Total | Inpatient | Outpatient | Inpatient | Outpatient | Total Hours | Inpatient | Outpatient |
| Gastrointestinal | 0 | 0 | 2 | 2 | 7 | 793 | 4 | 555 | 559 | 0.6 | 0.7 |
| Laser Eye Procedures | 0 | 0 | 1 | 1 | 0 | 52 | 0 | 16 | 16 | 0.0 | 0.3 |
| Pain Management | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| Cystoscopy | 0 | 0 | 1 | 1 | 0 | 6 | 0 | 3 | 3 | 0.0 | 0.5 |

Multipurpose Non-Dedicated Rooms

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|-----|-----|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 |

Emergency/Trauma Care

| | |
|---|---------------------------|
| Certified Trauma Center | No |
| Level of Trauma Service | Level 1 (Not Answered) |
| Operating Rooms Dedicated for Trauma Care | Level 2 Not Answered |
| Number of Trauma Visits: | 0 |
| Patients Admitted from Trauma | 0 |
| Emergency Service Type: | Stand-By |
| Number of Emergency Room Stations | 0 |
| Persons Treated by Emergency Services: | 0 |
| Patients Admitted from Emergency: | 0 |
| Total ED Visits (Emergency+Trauma): | 0 |

Free-Standing Emergency Center

| | |
|---|---|
| Beds in Free-Standing Centers | 0 |
| Patient Visits in Free-Standing Centers | 0 |
| Hospital Admissions from Free-Standing Center | 0 |

Outpatient Service Data

| | |
|--|--------|
| Total Outpatient Visits | 34,181 |
| Outpatient Visits at the Hospital/ Campus: | 34,181 |
| Outpatient Visits Offsite/off campus | 0 |

Cardiac Catheterization Labs

| | |
|--|---|
| Total Cath Labs (Dedicated+Nondedicated labs): | 0 |
| Cath Labs used for Angiography procedures | 0 |
| Dedicated Diagnostic Catheterization Lab | 0 |
| Dedicated Interventional Catheterization Labs | 0 |
| Dedicated EP Catheterization Labs | 0 |

Cardiac Catheterization Utilization

| | |
|---|---|
| Total Cardiac Cath Procedures: | 0 |
| Diagnostic Catheterizations (0-14) | 0 |
| Diagnostic Catheterizations (15+) | 0 |
| Interventional Catheterizations (0-14): | 0 |
| Interventional Catheterization (15+) | 0 |
| EP Catheterizations (15+) | 0 |

Cardiac Surgery Data

| | |
|--|---|
| Total Cardiac Surgery Cases: | 0 |
| Pediatric (0 - 14 Years): | 0 |
| Adult (15 Years and Older): | 0 |
| Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases : | 0 |

| Diagnostic/Interventional Equipment | Examinations | | | Therapeutic Equipment | | | Therapies/ Treatments | | |
|-------------------------------------|--------------|----------|-----------|-----------------------|----------|------------------------------|--------------------------|----------|---|
| | Owned | Contract | Inpatient | Outpt | Contract | Owned | | Contract | |
| General Radiography/Fluoroscopy | 7 | 0 | 6,107 | 3,354 | 0 | Lithotripsy | 0 | 0 | 0 |
| Nuclear Medicine | 1 | 0 | 51 | 148 | 0 | Linear Accelerator | 0 | 0 | 0 |
| Mammography | 2 | 0 | 0 | 3,438 | 0 | Image Guided Rad Therapy | | | 0 |
| Ultrasound | 3 | 0 | 821 | 2,386 | 0 | Intensity Modulated Rad Thrp | | | 0 |
| Angiography | 0 | 0 | | | | High Dose Brachytherapy | 0 | 0 | 0 |
| Diagnostic Angiography | | | 0 | 0 | 0 | Proton Beam Therapy | 0 | 0 | 0 |
| Interventional Angiography | | | 0 | 0 | 0 | Gamma Knife | 0 | 0 | 0 |
| Positron Emission Tomography (PET) | 0 | 0 | 0 | 0 | 0 | Cyber knife | 0 | 0 | 0 |
| Computized Axial Tomography (CAT) | 1 | 0 | 1,470 | 557 | 0 | | | | |
| Magnetic Resonance Imaging | 1 | 0 | 0 | 494 | 0 | | | | |

| <u>Ownership, Management and General Information</u> | | <u>Patients by Race</u> | | <u>Patients by Ethnicity</u> | |
|--|---------------------------------------|-------------------------|-------------|------------------------------|----------------------|
| ADMINISTRATOR NAME: | John D Baird | White | 61.6% | Hispanic or Latino: | 6.5% |
| ADMINSTRATOR PHONE | 773-792-5153 | Black | 4.5% | Not Hispanic or Latino: | 83.8% |
| OWNERSHIP: | Presence Holy Family Medical Center | American Indian | 0.3% | Unknown: | 9.7% |
| OPERATOR: | Presence Holy Family Medical Center | Asian | 2.7% | | |
| MANAGEMENT: | Church-Related | Hawaiian/ Pacific | 0.3% | IDPH Number: | 1008 |
| CERTIFICATION: | Long-Term Acute Care Hospital (LTACH) | Unknown | 30.6% | HPA | A-07 |
| FACILITY DESIGNATION: | (Not Answered) | | | HSA | 7 |
| ADDRESS | 100 North River Road | CITY: | Des Plaines | COUNTY: | Suburban Cook County |

Facility Utilization Data by Category of Service

| <u>Clinical Service</u> | Authorized CON Beds 12/31/2013 | Peak Beds Setup and Staffed | Peak Census | Admissions | Inpatient Days | Observation Days | Average Length of Stay | Average Daily Census | CON Occupancy Rate % | Staffed Bed Occupancy Rate % |
|-----------------------------|-----------------------------------|-----------------------------|-------------|--------------|----------------|------------------|------------------------|----------------------|----------------------|------------------------------|
| Medical/Surgical | 59 | 23 | 13 | 597 | 2,259 | 0 | 3.8 | 6.2 | 10.5 | 26.9 |
| 0-14 Years | | | | 0 | 0 | | | | | |
| 15-44 Years | | | | 337 | 1,189 | | | | | |
| 45-64 Years | | | | 240 | 945 | | | | | |
| 65-74 Years | | | | 17 | 69 | | | | | |
| 75 Years + | | | | 3 | 56 | | | | | |
| Pediatric | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Intensive Care | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Direct Admission | | | | 0 | 0 | | | | | |
| Transfers | | | | 0 | 0 | | | | | |
| Obstetric/Gynecology | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Maternity | | | | 0 | 0 | | | | | |
| Clean Gynecology | | | | 0 | 0 | | | | | |
| Neonatal | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Long Term Care | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Swing Beds | | | 0 | 0 | 0 | | 0.0 | 0.0 | | |
| Acute Mental Illness | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Rehabilitation | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Long-Term Acute Care | 129 | 105 | 99 | 823 | 30729 | 0 | 37.3 | 84.2 | 65.3 | 80.2 |
| Dedicated Observation | 0 | | | | | 0 | | | | |
| Facility Utilization | 188 | | | 1,420 | 32,988 | 0 | 23.2 | 90.4 | 48.1 | |

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

| | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Charity Care | Totals |
|--------------------|----------|----------|--------------|-------------------|-------------|--------------|--------|
| Inpatients | 44.4% | 2.7% | 0.0% | 50.2% | 1.8% | 0.8% | |
| | 631 | 39 | 0 | 713 | 26 | 11 | 1,420 |
| Outpatients | 23.2% | 19.0% | 0.0% | 51.7% | 6.1% | 0.1% | |
| | 7913 | 6499 | 6 | 17662 | 2074 | 27 | 34,181 |

| <u>Financial Year Reported:</u> | 1/1/2013 to | 12/31/2013 | <u>Inpatient and Outpatient Net Revenue by Payor Source</u> | | | | Charity Care Expense | Total Charity Care Expense |
|---------------------------------|-------------|------------|---|-------------------|-------------|------------|----------------------|----------------------------|
| | Medicare | Medicaid | Other Public | Private Insurance | Private Pay | Totals | | |
| Inpatient Revenue (\$) | 74.8% | 8.3% | 0.0% | 13.1% | 3.8% | 100.0% | | 846,834 |
| | 38,546,472 | 4,258,943 | 0 | 6,751,181 | 1,955,563 | 51,512,159 | 706,227 | |
| Outpatient Revenue (\$) | 15.5% | 2.3% | 0.0% | 80.5% | 1.6% | 100.0% | | |
| | 2,803,667 | 419,195 | 0 | 14,511,828 | 296,769 | 18,031,459 | 140,607 | 1.2% |

| <u>Birthing Data</u> | | <u>Newborn Nursery Utilization</u> | | | <u>Organ Transplantation</u> | |
|---|---|------------------------------------|----------|-----------|------------------------------|---|
| Number of Total Births: | 0 | Level I | Level II | Level II+ | Kidney: | 0 |
| Number of Live Births: | 0 | Beds | 0 | 0 | Heart: | 0 |
| Birthing Rooms: | 0 | Patient Days | 0 | 0 | Lung: | 0 |
| Labor Rooms: | 0 | Total Newborn Patient Days | 0 | | Heart/Lung: | 0 |
| Delivery Rooms: | 0 | | | | Pancreas: | 0 |
| Labor-Delivery-Recovery Rooms: | 0 | | | | Liver: | 0 |
| Labor-Delivery-Recovery-Postpartum Rooms: | 0 | | | | Total: | 0 |
| C-Section Rooms: | 0 | Inpatient Studies | 126,197 | | | |
| CSections Performed: | 0 | Outpatient Studies | 39,378 | | | |
| | 0 | Studies Performed Under Contract | 6,358 | | | |

1110.1540(f)

6.b. The existing facilities in the area have restrictive admission practices.

To the Applicant's knowledge there is no written policy restricting admission at area facilities. However, many ASCs do not accept Medicaid patients or limit the number, and do not provide charity care. The proposed joint venture with Presence PHFMC will do so, and the ASC charity care policy/financial assistance policy will be consistent with the PHFMC financial assistance policy attached.

SYSTEM POLICY

Section: Finance

Policy #: PH-210-0002

Subject: Provision for Financial Assistance-Hospitals 2014

Page: 1 of 12

Executive Owner: Chief Financial Officer

Approval Date: 04/1/2012
Effective Date: 02/27/2014
Last Review Date: 02/21/2014
Revised Date: 02/21/2014
Supersedes: 05/1/2013

I. POLICY STATEMENT

- A. To promote the health and well-being of our communities, community residents with limited financial resources, and with no or insufficient insurance coverage shall be eligible for free or discounted hospital services as set forth in this Policy.
- B. Adoption of this Policy reflects the commitment of Presence Health hospitals to assure that patients with limited financial means have access to needed hospital services in a fair and equitable basis.
- C. This Policy is designed to be fully compliant with applicable law, including the Illinois Hospital Uninsured Patient Discount Act, the Illinois Fair Patient Billing Act, and Section 501 (r) of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act). In many respects, this Policy exceeds such legal requirements, reflecting our commitment to assuring that the poor and underserved have access to needed health care.

II. PURPOSE

This Policy sets forth the standards for providing Financial Assistance/Charity Care to hospital patients who lack ability to pay for medically necessary hospital services.

This Policy outlines the process and parameters for Presumptive Eligibility.

This Policy applies to hospital charges and not independent physicians or independent company billings.

III. MISSION / VALUES RATIONALE

Our Mission and Values call us to service those in need. Our hospitals have a long tradition of serving the poor and underserved members of our community. This Policy continues that tradition, while reflecting an appropriate stewardship of resources.

This Policy is one aspect of the many ways in which our hospitals promote the health care needs of the underserved. In addition to providing financial assistance in accordance with the Policy, each Presence Health hospital will continue to play a leadership role in identifying and responding to community health needs, in coordination and partnership with government and private organizations.

IV. SPECIAL INSTRUCTIONS

This Policy is applicable to all Presence Health hospital ministries.

V. DEFINITIONS

- A. **Automatic Uninsured Self-Pay Discount:** A discount of 40% of gross charges, provided to all uninsured patients without requiring evidence of inability to pay. This discount is designed to assure that patients are charged at a rate generally comparable to that applied to insured patients.
1. There is no application process for the patient to receive the uninsured discount. The discount is applied based on the account's self-pay/uninsured status.
 2. Patients receiving pre-negotiated discounts (package pricing) for hospital services will not be eligible for this uninsured discount.
 3. If a patient is subsequently approved for financial assistance/charity care the automatic uninsured discount will be reversed so that the full amount can be recognized as a charity allowance.
- B. **Catastrophic Discount:** A discount provided when the patient responsibility portion specific to medical care at Presence Health Hospitals, even after payment by third-party payers, exceeds a designated percentage of the patient's family annual gross income.
- C. **Charity Care:** Term often used to refer to the value (at cost) of free or discounted health care services provided to individuals who have been determined eligible for financial assistance based on financial need.
- D. **Episode of Care:** A monthly 30-day recurring account will qualify as an episode of care. Recurring accounts are created for patients receiving same type services on periodic basis. Examples of services provided on a periodic basis are physical therapy, occupational therapy, speech therapy, oncology services, laboratory services, etc.
- E. **Exempt Assets:** The following assets are considered "Exempt Assets" for purposes of this Policy, such that the value of such assets will not be considered in determining a patient's ability to pay or financial need: the patient's primary residence; personal property exempt from judgment under Section 12-1001 of the Code of Civil Procedure; or any amounts held in pension or retirement plan (however, distribution and payments from pension or retirement plans will be included as income).
- F. **Family:** The patient, his/her spouse (including a legal common law spouse) and his/her legal dependents according to the Internal Revenue Service rules. For example, if the patient claims someone as a dependent on his/her income tax return, they may be considered a dependent for purposes of the provision of financial assistance.
- G. **Family Income:** The sum of a family's gross annual earnings and cash benefits from all sources before taxes, less payment made for child support. Sources of income include but are not limited to: Gross wages, salaries, dividends, interest, Social Security benefits, workers compensation, training stipends, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.

H. **Financial Assistance Committee:** A team of hospital leaders that meets monthly to review data relating to financial assistance applications and determinations. The committee will consist of the hospital Chief Executive Officer, Chief Financial Officer, VP Mission Services, Revenue Integrity Director (or designee), Director of Case/Care Management, Patient Financial Counselor, or a similar mix of responsible hospital leaders.

I. **Financial Assistance Guidelines and Eligibility Criteria**

1. **General.** The Financial Assistance Guidelines and Eligibility Criteria below are designed to assure that patients with financial need are charged at a rate substantially less than insured patients, including the opportunity to receive 100% free care. The table below is used to determine the financial assistance discounts by tier for uninsured patients.

| Eligibility Criteria | | |
|----------------------------------|----------------------------------|-----------------------------------|
| Percentage of Poverty Guidelines | Discount Percentage | Annual Max Catastrophic Discount* |
| Up to 200% | 100% | n/a |
| 201 - 300% | 90% | 15% |
| 301 - 400% | 80% | 15% |
| 401 - 600% | 75% | 15% |
| Over 600% | Determined on an exception basis | Determined on an exception basis |

*Please see II Procedure; B. Determination of Eligibility, 3. Application of Catastrophic Discount

- 2. **Annual Updates of Criteria Levels.** The Federal Poverty Guideline calculations will also be updated annually in conjunction with the published updates by the United States Department of Health and Human Services. The Eligibility Criteria discount percentage will be updated annually based on the calculation set forth by the Illinois Uninsured Patient Discount Act and Section 501(r) of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act).
- 3. **Pre-negotiated Rates.** Patients receiving pre-negotiated discounts (package pricing) for hospital services will not be eligible for financial assistance.
- 4. **Financial Assistance to Certain Crime Victims.** Individuals who are deemed eligible by the State of Illinois to receive assistance under the Violent Crime Victims Compensation Act or the Sexual Assault Victims Compensation Act shall first be evaluated for eligibility for financial assistance based on the Financial Assistance Guidelines and Eligibility Criteria. Applications for reimbursement under such Crime Victims Funds will be made only to the extent of any remaining patient liability after the financial assistance eligibility determination is made.

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5. Financial Assistance for Insured Patients. Financial assistance/charity care in the form of 100% discounts (free care) is available for patient-liability amounts remaining after insurance payments, for insured patients who are Illinois residents with family gross income less than 200% of the Federal Poverty guidelines and after satisfying related co-payments/coinsurances up to \$300 per episode of care.
 6. Financial Assistance for Students. Financial Assistance/Charity care for students with income of 200% or less of the Federal Poverty Level will be eligible for a 100% reduction from charges (i.e., full charity write-off).
- J. **Illinois resident:** A person who currently lives in Illinois and who intends to remain living in Illinois indefinitely. Relocation to Illinois for the sole purpose of receiving health care benefits does not satisfy the residency requirement. Acceptable verification of Illinois residency shall include any one (1) of the following:
1. Any of the documents listed in Paragraph (K);
 2. A valid state-issued identification card or driver's license;
 3. A recent residential utility bill;
 4. A lease agreement (for housing);
 5. A vehicle registration card;
 6. A voter registration card;
 7. Mail addressed to the uninsured patient at an Illinois address from a government or other credible source;
 8. A statement from a family member of the uninsured patient who resides at the same address and presents verification of residency; or
 9. A letter from a homeless shelter, transitional house or other similar facility verifying that the uninsured patient resides at the facility.
- K. **Income Documentation:** Acceptable family income documentation shall include any one (1) of the following:
1. A copy of the most recent tax return;
 2. A copy of the most recent W-2 form and 1099 forms, or similar forms issued to members of partnerships, limited liability companies or other entities;
 3. Copies of the two (2) most recent pay stubs;
 4. Written income verification from an employer if paid in cash; or
 5. One (1) other reasonable form of third party income verification deemed acceptable to the hospital.
- L. **Medically Necessary Service:** Any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by a hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient. A "medically necessary" service does not include any of the following: (1) non-medical services such as social and vocational services; or (2) elective cosmetic surgery, but not plastic surgery designed to correct disfigurement caused by injury, illness or congenital defect or deformity.

M. **Presumptive Financial Assistance/Charity Care Eligibility:** Presumptive eligibility for financial assistance/charity care for uninsured patients will be determined on the basis of certain factors that indicate financial need as set forth in Section VI.D below. When such factors are present, a patient is deemed to have family income of 200% or less of the Federal Poverty Level, and therefore eligible for a 100% reduction from charges (i.e., full charity write-off). Patients will receive a minimum of one statement to provide a summary of services and account information.

N. **Uninsured Patient:**

1. A patient of a hospital who is not covered under any commercial health insurance Policy (including third party liability coverage) and is not a beneficiary or eligible to be covered by any governmental or other coverage program, including Medicare, Medicaid, TriCare, high deductible insurance, or other coverage arrangements.
2. If an insured patient's coverage is exhausted, or the patient's insurance does not cover the Medically Necessary hospital service provided to the patient, the patient will be considered uninsured for purposes of financial assistance and the uninsured discount will also apply to these cases.

