

Corporate Finance
Professional Office Building
1725 W. Harrison St.
Suite 364
Chicago, IL 60612

Tel: 312.942.5600
Fax: 312.942.5729
john_p_mordach@rush.edu
www.rush.edu



John P. Mordach
Rush University Medical Center
Senior Vice President
Chief Financial Officer

March 28, 2018

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson St., Second Floor
Springfield, IL 62761

RECEIVED

MAR 23 2018

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Project #12-011/Final Cost Report

Dear Ms. Avery,

Pursuant to 77 Illinois Administrative Code 1130.770, this is the final cost report for project #12-011, Rush University Medical Center ("RUMC") – Atrium/Kellogg Modernization Project (the "Project").

The approved permit (the "Permit") amount was \$46,230,784 for the modernization of 184,737 GSF of space in the RUMC Atrium/Kellogg buildings located on the RUMC campus. An alteration (the "Alteration") for the Project was submitted on July 14, 2015 to increase the total Permit amount to \$49,291,261 or by 6.6% and modernized GSF to 193,434 or by 4.4%. On August 26, 2015, RUMC received approval of the Alteration request. A request for Permit renewal (the "Permit Renewal Request") was submitted on March 14, 2016 to extend the Project completion date from June 30, 2016 to December 31, 2017. On March 22, 2016, RUMC received approval of the Permit Renewal Request. The Project was brought to a conclusion on December 31, 2017, which is the revised Permit completion date. The notification letter on completion was submitted on January 25, 2018. Per the attached certification:

1. The final realized costs are the total costs required to complete the Project and there are no associated costs or capital expenditures related to the Project that will be submitted for reimbursement under Title XVIII or XIX of the Social Security Act;
2. The Project is in compliance with all terms of the Permit to date, as altered and renewed (Attachment I).


Additionally, RUMC provides the following information as part of its final cost report for this Project:

1. Itemization of All Project Costs – The final realized costs are summarized in the final CON Cost Report (Attachment II).

2. Final Application and Certification of Payment for the Construction Contract – copies of the final Form G702 are attached (Attachment III).
3. Audited Financial Report – As the Project cost (\$48.8 million) is greater than three times the capital expenditure minimum in place at the time of Permit approval (\$12.8 million), an external audit was performed, and the results of the audit are summarized in the auditor's report (Attachment IV).
4. Internal Audit Report – the results are summarized in internal audit report (Attachment V).

Thank you, and should you need any additional information, please contact either Sarah Roche at 312-942-4938, Sarah_Roche@rush.edu or Clare Connor.

Sincerely,



John P. Mordach
Senior Vice President and Chief Financial Officer

cc: Mike Constantino, Supervisor of Project Review
George Roate, Division of Health Systems Development
Justin Johnson, RUMC Legal Affairs
Clare Connor, McDermott, Will & Emery LLP

Attachment I
Certification of Compliance

Professional Building
1725 W. Harrison St.
Suite 364
Chicago, IL 60612

Tel: 312.942.5756
Fax: 312.942.2055
Michael_Dandorph@rush.edu



Michael J. Dandorph
Rush University Medical Center
President

March 28, 2018

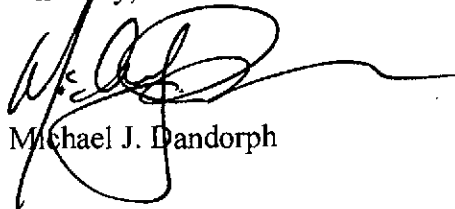
Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson St., Second Floor
Springfield, IL 62761

Re: Project #12-011

Dear Ms. Avery,

Pursuant to 77 Illinois Administrative Code 1130.770, this letter certifies project #12-011, Rush University Medical Center – Atrium/Kellogg Modernization (the “Project”), is in compliance with all terms of the permit to date, as altered and renewed, including project cost, square footage and services.

