

January 4, 2013

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

VIA FEDERAL EXPRESS AND E-MAIL

Mike Constantino
Supervisor, Project Review Section
Illinois Health Facilities & Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

**RE: Final Certificate of Completion for Project #10-049 – UNIVERSITY OF
CHICAGO CANCER CENTER AT SILVER CROSS**

Dear Mr. Constantino:

On October 26, 2010, the Illinois Health Facilities & Services Review Board approved the above-referenced application for permit to lease 19,675 gsf in a new building that was constructed by a third-party developer on Silver Cross Hospital's campus in New Lenox, Illinois (the "Project"). Pursuant to 77 Ill. Admin. Code § 1130.770(c), on behalf of Silver Cross Health System, Silver Cross Hospital & Medical Centers and University of Chicago Medical Centers (collectively, the "Permit Holders"), we hereby certify the following:

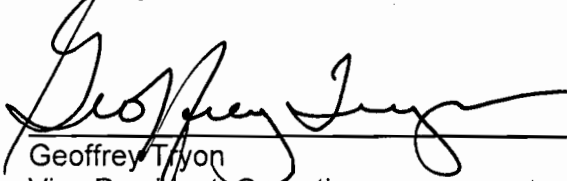
1. The Permit Holders spent \$18,481,818 to complete the Project – which was less than the approved permit amount of \$21,621,412. See Exhibit A, attached hereto, for a detailed itemization of the Project's costs and sources of funds.
2. The Permit Holders have not submitted any Project costs, expenses, or expenditures for reimbursement under Title XVIII or XIX of the Social Security Act.
3. The Permit Holders will not be submitting any Project costs, expenses, or expenditures for reimbursement under Title XVIII or XIX of the Social Security Act.
4. The Permit Holders have complied with all of the terms of the Permit issued for the Project, including, project costs, square footage, services, and other items contemplated by Section 1130.770(c)(4).

January 4, 2013
Mr. Mike Constantino
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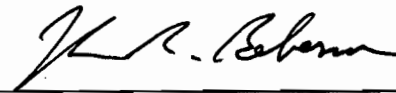
5. The Permit Holders were provided the attached G702 Application and Certificate of Payment from its General Contractor for the Project. See Exhibit B, attached hereto.

If you have any questions regarding our annual progress report, please contact Geoffrey Tryon directly at (815) 300-7112 or John Beberman at (773) 702-1246.

Sincerely,



Geoffrey Tryon
Vice President, Operations
Silver Cross Hospital



John Beberman
Director of Capital Budget and Control
University of Chicago Medical Center

Subscribed and Sworn Before
me this 7th day of January, 2013

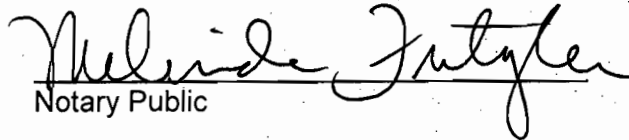


Notary Public



Attached

Subscribed and Sworn Before
me this 7th day of January, 2013



Notary Public



cc: Edward J. Green, Foley & Lardner, LLP
Ruth Colby, Silver Cross Hospital
Sara Jackson, Silver Cross Hospital
James Bachman, University of Chicago Medical Center
Wayne Stemmer, University of Chicago Medical Center
Theresa Quinn, University of Chicago Medical Center

Final Project Report (01/04/13)

Exhibit A – Sources & Uses of Funds / Project #10-049 University of Chicago Cancer Center at Silver Cross

USES OF FUNDS	Approved Permit Amount	Total Project Costs
Preplanning Costs		
Site Survey and Soil Investigation		
Site Preparation		
Off Site Work		
New Construction Costs	\$3,959,500	\$3,646,255*
Modernization Contracts		
Contingencies	\$395,950	
Architectural / Engineering Fees	\$304,000	\$299,532
Consulting and Other Fees	\$150,000	\$156,610
Movable or Other Equipment (no in construction contracts)	\$3,707,987	\$2,220,218
Bond Issuance Expense (project-related)		
Net Interest Expense During Construction (project-related)		
Fair Market Value of Leased Space (discounted value of 20-year space leases)	\$8,403,370	\$7,478,905
Fair Market Value of Leased Equipment	\$4,700,605	\$4,680,298
Other Costs to be Capitalized		
Acquisition of Building or Other Property (excluding land)		
TOTAL USES OF FUNDS	\$21,621,412	\$18,481,818

