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LOCAL GOVERNMENT DIVISION  
ANNUAL TAX INCREMENT FINANCIAL REPORT  
STATE OF ILLINOIS  
COMPTROLLER

**JUDY BAAR TOPINKA**

Municipality TIF Administrator

Upload Report - Step 3

Fiscal Year 2012

TIF Districts

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Municipality: O'Fallon City (088/110/30)

Select TIF District:

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SECTION 2 [Sections 2 through 5 must be completed for each redevelopment project area listed in Section 1.]

Name of Redevelopment Project Area:	TIF 2
Primary Use of Redevelopment Project Area*:	Combination/Mixed
If "Combination/Mixed" List Component Types:	Business Office/Retail/Medic
Under which section of the Illinois Municipal Code was Redevelopment Project Area designated? (check one):	
Tax Increment Allocation Redevelopment Act <input checked="" type="checkbox"/>	Industrial Jobs Recovery Law <input type="checkbox"/>

	No	Yes
Were there any amendments to the redevelopment plan, the redevelopment project area, or the State Sales Tax Boundary? [65 ILCS 5/11-74.4-5 (d) (1) and 5/11-74.6-22 (d) (1)] <b>If yes, please enclose the amendment labeled Attachment A</b>	X	
Certification of the Chief Executive Officer of the municipality that the municipality has complied with all of the requirements of the Act during the preceding fiscal year. [65 ILCS 5/11-74.4-5 (d) (3) and 5/11-74.6-22 (d) (3)] <b>Please enclose the CEO Certification labeled Attachment B</b>		X
Opinion of legal counsel that municipality is in compliance with the Act. [65 ILCS 5/11-74.4-5 (d) (4) and 5/11-74.6-22 (d) (4)] <b>Please enclose the Legal Counsel Opinion labeled Attachment C</b>		X
Were there any activities undertaken in furtherance of the objectives of the redevelopment plan, including any project implemented in the preceding fiscal year and a description of the activities undertaken? [65 ILCS 5/11-74.4-5 (d) (7) (A and B) and 5/11-74.6-22 (d) (7) (A and B)] <b>If yes, please enclose the Activities Statement labeled Attachment D</b>	X	
Were any agreements entered into by the municipality with regard to the disposition or redevelopment of any property within the redevelopment project area or the area within the State Sales Tax Boundary? [65 ILCS 5/11-74.4-5 (d) (7) (C) and 5/11-74.6-22 (d) (7) (C)] <b>If yes, please enclose the Agreement(s) labeled Attachment E</b>		X
Is there additional information on the use of all funds received under this Division and steps taken by the municipality to achieve the objectives of the redevelopment plan? [65 ILCS 5/11-74.4-5 (d) (7) (D) and 5/11-74.6-22 (d) (7) (D)] <b>If yes, please enclose the Additional Information labeled Attachment F</b>	X	
Did the municipality's TIF advisors or consultants enter into contracts with entities or persons that have received or are receiving payments financed by tax increment revenues produced by the same TIF? [65 ILCS 5/11-74.4-5 (d) (7) (E) and 5/11-74.6-22 (d) (7) (E)] <b>If yes, please enclose the contract(s) or description of the contract(s) labeled Attachment G</b>	X	
Were there any reports or meeting minutes submitted to the municipality by the joint review board? [65 ILCS 5/11-74.4-5 (d) (7) (F) and 5/11-74.6-22 (d) (7) (F)] <b>If yes, please enclose the Joint Review Board Report labeled Attachment H</b>		X
Were any obligations issued by municipality? [65 ILCS 5/11-74.4-5 (d) (8) (A) and 5/11-74.6-22 (d) (8) (A)] <b>If yes, please enclose the Official Statement labeled Attachment I</b>	X	
Was analysis prepared by a financial advisor or underwriter setting forth the nature and term of obligation and projected debt service including required reserves and debt coverage? [65 ILCS 5/11-74.4-5 (d) (8) (B) and 5/11-74.6-22 (d) (8) (B)] <b>If yes, please enclose the Analysis labeled Attachment J</b>	X	
Cumulatively, have deposits equal or greater than \$100,000 been made into the special tax allocation fund? 65 ILCS 5/11-74.4-5 (d) (2) and 5/11-74.6-22 (d) (2) <b>If yes, please enclose Audited financial statements of the special tax allocation fund labeled Attachment K</b>	X	
Cumulatively, have deposits of incremental revenue equal to or greater than \$100,000 been made into the special tax allocation fund? [65 ILCS 5/11-74.4-5 (d) (9) and 5/11-74.6-22 (d) (9)] <b>If yes, please enclose a certified letter statement reviewing compliance with the Act labeled Attachment L</b>	X	
A list of all intergovernmental agreements in effect in FY 2010, to which the municipality is a part, and an accounting of any money transferred or received by the municipality during that fiscal year pursuant to those intergovernmental agreements. [65 ILCS 5/11-74.4-5 (d) (10)] <b>If yes, please enclose list only of the intergovernmental agreements labeled Attachment M</b>	X	