Sincerely,



Michael J. Dandorph

Attachment II
Final CON Report

Rush University Medical Center
Transformation Program - Atrium
Permit #12-011

CERTIFICATE OF NEED STATUS REPORT

Reported through 3/6/18	CON Permit incl. Approved Alteration	Final Realized Costs at Completion	Projected Increase (Decrease)	Percent Expended
Uses of Funds				
Preplanning	\$ 16,500	\$ -	\$ (16,500)	0.0%
Modernization	35,065,734	36,933,007	1,867,273	105.3%
Contingencies	1,407,676	-	(1,407,676)	0.0%
Architecture & Engineering Fees	2,511,705	2,617,961	106,256	104.2%
Consulting	3,571,241	3,252,238	(319,003)	91.1%
Moveable & Other Equipment	5,355,817	4,439,901	(915,916)	82.9%
Other Costs to be Capitalized	1,362,588	1,409,942	47,354	103.5%
Net Interest Expense During Construction	-	-	-	0.0%
Total Uses of Funds	\$ 49,291,261	\$ 48,653,049	\$ (638,212)	98.7%
Sources of Funds				
Cash & Securities	\$ 49,291,261	\$ 48,653,049	\$ (638,212)	98.7%
Total Sources of Funds	\$ 49,291,261	\$ 48,653,049	\$ (638,212)	98.7%

Attachment III

Final Form G702

APPLICATION AND CERTIFICATE FOR PAYMENT

PAGE 1 OF 3 PAGES

TO OWNER: RUSH UNIVERSITY MEDICAL CENTER
1853 W CONGRESS PKWY
CHICAGO, IL 60612-3854 UNITED STATES

PROJECT: RUSH - SHELLOGG ACUTE CARE RELOCATE
1853 W CONGRESS PKWY
CHICAGO, IL 60612-3854 UNITED STATES

FROM CONTRACTOR: Bulley & Andrews LLC
1755 W. Armitage Avenue
Chicago, IL 60622 USA

ARCHITECT:

AIA Document G702
APPLICATION NO. 9
PERIOD TO 31-AUG-18
PROJECT NOS. 114078
INVOICE NO. 201800424
CONTRACT DATE: 12-JUN-14

Distribution to:
☐ OWNER
☐ ARCHITECT
☐ CONTRACTOR

CONTRACT FOR: RUSH - SHELLOGG ACUTE CARE RELOC

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. Continuation sheet is attached.

1. ORIGINAL CONTRACT SUM	\$ 1,643,799.00
2. Net change by change orders	\$ 773,923.00
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$ 2,417,722.00
4. TOTAL COMPLETED & STORED TO DATE	\$ 2,417,722.00
(Column C on G702)	
5. RETAINAGE:	
Total retainage Column 1 of G702	\$ 0.00
6. TOTAL EARNED LESS RETAINAGE	\$ 2,417,722.00
(Line 4 less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$ 2,244,031.00
(Line 5 from prior Certificates)	
8. CURRENT PAYMENT DUE	\$ 173,691.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE	\$ 0.00
(Line 3 less Line 8)	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Change Order approved in previous month(s) by Owner	\$21,453.00	0.00
APPROVED THIS MONTH		
Number Date Approved		
000000 18-SEP-2018	\$1,471.00	
CURRENT TOTAL	\$1,471.00	0.00
Net Change by Change Orders		
		\$73,872.00

AN ELECTRONIC COPY OF THIS APPLICATION AND CERTIFICATE FOR PAYMENT
THE AMERICAN INSTITUTE OF ARCHITECTS 1735 NEW YORK AVENUE WASHINGTON DC 20005

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the work covered by this 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 payments received from the Owner, and that no other payment shown herein is due.

Contractor: Bulley & Andrews LLC

By: [Signature] Date: 8/31/16

State of IL OFFICIAL SEAL
County of COOK WILLIAM E MESA
NOTARY PUBLIC STATE OF ILLINOIS
My Commission Expires 11/27/2017

Subscribed and sworn to before me this 31st day of AUGUST 2016
Notary Public: [Signature]

My Commission expires: 11/27/2017

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on written representations and the data completing this 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 work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$ 173,691.00
(Attach explanation if amount certified differs from the amount applied for. Initials appear on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: [Signature]
By: [Signature] Date: 9/23/2016
This Certificate is non-negotiable. The AMOUNT CERTIFIED is payable only to the Contractor upon receipt of this Certificate, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Page 1 of 2