VI. PROCEDURE

A. **Identification of Potentially Eligible Patients**

1. **Prior to Admission.** When possible prior to the admission or pre-registration of the patient, the hospital will conduct an appropriate pre-admission/pre-registration interview with the patient, the guarantor, and/or his/her legal representative. If a pre-admission/pre-registration interview is not possible, this interview should be conducted upon admission or registration or as soon as possible thereafter. In case of patients who have come to the hospital's Emergency Department, the hospital's evaluation of payment ability should not take place until an appropriate medical screening has been provided, and in the case of patients determined to have an emergency medical condition, until after such condition has been stabilized.
2. **Patient Interview.** At the time of the initial patient interview, the following information should be gathered: (a) Routine and comprehensive demographic data and employment information; (b) Complete information regarding all existing third party insurance coverage.
3. **Patients Potentially Eligible for Public Programs.** Patients who are identified as potentially eligible for healthcare coverage from a governmental program or other source will be referred to a Financial Counselor and expected to cooperate with efforts to determine their eligibility for coverage (e.g. Medicaid), prior to consideration for financial assistance. Such coverage eligibility efforts will be made at the hospital's expense, and will promote such public Policy goals by assuring eligible patients are covered by available health coverage programs.

4. Timing of Financial Assistance/Charity Care Application. A patient may apply for financial assistance at any time during the billing and collection process.

B. Determination of Eligibility

1. Provision of Financial Assistance Applications. All patients identified as uninsured will be provided a Financial Assistance application prior to discharge or at point of service (for outpatient services) and offered the opportunity to apply for financial assistance. If uninsured status is not determined until after the patient leaves the hospital, a Patient Financial Services representative will mail a financial assistance application to the uninsured patient upon request.
2. Expectations of Patient Cooperation. It is expected that patients will cooperate with the information gathering and assessment process in order to determine eligibility for financial assistance.
3. Application of Catastrophic Discount. The Catastrophic Discount will be available to patients who have medical expenses over a 12 month period for Medically Necessary Services from a Presence Health hospital that exceed 15% of the patient's family annual gross income, even after payment by third-party payers. Any patient responsibility in excess of the 15% will be written off to charity. Services that are not Medically Necessary will not be eligible for this discount.
4. Non-Illinois/Service Area Residents. Patients who are residents (using the verification standards applicable to Illinois residents specified above) of and adjacent state who reside in an area of such state that falls within a hospital's primary service area will not need to be reviewed by the hospital's Financial Assistance Committee. All other non-IL resident applications will be reviewed by the ministry Financial Assistance Committee.
5. Financial Assistance Committee Reviews of Special Circumstances. The Financial Assistance Committee will review patient accounts identified by a Financial Counselor that involve unique circumstances affecting financial need beyond the standard eligibility criteria.
 - a. The Committee may recommend to the System Chief Revenue Cycle Officer or his/her designee, specific exceptions to this Policy based on unusual or uncommon circumstances relating to financial need. All exception decisions must have the rationale clearly and formally documented by the Committee and maintained in the account file and must be made consistently across the System.
 - b. Special circumstances approvals of financial assistance for any person affiliated with the Hospital or System, such as employees, medical staff, board members, etc. or family member of such person, shall be subject to the approval of the Chief Legal Officer for Presence Health.

6. Assets Consideration. Assets will be used in the determination of the maximum collectible amount in a 12-month period. Assets will not be used for initial financial assistance eligibility, except to the extent of assets, other than Exempt Assets, that indicate the existence of unreported additional sources of income. (Patient may be excluded if patient has substantial assets, other than Exempt Assets defined as having a value in excess of 600% Federal Poverty Level). Distributions and payments from pension or retirement plans may be included as income.
 - a. Acceptable documentation of assets include:
 - i. Statements from financial institutions or some other third party verification of an asset's value.
 - ii. If no other third party exists the patient shall certify as to the estimated value of the asset.
7. Approval Authorities. The Business Office Financial Counselor may approve financial assistance for amounts up to \$25,000. The System Financial Assistance Manager may approve amounts greater than \$25,000 but lower than \$100,000. Amounts greater than \$100,000 will be approved by the hospital's CFO. Approval amounts must be in compliance with the Financial Assistance/Charity Care eligibility criteria.

C. Notification of Eligibility Determination

1. Normal Processing Period. Clear expectations as to the length of time required to review the application and provide a decision to the patient should be provided at the time of application. A prompt turn-around and written decision, providing a reason(s) for denial (if appropriate) will be provided, generally within 45 days of the hospital's receipt of completed application. Patients will be notified in the denial letter that they may appeal this decision and will be provided contact information to do so.
2. Patient Right to Appeal. If a patient disagrees with the Financial Assistance eligibility determination, including regarding the extent of discount for which a patient is eligible, the patient may appeal in writing within 45 days of the denial. The Ministry's Chief Financial Officer will review the appeal, and make a recommendation to the Financial Assistance Committee. Decisions reached will normally be communicated to the patient within 60 days, and reflect the Committee's final review. During the appeal process collection activity will be suspended.
3. Suspension of Collection Activities Pending Eligibility Determination. Collection activity will be suspended during the consideration of a completed financial assistance application or an application for any governmental or other available healthcare coverage (i.e. Medicare, or Medicaid, etc.). A note will be entered into the patient's account to suspend collection activity until the financial assistance process is completed. If the account has been placed with a collection agency, the agency will be notified by telephone to suspend collection efforts until a determination is made. This notification will be documented in the account notes.

The patient will also be notified verbally that the collection activity will be suspended during consideration.

4. Other Determinations of Financial Need Based on Objective Data. When a patient has not completed a financial assistance application but there is adequate objective information (family income and family size), to support a determination of the patient's likely inability to pay, the patient's case will be submitted for review to the Ministry's CFO, who will make a recommendation to the Financial Assistance Committee. If approved for assistance, a 100% write off to financial assistance/charity care will be granted for all open accounts. Eligibility for financial assistance discounts for future dates of service will be determined at the dates such services are provided.
5. Refunding Patient Payments. Refunds will be given for payments made on current financial assistance eligible accounts (defined as open accounts on the accounts receivable but not bad debt).
6. Change in Status Notifications. If the patient with an outstanding bill or payment obligation has a change in his/her financial status, the patient should promptly notify the Central Billing Office (CBO) or hospital designee. The patient may request a reevaluation and apply for financial assistance or a change in their payment plan terms.
7. Payment Arrangements. After the financial assistance/charity care discount has been applied, any remaining patient balances will be eligible for payment arrangements in accordance with Patient Financial Services policies. If a patient is unable to meet the payment arrangement guidelines due to special patient or family circumstances limiting the patient's payment ability, the Financial Counselor or similar representative may review and recommend additional financial assistance/charity care to the Ministry Financial Assistance Committee for the Committee's review and recommendation.
8. Application of Financial Assistance Discounts to Patient Accounts. Once a financial assistance eligibility determination is made, the applicable discount will be applied to all of the patient's open (defined as open accounts on the accounts receivable) or bad debt accounts for services prior to the approval date. For subsequent applications made within six (6) months of an eligibility determination, patients may be asked to verify information that was provided during the initial application process.

D. Presumptive Financial Need/Charity Care Eligibility

1. Criteria. Presumptive Eligibility for uninsured patients may be determined on the basis of the presence of any of the factors listed below, which indicate financial need. In such situations, a patient is deemed to have a family income of 200% or less of the Federal Poverty Level, and therefore eligible for a 100% reduction from medically necessary hospital charges.
 - a. Patient is homeless, and such status is determined to be accurate after appropriate review of available facts.

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- b. Patient is deceased with no estate.
 - c. Patient is mentally or physically incapacitated and has no one to act on his/her behalf.
 - d. Patient is eligible for Medicaid, but was not on a prior date of service or for a non-covered service.
 - e. Enrollment in Women, Infants and Children Nutrition Program (WIC).
 - f. Enrollment in Supplemental Nutrition Assistance Program (SNAP) or Food Stamp Eligibility (LINK).
 - g. Enrollment in Illinois Free Lunch and Breakfast Program (eligible for free and reduced price school meals).
 - h. Enrollment in Low Income Home Energy Assistance Program (LIHEAP) (added per OAG requirement).
 - i. Enrollment in an organized community-based program or providing access to medical care that assesses and documents limited low-income financial status as criteria (Added per OAG requirement).
 - j. Patient receives or qualifies for free care from a community clinic affiliated with the hospital or known to have eligibility standards substantially equivalent to that of the hospital under this Policy, and the community clinic refers the patient to the hospital for treatment or for a procedure.
 - k. Receipt of grant assistance for medical services.
 - l. Participation in state-funded prescription programs.
 - m. Enrollment in Illinois Housing Development Authority's Rental Housing Support Program.
 - n. Evidence from an independent third-party reporting agency that indicates family income is 200% or less than the Federal Poverty Level for the applicable family size.
2. Identification. At the time of registration, all uninsured and self-pay patients as well as patients noting financial assistance will be screened for Presumptive Eligibility for Medicaid, using Electronic Information Technology where possible and appropriate and/or the completion of a Presumptive Eligibility worksheet. Patients do not need to complete a financial assistance application when they provide sufficient evidence that they meet Presumptive Eligibility criteria. Uninsured and self-pay patients may provide evidence of Presumptive Eligibility at any time, before or after receipt of hospital services.
 3. Verification. It is the responsibility of the patient to provide any additional required supporting documentation to confirm Presumptive Eligibility determination. Patients will receive a minimum of one communication to provide any needed verifying documents.
 4. Assistance with Medicaid Application. Patients meeting Presumptive Medical Eligibility criteria will be provided with assistance in applying for Medicaid via the IL ABE System (Applicant Benefit for Enrolling System). Outcome of the Medicaid application will not affect the financial assistance granted to a Presumptively Eligible patient.

5. No bill may be issued. If Presumptive Eligibility criteria are claimed, no bill will be issued to an uninsured patient until 30 days after a reasonable attempt is made to obtain outstanding verifying documents.
6. Newly eligible individuals. If a patient is currently eligible for Medicaid, but was not eligible on a prior date of service, Presence Health will rely on the financial assistance determination process from Medicaid and apply a 100% discount for such prior service.

E. Collection Practices

1. Pre-Litigation Review. Prior to an account being authorized for the filing of suit for non-payment of a patient bill, a final review of the account will be conducted and approved by the Financial Counseling Representative (or designee) to make sure that no application of financial assistance was ever received and that there exists objective evidence that the patient does have sufficient financial means to pay all or part of his/her bill. Prior to a collections suit being filed, the Self-pay Collections Director must review and approve.
2. Residential Liens. No hospital will place a lien on the primary residence of a patient who has been determined to be eligible for Financial Assistance/Charity Care, for payment of the patient's undiscounted balance due. Further, in no case will any hospital execute a lien by forcing the sale or foreclosure of the primary residence of any patient to pay for any outstanding medical bill.
3. No Use of Body Attachments. No hospital will use body attachment to require any person, whether receiving Financial Assistance/Charity Care discounts or not, to appear in court.
4. Collection Agency Referrals. Each hospital Finance accounting will ensure that all collection agencies used to collect patient bills promptly refer any patient who indicates financial need, or otherwise appears to qualify for Financial Assistance/Charity Care discounts, to a financial counselor to determine if the patient is eligible for such a charitable discount.

F. Patient Awareness of Policy and Availability of Assistance

1. Signage. Signs, placards or similar written notices regarding the availability of Financial Assistance Charity Care will be visible in all hospitals at points of registration and other patient intake areas, to create awareness of the Financial Assistance program. At a minimum, signage will be posted in the emergency department, and the admission/patient registration area. All public information and/or forms regarding the provision of Financial Assistance will use languages that are appropriate for the Ministry's service area in accordance with the state's Language Assistance Services Act. This Policy will be translated to and made available in Spanish and other languages appropriate for each hospital.

2. Hospital Bill/Invoice. Patient bills, invoices or other summary of charges shall include a prominent statement that patients who meets certain income requirements may qualify for financial assistance and information regarding how a patient may apply for consideration under the hospital's financial assistance Policy.
3. Policy Availability. Upon request, any member of the public or state governmental body will be provided with a copy of this Financial Assistance/Charity Care Policy. A summary of the financial assistance is available pursuant to this Policy and will be available on the Presence Health website.
4. Application Forms. Forms used to determine a patient's eligibility for financial assistance will be made available at each hospital, ministry, and provided at registration to all patients who are identified as uninsured or at other appropriate times or locations if the patient's uninsured status is determined after registration.

G. Monitoring and Reporting

1. Maintenance of Financial Assistance/Charity Care A financial assistance database from which periodic reports can be developed shall be maintained. Maintenance of this data will be maintained for ten (10) years. At a minimum, data maintained will include:
 - a. Account number
 - b. Date of Service
 - c. Application submitted
 - d. Application complete/incomplete
 - e. Total charges
 - f. Self-pay balances
 - g. Approval status (approved/denied)
 - h. Type of approval (Financial Assistance/Presumptive Eligibility)
 - i. Amount of Financial Assistance approved
 - j. Date financial assistance was approved or rejected
2. Review of Financial Assistance/Charity Care Logs. The Financial Assistance log for each hospital will be printed monthly for review at the hospital Financial Assistance Committee meeting.
3. Financial Assistance Authorization Record Retention. A record, paper or electronic, should be maintained reflecting authorization of financial assistance. These documents shall be kept for a period of ten (10) years.
4. Annual Reports to Governmental Bodies. The cost of financial assistance will be reported annually in the Community Benefit Report to the Community, IRS 990 schedule H and in compliance with the IL Community Benefit Act. Charity Care will be reported as the cost of care provided (not charges) using the documented criteria for the reporting requirements. Required financial assistance statistics will also be submitted as part of the IL Community Benefit Act.

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5. Presence Health Board of Directors Approval. The Provision for Financial Assistance – Hospital Policy is a board-approved policy. The Board of Directors has delegated to the Presence Health President/CEO the authority to make, from time to time, and upon the recommendation of the Presence Health Chief Financial Officer and Chief Legal Officer: (1) minor non-substantive clarifications or other revisions, or (2) revisions necessary to comply with new laws, regulations or other requirements, in both cases. All revisions to this policy will be subsequently provided to the Board of Directors for review and ratification.

VII. FORMS AND OTHER DOCUMENTS

Eligibility Criteria for the Financial Assistance Program – Attachment #1

Hospital Financial Assistance Program Cover Letter and Application – Attachment #2 (separate Attachment from the policy.

Room and Board Statement – Attachment # 3

VIII. REFERENCES

Section 12-1001 Illinois Code of Civil Procedure

Title XVIII Federal Social Security Act

Illinois Uninsured Patient Discount Act

Illinois Fair Patient Billing Act

Illinois Violent Crime Victims Compensation Act

Illinois Sexual Crime Victims Compensation Act

Women's, Infant, Children Program (WIC)

IL Community Benefit Act

Internal Revenue Service (IRS) 990 Schedule H

Section 501(r) of the Internal Revenue Code (instituted by the Patient Protection and Affordable Care Act)

Ethical and Religious Directives for Catholic Health Services, Part 1

System Policy – Payment Arrangement

**ELIGIBILITY CRITERIA
FINANCIAL ASSISTANCE PROGRAM**

The table below is based upon 2014 Federal Poverty Guidelines (FPG).

| Family Size | 2014 Federal Poverty Guidelines | 200% | 600% |
|-------------|---------------------------------|----------|-----------|
| 1 | \$11,670 | \$23,340 | \$70,020 |
| 2 | \$15,730 | \$31,460 | \$94,380 |
| 3 | \$19,790 | \$39,580 | \$118,740 |
| 4 | \$23,850 | \$47,700 | \$143,100 |
| 5 | \$27,910 | \$55,820 | \$167,460 |
| 6 | \$31,970 | \$63,940 | \$191,820 |
| 7 | \$36,030 | \$72,060 | \$216,180 |
| 8 | \$40,090 | \$80,180 | \$240,540 |
| 9 | \$44,150 | \$88,300 | \$264,900 |
| 10 | \$48,210 | \$96,420 | \$289,260 |

CALCULATION PROCESS

The matrix below is to be utilized for determining the level of assistance for patients who are uninsured.

1. Patients who are uninsured **and at or below the 200% FPG** guideline will receive a full write-off of charges.
2. For uninsured patients who **exceed the 200% FPG guideline, but have income less than the 600% FPG** guideline, a sliding scale will be used to determine the percent reduction of charges that will apply. The matrix for the discount provided is noted below.
3. Patients who are **insured and at or below the 200% FPG** guideline must first satisfy any related copayments or coinsurance up to \$300 per episode of care prior to being eligible for a full write-off of charges.

| Eligibility Criteria | | |
|----------------------------------|----------------------------------|----------------------------------|
| Percentage of Poverty Guidelines | Discount Percentage | Catastrophic Cap |
| Up to 200% | 100% | n/a |
| 201 - 300% | 90% | 15% |
| 301 - 400% | 80% | 15% |
| 401 - 600% | 75% | 15% |
| Over 600% | Determined on an exception basis | Determined on an exception basis |

[Intentionally Left Blank]

[Intentionally Left Blank]

[Intentionally Left Blank]



Room and Board Statement

Patient Name: (Print)

The person named above has advised us that you either contribute substantially to their support or you are their sole means of support.

The type of support I / we provide is: (please complete all that apply)

_____ Room and Board, since (date) _____

_____ Allowance of \$ _____

- _____ Every week
- _____ Every two (2) weeks
- _____ Every month

_____ Other (please explain)

I / We, (print) _____ have been the sole/substantial support for the person named above and, to the best of my / our knowledge, declare that this person has no other primary means of support. I/We will continue to provide room and board, but will not be responsible for medical expenses incurred.

Signature 1

Signature 2

Relationship to Patient

Relationship to Patient

Address, Street

City, State Zip

Telephone

Date

**Criterion 1110.154(g)
Charge Commitment**

List of Procedures to be Performed at Proposed ASTC and Accompanying Charges

The following chart provides a list of procedures that will be performed at the proposed ASTC, along with the appropriate CPT/HCPCS code for each procedure and the charge associated with each.

| Description | Code | Charge |
|-----------------------------------|-------------|---------------|
| Balloon Dilation > 30mm | 43233 | 2250.00 |
| EGD | 43235 | 2150.00 |
| Inj/Botx | 43236 | 2250.00 |
| Biopsy | 43239 | 2250.00 |
| Tube Insert | 43241 | 2250.00 |
| Variceal Sclerosis | 43243 | 2250.00 |
| Band Ligation | 43244 | 2250.00 |
| G Tube Placement | 43246 | 2450.00 |
| Removal of foreign body | 43247 | 2650.00 |
| Balloon Dilation <30mm | 43249 | 2200.00 |
| Hot Biopsy | 43250 | 2200.00 |
| Snare | 43251 | 2200.00 |
| Control Bleeding | 43255 | 2200.00 |
| Ablation | 43258 | 2300.00 |
| Flexible Sigmoidoscopy | 45330 | 2010.00 |
| Removal of Foreign Body | 45331 | 2010.00 |
| Snare | 45332 | 2050.00 |
| Hot Biopsy | 45333 | 2050.00 |
| Control Bleeding | 45334 | 2050.00 |
| Sigmoidoscopy w submucing | 45335 | 2050.00 |
| Sigmoidoscopy w/ removal of tumor | 45338 | 2050.00 |
| Sigmoidoscopy w/ balloon dilation | 45340 | 2050.00 |
| Ablation | 45339 | 2550.00 |
| Colonscopy | 45378 | 2450.00 |
| Inj/Botx | 45381 | 2550.00 |
| Biopsy | 45380 | 2550.00 |
| Control Bleeding | 45382 | 2550.00 |
| Ablation | 45383 | 2450.00 |
| Removal of Foreign Body | 45379 | 2550.00 |
| Hot Biopsy | 45384 | 2450.00 |
| Snare | 45385 | 2450.00 |
| Colonscopy w/dilation | 45386 | 2450.00 |
| Ligation of Hemorrhoid | 46221 | 2450.00 |
| Hemorrhoidectomy Ligation; Single | 46945 | 2650.00 |
| Hemorrhoidectomy Ligation; Qty >2 | 46946 | 2650.00 |

Availability of Funds

I, Pamela Bell, the Administrator of the proposed ASC attest that the project will be funded through internal resources, and that there is sufficient operating capital dedicated to the ASC to fund its internal operations for a period of three (3) years.