\* Types include: Central Business District, Retail, Other Commercial, Industrial, Residential, and Combination/Mixed.

**SECTION 3.1 - (65 ILCS 5/11-74.4-5 (d) (5) and 65 ILCS 5/11-74.6-22 (d) (5))**  
**Provide an analysis of the special tax allocation fund.**

Fund Balance at Beginning of Reporting Period

\$ -

<b>Revenue/Cash Receipts Deposited in Fund During Reporting FY:</b>	<b>Reporting Year</b>	<b>Cumulative*</b>	<b>% of Total</b>
Property Tax Increment	\$ -	\$ -	0%
State Sales Tax Increment			0%
Local Sales Tax Increment			0%
State Utility Tax Increment			0%
Local Utility Tax Increment			0%
Interest	\$ -	\$ -	0%
Land/Building Sale Proceeds			0%
Bond Proceeds			0%
Transfers from Municipal Sources			0%
Private Sources			0%
Other (identify source _____; if multiple other sources, attach schedule)			0%

\*must be completed where 'Reporting Year' is populated

**Total Amount Deposited in Special Tax Allocation Fund During Reporting Period**

\$ -

**Cumulative Total Revenues/Cash Receipts**

\$ - 0%

**Total Expenditures/Cash Disbursements** (Carried forward from Section 3.2)

\$ 39,066

**Distribution of Surplus**

**Total Expenditures/Disbursements**

\$ 39,066

**NET INCOME/CASH RECEIPTS OVER/(UNDER) CASH DISBURSEMENTS**

\$ (39,066)

**FUND BALANCE, END OF REPORTING PERIOD\***

\$ (39,066)

\* if there is a positive fund balance at the end of the reporting period, you must complete Section 3.3

**SECTION 3.2 A- (65 ILCS 5/11-74.4-5 (d) (5) and 65 ILCS 5/11-74.6-22 (d) (5))**  
**PAGE 1**

**ITEMIZED LIST OF ALL EXPENDITURES FROM THE SPECIAL TAX ALLOCATION FUND**  
 (by category of permissible redevelopment cost, amounts expended during reporting period)

**FOR AMOUNTS >\$10,000 SECTION 3.2 B MUST BE COMPLETED**

<b>Category of Permissible Redevelopment Cost [65 ILCS 5/11-74.4-3 (q) and 65 ILCS 5/11-74.6-10 (o)]</b>	<b>Amounts</b>	<b>Reporting Fiscal Year</b>
<b>1. Costs of studies, administration and professional services—Subsections (q)(1) and (o) (1)</b>		
Legal and accounting fees	24,349	
Consulting, planning and engineering fees - Development	14,717	
		\$ 39,066
<b>2. Cost of marketing sites—Subsections (q)(1.6) and (o)(1.6)</b>		
		\$ -
<b>3. Property assembly, demolition, site preparation and environmental site improvement costs. Subsection (q)(2), (o)(2) and (o)(3)</b>		
		\$ -
<b>4. Costs of rehabilitation, reconstruction, repair or remodeling and replacement of existing public buildings. Subsection (q)(3) and (o)(4)</b>		
		\$ -
<b>5. Costs of construction of public works and improvements. Subsection (q)(4) and (o)(5)</b>		
		\$ -
<b>6. Costs of removing contaminants required by environmental laws or rules (o)(6) - Industrial Jobs Recovery TIFs ONLY</b>		
		\$ -