Invoice #: 38438

To Owner: Rush University Medical Center
1853 W. Congress Pkwy
Chicago, IL 60612

Project: 13-6874 RUMC Akron Phase 3 Pkwy
26813 22

Application No: 2 7765

Period: 01/01/2013 - 03/31/2013

Project Number: 13-6874

Contract Date:

Client Reference:

Distribution to:

☐ Owner
☐ Architect
☐ Contractor

From Contractor: Leopardo Companies, Inc.
5200 Prairie Stone Parkway
Hoffman Estates, IL 60162

Via Architect: Perkins & Wills - Whitehall
330 N. Wabash Avenue, Suite 30
Chicago, IL 60611

CONTRACTOR'S APPLICATION FOR PAYMENT

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

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief, the work covered by this 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 payments received from the Owner, and that current payment shown herein is now due.

1. Original Contract Sum \$ 191,895.00
2. Net Change By Change Orders \$ 3,588.00
3. Contract Sum To Date \$ 195,483.00
4. Total Completed and Stored To Date \$ 195,483.00
5. Retainage:
a. 0.00% of Completed Work \$ 0.00
(Column D on G703)
b. 0% of Stored Material \$ 0.00
(Column F on G703)
Total Retainage (Lines 5a + 5b) \$ 0.00
6. Total Earned Less Retainage \$ 195,483.00
(Line 4 Less Line 5 Total)
7. Less Previous Certificates For Payment \$ 176,023.00
(Line 6 from prior Certificates)
8. Current Payment Due \$ 19,460.00
9. Balance To Finish, Including Retainage \$ 0.00
(Line 3 Less Line 8)

CONTRACTOR: Leopardo Companies

By:

State of: Illinois

Subscribed and sworn to before me on 12/12/2013

Notary Public: [Signature]

My Commission expires: 11/14/2014

OFFICIAL SEAL
DEIDRE M. GROUNDS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 11/14/2014

Date: 12/12/2013

County of: Cook

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.

AMOUNT CERTIFIED \$ 19,460.00

(Each certificate I issued certifies that the amount applied, total of figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: [Signature]

By:

Date: 5/14/13

This Certificate is not negotiable. 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.

Owner: (if applicable)

By:

Date:

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous month by Owner	3,588.00	0.00
Total Approved this Month	0.00	0.00
TOTALS	3,588.00	0.00
Net Changes By Change Order	3,588.00	

C:\Documents and Settings\GMS\Local Settings\Temp\WLCAppForPayment\CD.pdf

APPLICATION AND CERTIFICATE FOR PAYMENT

ATA DOCUMENT 0701

TO OWNER	ROTH UNIVERSITY MEDICAL CENTER (RUMC) 1700 West Harrison Street CHICAGO, ILLINOIS 60612	PROJECT	Bank University Medical Center (RUMC) 3rd Floor OR Family Training Room Expansion 1700 West Harrison Street Chicago, IL 60612	APPLICATION #	210004-06
FROM	WALSH CONSTRUCTION COMPANY II, LLC 929 W. ADAMS STREET CHICAGO, ILLINOIS 60607	997535	11/6/15	PERIOD FROM PERIOD TO	8/1/15 8/31/15
CONTRACT FOR	3rd Floor Family Training Room Expansion	WALSH CONSTRUCTION COMPANY II, LLC	7/22/15	OWNER PROJECT #	310004
				Apply from Date	8/31/15

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in accordance with the Contract Documents, (ATA Document 0701), as attached.