Pamela Bell
Pamela Bell
Title: Administrator

Subscribed and sworn to before me this
29 day of January, 2015.

Marie A. Singleton
Notary Public



Financial Viability Waiver

The Applicant is a new entity and has no historical financials operating data. The applicant is entering into a lease for the space and a copy of the letter of intent for the lease is provided in this application. The lease will be paid via cash although it is considered debt for Board purposes. PHFMC is the majority equity holder in the applicant LLC. The JV will fund the first three years of operating costs of the proposed ASC with cash on hand.

Viability Ratios

| Provide Data for Projects Classified as: | Category A or Category B (last three years) | | | Category B (Projected) |
|---|--|-------------|-------------|-------------------------------|
| Enter Historical and/or Projected Years: | 20__ | 20__ | 20__ | 20__ |
| Current Ratio | | | | |
| Net Margin Percentage | | | | |
| Percent Debt to Total Capitalization | | | | |
| Projected Debt Service Coverage | | N | / | A |
| Days Cash on Hand | | | | |
| Cushion Ratio | | | | |

NOT APPLICABLE – The Applicant is a newly formed entity and has no historical financials. In addition, the applicant is simply leasing space and equipment. The project is being funded through cash, and long term lease(s).

In addition, the project is being funded using internal resources.

Economic Feasibility

The total estimated project costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and/or funded depreciation.

Pamela S Bell

Pamela Bell
 Administrator, Presence Lakeshore Gastroenterology, LLC

Subscribed and sworn to before me this
29 day of January, 2015.

Marie A Singleton
 Notary Public



| 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) | | | | |
| ASC* | | | | | | | 2,196 | | | | \$ _____ | _____ |
| Contingency | N/A | | | | | | | | | | | |
| TOTALS | | | | | | | | | | | | |

* Include the percentage (%) of space for circulation

*Clinical, with circulation. Includes rent over lease term.

Economic Feasibility

The total estimated project costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and/or funded depreciation.

 Pamela Bell
 Administrator, Presence Lakeshore Gastroenterology, LLC

Subscribed and sworn to before me this
 ____ day of _____, 2015.

 Notary Public

| 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) | |
| ASC* | | \$478.13 | | | 2,196 | | | \$1,050,000.00 | \$1,050,000.00 |
| Contingency | | N/A | | | | | | | |
| TOTALS | | | | | | | | | |

* Include the percentage (%) of space for circulation

*Clinical, with circulation. Excludes rent over lease term.

Economic Feasibility

The 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: \$1,339 per equivalent patient day. Operating costs will be paid by cash funding through the applicant.

The total projected annual capital costs (in current dollars per equivalent patient day) for the first full year at target utilization (which is anticipated to be within two years following project completion): \$0.

Economic Feasibility

Paying for the project, which is not overall a costly project, with cash on hand was the least costly alternative and return on investing the cash was not considered significant enough to warrant taking on debt expense to avoid using cash on hand.

Pamela Bell
Pamela Bell
Administrator

Subscribed and sworn to before me this
29 day of January, 2015.

Marie A. Singleton
Notary Public



Safety Net Impact

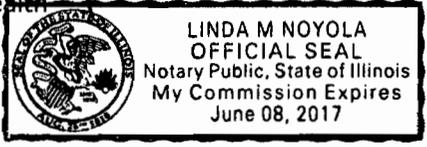
To the applicants knowledge the impact on safety net services will be positive in that this project will maintain them.

The applicants do not have knowledge regarding cross subsidization of services.

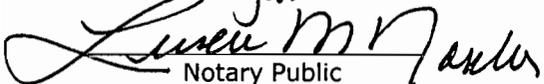
Attached is a chart reflecting the prior three years charity and Medicaid care for PHFMC. The applicant surgery center is a new entity with no such information available. I hereby certify it is accurate. I also certify that no patient will be turned away due to inability to pay, or any other discriminatory reason.



Janelle Reilly
COO, Presence Health



Subscribed and sworn to before me this
30 day of Jun, 2015.



Notary Public

| Presence PHFMC Safety Net Information per PA 96-0031 | | | |
|---|---------------------|--------------------|--------------------|
| CHARITY CARE | | | |
| Charity (# of patients) | Year 2011 | Year 2012 | Year 2013 |
| Inpatient | 27 | 8 | 11 |
| Outpatient | 93 | 53 | 27 |
| Total | 120 | 61 | 38 |
| Charity (cost in dollars) | | | |
| Inpatient | \$1,181,322.00 | \$52,176.80 | \$706,227 |
| Outpatient | \$25,844.00 | \$13,044.20 | \$140,607 |
| Total | \$1,207,166 | \$65,221 | \$846,834 |
| MEDICAID | | | |
| Medicaid (# of patients) | Year 2011 | Year 2012 | Year 2013 |
| Inpatient | 92 | 59 | 39 |
| Outpatient | 6,314 | 6,687 | 6,499 |
| Total | 6,406 | 6,746 | 6,538 |
| Medicaid (revenue) | | | |
| Inpatient | \$13,735,693.00 | \$6,282,958.00 | \$4,258,943 |
| Outpatient | \$514,112.00 | \$1,014,323.00 | \$419,195 |
| Total | \$14,249,805 | \$7,297,281 | \$4,678,138 |

Charity Care

See below charity care information for PHFMC for the last three audited fiscal years. The applicant surgery center is a new entity, with no such information available.

| CHARITY CARE | | | |
|----------------------------------|--------------|--------------|--------------|
| | Year 2011 | Year 2012 | Year 2013 |
| Net Patient Revenue | \$79,158,057 | \$76,738,700 | \$69,543,648 |
| Amount of Charity Care (charges) | \$1,207,166 | \$65,221 | \$846,834 |
| Cost of Charity Care | \$1,207,166 | \$65,221 | \$846,834 |

Appendix 1



Presence

Holy Family Medical Center

January 14, 2015

Advocate Lutheran General Hospital
Attn: CEO/Administrator
1775 Dempster Street
Park Ridge, IL 60068

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

Presence Health, Inc. 1600 North Dearborn Street

January 14, 2015

NorthShore Evanston Hospital
Attn: CEO/Administrator
2650 Ridge Avenue
Evanston, IL 60201

Re: Request for Impact Statement

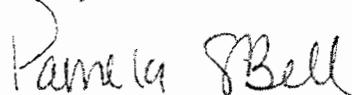
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Thank you.

Sincerely,



Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

NorthShore Holy Family Medical Center

January 14, 2015

NorthShore Skokie Hospital
Attn: CEO/Administrator
9600 Gross Point Road
Skokie, IL 60076

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

HOLY FAMILY MEDICAL CENTER

January 14, 2015

NorthShore Glenbrook Hospital
Attn: CEO/Administrator
2100 Pfingsten Road
Glenview, IL 60026

Re: Request for Impact Statement

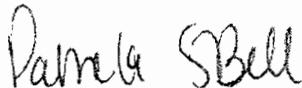
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Thank you.

Sincerely,



Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Presence Holy Family Medical Center

January 14, 2015

NorthShore Highland Park Hospital
Attn: CEO/Administrator
777 Park Avenue West
Highland Park, IL 60035

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Presence Health

January 14, 2015

Northwest Community Hospital
Attn: CEO/Administrator
800 W Central Rd
Arlington Heights, IL 60005

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

Presence Health | 1000 North Dearborn Street | Chicago, IL 60610

January 14, 2015

Alexian Brothers Medical Center
Attn: CLO/Administrator
800 W Biesterfield Rd
Elk Grove Village, IL 60007

Re: Request for Impact Statement

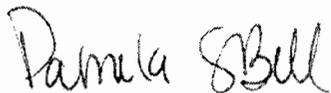
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Thank you.

Sincerely,



Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Holy Family Medical Center

January 14, 2015

Golf Surgical Center
Attn: CEO/Administrator
8901 Golf Road
Des Plaines, IL 60016

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Holy Family Medical Center

January 14, 2015

Northwest Community Surgicare Healthsouth
Attn: CEO/Administrator
100 West Central Road, Ste L-4
Arlington Heights, IL 60005

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Holy Family Medical Center

January 14, 2015

The Glen Endoscopy Center
Attn: CEO/Administrator
2551 Compass Road, Suite 115
Glenview, IL 60026

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence Health

January 14, 2015

Advocate Christie Hospital
V.P. Administrator
120 North Oak Street
Evanston, IL 60201

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest, Chicago Region

Presence

Presence Health | 1000 North Dearborn Street

January 14, 2015

Adventist LaGrange Hospital
CEO Administrator
5111 South Willow Spring Road
LaGrange, IL 60525

Re: Request for Impact Statement

As you may be concerned:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a single-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Holy Family Medical Center

January 14, 2015

Westlake Hospital
Attn: CEO/Administrator
1225 Lake Street
Melrose Park, IL 60160

Re: Request for Impact Statement

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Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

1000 North Dearborn Street

January 14, 2015

West Suburban Medical Center
Alan, CEO, Administrator
3 Erie Court
Oak Park, IL 60302

Re: Request for Impact Statement

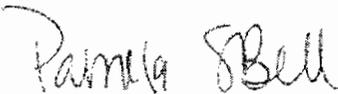
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Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

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This document is the property of Presence Health. It is intended for the use of the individual named in the header. It is not to be distributed outside of the Presence Health organization. If you have received this document in error, please notify the sender immediately. Do not disseminate, copy, or use this information.



Presence

Holy Family Medical Center

January 14, 2015

Loyola University Medical Center
Attn: CEO/Administrator
2160 South First Avenue
Maywood, IL 60153

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence
Holy Family Medical Center

January 14, 2015

Loyola Gootlieb Memorial Hospital
Attn: CEO/Administrator
701 West North Avenue
Melrose Park, IL 60160

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

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Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence
Holy Family Medical Center

January 14, 2015

Norwegian American Hospital
Attn: CEO/Administrator
1044 North Francisco Avenue
Chicago, IL 60622

Re: Request for Impact Statement

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Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Holy Family Medical Center

January 14, 2015

Swedish Covenant Hospital
Attn: CEO/Administrator
5145 North California Avenue
Chicago, IL 60625

Re: Request for Impact Statement

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Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Presence Health | 1000 North Dearborn Street | Chicago, IL 60610

January 14, 2015

Weiss Memorial Hospital
Attn: CEO/Administrator
#646 North Marine Drive
Chicago, IL 60649

Re: Request for Impact Statement

To whom it may concern:

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Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence Health | 1000 North Dearborn Street | Chicago, IL 60610

Presence Health | 1000 North Dearborn Street | Chicago, IL 60610

Presence Health
1000 North Dearborn Street
Chicago, IL 60610

Presence Health
1000 North Dearborn Street
Chicago, IL 60610



Presence

Presence Health | 1000 North Dearborn Street | Chicago, IL 60610

January 14, 2015

Northwestern Lake Forest Hospital
Attn: CEO Administrator
660 North Westmoreland Road
Lake Forest, IL 60045

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

We are writing to give you the opportunity to inform us as to whether you believe this facility will have any impact on your services, and if so, why. For your information, our proposed surgery center will provide endoscopy procedures, will be enrolled in the Medicaid program and will accept all patients regardless of payer source. Your letter if any in response will be submitted by us, upon receipt, to the Illinois Health Facilities and Services Review Board.

Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region



Presence

Presence Holy Family Medical Center

January 14, 2015

Advocate Condell Medical Center
Attn: CIO/Administrator
801 S Milwaukee Avenue
Libertyville, IL 60048

Re: Request for Impact Statement

To whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a limited-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

We are writing to give you the opportunity to inform us as to whether you believe this facility will have any impact on your services, and if so, why. For your information, our proposed surgery center will provide endoscopy procedures, will be enrolled in the Medicaid program and will take all patients regardless of payer source. Your letter if any in response will be submitted by us, upon receipt, to the Illinois Health Facilities and Services Review Board.

Thank you.

Sincerely,

Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

Presence

January 14, 2015

First Community Hospital
Attn: CEO/Administrator
5645 West Addison Street
Chicago, IL 60634

Re: Request for Impact Statement

to whom it may concern:

I am writing to inform you of our intent to establish an ambulatory surgery center ("ASC") located on the campus of Presence Holy Family Medical Center. The ASC will be located at 150 North River Road, in Des Plaines, Illinois. Our service area will be based upon Presence Holy Family Medical Center's outpatient surgical visits, where 75% of patients originate, based on the most recent 12-month period (Q3 2013-Q2 2014 CompData Outpatient Surgical Database). If the ASC is approved by the Illinois Health Facilities & Services Review Board, Presence Holy Family Medical Center will discontinue two (2) endoscopy procedure rooms. The ASC will be a multi-specialty surgery center providing only endoscopy procedures. It will consist of two (2) operating rooms, within leased space totaling approximately 2,500 BGSF.

We are writing to give you the opportunity to inform us as to whether you believe this facility will have any impact on your services, and if so, why. For your information, our proposed surgery center will provide endoscopy procedures, will be enrolled in the Medicaid program and will take all patients regardless of payer source. Your letter if any in response will be submitted by us, upon receipt, to the Illinois Health Facilities and Services Review Board.

Thank you.

Sincerely,



Pamela Bell
Regional Chief Ambulatory & Ancillary Officer
Presence Health
Northwest Chicago Region

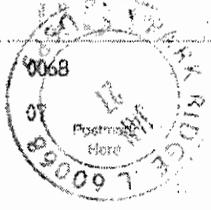
Appendix 2

7014 2120 0000 7052 4429

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Date of Receipt: 01/27/2015

For delivery information, visit us at usps.com
LA GRANGE IL 60525

| | |
|---|---------------|
| Postage | \$0.49 |
| Certified Fee | \$3.30 |
| Return Receipt Fee (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.49 |



01/27/2015

Sent to
 Adolescent La Grange Hospital, win 6207
 admin
 Street & Apt. No.
 or PO Box No. 6101-S, Willow Springs, IL
 City, State, ZIP+4
 La Grange, IL 60525

PS Form 3800, April 2011 See Reverse for Instructions

7014 2120 0000 7041 9428

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

LIBERTYVILLE IL 60048



| | |
|--|---------------|
| Postage | \$ 00.49 |
| Certificate Fee | \$3.30 |
| Return Receipt Fee (Enforcement Required) | \$2.70 |
| Suggested Delivery Fee (Enforcement Required) | \$0.00 |
| Total Postage & Fees | \$6.49 |

01/27/2015

Sent to
 Advocate cordell medical center
 AHP CED
 Street, Apt. No.
 or PO Box No. 301 S. milwaukee AVE
 City, State, ZIP+4
 Libertyville, IL 60048

See reverse for restrictions

7014 2120 0000 0212 4337

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com

ELK GROVE VILLAGE, IL 60007

| | | |
|---|----------------|---|
| Postage | \$ 0.49 |  |
| Certified Fee | \$3.30 | |
| Return Receipt Manifest or Receipt (if Requested) | \$2.70 | |
| Restricted Delivery Fee (Endorsment if Requested) | \$0.00 | |
| Total Postage & Fees | \$ 6.49 | |

01/27/2015

Mail to: *Abryon Brothers Medical Center; Admin Dept*
 or PO Box No: *300 W 130th St Rd 211*
 City, State, ZIP+4: *ELK GROVE VILLAGE, IL 60007*

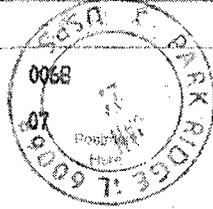
PS Form 3800, July 2014 See Back for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For delivery information, visit www.usps.com

DES PLAINES IL 60018-4103

| | |
|---|----------|
| Postage | \$ 40.49 |
| Certified Fee | \$3.30 |
| Return Receipt Fee (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$ 46.49 |



01/27/2015

Sent to
Apollo Health Center, Attn: CEO/ Administrator
Bldg. 400, Rm. 400
or PO Box No. 2760, Des Plaines, IL 60018
City, State, ZIP+4®
Des Plaines, IL 60018
PS Form 3800, July 2010

0224 2507 0000 0222 4707

7014 2120 0000 7052 4450

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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ELKHURST IL 60126

| | |
|---|-----------------|
| Postage | \$ 00.49 |
| Certified Fee | \$3.30 |
| Return Receipt Fee (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$ 06.49 |

6850
0068
0007
13
Postmark
MAY
01/27/2015

Sent to
Elmhurst Memorial Hospital Attn: CEO
Admin. Bldg.
or PO Box No. 355 E. Birch Hill Road
City, State, ZIP+4
Elmhurst, IL 60126

PS Form 3800, July 2014

7114 2520 0000 7052 4313

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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CHICAGO IL 60647

| | |
|---|--------|
| Postage | \$0.49 |
| Certified Fee | \$3.30 |
| Return Receipt Fee (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.49 |



01/27/2015

Sent to
 Chicago Endoscopy Center, Attn: CEO/Ministry
 Street & Apt. No. 3536 W. Fullerton Ave
 or PO Box No.
 City, State, ZIP+4
 CHICAGO, IL 60647

U.S. Postal Service
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For delivery information, visit our website at www.usps.com

CHICAGO IL 60634

| | | |
|--|----|--------|
| Package | 3 | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Receipt not Required) | | \$2.70 |
| Restricted Delivery Fee (Guaranteed Required) | | \$0.00 |
| Postage & Print | \$ | \$6.49 |



01/27/2015

Sent to
First Community Hospital Attn: CEO
 Street & Apt. No.
 5645 West Madison Street
 Chicago, IL 60634

7014 2120 0000 7041 9435

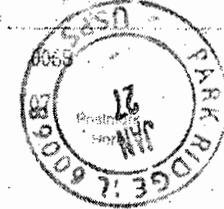
7014 2120 0000 7052 4467

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

For delivery information, visit our website at www.usps.com

GLENNVIEW IL 60026

| | | |
|---|----|--------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorsement Required) | | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |



01/27/2015

Sent to
 The Glen Employment Center ANN CES
 or PO Box No. 2551 Compton Rd, Suite 115
 City, State, ZIP+4
 Glenview, IL 60026