**SECTION 3.3 - (65 ILCS 5/11-74.4-5 (d) (5) 65 ILCS 11-74.6-22 (d) (5))**  
**Breakdown of the Balance in the Special Tax Allocation Fund At the End of the Reporting Period**

**FUND BALANCE, END OF REPORTING PERIOD** \$ (39,066)

	Amount of Original Issuance	Amount Designated
<b>1. Description of Debt Obligations</b>		
N/A		

**Total Amount Designated for Obligations** \$ - \$ -

<b>2. Description of Project Costs to be Paid</b>		
Infrastructure improvements, installation of light signal, construction of turn lane, mine remediation costs		\$ 22,500,000
Due to General Fund for TIF formation expenses		\$ 39,066

**Total Amount Designated for Project Costs** \$ 22,539,066

**TOTAL AMOUNT DESIGNATED** \$ 22,539,066

**SURPLUS\*/(DEFICIT)** \$ (22,578,132)

\* NOTE: If a surplus is calculated, the municipality may be required to repay the amount to overlapping taxing

**SECTION 4 [65 ILCS 5/11-74.4-5 (d) (6) and 65 ILCS 5/11-74.6-22 (d) (6)]**

Provide a description of all property purchased by the municipality during the reporting fiscal year within the redevelopment project area.

  X   **No property was acquired by the Municipality Within the Redevelopment Project Area**

**Property Acquired by the Municipality Within the Redevelopment Project Area**

Property (1):	
Street address:	
Approximate size or description of property:	
Purchase price:	
Seller of property:	

Property (2):	
Street address:	
Approximate size or description of property:	
Purchase price:	
Seller of property:	

Property (3):	
Street address:	
Approximate size or description of property:	
Purchase price:	
Seller of property:	

Property (4):	
Street address:	
Approximate size or description of property:	
Purchase price:	
Seller of property:	

SECTION 5 - 65 ILCS 5/11-74.4-5 (d) (7) (G) and 65 ILCS 5/11-74.6-22 (d) (7) (G)  
PAGE 1

If **NO** projects were undertaken by the Municipality Within the Redevelopment Project Area, indicate so in the space provided: \_\_\_\_\_  
 If Projects **WERE** undertaken by the Municipality Within the Redevelopment Project Area enter the **TOTAL** number of projects and list them in detail below. 1

**SECTION 5 PROVIDES PAGES 1-3 TO ACCOMMODATE UP TO 25 PROJECTS. PAGE 1 MUST BE INCLUDED WITH TIF REPORT. PAGES 2-3 SHOULD BE INCLUDED IF PROJECTS ARE LISTED ON THESE PAGES**

<b>TOTAL:</b>	<b>11/1/99 to Date</b>	<b>Estimated Investment for Subsequent Fiscal Year</b>	<b>Total Estimated to Complete Project</b>
Private Investment Undertaken (See Instructions)	\$ -	\$ -	\$ 200,000,000
Public Investment Undertaken	\$ 39,066	\$ 5,000	\$ 22,500,000
Ratio of Private/Public Investment	0		8 8/9

<b>Project 1:</b>			
HOSPITAL SISTERS HEALTH SYSTEM			
Private Investment Undertaken (See Instructions)	\$ -		\$ 200,000,000
Public Investment Undertaken	\$ 39,066	\$ 5,000	\$ 22,500,000
Ratio of Private/Public Investment	0		8 8/9

<b>Project 2:</b>			
Private Investment Undertaken (See Instructions)			\$ -
Public Investment Undertaken			\$ -
Ratio of Private/Public Investment	0		0

<b>Project 3:</b>			
Private Investment Undertaken (See Instructions)			\$ -
Public Investment Undertaken			\$ -
Ratio of Private/Public Investment	0		0

<b>Project 4:</b>			
Private Investment Undertaken (See Instructions)			
Public Investment Undertaken			
Ratio of Private/Public Investment	0		0

<b>Project 5:</b>			
Private Investment Undertaken (See Instructions)			
Public Investment Undertaken			
Ratio of Private/Public Investment	0		0

<b>Project 6:</b>			
Private Investment Undertaken (See Instructions)			
Public Investment Undertaken			
Ratio of Private/Public Investment	0		0





ATTACHMENT B

Certification of the Chief Executive  
Officer of the municipality that the municipality  
had complied with all of the requirements of this Act  
during the preceding fiscal year  
[65 ILCS 5/11-74.1-5 (d) (3) and 5/11-74.6-22 (d) (3)]

I, Gary Graham, the duly elected Mayor of the City of O'Fallon, County of St. Clair, Illinois, State of Illinois, and as such, do hereby certify that the City of O'Fallon has complied with all requirements pertaining to the Tax Increment Redevelopment Allocation Act during the fiscal year covered by this report (May 1, 2011 – April 30, 2012).