1. ORIGINAL CONTRACT SUM	\$115,000
2. Net Change by Change Orders	\$90,937
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$205,937
4. TOTAL COMPLETED & STORED TO DATE (Column 3 on 0701)	\$205,937
5. RETAINAGE:	
a. 0% of Completed Work (Column 4 on 0701)	\$0
b. 0% of Stored Materials (Column 5 on 0701)	\$0
Total Retainage (Line 5a + 5b)	\$0
6. TOTAL CURRENTLY IN RETAINAGE (Line 4 less Line 5 Total)	\$205,937
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 Plus prior Certificates)	\$63,000
8. CURRENT PAYMENT DUE	\$142,937
9. BALANCE TO PAYOR, INCLUDING RETAINAGE (Line 8 less Line 9a)	\$142,937

CHANGE ORDER SUMMARY	APPROVED	ORDERED
Total change orders approved to date as recorded by Owner	\$ 423,330	(0701)
Total approved this month	4,342	0
TOTALS	\$427,672	(0701)
Subsequent Change Orders		
Number	Approved (DATE)	
0001	1/20/2015	\$121,810
0002	1/20/2015	\$4,342
NO CHANGE ORDERS to Change Orders	\$127,152	\$127,152

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

CONTRACTOR: WALSH CONSTRUCTION COMPANY II, LLC

By: [Signature] Date: 10/19/15
PROJECT MANAGER

State of ILLINOIS
County of COOK
Subscribed and sworn before me this October 8, 2015

Notary Public: [Signature] My Commission Expires: 6/6/16

ARCHITECT'S CERTIFICATION FOR PAYMENT

In accordance with the Contract Documents, based on reports, observations and the data (supporting 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 submitted, the quality of Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$ 142,937.00

(Attach explanation of amount certified differs from the amount applied for, if any, given on this Application and on the Submittal Sheet that are changed to conform to the amount certified.)

DATE: 10/19/2015
By: [Signature] ARCHITECT

The certificate is valid only if the AMOUNT CERTIFIED is payable only to the Contractor named herein. Payment, payment and acceptance of payment are subject to the terms of the Contract and the terms of the Contract.



047525
7/22/15
11/19/15

TO		PROJECT	ALL DOCUMENT C793
TO: WELLS UNIVERSITY MEDICAL CENTER (UWMC) 7700 West Madison Ave CHICAGO, ILLINOIS 60612		PROJECT: West University Medical Center (UWMC) 4 Andrew Ave 0.0's 1700 West Madison Street Chicago, IL 60612	APPLICATION #: 311754-001 PERIOD FROM: 07/15 PERIOD TO: 01/01 OFFICE PROJECT #: 9511-W-FC-00 WDC PROJECT #: 101154
FROM: WELLS CONSTRUCTION COMPANY, LLC 475 W. LEXINGTON STREET CHICAGO, ILLINOIS 60607		1015180 (71259) PO 997702 <i>Okay to pay by PO 5/31/16</i>	CONTRACT FOR: General Construction
CONTRACTOR'S APPLICATION FOR PAYMENT After making a check for payment, as shown below, in accordance with the Contract. (Contractor Check and Contract C793, is attached)			
1. ORIGINAL CONTRACT SUM		\$197,314	
2. Net Change by Change Order		\$138,542	
3. CONTRACT SUM TO DATE (Lines 1 + 2)		\$ 335,856	
4. TOTAL COMPLETED & STORED TO DATE (Contract C no. 0782)		\$291,592	
5. RETAINAGE: a. 0% of Completed Work (Contract D + E no. 0757) b. 0% of Stored Material (Contract F no. 0762) Total Retainage (Lines 5a + 5b) (Contract G no. 0782)		\$ 0	
6. TOTAL EARNED LESS RETAINAGE (Line 3 less Line 5 Total)		\$ 335,856	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 4 Date prior Certificate)		\$754,001	
8. CURRENT PAYMENT DUE		\$ 260,855	
9. BALANCE TO DATE, INCLUDING RETAINAGE (Line 3 less Line 4)		\$ 0	

CHANGE ORDER TRACKING BY		APPROVED BY	DATE
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

APPROVED BY		DATE
WELLS CONSTRUCTION COMPANY, LLC (Signature)		5/23/16

VOUCHER # 36010
VENDOR # 206259
DATE 6/23/16

OFFICIAL SEAL
 CHICAGO, ILLINOIS
 MAY 23 2016

APPROVED BY
 DATE
 5/23/16

TO		PROJECT	APPLICATION #
RUSH UNIVERSITY MEDICAL CENTER (RUMC) 735 West Harrison Street CHICAGO, ILLINOIS 60612		Rush University Medical Center (RUMC) 1200 West Harrison Street Chicago, IL 60612	23115-10
FROM		UNION PROJECT #	
WALSH CONSTRUCTION COMPANY, LLC 975 W. JANNEY STREET CHICAGO, ILLINOIS 60647		11236-15 CC-001	
CONTRACT #		WCC PROJECT #	
1 - Astoria Endoscopy Center Addition		12916	

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in accordance with the Contract Documents, AIA (Document G703), submitted.