7014 2120 0000 7052 4306

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

DES PLAINES, IL 60016



| | |
|---|---------------|
| Postage | \$0.49 |
| Certified Fee | \$3.30 |
| Return Receipt Fee (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.49 |

01/27/2015

Send To
 Golf Clubhouse Center, Attn: Club Administration
 Street & Apt. No.
 or PO Box No. 5701 Golf Road
 City, State, ZIP+4
 Des Plaines, IL 60016
 PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0000 0000 0212 4102

U.S. Postal Service
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|---|---------------|
| HINSDALE IL 60521 | |
| Postage | \$0.49 |
| Certified Fee | \$3.30 |
| Return Receipts (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.49 |



01/27/2015

Send to
 Addressee Hinsdale Hospital Admin
 Street Address 120 N Oak Street
 City State ZIP+4® Hinsdale, IL 60521

PS Form 3800, July 2014 See Back for Instructions

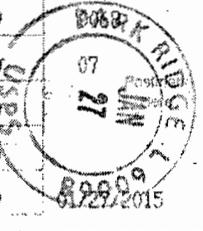
7014 2120 0000 7052 4399

U.S. Postal Service
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For delivery information, visit our website at www.usps.com

NELROSE PARK IL 60160

| | | |
|---|-----------|---------------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorsement Required) | | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |



Sent to:
 Corjela Cochran Memorial Hospital and Center
 701 W. NORTH AVE.
 NELROSE PARK, IL 60160

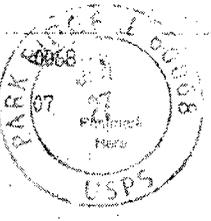
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7014 2120 0000 7052 4405

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com
MAYWOOD IL 60153

| | |
|---|---------------|
| Postage | \$0.49 |
| Certified Fee | \$3.30 |
| Return Receipt Fee (Enclaves and Postage) | \$2.70 |
| Restricted Delivery Fee (Enclaves and Postage) | \$0.00 |
| Total Postage & Fees | \$6.49 |

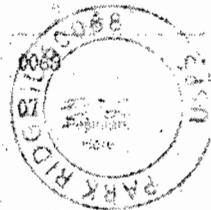


01/27/2015

Send to:
Loyola University Medical Center 4401 CEN
Street 3 Apt. No. NATION SQUARE
or PO Box No. 2100 S. ILLINOIS AVE
City State Zip
MAYWOOD IL 60153

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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| | |
|---|--------|
| For Delivery to Recipient's Office | |
| PARK RIDGE IL 60068 | |
| Postage | \$0.49 |
| Postage Insurance | \$3.30 |
| Return Receipt Fee (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.49 |
| 01/27/2015 | |



Sent to
Advocate Lutheran Society, Admin
Street & Apt. No.
or PO Box No. 1775 Oakridge St
City, State, ZIP
Park Ridge IL 60068

PLN RSN UNN NRTN HTN

7014 2120 0000 7052 4382

U.S. Postal Service CERTIFIED MAIL RECEIPT

For delivery, endorsement, or return receipt, use this receipt at the post office.

| | | |
|---|---------------|-------------------|
| EVANSTON IL 60201 | | |
| Postage | \$0.49 | |
| Certified Fee | \$3.30 | |
| Return Receipt Fee (Endorsement Required) | \$2.70 | |
| Registered Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$6.49 | 01/27/2015 |

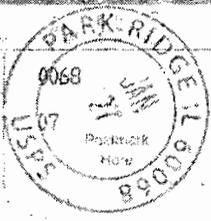
Recipient Name: Exchange Evanston Hospital, Admin
 Recipient No.: 2650 Ridge Dr
 City/State/Zip: EVANSTON, IL 60201

7014 2120 0000 7052 4368

U.S. Postal Service
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For delivery information, visit www.usps.com

| | | |
|---|----|------------|
| GLENVIEW IL 60026 | | |
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Indorsement required) | | \$2.70 |
| Registered Delivery Fee (Indorsement required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |
| | | 01/27/2015 |



PS Form 3800, July 2010

TO: Northshore Orthopedic Hospital, Admin

Street & Apt. No. 7100 W. 121st St

or PO Box No. 121

City, State, ZIP+4 Glenview, IL 60026

7014 2120 0000 7052 4351

U.S. Postal Service
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For delivery information, visit our website at www.usps.com

HIGHLAND PARK IL 60035

| | | | |
|--|-----------|---------------|--|
| Postage | \$ | \$0.49 | |
| Service Fee | | \$3.30 | |
| Return Receipt Fee (Endorsement Required) | | \$2.70 | |
| Priority Mail Delivery Fee (Endorsement Required) | | \$0.00 | |
| Total Postage & Fees | \$ | \$6.49 | |

01/27/2015

Sent To
Northshore Highland Park Hospital Admin
Street & Apt. No.
or PO Box No 777 Park Avenue W
City, State, Zip
Highland Park IL 60035

U.S. Postal Service
CERTIFIED MAIL RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

SKOKIE, IL 60076

| | | |
|---|----|--------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorsement Required) | | \$2.70 |
| Registered Delivery Fee (Endorsement Required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |



01/27/2015

Sent to
NORTHCOAST MIDDLE SCHOOL, 4000 N. ALDEN STREET
SKOKIE, IL 60076
or PO Box No. 4600 Skokie, IL 60076
To: SKOKIE, IL 60076

574 257 4274 0000 0272 4274

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit www.usps.com

ARLINGTON HEIGHTS IL 60005

| | |
|---|-----------------|
| Postage | \$ 00.49 |
| Certified Fee | \$3.30 |
| Return Receipt Fee (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$ 06.49 |



01/27/2015

Sent to:
Northwest Community Hospital, Admin Dept
Direct 27437 RL
or PO Box No. 9000 Central Rd
Arlington Heights, IL 60005

7014 2320 0000 7052 4344

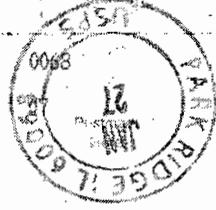
7014 2120 0000 7041 9442

U.S. Postal Service
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For details and information, visit our website at www.usps.com

LAKE FOREST IL 60045*

| | |
|--|---------------|
| Postage | \$0.49 |
| Origin & Fee | \$3.30 |
| First-Class Return Post (Endorsement Required) | \$2.70 |
| Registered Mail Fee (Endorsement Required) | \$0.00 |
| Total Postage & Fees | \$6.49 |



01/27/2015

Sent to
 Northwestern Lake Forest Hospital
 Attn: CEO/ADMINISTRATOR
 Street, Apt. No. or PO Box No. 660 N. WESTMINSTER RD
 City, State, ZIP+4
 LAKE FOREST, IL 60045

PS Form 3800, June 2013 See Reverse for Instructions

7014 2120 0000 7052 4504

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com

CHICAGO-IL 60622



| | | |
|---|-----------|---------------|
| Package | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorsement Required) | | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |

01/27/2015

Sent to:
 NICHOLSON EMERGENCY HOSPITAL
 Street Address:
 or PO Box No. 1000 N MICHIGAN AVE
 City, State, ZIP+4®:
 CHICAGO, IL 60622

7014 2120 0000 7052 4290

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

| | | |
|---|----------------|---|
| ARLINGTON HEIGHTS IL 60005 | |  |
| Postage | \$ 0.49 | |
| Certified Fee | \$3.30 | |
| Return Receipt Fee (Endorsement Required) | \$2.70 | |
| Registered Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$ 6.49 | |

01/27/2015

Northwest Community Dry Cleaning, 4171 2001
 679 W. Lincoln St., 2001
 Arlington Heights, IL 60005

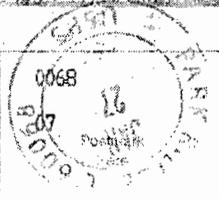
7014 2120 0000 7052 4461

U.S. Postal Service
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Domestic Mail Only

For delivery information, visit usps.com

ARLINGTON HEIGHTS IL 60005

| | | |
|---|-----------|---------------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorsement Required) | | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |



Sent to: Northwest Community Center
 Street & Apt. #: 1100 W. 11th St. RA, Ste 1-4
 or PO Box #: Arlington Heights, IL 60005

7014 2120 0000 7052 4474

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only

For delivery information, visit usps.com
GLENVIEW IL 60025

| | | |
|---|-----------|---------------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorsement Required) | | \$2.70 |
| Restrict Delivery Fee (Endorsement Required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |



Sent to
 Ravine Way Surgery Center, 240 E 201st
 Street & Apt. No. Administration
 or PO Box No. 2300 Ravine Way, S. P. 800
 City/State/Zip
 GLENVIEW IL 60025

7554 2507 0000 0070 4511

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

HOFFMAN ESTATES IL 60169

| | | |
|--|----|--------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorser's Receipt) | | \$2.70 |
| Registered Delivery Fee (Enclosure Not Permitted) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |



01/27/2015

Sent to
 St. Alex's Hospital and
 1055 Jackson Road
 Hoffman Estates, IL 60169

PS Form 3800, July 2011. See Reverse for Instructions.

7014 2120 0000 7052 4446

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com

CHICAGO IL 60625

| | | |
|--|-----------|---------------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Electronic Required) | | \$2.70 |
| Restricted Delivery Fee (Electronic Required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |

01/27/2015

0068 IL 60625
 PARK RIDGE IL 60068
 1595

Sent to: Swedish Covenant Hospital Admin. Dept.
 Street & Apt. No. or PO Box No. 945 N. Dearborn Ave
 City State Zip+4 Chicago IL 60625

PS Form 3800, July 2011

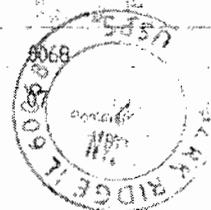
7014 2120 0000 7041 9459

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For details on Certified Mail, visit our website at www.usps.com

CHICAGO IL 60640

| | | |
|--|-----------|---------------|
| Coverage | \$ | \$0.49 |
| Contract Fee | | \$3.30 |
| Assurance Fee (if applicable) | | \$2.70 |
| See website for Postage (E-mailment Requirement) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |



01/27/2015

Sent To: Walter Memorial Hospital
4646 N. Marine Dr
 Street & Apt. No. or PO Box No. CHICAGO IL 60640
 City, State, ZIP+4®
 PS Form 3800, July 2012 See Reverse for Postage

7014 2120 0000 0212 4443

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

| | |
|---|---------------|
| OAK PARK, IL 60302 | |
| Postage | \$0.49 |
| Certification Fee | \$3.30 |
| Return Receipt Fee (Receipt Required) | \$2.70 |
| Registered Mail Fee (Insurance Required) | \$0.00 |
| Total Postage & Fees | \$6.49 |



01/27/2015

Sent To
West Suburban Medical Center, Attn: CEO / Admin
Street & Apt. No.
or PO Box No. One Court
City, State, ZIP+4
OAK PARK, IL 60302

PS Form 3800, July 2014 See Reverse for Instructions

Appendix 3

Distance of Impacted Providers

1. Advocate Lutheran General Hospital
1775 Dempster Street
Park Ridge, IL 60068

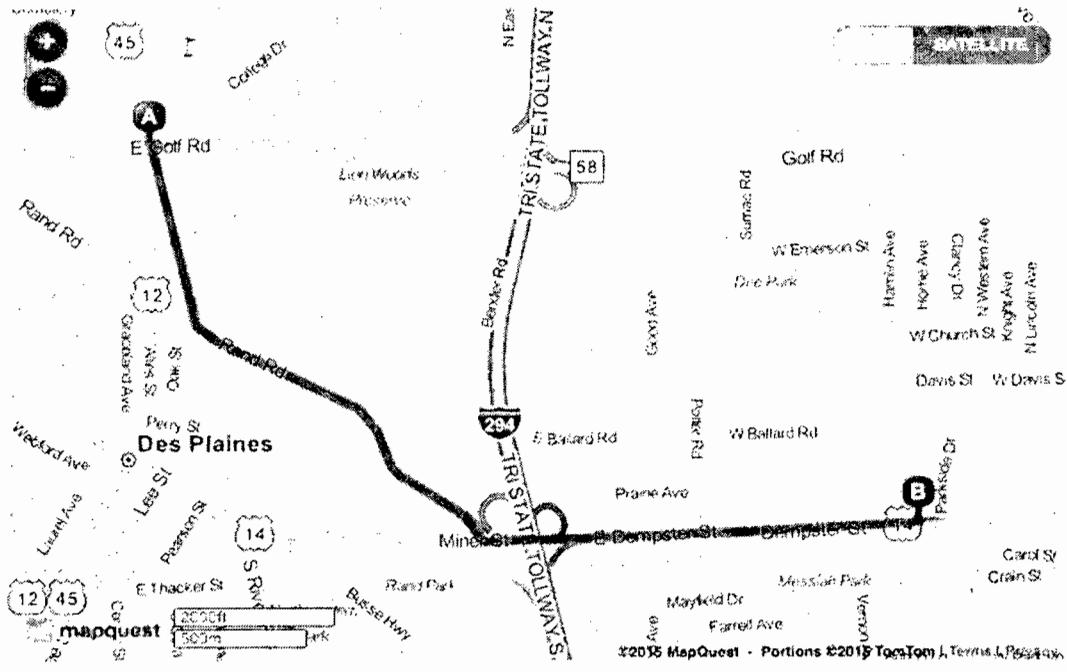
A **Presence Holy Family Medical Center**
Victim's Services
100 N River Rd, Des Plaines, IL 60016
(847) 297-1800

Download
Free App

- | | | |
|---|---|--|
| ● | 1. Start out going south on N River Rd / US-45 S toward E Goff Rd / IL-58 Map | 0.5 MI <small>0.8 MI Total</small> |
| ↖ | 2. Turn slight left onto Rand Rd. Map <small>Turn right onto Dempster St / US-14 E from Rand Rd / US-45 S toward E Goff Rd / IL-58</small> | 1.0 MI <small>1.5 MI Total</small> |
| ↙ | EAST 14 3. Turn left onto Miner St / US-14 E. Continue to follow US-14 E. Map <small>US-14 E / US-14 E / Dempster St / US-14 E</small> | 1.2 MI <small>2.7 MI Total</small> |
| ■ | 4. 1775 DEMPSTER ST is on the right. Map <small>Your destination is just past Dempster Ct If you're on W Dempster St, you'll need to turn right onto Dempster Ct</small> | |

B **Advocate Lutheran General Hospital**
1775 Dempster St, Park Ridge, IL 60068
(847) 723-2210

Total Travel Estimate: 2.65 miles - about 5 minutes



2. North Shore Evanston Hospital
 2650 Ridge Avenue
 Evanston, IL 60201



Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

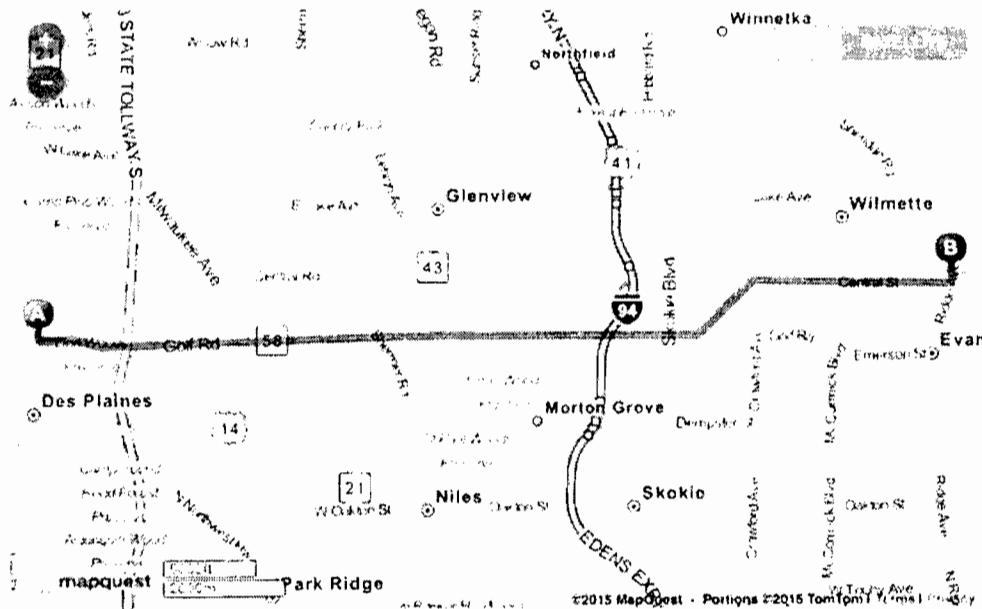
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-  1 Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58 0.01 Mi
-   2 Take the 1st left onto E Golf Rd / IL-58. Continue to follow IL-58 4.6 Mi
-  3 Stay straight to go onto Golf Rd 3.1 Mi
-  4 Turn left onto Gross Point Rd 0.9 Mi
-  5 Turn slight right onto Central St 2.3 Mi
-  6 Turn left onto Ridge Ave 0.08 Mi
-  7 2650 RIDGE AVE is on the left



Evanston Hospital
 2650 Ridge Ave, Evanston, IL 60201
 (847) 570-2000

Total Travel Estimate: 10.91 miles - about 21 minutes



3. North Shore Skokie Hospital
 9600 Gross Point Road
 Skokie, IL 60076



Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800



- 
 1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.01 Mi
0.01 Mi Total
- 
58
 2. Take the 1st left onto E Golf Rd / IL-58. Continue to follow IL-58. Map 4.6 MI
4.6 Mi Total
*Children's Choice Learning Centers is on the right
 If you reach Rodeker Rd you've gone a little too far*
- 
 3. Stay straight to go onto Golf Rd. Map 3.1 MI
7.6 Mi Total
- 
 4. Turn left onto Gross Point Rd. Map 0.01 MI
7.7 Mi Total
*Gross Point Rd is just past Kenton Ave
 4511 Golf Rd Svc 100 is on the corner
 If you reach Kibbourn Ave you've gone a little too far*
- 
 5. 9600 GROSS POINT RD is on the left. Map
If you reach Payne St you've gone about 0.1 miles too far