SOURCES OF FUNDS	Approved Permit Amount	Total Project Costs
Cash and Securities	\$6,549,937	\$4,355,115
Pledges		
Gifts and Bequests		
Bond Issues (project-related)		
Mortgages		
Fair Market Value of Space Leases	\$8,403,370	\$7,478,905
Fair Market Value of Equipment Leases	\$4,700,605	\$4,680,298
Governmental Appropriations		
Grants		
Other Funds and Sources (Tenant Improvement Allowance from Owner)	\$1,967,500	\$1,967,500
TOTAL SOURCES OF FUNDS	\$21,621,412	\$18,481,818

*The new construction costs include an expense of \$190,000, which represents the Permit Holder's share of the costs associated with the construction of a "connector tube/hallway" between the Cancer Center and Silver Cross Hospital.

Exhibit B - G702 / Project #10-049 University of Chicago Cancer Center at Silver Cross

APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER):
New Lenox POB II, LLC, an Illinois limited liability corporation
C/O HSA Commercial
233 S. Weicker Drive
Suite 350
Chicago, IL 60606

FROM (CONTRACTOR):
Premier Design + Build Group, LLC
2800 S. River Rd., Ste 200, Des Plaines, IL 60018

CONTRACT FOR: GENERAL CONSTRUCTION

PROJECT:
SILVER CROSS CANCER CENTER
NEW LENOX, IL

ARCHITECT:
RTKL Associates Inc.
200 S. Michigan Avenue
Suite 1800
Chicago, IL 60604

AIA Document G702

APPLICATION NO.: 10

PERIOD TO: June 30, 2012

CONTRACT NO.: 1112

CONTRACT DATE: August 22, 2011

PAGE: 1



CONTRACTOR'S APPLICATION FOR PAYMENT

Change Order approved in previous months		Additions		Deductions	
Number	Date Approved				
1	January 1, 2012	\$	46,183.00		
2	March 12, 2012	\$	54,683.00		
3	May 9, 2012	\$	14,242.00		
Totals		\$	115,116.00		

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the work covered by the Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for payment were issued and payment received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: PREMIER DESIGN+BUILD GROUP, LLC

By: _____
It's Member and President

OFFICIAL SEAL
ROSA M SCHWARTZ
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 02/03/15
Notary Public: _____
Date: ... 07/13/11 ...

Application is made for Payment, as shown below, in connection with the Contract Continuation Sheet, AIA Document G703 is attached.

- 1. ORIGINAL CONTRACT SUM \$3,191,970.00
- 2. Net change by Change Orders \$ 115,116.00
- 3. CONTRACT SUM TO DATE (Line 1 +/- 2) \$3,307,086.00
- 4. TOTAL COMPLETED & STORED TO DATE \$3,307,086.00
- 5. RETAINAGE:
 - a. _____ % of Completed Work: \$0.00
 - b. _____ % of Stored Material: _____
- (Column I of G703)
- Total Retainage (Line 5a + 5b) \$0.00
- 6. TOTAL EARNED LESS RETAINAGE \$3,307,086.00
- (Line 4 less Line 5 Total)
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$3,227,759.00
- 8. CURRENT PAYMENT DUE \$79,347.00
- 9. BALANCE TO FINISH, PLUS RETAINAGE \$0.00

State of: ILLINOIS County of: Cook
Rosa M Schwartz
My Commission expires: 2/3/2015

AMOUNT CERTIFIED: \$79,347.00

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief, the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

By: _____
Date: _____

ARCHITECT: _____
The Certificate is not valid unless the AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.