1. ORIGINAL CONTRACT SUM	\$6,766,655
2. Net Change by Change Orders	\$782,332
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$7,548,987
4. TOTAL COMPLETED & EXPENDED TO DATE (Column C in G703)	\$6,862,176
5. RETAINAGE	
a. 4% of Completed Work (Column D in G703)	\$274,487
b. 9% of Retainage (Column E in G703)	\$61,999
Total Retainage (Line 5a + 5b or Total in Column F of G703)	\$336,486
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$6,525,690
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificates)	\$6,525,690
8. CURRENT PAYMENT DUE	\$0
9. BALANCE TO REMAIN, INCLUDING RETAINAGE (Line 7 less Line 8)	\$6,525,690

PERMITS AND INSURANCE		APPROVED	DEBITED
Permits applied for previous dates in which (and approved by Owner)	2	\$21,975	\$21,975
Subsequent Change Orders		\$175,025	\$175,025
Number	Approved		
1	2013-17		
2	2013-18		
3	2013-19		
4	2013-20		
5	2013-21		
6	2013-22		
7	2013-23		
NET DEDUCTIONS (Change Orders)		\$197,000	\$197,000

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this 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 to the related and payments received from the Owner and that retained payment shown herein is not due.

CERTIFICATE: WALSH CONSTRUCTION COMPANY, LLC
 By: [Signature] Date: 1/24/16
 PROJECT MANAGER
 Name of: W. LINDSEY
 Title of: COOK
 Witnessed and sworn before me this 24th day of JANUARY 2016
 Notary Public: Barbara J. Keating My Commission Expires 4/1/17

ARCHITECT'S CERTIFICATION FOR PAYMENT

In accordance with the Contract Documents, I, as an authorized representative of the Architect, certify that the data supporting 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 in substantial compliance with the terms of the AMENDMENT to the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$26,563.00

Amount of payment certified after the amount applied for (shown above in my Application and in the Contract Documents) is returned to the Contractor.

ARCHITECT
 By: [Signature] Date: 08/26/2016

The conditions in this Agreement. The AMOUNT CERTIFIED is payable only to the Contractor and shall be paid by the Owner. The AMOUNT CERTIFIED is payable only to the Contractor and shall be paid by the Owner.

Activity: 1014140
 PO: 997820

Check to pay Linc Dist 9/12/16

OFFICIAL SEAL
 BARBARA J. KEATING
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES APRIL 1, 2017
 Date: 1/24/16
 By: [Signature]
 Title: COOK

ALL FOR VAMPI (6702)

EXTRA/TIME APPLICATION FOR PAYMENT

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Agreement for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which payment is necessary for Payment was received and payment is received from the Union, and that amounts payable through Union are more than

By Ryan Wall
PROJECT MANAGER

My Commission Expires 10/29/21

In accordance with the Contract Documents, based on the above information and the data comprising the above application, the Architects certifies to the City and State on the basis of the "Statement of Work", information and that the Work has progressed as indicated the quality of Work is in accordance with the Contract Documents and the Contract is entitled to the payment of the \$100,000.00 F.T.W.T. 11

1. There is a difference of amount reported between the amounts reported for interest figures on the Application and on the Information Sheet. This may be due to the fact that the amounts reported

Plutonium 3/2/18

This certificate is not negotiable. The ASSURED CERTIFICATE is valid only in the CONTRACT named herein. Insurance, premium and obligations of payment are without prejudice in any event of the Use or to subsequent under the Contract.