Skokie Hospital
 9600 Gross Point Rd, Skokie, IL 60076
 (847) 677-9600

Total Travel Estimate: 7.66 miles - about 14 minutes



4. North Shore Glenbrook Hospital
 2100 Pflingsten Road
 Glenview, IL 60026

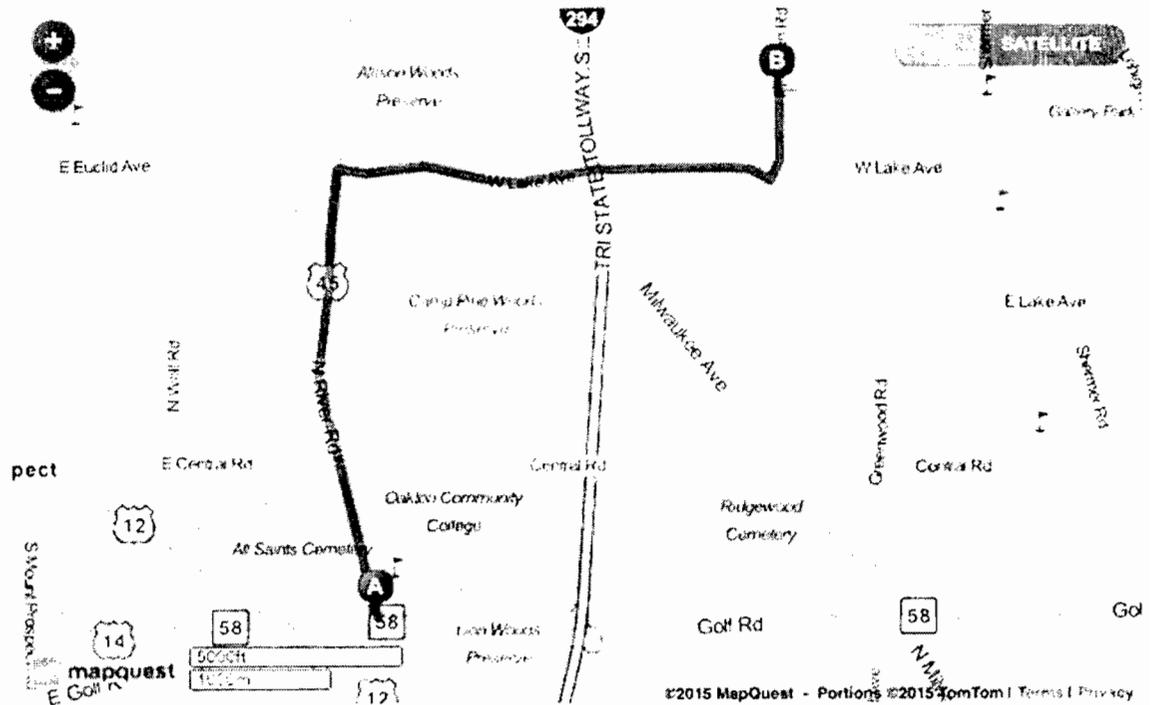
A **Presence Holy Family Medical Center**
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

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- 
 1. Start out going north on N River Rd / US-45 N toward US-45 S. Map 2.3 Mi
0:00:00
- 
 2. Turn right onto W Lake Ave. Map 2.2 Mi
0:00:00
- 
 3. Turn left onto Pflingsten Rd. Map 0.4 Mi
0:00:00
- 
 4. 2100 PFLINGSTEN RD. Map
0:00:00

B **Glenbrook Hospital**
 Gift Shop
 2100 Pflingsten Rd, Glenview, IL 60026
 (847) 657-5800

Total Travel Estimate: 4.95 miles - about 8 minutes



5. North Shore Highland Park Hospital
 777 Park Avenue West
 Highland Park, IL 60035



Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

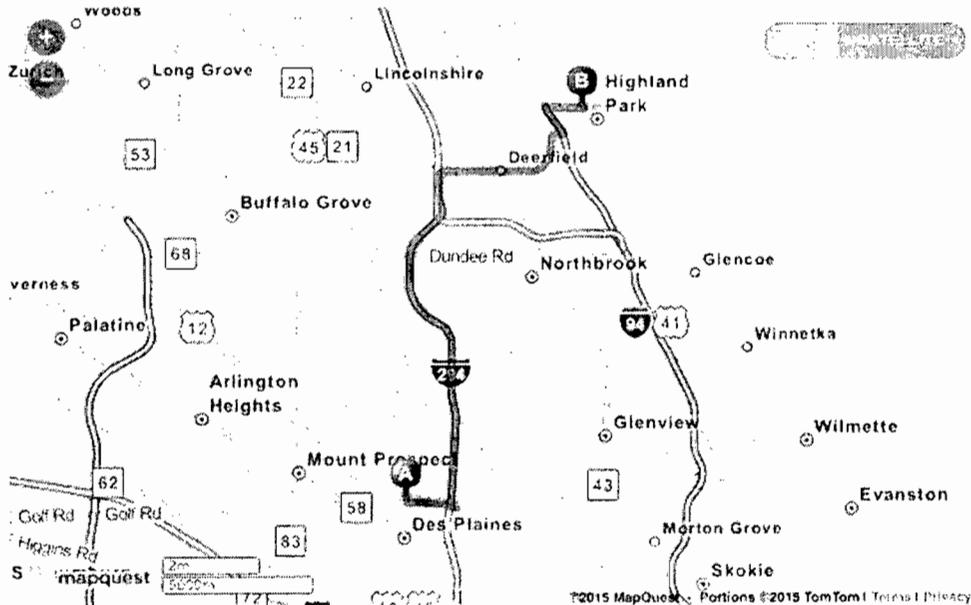
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-  1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.01 Mi
0.01 Mi Total
-   2. Take the 1st left onto E Golf Rd / IL-58. Map 1.1 Mi
1.12 Mi Total
-   3. Merge onto I-294 N / Tri State Tollway N toward Wisconsin (Portions toll). Map 8.5 Mi
9.6 Mi Total
-   4. I-294 N / Tri State Tollway N becomes I-94 W / Tri State Tollway N (Portions toll). Map 0.04 Mi
9.64 Mi Total
-  5. Take the Deerfield Road exit. Map 0.4 Mi
10.04 Mi Total
-  6. Keep right at the fork in the ramp. Map 0.1 Mi
10.14 Mi Total
-  7. Merge onto Deerfield Rd. Map 3.3 Mi
13.44 Mi Total
-   8. Merge onto US-41 N / Skokie Hwy N toward Skokie Valley Rd. Map 0.8 Mi
14.24 Mi Total
-  9. Turn right onto Park Ave W. Map 1.0 Mi
15.24 Mi Total
-  10. 777 PARK AVE W is on the left. Map



Highland Park Hospital
 Assisted Living
 777 Park Ave W, Highland Park, IL 60035
 (847) 432-8000

Total Travel Estimate: 15.19 miles - about 21 minutes



6. Northwest Community Hospital
 800 W Central Rd
 Arlington Heights, IL 60005

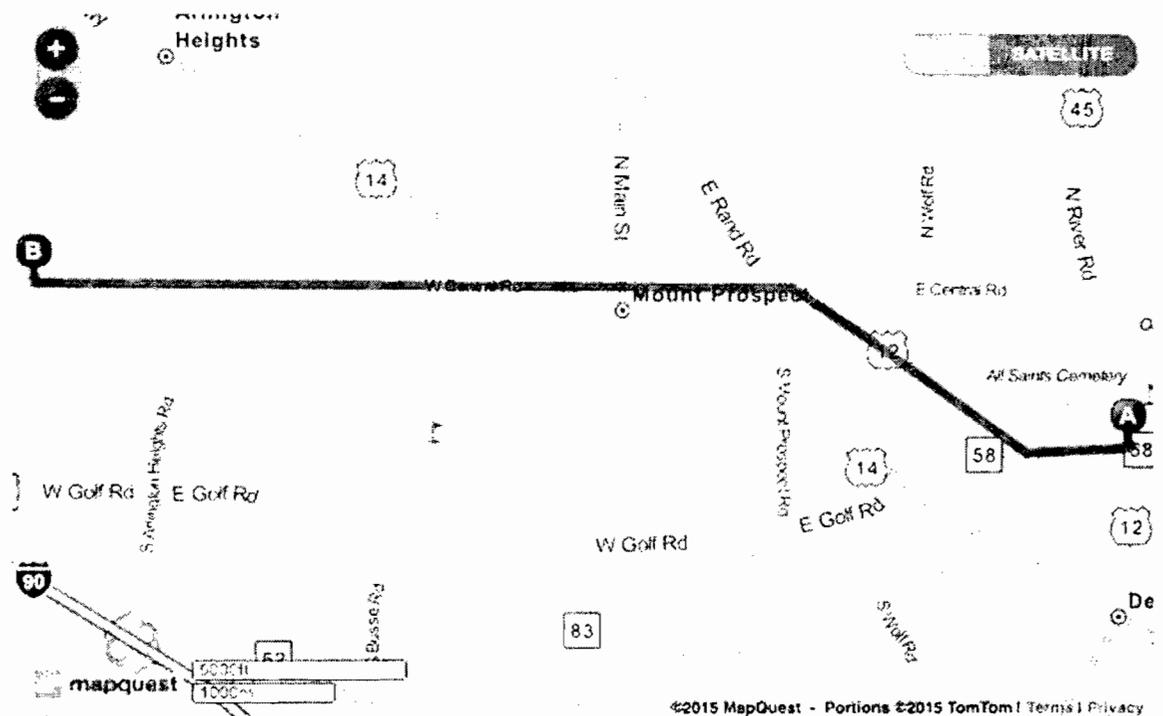
A **Presence Holy Family Medical Center**
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800



1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map
2. Take the 1st right onto E Golf Rd / IL-58. Map 0.5 Mi
3. Turn slight right onto Rand Rd / US-12 W. Map 1.4 Mi
4. Turn slight left onto E Central Rd. Map 3.7 Mi
5. 800 W CENTRAL RD is on the right. Map

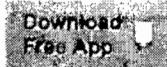
B **Northwest Community Hospital**
 800 W Central Rd, Arlington Heights, IL 60005
 (847) 618-1000

Total Travel Estimate: 5.68 miles - about 10 minutes



7. Alexian Brothers Medical Center
 800 W Biesterfield Rd
 Elk Grove Village, IL 60007

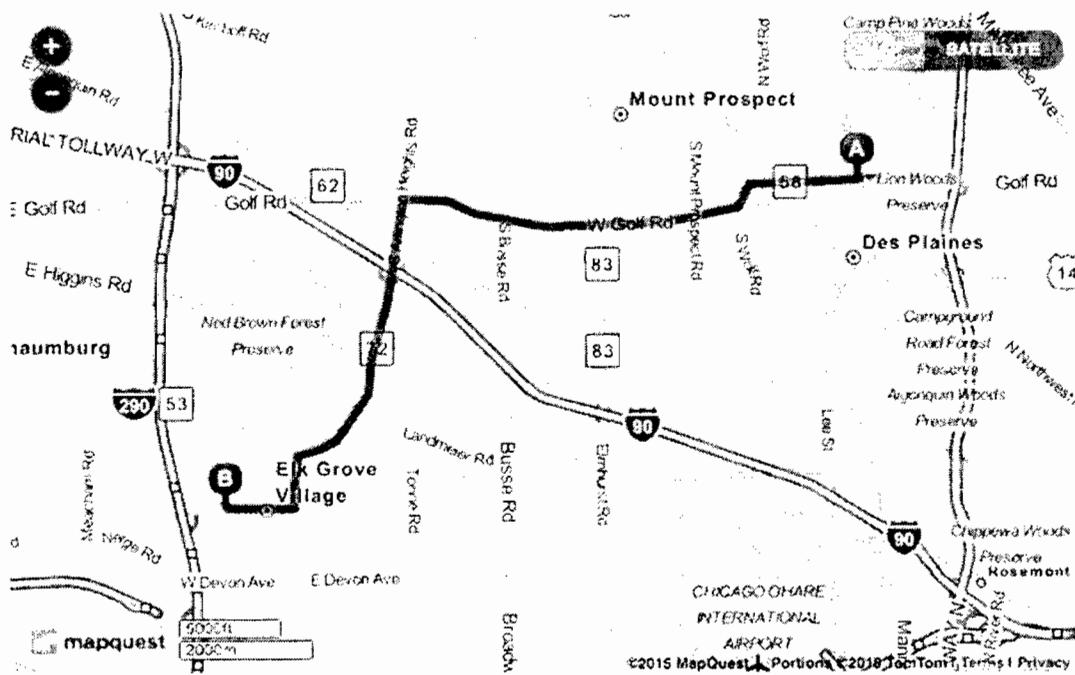
A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800



1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map
2. Take the 1st right onto E Golf Rd / IL-58. Pass through 1 roundabout. Map 5.1 MI
5.1 MI Total
3. Turn left onto S Arlington Heights Rd. Map 3.7 MI
8.8 MI Total
4. Turn right onto Biesterfield Rd. Map 0.7 MI
9.5 MI Total
5. 800 BIESTERFIELD RD is on the right. Map

B Alexian Brothers Medical Center
 800 Biesterfield Rd, Elk Grove Village, IL 60007
 (847) 956-5465

Total Travel Estimate: 9.49 miles - about 18 minutes



8. Apollo Health Center
 2750 South River Road
 Des Plaines, IL 60016

A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

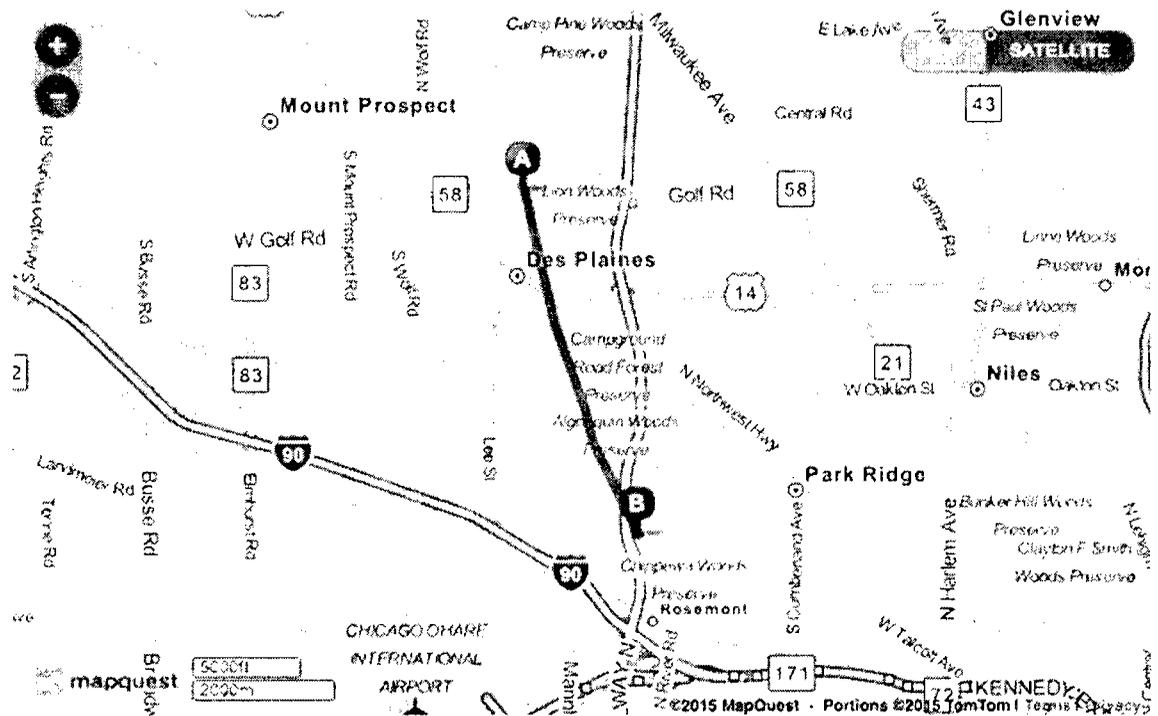


- 1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Continue to follow N River Rd. Map
- 2. 2750 S RIVER RD is on the right. Map

3.7 MI
 12.14 MIN

B 2750 S River Rd, Des Plaines, IL 60018-4101

Total Travel Estimate: 3.66 miles - about 7 minutes



9. Chicago Endoscopy Center
 3536 W. Fullerton Avenue
 Chicago, IL 60647

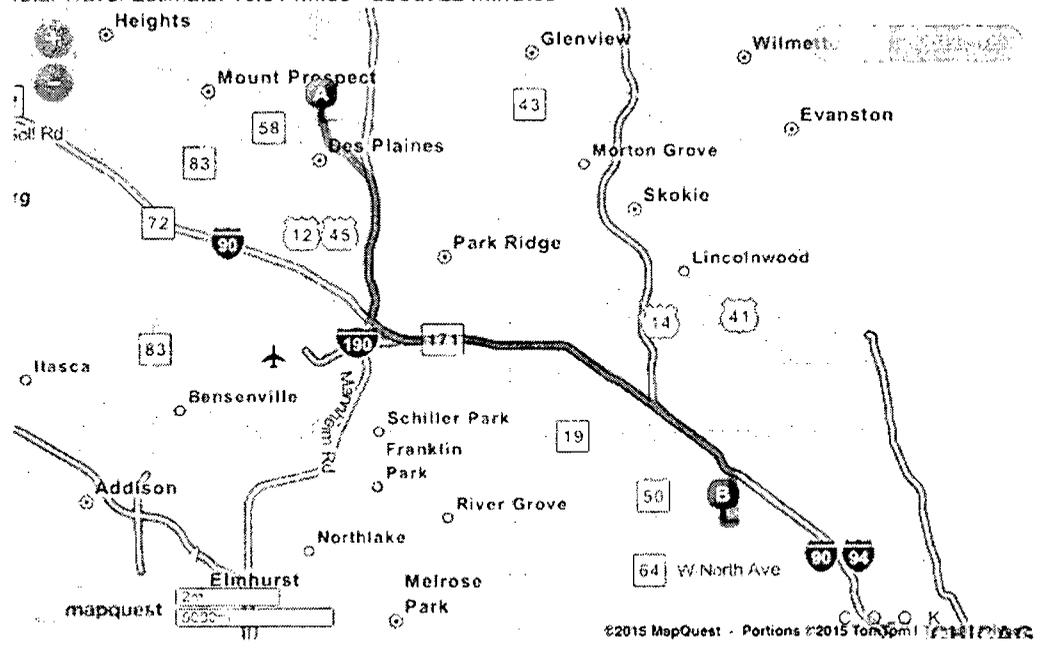
Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

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1. Start out going **south** on **N River Rd / US-45 S** toward **E Golf Rd / IL-58**. Map 0.5 Mi
2. Turn **slight left** onto **Rand Rd**. Map 1.0 Mi
3. **Rand Rd** becomes **N Northwest Hwy**. Map 0.1 Mi
4. Merge onto **I-294 S / Tri State Tollway S** toward **Indiana** (Portions toll). Map 3.1 Mi
5. Merge onto **I-90 E** toward **Kennedy Expy / Chicago** (Portions toll). Map 9.3 Mi
6. Take the **Kimball Ave** exit. **EXIT 45B**, toward **3400 W**. Map 0.2 Mi
7. Turn **right** onto **N Kimball Ave**. Map 1.1 Mi
8. Turn **right** onto **W Fullerton Ave**. Map 0.2 Mi
9. **3536 W FULLERTON AVE** is on the right. Map