12-12-13.

Date

A handwritten signature in black ink, appearing to read "Gary Graham". The signature is written over a horizontal line.

Gary Graham

Mayor of the City of O'Fallon



“(C) An opinion of legal counsel that the municipality is in compliance with this Act.”  
[65 ILCS 5/11-74.4-5 (d) (4) and 5/11-74.6-22 (d) (4)]

I, Terry Bruckert, am the Tax Increment Financing Attorney for the City of O'Fallon, Illinois and have been such throughout the fiscal year covered by this report (May 1, 2011- April 30, 2012).

I have reviewed all information provided to me by the City administration and staff, and I find that the City of O'Fallon, Illinois has conformed to all applicable requirements of the Illinois Tax Increment Redevelopment Allocation Act set forth hereunder to the best of my knowledge and belief.

This opinion relates only to the time period set forth, and is based upon all information available to me as of the end of said fiscal year.

12-12-13  
Date

Terry J. Bruckert  
Signature

City of O'Fallon  
St. Clair County, Illinois

DESCRIPTION OF AGREEMENTS REGARDING REDEVELOPMENT  
OF PROPERTY WITHIN THE PROJECT AREA

Year Ended April 30, 2012

City of O'Fallon – Hospital Sisters Health System Development Agreement

Between the *City of O'Fallon and Hospital Sisters Health System* (the Developer), November 21, 2011, to provide tax increment financing for a portion of the development costs associated with the proposed Green Mount Medical Campus, a hospital medical campus and approximately 200,000 square feet of medical office space. The project includes construction of certain public infrastructure and mine remediation.

Terms of the agreement provide that the City will reimburse the Developer for TIF eligible project costs, to be paid from the tax increment revenue generated within the redevelopment project area during the term of the TIF district. The obligation to pay the Developer from tax increment revenue is subordinate to payment on bonds noted below.

The City is to issue up to \$10 million in general obligation bonds for mine remediation which will be paid first by tax increment revenue generated within the redevelopment project area.



Mr. Schroeder then asked if there was any adjacent TIF's being planned and Mr. Rich said that the other TIF was totally different and not attached to this TIF.

Mr. Anderson asked what happens if HSHS does not receive the CON. Mr. Rich responded that bonds would not be issued unless the CON is approved and HSHS begins construction.

Dr. Benway asked if HSHS decided not to build and they sold the property, could they sell it to a "like" business or could it be sold to a "for-profit" business. Mr. Bruckert explained that it was not the intent, but could not guarantee. He explained that HSHS must have the land purchased prior to applying for the CON. Mr. Shekell responded that the property is being zoned "Office" and the Comprehensive Plan will designate the property for a medical campus.

Mr. Beach asked how much taxable office space is anticipated with the project. Mr. Burke responded that 200,000 square feet of medical office buildings are anticipated over three phases.

Mr. Rich made the motion that since this TIF Plan meets the requirement as reviewed by the Joint Review Board it should be recommended to City Council for approval. Ms. Scanlan seconded. Roll Call: Mr. Beach-Aye, Mr. Anderson- No, Dr. Benway-Present, Mr. Holden- Aye, Ms. Scanlan- Aye, Mr. Rich- Aye. 4 Ayes, 1 No, 1 Present. Motion Passes.

Mr. White then reviewed the timetable and next steps.

Mr. Holden moved to adjourn, Ms. Benway seconded. Vote taken, All Ayes. Meeting adjourned 11:55 a.m.

*Exhibit B*

*Map*



Exhibit A

Boundary Map  
Greenmount Medical Campus  
Redevelopment Area  
City of O'Fallon, Illinois