[illegible]

OFFICIAL SEAL
ALEXANDER F BUOSCIO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/25/2021

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Invoice #: 43103

To Owner: Rush University Medical Center
1853 W. Congress Pkwy
Chicago, IL 60612

Project: 12-4944 RUMC Atrium Phase 3

Application No: 44

Period: 01/01/2015 - 12/31/2015

Project Number: 12-4944

Contract Date: 12/07/2012

Client Reference:

Distribution to:

☐ Owner
☐ Architect
☐ Contractor

From Contractor: Leopardo Companies, Inc.
5200 Prairie Stone Parkway
Hoffman Estates, IL 60192

Via Architect: Perkins & Will - Wabash
330 N. Wabash Avenue, Suite 36
Chicago, IL 60611

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. Original Contract Sum \$ 13,371,748.00
2. Net Change By Change Orders \$ 4,422,066.00
3. Contract Sum To Date \$ 17,793,844.00
4. Total Completed and Stored To Date \$ 17,793,844.00
5. Retainage:
a. 0.00% of Completed Work \$ 0.00
(Column D+E on G703)
b. 0% of Stored Material \$ 0.00
(Column F on G703)
Total Retainage (Lines 5a + 5b) \$ 0.00
6. Total Earned Less Retainage \$ 17,793,844.00
(Line 4 Less Line 5 Total)
7. Less Previous Certificates For Payment \$ 17,768,844.00
(Line 4 from prior Certificate)
8. Current Payment Due \$ 25,000.00
9. Balance To Finish, Including Retainage \$ 0.00
(Line 3 Less Line 8)

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved by previous month by Owner	4,602,106.00	-160,010.00
Total Approved this Month	0.00	8.00
TOTALS	4,602,106.00	-160,010.00
Net Changes By Change Order	4,422,066.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information, and belief, the work covered by this 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 payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Leopardo Companies, Inc.

By: *[Signature]*

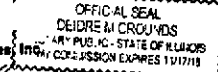
Date: 12/31/2015

State of: Illinois

County of: Cook

Subscribed and sworn to before me on 31st day of December, 2015Notary Public: *[Signature]*

My Commission expires: 11/17/2017



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.

AMOUNT CERTIFIED: \$25,000.00

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:

By: *[Signature]* Date: 01/19/2016

This Certificate is not negotiable. 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.

Owner: (if applicable)

By: _____

Date: _____

APPLICATION FOR PAYMENT

Page 1

TO OWNER: RUSH UNIV MEDICAL CENTER
P.O. BOX 7715
CHICAGO, IL 60680
FROM CONTRACTOR: Block Electric Co., Inc.
7107 Milwaukee Ave
Niles, IL 60714

PROJECT: RUMC/75 SECURITY
1725 W HANLSON
CHICAGO, IL
ARCHITECT:

APPLICATION NO.: 1
PERIOD TO: 04/30/2015
PROJECT #:
CONTRACT DATE:
CUSTOMER #: 6575
OUR JOB #: 433415
INVOICE #

☒ OWNER
☒ ARCHITECT
☐

CONTRACT FOR:

P.O. NO:

CONTRACTOR'S SUMMARY OF WORK

Application is made for payment as shown below.
Continuation Page is attached.

1. ORIGINAL CONTRACT AMOUNT 143,000.00
2. NET CHANGE BY CHANGE ORDER 0.00
3. CONTRACT AMOUNT TO DATE 143,000.00
4. TOTAL COMPLETED AND STORED TO DATE 143,000.00
(Please Continuation Page)
5. RETAINAGE:
a. 4.00 of Completed Work 0.00
b. 0.00 of Stored Material 0.00
Total Retainage (Line 5a + 5b) 0.00
6. TOTAL EARNED LESS RETAINAGE 143,000.00
(Line 4 minus Line 5 Total)
7. LESS PREVIOUS APPLICATIONS FOR PAYMENT 0.00
(Line 6 Intra prior Application)
8. CURRENT PAYMENT DUE 143,000.00
9. BALANCE TO FINISH, INCLUDING RETAINAGE 0.00
(Line 8 minus Line 7)

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Total changes approved in previous months		0.00	0.00
Total approved this month		0.00	0.00
TOTALS		0.00	0.00
NET CHANGED by Change Order		0.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this 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 payments received from the Owner, and that current payments shown herein is now due.