3536 W Fullerton Ave, Chicago, IL 60647-2443

Total Travel Estimate: 15.51 miles - about 22 minutes



10. Golf Surgical Center
 8901 Golf Road
 Des Plaines, IL 60016

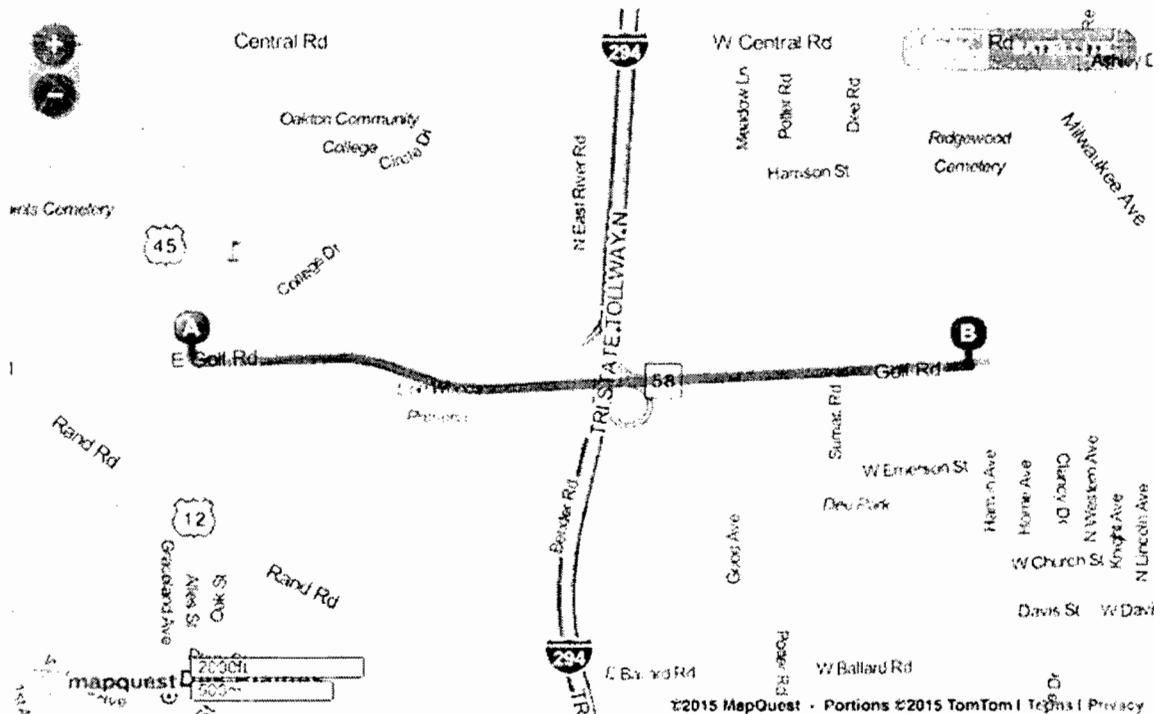
A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

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1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.01 Mi
2. Take the 1st left onto E Golf Rd / IL-58. Map 1.9 Mi
3. 8901 GOLF RD. Map

B Golf Surgical Center
 8901 Golf Rd, Des Plaines, IL 60016
 (847) 299-2273

Total Travel Estimate: 1.93 miles - about 3 minutes



11. Northwest Community Day Surgery
 675 W. Kirchoff Road
 Arlington Heights, IL 60005

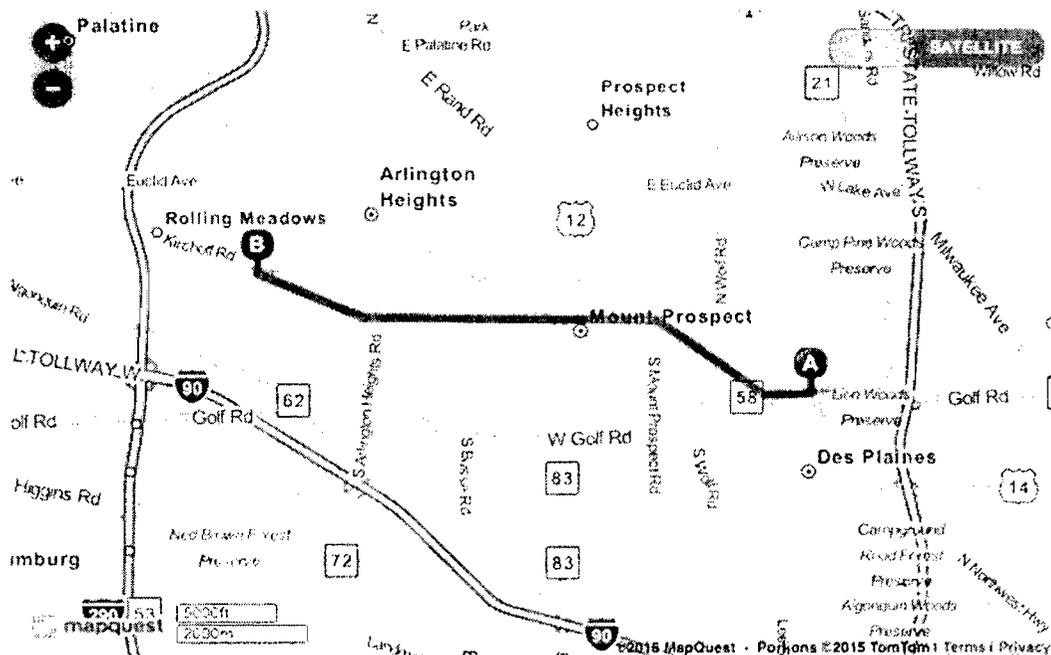
A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

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- 1 Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map
- 2 Take the 1st right onto E Golf Rd / IL-58. Map 0.5 MI
0.5 MI
- 3 Turn slight right onto Rand Rd / US-12 W. Map 1.4 MI
1.4 MI
- 4 Turn slight left onto E Central Rd. Map 3.2 MI
3.2 MI
- 5 Turn slight right onto W Kirchoff Rd. Map 1.2 MI
1.2 MI
- 6 Turn left onto Kirchoff Rd. Map 0.01 MI
0.01 MI
- 7 [1701 - 1703] W KIRCHOFF RD. Map

B [1701 - 1703] W Kirchoff Rd, Rolling Meadows, IL 60008

Total Travel Estimate: 6.36 miles - about 12 minutes



12. Northwest Community Surgicare Healthsouth
 1100 West Central Road, Ste L-4
 Arlington Heights, IL 60005

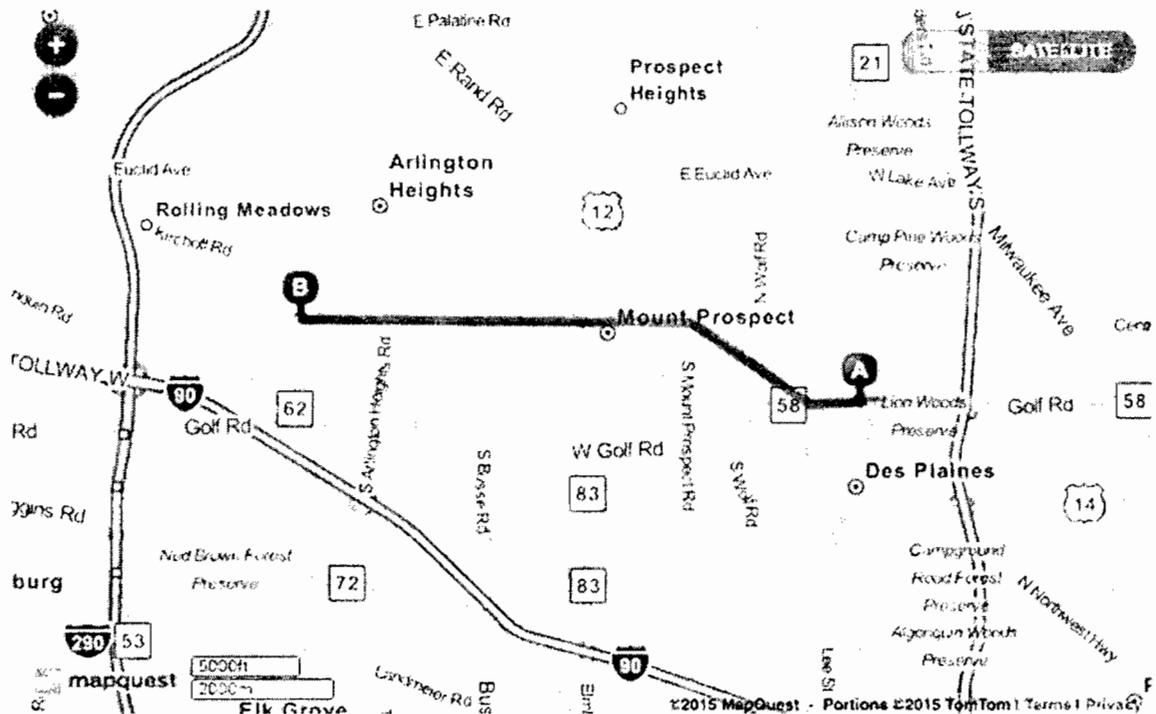
A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

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1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map
2. Take the 1st right onto E Golf Rd / IL-58. Map 0.5 MI
3. Turn slight right onto Rand Rd / US-12 W. Map 1.4 MI
4. Turn slight left onto E Central Rd. Map 3.9 MI
5. 1100 W CENTRAL RD. Map

B 1100 W Central Rd, Arlington Heights, IL 60005-2401

Total Travel Estimate: 5.81 miles - about 11 minutes



13. Ravine Way Surgery Center
 2350 Ravine Way, Suite 500
 Glenview, IL 60025



Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

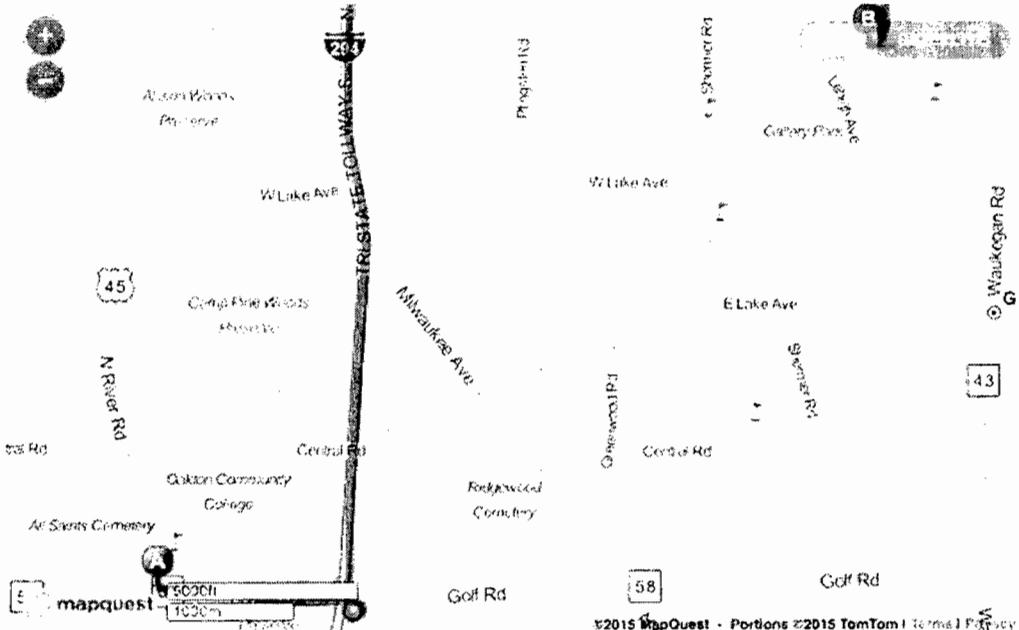
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1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.01 Mi
0.01 Mi / 0.02 Min
2. Take the 1st left onto E Golf Rd / IL-58. Map 1.1 Mi
1.1 Mi / 1.25 Min
3. Merge onto I-294 N / Tri State Tollway N toward Wisconsin (Portions to I). Map 3.4 Mi
3.4 Mi / 4.45 Min
- EXIT 4. Take the Willow Rd exit. Map 0.4 Mi
0.4 Mi / 0.5 Min
- RAMP 5. Keep right to take the ramp toward GLENVIEW / NORTHBROOK. Map 0.09 Mi
0.09 Mi / 0.11 Min
6. Turn right onto Willow Rd. Map 2.8 Mi
2.8 Mi / 3.25 Min
7. Turn right onto Ravine Way. Map 0.5 Mi
0.5 Mi / 0.6 Min
8. 2350 RAVINE WAY is on the right. Map



2350 Ravine Way, Glenview, IL 60025-7626

Total Travel Estimate: 8.42 miles - about 13 minutes



14. The Glen Endoscopy Center
 2551 Compass Road, Suite 115
 Glenview, IL 60026



Presence Holy Family Medical Center

Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

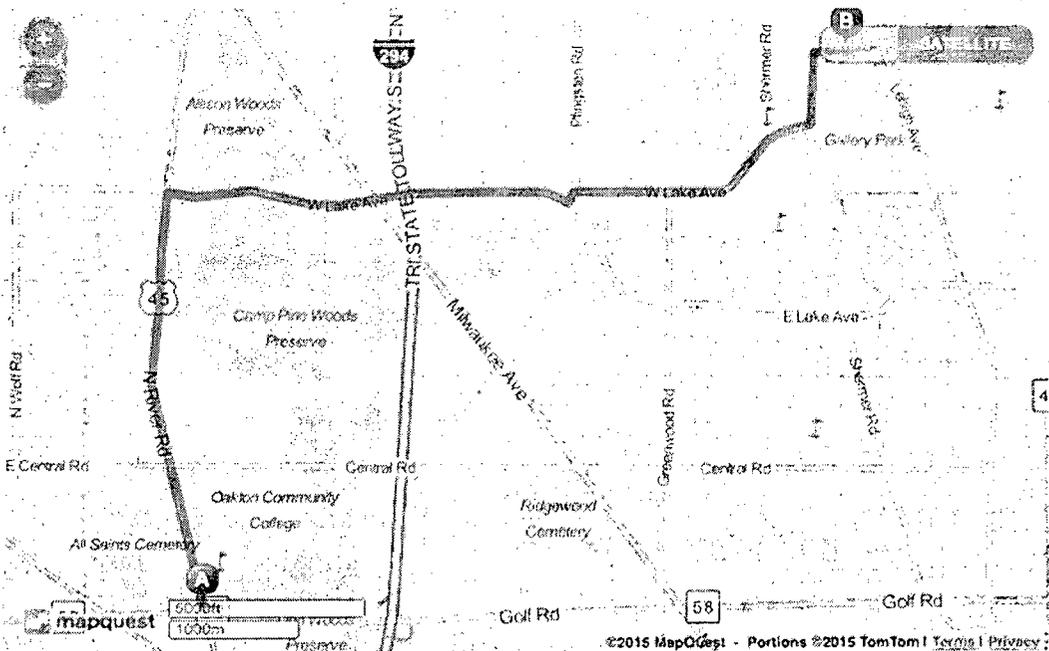


1. Start out going north on N River Rd / US-45 N toward US-45 S. Map 2.3 MI
2.3 Mi Total
2. Turn right onto W Lake Ave. Map 2.2 MI
4.5 Mi Total
*W Lake Ave is 0.1 miles past E Ivy Ln
 Allstate Insurance Company - Daniel Byrd is on the corner
 If you are on US-45 N and reach E Pine Oak Dr you've gone about 0.1 miles too far*
3. Turn left onto Pfingsten Rd. Map 0.07 MI
4.6 Mi Total
*Pfingsten Rd is 0.1 miles past Robin Ln
 St Philip Lutheran Church is on the corner*
4. Turn right onto W Lake Ave. Map 1.4 MI
6.0 Mi Total
If you reach Glenbrook South High School you've gone about 0.1 miles too far
5. Turn left onto Patriot Blvd. Map 0.4 MI
6.4 Mi Total
If you are on W Lake Ave and reach Mint Ln you've gone about 0.1 miles too far
6. Turn right onto Compass Rd. Map 0.2 MI
6.6 Mi Total
*Glenview Fire Station 14 is on the corner
 If you reach Lenigh Ave you've gone about 0.1 miles too far*
7. 2551 COMPASS RD is on the right. Map
If you reach Lenigh Ave you've gone about 0.1 miles too far



Glen Endoscopy Center
 2551 Compass Rd, Glenview, IL 60026
 (847) 656-2400

Total Travel Estimate: 6.58 miles - about 11 minutes



15. Elmhurst Memorial Hospital
 155 E. Brush Hill Road
 Elmhurst, IL 60126



Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

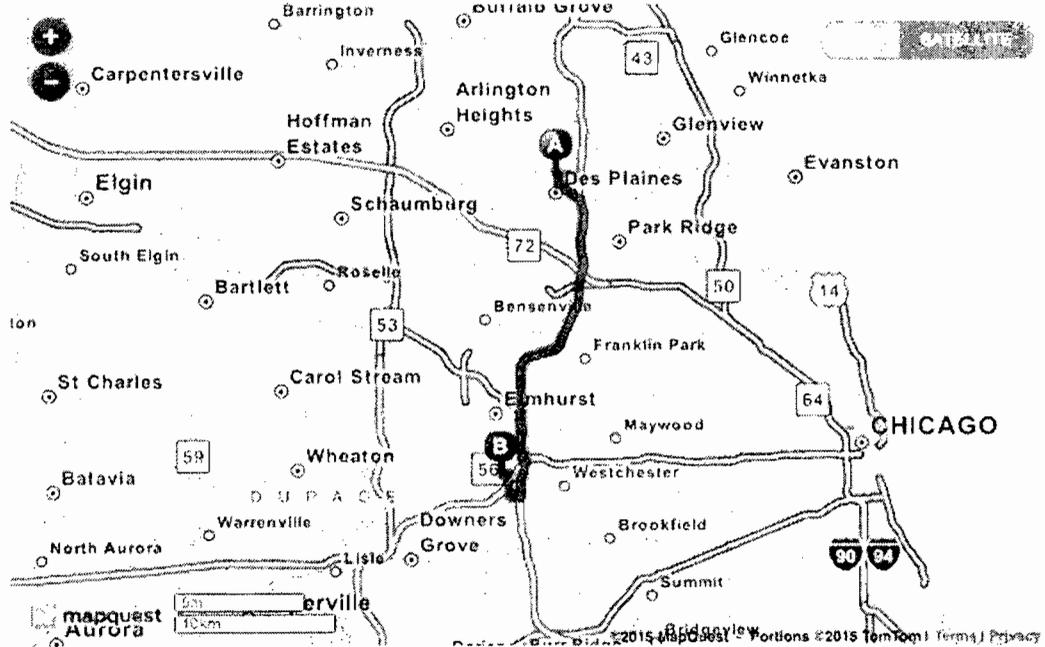
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1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. 0.5 Mi
2. Turn slight left onto Rand Rd. 1.0 Mi
3. Rand Rd becomes N Northwest Hwy. 0.1 Mi
4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). 14.5 Mi
5. Take the 22nd St / Cermak Rd exit. 0.2 Mi
6. Keep left to take the ramp toward OAKBROOK. 0.05 Mi
7. Turn left onto W 22nd St. 0.3 Mi
8. Take the 2nd right onto York Rd. 1.2 Mi
9. Turn left onto E Brush Hill Rd. 0.3 Mi
10. 155 E BRUSH HILL RD is on the right.