CONTRACTOR: Block Electric Company, Inc.

By: Michael Owens Date: 04/30/2015
Mike Owens

State of: Illinois
County of: Cook

Subscribed and sworn to before me this 15 day of April 2015

Notary Public: Lillian Kirk
My Commission Expires: 25-June-2015 LILIAN KIRK



ARCHITECT'S CERTIFICATION

In accordance with the Contract Documents, based on on-site observation and the data accompanying 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, and the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the Amount Certified.

AMOUNT CERTIFIED \$143,000.00

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on the Application and on the Continuation Page that are changed to conform to the amount certified.)

ARCHITECT: P. R. J. E. L. T. W. H. A. N. D. E. R.

By: Boyer Date: 6/15/15

Neither this Application for payment applied for herein is assignable or negotiable. Payment shall be made only to Contractor, and in whole subject to any rights of Owner or contractor under the Contract Documents or otherwise.

Attachment IV
External Audit Report

Odell Hicks & Company LLC
Certified Public Accountants

Rush University Medical Center
Illinois Health Facilities and Services Review Board
Atrium/Kellogg Modernization Construction Project
IHFSRB Project #12-011
Project Costs Report
For the Period April 17, 2012 to December 31, 2017
(With Independent Auditor's Report Thereon)



Odell Hicks & Company LLC

Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

Rush University Medical Center and the
Illinois Health Facilities and Services Review Board:

We have audited the accompanying Project Costs Report of Rush University Medical Center (Report) which comprise the project costs for the period from April 17, 2012 to December 31, 2017 and the related notes.

Management's Responsibility for the Project Costs Report

Management is responsible for the preparation and fair presentation of the Report for the purpose of complying with the terms of the Illinois Health Facilities Planning Act; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the Report based on our audit. We conducted our audit of the Report in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Report. The procedures selected depend on the auditor's judgment, including assessment of the risks of material misstatement of the Report, whether due to fraud or error. In making these risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the Report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the Report.

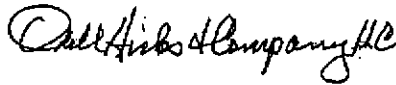
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Odell Hicks & Company LLC
Certified Public Accountants

Opinion

The accompanying Report was prepared for the purpose of complying with the terms of the Illinois Health Facilities Planning Act and is not intended to be a complete presentation of Rush University Medical Center's financial position in conformity with accounting principles generally accepted in the United States of America.

In our opinion, the Report referred to above presents fairly, in all material respects and in accordance with the aforementioned guidelines, the project costs of Rush University Medical Center as of December 31, 2017 and for the period from April 17, 2012 to December 31, 2017.



Odell Hicks & Company LLC

Chicago, Illinois
March 9, 2018

RUSH UNIVERSITY MEDICAL CENTER

Illinois Health Facilities and Services Review Board
Atrium/Kellogg Modernization Construction
IHFSRB Project #12-011
Project Costs Report

Period from April 17, 2012 to December 31, 2017

	Total			
	CON Permit Original	CON Permit after Alteration	Final Funds Expended	Difference
Project Costs				
Preplanning Costs	\$ 20,000	\$ 16,500	\$ -	\$ 16,500
Modernization Contracts	32,975,870	35,065,734	36,933,007	(1,867,273)
Contingencies	4,946,381	1,407,676	-	1,407,676
Architectural and Engineering Fees	1,040,000	2,511,705	2,617,961	(106,256)
Consulting and Other Fees	1,178,083	3,571,241	3,252,238	319,003
Movable or Other Equipment	5,705,450	5,355,817	4,439,901	915,916
Other Costs to be Capitalized	365,000	1,362,588	1,409,942	(47,354)
Total Construction Related	<u>46,230,784</u>	<u>49,291,261</u>	<u>48,653,049</u>	<u>638,212</u>
Bond Issuance Expense	-	-	-	-
Net Interest Expense During Construction	-	-	-	-
Total Finance Related	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total Project Costs	<u>\$ 46,230,784</u>	<u>\$ 49,291,261</u>	<u>\$ 48,653,049</u>	<u>\$ 638,212</u>
Sources of Funds				
Cash and Securities	\$ 46,230,784	\$ 49,291,261	\$ 48,653,049	\$ 638,212
Total Funds	<u>\$ 46,230,784</u>	<u>\$ 49,291,261</u>	<u>\$ 48,653,049</u>	<u>\$ 638,212</u>

RUSH UNIVERSITY MEDICAL CENTER

Illinois Health Facilities and Services Review Board
Atrium/Kellogg Modernization Construction Project
IHFSRB Project #12-011
Project Costs Report

Period from April 17, 2012 to December 31, 2017

NOTE 1 – DESCRIPTION OF PROJECT

On April 17, 2012, the Illinois Health Facilities and Services Review Board (IHFSRB) approved the application for Rush University Medical Center to modernize four levels in the Atrium Building and one level in the Kellogg Building for clinical services and to upgrade the infrastructure of the Atrium Building at the existing hospital campus located in Chicago, Illinois.

Work for the project was initiated on April 17, 2012. The Certificate of Need (CON) approved total cost for the project was \$46,230,784. An alteration for the project was submitted on July 14, 2015 to increase the total project amount to \$49,291,261. On August 26, 2015, the IHFSRB approved the alteration request. The actual total cost of the project was \$48,653,049, \$638,212 less than budgeted.

Attachment V
Internal Audit Report



TO: John Mordach

CC: Mike Lamont, Melissa Coverdale, Phil Kaufman, Jim Myers, Sarah Roche

FROM: Tom Cutting, Associate Vice President, Internal Audit

DATE: March 21, 2018

RE: Atrium / Kellogg Modernization CON Completion Report Review

I. Audit Description

Internal Audit performed a review of the Atrium / Kellogg Modernization CON completion report to the Illinois Health Facilities and Services Review Board (Board). The Atrium / Kellogg CON project was deemed complete December 31, 2017.

The primary focus of the audit was to determine:

- The CON expenditures are substantiated by the appropriate supporting documentation.
- The CON report and general ledger are reconciled.
- That expenditures identified on the CON report agree with supporting documentation.
- That total project expenditures do not exceed the Atrium / Kellogg CON permit amount.

II. Internal Audit Procedures

Internal Audit tested the existence of valid supporting documentation for claimed transactions by:

- Agreeing all applicable transactions to the general ledger and evaluating charges for applicability to the Atrium / Kellogg CON.
- Reviewing claimed expenditure data for appropriate supporting documentation.
- Ascertaining that total project expenditures do not exceed the Atrium / Kellogg CON permit amount.

It should be noted the final Atrium / Kellogg CON costs are \$48,653,049. The total cost is \$638,212 under the Atrium / Kellogg CON \$49,291,261 permit amount. An external audit firm performed the required review of all project costs and sources of funds with the expressed opinion all project costs are presently fairly to the Board.

III. Audit Results:

Based on our audit procedures, it appears the Atrium / Kellogg CON Final Report is properly reported to the Illinois Health Facilities and Services Review Board and adequate supporting documentation exists for each transaction.

IV. Audit Rating

It is Internal Audit's practice to rate our audit results for reporting purposes to the Audit Committee based upon a dual rating system. Ratings are assigned based upon our assessment of controls reviewed and/or tested as part of the audit scope as well as the potential impact on financial reporting accuracy.

This audit will receive a (n) "A" rating in regards to financial reporting and a "1" rating in regards to an overall control rating (see rating scales below).

It is Internal Audit's policy to perform follow-up reviews to ensure all recommendations are sufficiently addressed. Please contact me at extension 2-3041 or by email if you have any questions.

Financial Reporting Rating

- A = No findings noted, low risk.
- B = Findings noted but not material, low risk.
- C = Findings noted but not material, moderate risk.
- D = Material findings noted, high risk.

Overall Control Rating

- 1 = Strong- controls operating effectively, minor improvement opportunities identified.
 - 2 = Adequate- most controls operating effectively, improvement opportunities identified.
 - 3 = Improvement Needed- some important controls not operating effectively.
 - 4 = Inadequate- critical controls missing or not operating effectively, immediate action required.
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