155 E Brush Hill Rd, Elmhurst, IL 60126-5658

Total Travel Estimate: 18.18 miles - about 22 minutes



16. Advenstist Hinsdale Hospital
 120 North Oak Street
 Hinsdale,IL 60521

A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

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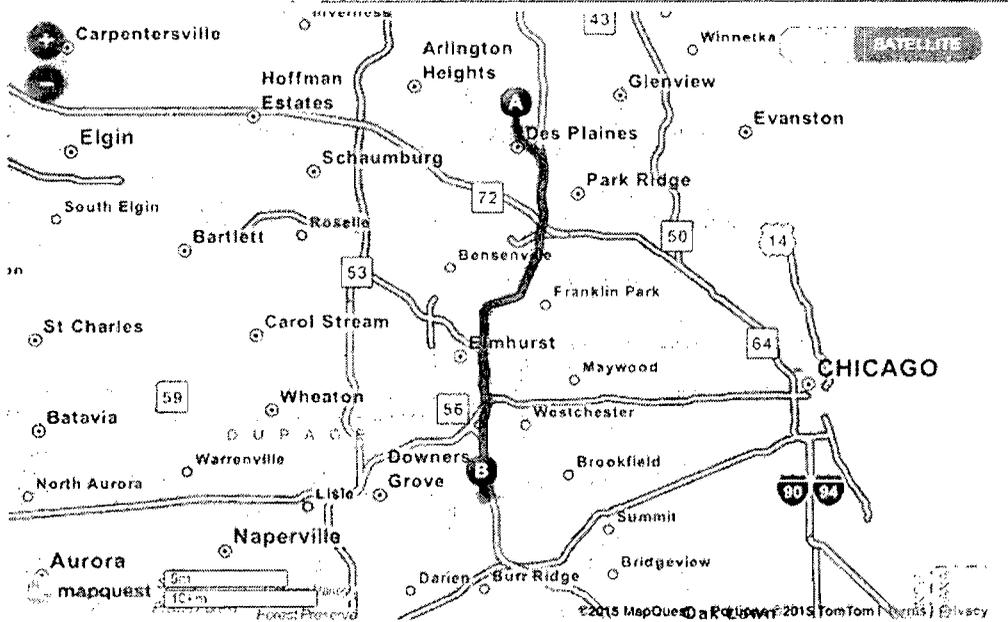
-  1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.5 Mi
100 N River Rd, Des Plaines, IL 60016
-  2. Turn slight left onto Rand Rd. Map 1.0 Mi
100 N River Rd, Des Plaines, IL 60016
100 N River Rd, Des Plaines, IL 60016
-  3. Rand Rd becomes N Northwest Hwy. Map 0.1 Mi
100 N River Rd, Des Plaines, IL 60016
-  4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 16.3 Mi

-  5. Merge onto E Ogden Ave / US-34 W. Map 0.5 Mi

-  6. Turn left onto N County Line Rd. Map 0.8 Mi
100 N River Rd, Des Plaines, IL 60016
-  7. Turn right onto E Walnut St. Map 0.1 Mi
100 N River Rd, Des Plaines, IL 60016
-  8. Take the 1st left onto N Oak St. Map 0.04 Mi
100 N River Rd, Des Plaines, IL 60016
-  9. 120 N OAK ST is on the right. Map
100 N River Rd, Des Plaines, IL 60016

B Adventist Hinsdale Hospital
 Patient Information
 120 N Oak St, Hinsdale, IL 60521
 (630) 856-9000

Total Travel Estimate: 19.34 miles - about 23 minutes



17. Advenstist LaGrange Hospital
 5101 South Willow Spring Road
 La Grange, IL 60525

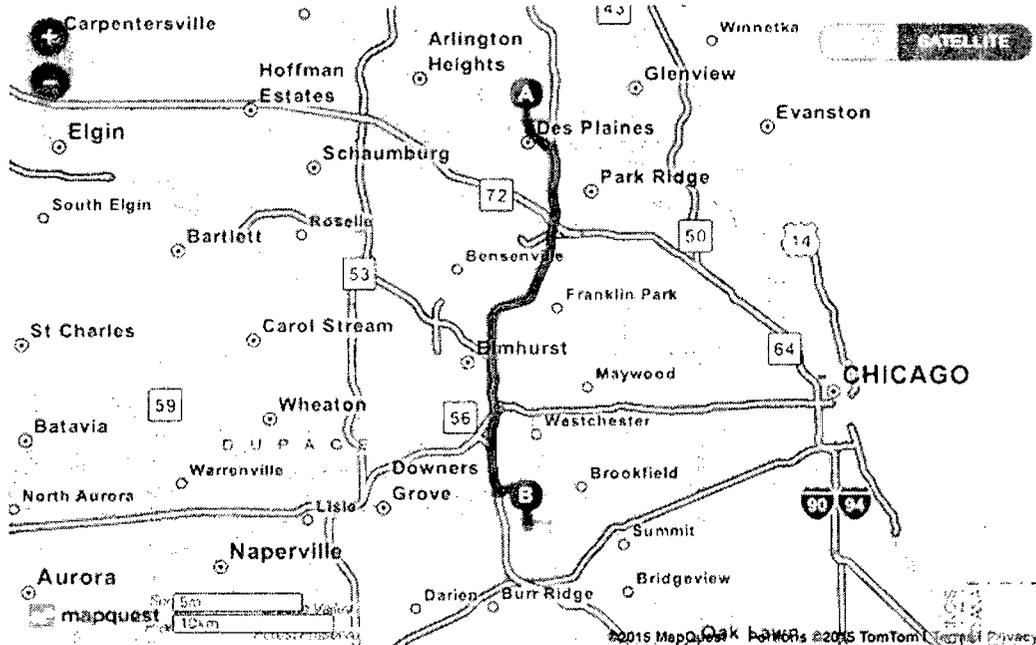
 **Presence Holy Family Medical Center**
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

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 Free App

1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.5 Mi
2. Turn slight left onto Rand Rd. Map 1.0 Mi
3. Rand Rd becomes N Northwest Hwy. Map 0.1 Mi
4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 16.7 Mi
5. Merge onto US-34 E / E Ogden Ave. Map 1.6 Mi
6. Turn right onto Gilbert Ave. Map 1.0 Mi
7. Gilbert Ave becomes Willow Springs Rd. Map 0.1 Mi
8. Willow Springs Rd becomes Gilbert Ave. Map 0.2 Mi
9. Gilbert Ave becomes Willow Springs Rd. Map 0.2 Mi
10. Make a U-turn onto Willow Springs Rd. Map 0.07 Mi
11. 5101 WILLOW SPRINGS RD. Map

 **Adventist La Grange Memorial Hospital**
 5101 Willow Springs Rd, La Grange, IL 60525
 (708) 245-9000

Total Travel Estimate: 21.55 miles - about 27 minutes



18. Westlake Hospital
 1225 Lake Street
 Melrose Park, IL 60160

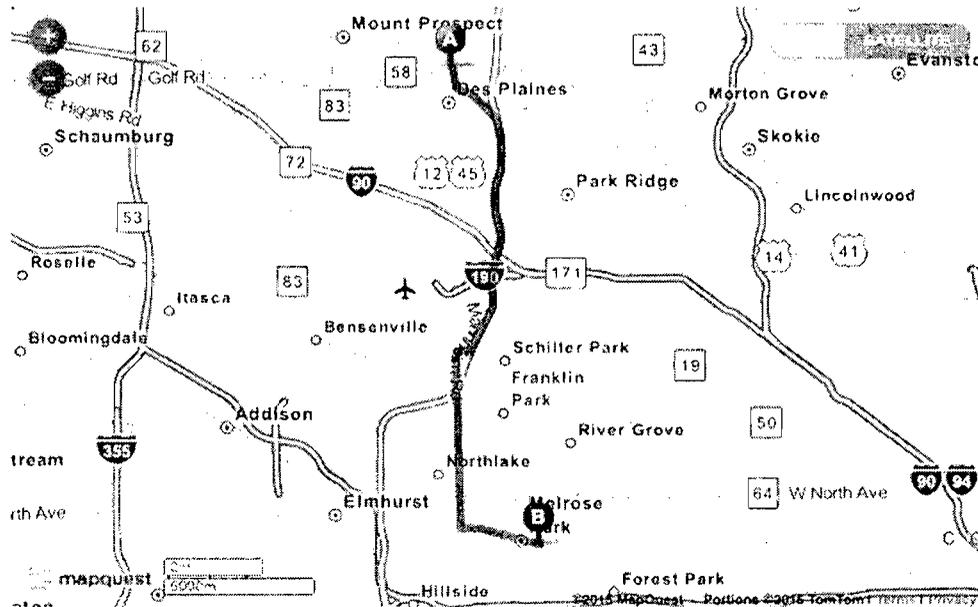
A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800



- 1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.5 Mi
0:04 Total
- ↙ 2. Turn slight left onto Rand Rd. Map 1.0 Mi
0:07 Total
- ↑ 3. Rand Rd becomes N Northwest Hwy. Map 0.1 Mi
0:07 Total
- ↗  4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 5.5 Mi
0:07 Total
- ↗  5. Merge onto Irving Park Rd / IL-19 W. Map 0.5 Mi
0:07 Total
- ↙  6. Turn left onto Mannheim Rd / US-45 S / US-12 E. Map 4.2 Mi
0:15 Total
- ↙ 7. Turn left onto W Lake St / US-20 E. Continue to follow W Lake St. Map 1.9 Mi
0:22 Total
- 8. 1225 LAKE ST. Map 0.0 Mi
0:22 Total

B 1225 Lake St, Melrose Park, IL 60160-4039

Total Travel Estimate: 13.79 miles - about 23 minutes



19. West Suburban Medical Center
 3 Erie Court
 Oak Park, IL 60302

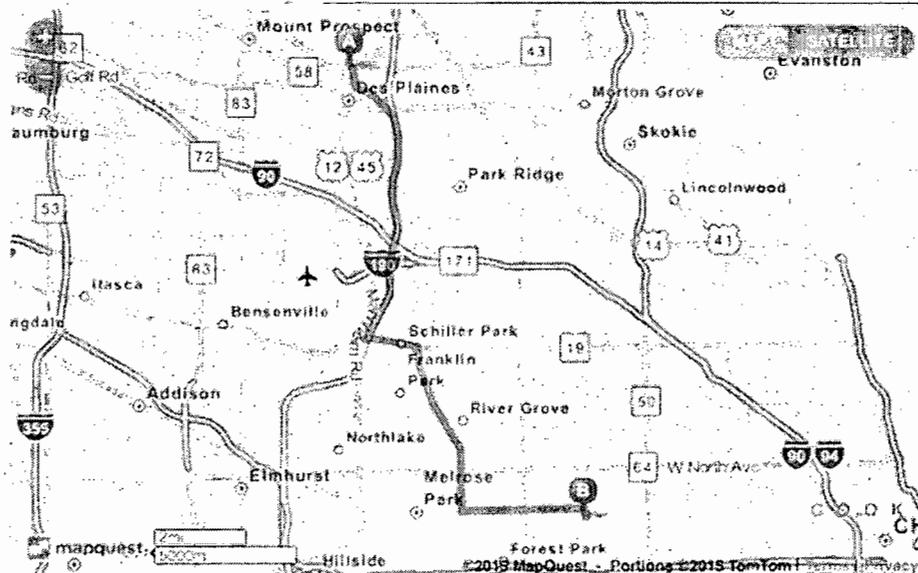
Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

Download
Free App

- 1 Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.5 Mi
2.5 Mi Total
- 2 Turn slight left onto Rand Rd. Map 1.0 Mi
3.5 Mi Total
*Rand Rd is 0.1 miles east of Howard Ave.
 If you turn on S Forest Rd and reach E 8th St you've gone a mile too far.*
- 3 Rand Rd becomes N Northwest Hwy. Map 0.1 Mi
3.6 Mi Total
- 4 Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 5.5 Mi
9.1 Mi Total
- 5 Merge onto IL-19 E / Irving Park Rd. Map 1.8 Mi
10.9 Mi Total
- 6 Turn right onto River Rd. Map 2.9 Mi
13.8 Mi Total
River Rd is 2.1 miles east of Irving St.
- 7 Turn slight right onto 1st Ave / IL-171. Map 1.6 Mi
15.4 Mi Total
1st Ave is 0.2 miles east of Irving St.
- 8 Turn left onto Chicago Ave. Map 3.1 Mi
18.5 Mi Total
*Chicago Ave is 0.5 miles east of Irving St.
 Woodlawn Blvd, Chicago, is on the right.
 If you reach Evanston, you've gone a mile too far.*
- 9 Turn right onto N Austin Blvd. Map 0.2 Mi
18.7 Mi Total
*N Austin Blvd is just east of Hawthorn Ave.
 Jonathan Groves is on the left.
 If you are on W Chicago Turn and reach N Mayfield Ave you've gone about 0.1
 mile too far.*
- 10 Turn right onto Erie St. Map 0.01 Mi
18.7 Mi Total
*Erie St is just past Westlawn St.
 If you reach W Ohio St you've gone a little far.*
- 11.3 ERIE CT. Map 0.01 Mi
18.7 Mi Total
If you reach N Humphrey Ave you've gone a little far.

Presence Health West Suburban Medical Center
 3 Erie Ct, Oak Park, IL 60302
 (708) 763-2120

Total Travel Estimate: 16.63 miles - about 28 minutes



20. Loyola University Medical Center
 2160 South First Avenue
 Maywood, IL 60153

A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

Download
 Free App

-  1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.5 Mi
0.5 miles south of your starting point
-  2. Turn slight left onto Rand Rd. Map 1.0 Mi
0.5 miles south of your starting point
0.5 miles south of your starting point
-  3. Rand Rd becomes N Northwest Hwy. Map 0.1 Mi
0.1 miles south of your starting point
-  4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 12.2 Mi

-  5. Merge onto I-290 E / Eisenhower Expy E toward Chicago. Map 4.7 Mi

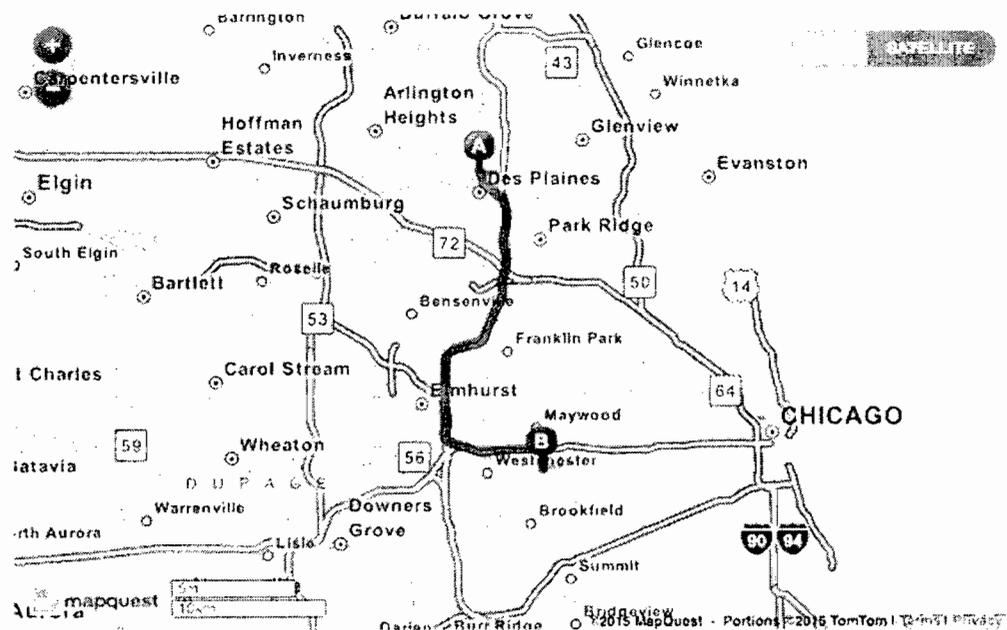
-  6. Take EXIT 20 toward IL-171 / 1st Ave. Map 0.2 Mi

-  7. Merge onto Bataan Dr. Map 0.07 Mi
0.07 miles south of your starting point
-  8. Turn right onto S 1st Ave / IL-171. Map 0.9 Mi

0.9 miles south of your starting point
0.9 miles south of your starting point
-  9. 2160 S 1ST AVE is on the right. Map 0.9 Mi
0.9 miles south of your starting point
0.9 miles south of your starting point

B 2160 S 1st Ave, Maywood, IL 60153-3328

Total Travel Estimate: 19.70 miles - about 23 minutes



22. Advocate Good Samaritan Hospital
 3815 Highland Avenue
 Downers Grove, IL 60515

A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800



-  1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.5 Mi
0:07 Total
-  2. Turn slight left onto Rand Rd. Map 1.0 Mi
0:07 Total
-  3. Rand Rd becomes N Northwest Hwy. Map 0.1 Mi
0:04 Total
-  4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 12.9 Mi
0:14 Total
-  5. Merge onto I-88 W / Chicago-Kansas City Expressway W / Ronald Reagan Memorial Tollway W toward Aurora (Portions toll). Map 5.6 Mi
0:10 Total
-  6. Take the Highland Ave exit. Map 0.2 Mi
0:04 Total
-  7. Keep left to take the ramp toward MIDWESTERN COLLEGE / Downers Grove. Map 0.1 Mi
0:04 Total
-  8. Turn left onto Highland Ave / County Hwy-9. Map 1.1 Mi
0:07 Total
-  9. Make a U-turn at Black Oak Dr onto Highland Ave / County Hwy-9. Map 0.01 Mi
0:04 Total
-  10. 3815 HIGHLAND AVE is on the right. Map

B Advocate Good Samaritan Hospital
 3815 Highland Ave, Downers Grove, IL 60515
 (630) 275-5900

Total Travel Estimate: 21.49 miles - about 24 minutes



23. St. Alexius Hospital
 1555 Barrington Road
 Hoffman Estates, IL 60169



Presence Holy Family Medical Center

Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

Download
 Free App



1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58 Map



58

2. Take the 1st right onto E Golf Rd / IL-58. Pass through 1 roundabout. Map

13.4 Mi

13.4 Mi Total



3. Turn right onto Barrington Rd. Map

0.3 Mi

13.77 Mi Total



4 1555 BARRINGTON RD. Map

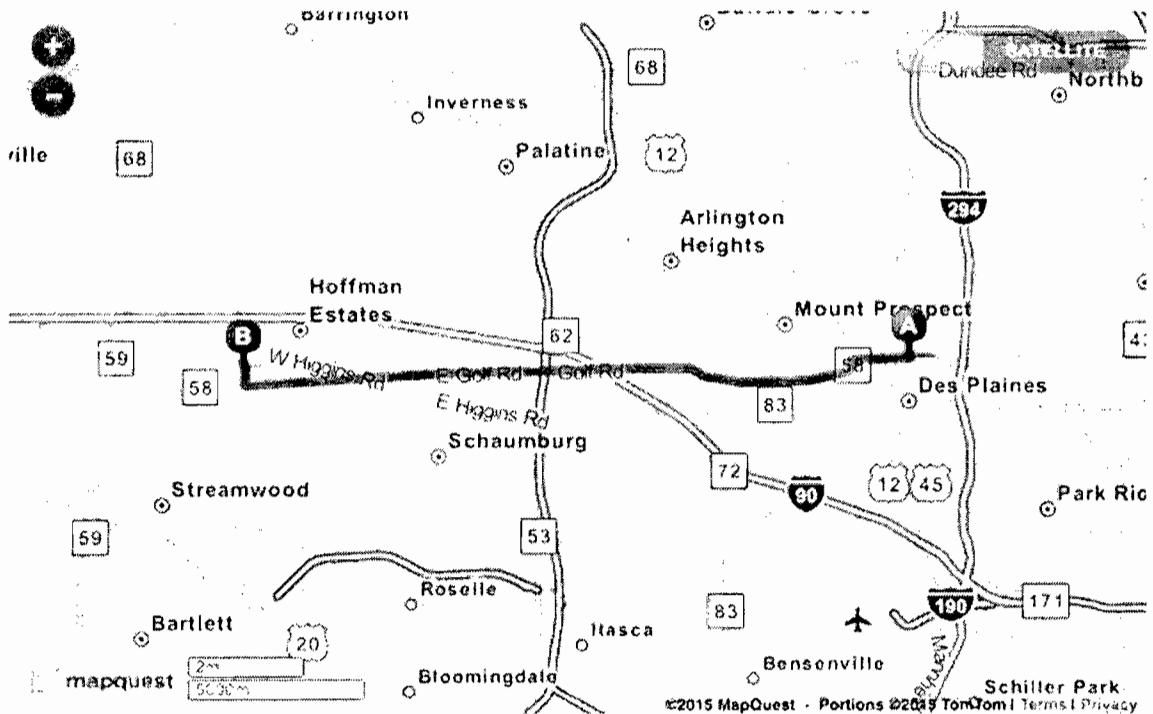
If you reach the square icon, you've gone too far.



St Alexius Hospital

1555 Barrington Rd, Hoffman Estates, IL 60169
 (847) 843-4040

Total Travel Estimate: 13.77 miles - about 26 minutes



24. Norwegian American Hospital
 1044 North Francisco Avenue
 Chicago, IL 60622

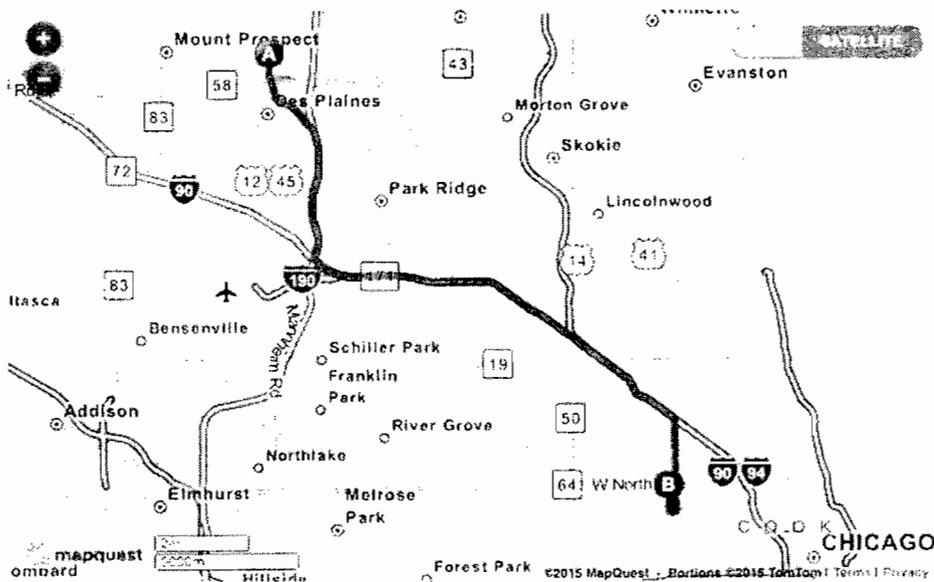
A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

Download
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1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58 *Map* 0.5 Mi
2. Turn slight left onto Rand Rd. *Map* 1.0 Mi
3. Rand Rd becomes N Northwest Hwy *Map* 0.1 Mi
4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). *Map* 3.1 Mi
5. Merge onto I-90 E toward Kennedy Expy / Chicago (Portions toll) *Map* 10.3 Mi
6. Take the California Ave exit, EXIT 46A, toward 2800 W *Map* 0.1 Mi
7. Turn slight right onto N California Ave *Map* 2.3 Mi
8. Turn right onto W Augusta Blvd *Map* 0.1 Mi
9. Turn right onto N Francisco Ave *Map* 0.04 Mi
10. 1044 N FRANCISCO AVE is on the left. *Map*

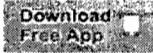
B Norwegian American Hospital
 1044 N Francisco Ave, Chicago, IL 60622
 (773) 395-3000

Total Travel Estimate: 17.63 miles - about 26 minutes



25. Swedish Covenant Hospital
 5145 North California Avenue
 Chicago, IL 60625

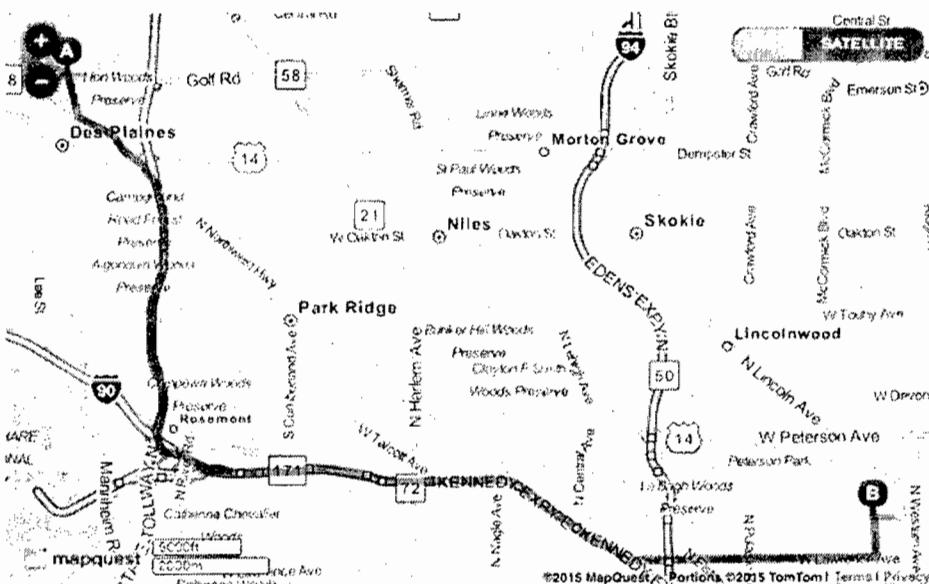
A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800



-  1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.5 MI
0.5 MI Total
-  2. Turn slight left onto Rand Rd. Map 1.0 MI
1.5 MI Total
Rand Rd is 0.1 miles past Windward Ave. If you are on S River Rd or I-55, you will see a sign for Rand Rd.
-  3. Rand Rd becomes N Northwest Hwy. Map 0.1 MI
1.6 MI Total
-  4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 3.1 MI
4.7 MI Total
-  5. Merge onto I-90 E toward Kennedy Expy / Chicago (Portions toll) Map 6.3 MI
11.0 MI Total
-  6. Take the Lawrence Ave exit. EXIT 84, toward 4800 N. Map 0.2 MI
11.2 MI Total
-  7. Turn slight left onto W Lawrence Ave. Map 3.0 MI
14.2 MI Total
-  8. Turn left onto N California Ave. Map 0.5 MI
14.7 MI Total
N California Ave is just past N Lincoln Ave. Make a right turn onto N California Ave and drive 0.5 miles to the hospital.
-  9. 5145 N CALIFORNIA AVE is on the right. Map
You will see a sign for 5145 N California Ave. Turn right onto 5145 N California Ave and drive 0.1 miles to the hospital.

B Swedish Covenant Hospital
 Emergency
 5145 N California Ave, Chicago, IL 60625
 (773) 878-8200

Total Travel Estimate: 14.66 miles - about 23 minutes



26. Weiss Memorial Hospital
 4646 North Marine Drive
 Chicago, IL 60640



Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

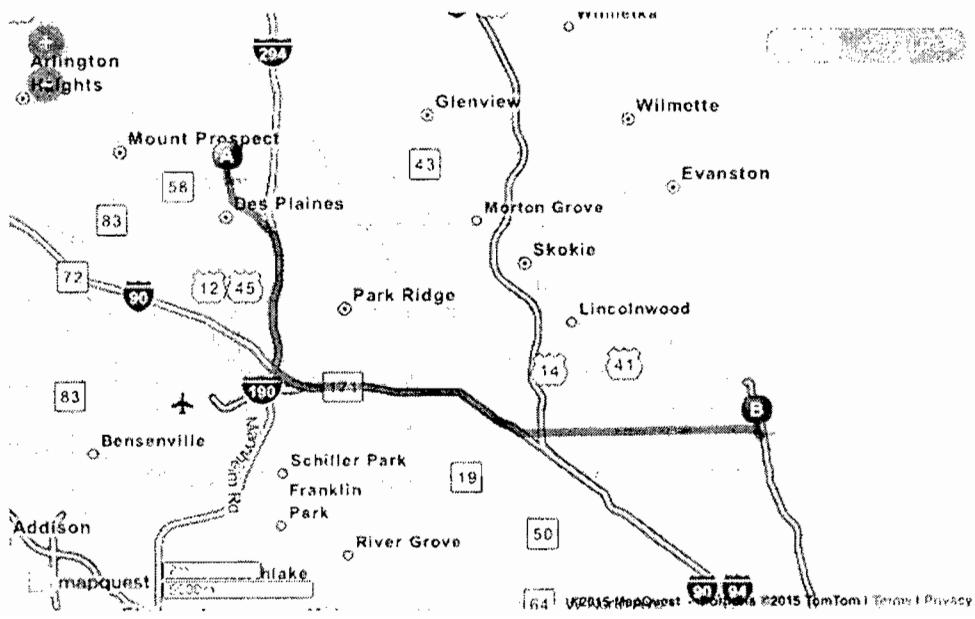
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-  1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58 Map 0.5 Mi
Map data © OpenStreetMap contributors, Imagery © Mapbox
-  2. Turn slight left onto Rand Rd. Map 1.0 Mi
Map data © OpenStreetMap contributors, Imagery © Mapbox
-  3. Rand Rd becomes N Northwest Hwy Map 0.1 Mi
Map data © OpenStreetMap contributors, Imagery © Mapbox
-  4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 3.1 Mi
 Map data © OpenStreetMap contributors, Imagery © Mapbox
-  5. Merge onto I-90 E toward Kennedy Expy / Chicago (Portions toll) Map 6.3 Mi
 Map data © OpenStreetMap contributors, Imagery © Mapbox
-  6. Take the Lawrence Ave exit, EXIT 84, toward 4800 N. Map 0.2 Mi
Map data © OpenStreetMap contributors, Imagery © Mapbox
-  7. Turn slight left onto W Lawrence Ave. Map 5.5 Mi
Map data © OpenStreetMap contributors, Imagery © Mapbox
-  8. Turn right onto N Marine Dr. Map 0.2 Mi
Map data © OpenStreetMap contributors, Imagery © Mapbox
-  9. 4646 N MARINE DR. Map
Map data © OpenStreetMap contributors, Imagery © Mapbox



Vanguard Weiss Memorial Hospital
 4646 N Marine Dr, Chicago, IL 60640
 (800) 503-1234

Total Travel Estimate: 16.92 miles - about 28 minutes



27. Northwestern Lake Forest Hospital
 660 North Westmoreland Road
 Lake Forest, IL 60045

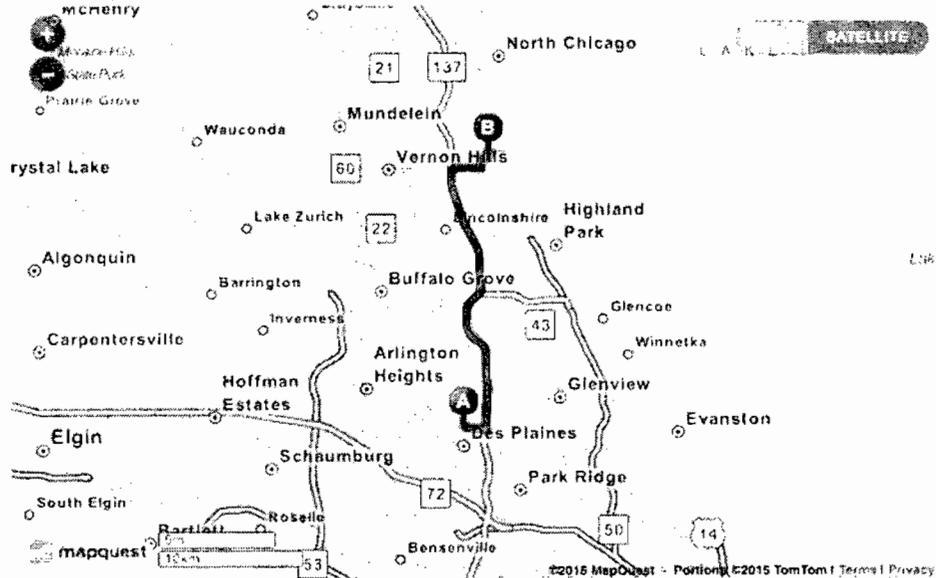
A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

Download
Free App

1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.01 Mi
2. Take the 1st left onto E Golf Rd / IL-58. Map 1.1 Mi
3. Merge onto I-294 N / Tri State Tollway N toward Wisconsin (Portions toll). Map 8.5 Mi
4. I-294 N / Tri State Tollway N becomes I-94 W / Tri State Tollway N (Portions toll). Map 5.5 Mi
5. Take the IL-60 exit toward Town Line Rd. Map 0.2 Mi
6. Merge onto W Kennedy Rd / IL-60 toward LAKE FOREST / COLLEGES / LAKE FOREST AND GRADUATE SCHOOL. Map 1.5 Mi
7. Turn left onto N Waukegan Rd / IL-43. Map 0.5 Mi
8. Turn right onto W Deerpath Rd. Map 0.3 Mi
9. Take the 2nd left onto N Westmoreland Rd. Map 0.3 Mi
10. 660 N WESTMORELAND RD is on the left. Map

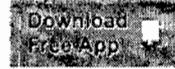
B Northwestern Lake Forest Hospital
 660 N Westmoreland Rd, Lake Forest, IL 60045
 (847) 234-5600

Total Travel Estimate: 17.84 miles - about 20 minutes



28. Advocate Condell Medical Center
 801 S Milwaukee Avenue
 Libertyville, IL 60048

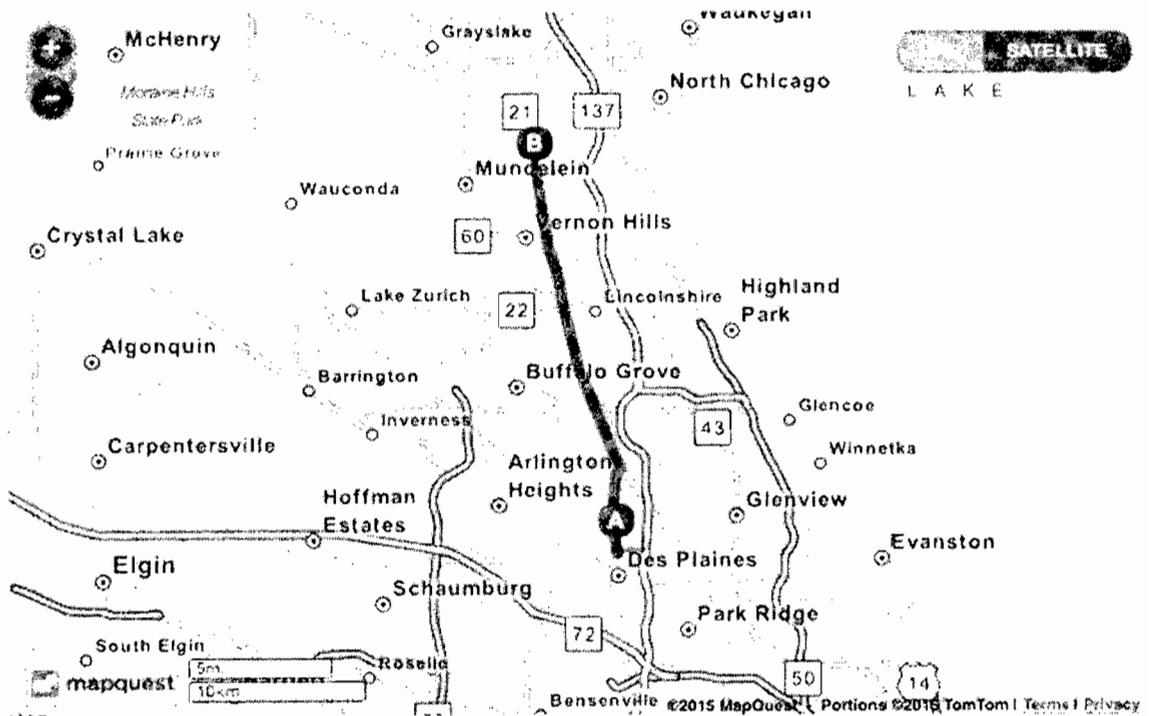
A **Presence Holy Family Medical Center**
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800



- 1. Start out going north on N River Rd / US-45 N toward US-45 S. Continue to follow US-45 N. Map 10.8 Mi
15.8 Mi Total
- ↑ 2. Stay straight to go onto Milwaukee Ave / IL-21. Continue to follow Milwaukee Ave. Map 5.1 Mi
15.8 Mi Total
- ↶ 21 3. Make a U-turn at Condell Dr onto S Milwaukee Ave / IL-21. Map 0.01 Mi
15.8 Mi Total
if you reach Cottage Ave you've gone in the wrong direction
- 4. 801 S MILWAUKEE AVE is on the right. Map

B **Advocate Condell Medical Center**
 801 S Milwaukee Ave, Libertyville, IL 60048
 (847) 362-2905

Total Travel Estimate: 15.86 miles - about 27 minutes



29. First Community Hospital
 5645 West Addison Street
 Chicago, IL 60634

A Presence Holy Family Medical Center
 Victim's Services
 100 N River Rd, Des Plaines, IL 60016
 (847) 297-1800

Download
 Free App

1. Start out going south on N River Rd / US-45 S toward E Golf Rd / IL-58. Map 0.5 Mi
2. Turn slight left onto Rand Rd. Map 1.0 Mi
3. Rand Rd becomes N Northwest Hwy. Map 0.1 Mi
4. Merge onto I-294 S / Tri State Tollway S toward Indiana (Portions toll). Map 3.1 Mi
5. Merge onto I-90 E toward Kennedy Expy / Chicago (Portions toll). Map 6.3 Mi
6. Take the Lawrence Ave exit, EXIT 84, toward 4800 N. Map 0.2 Mi
7. Turn sharp right onto W Lawrence Ave. Map 0.6 Mi
8. Turn left onto N Central Ave. Map 1.5 Mi
9. Turn right onto W Addison St. Map 0.06 Mi
10. 5645 W ADDISON ST is on the left. Map

B 5645 W Addison St, Chicago, IL 60634-4403

Total Travel Estimate: 13.35 miles - about 19 minutes

