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1725 W. Harrison St.
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Chicago, IL 60612

Tel: 312.942.5600
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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,

A handwritten signature in black ink, appearing to read 'M. J. Dandorph', with a long horizontal flourish extending to the right.

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

TO OWNER: RUSH UNIVERSITY MEDICAL CENTER
 1851 W CONGRESS PKWY
 CHICAGO, IL 60612-3864 UNITED STATES

PROJECT: RUSH - SHELLOGG ACUTE CARE RELOCATE
 1851 W CONGRESS PKWY
 CHICAGO, IL 60612-3864 UNITED STATES

FROM CONTRACTOR: Bulley & Andrews LLC
 1735 W. Armitage Avenue
 Chicago, IL, 60622 USA

ARCHITECT:

AIA Document G702
 APPLICATION NO. 9
 PERIOD TO 31-AUG-18
 PROJECT NOS.: 14079
 INVOICE NO. 201600424
 DISTRIBUTION TO:
 OWNER
 ARCHITECT
 CONTRACTOR

CONTRACT DATE: 12-JUN-14

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. Contribution sheet is attached.

1. ORIGINAL CONTRACT SUM	\$	1,543,799.00
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
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 6 less 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		482,483.00	0.00
APPROVED THIS MONTH			
Number	Date Approved		
00098	18-SEP-2016	61,471.00	
CURRENT TOTAL		61,471.00	0.00
Net Change by Change Orders			773,923.00

AN ELECTRONIC COPY OF THIS APPLICATION AND CERTIFICATE FOR PAYMENT IS AVAILABLE AT: www.aia.org

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 sheet herein is now 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: 11-27-17

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on a review of 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 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 stated for. Initial Agrees on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT
 By: *[Signature]* Date: 9/23/2016

The Contractor is responsible. The AMOUNT CERTIFIED is payable only to the Contractor upon receipt of the payment and acceptance of payment is not subject to any rights of the Owner or Contractor under this Contract.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Revision #: 2043E

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

26913

Application No: 2
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. Via Architect: Pentline & Will - Whitcomb
5200 Prairie Stone Parkway 330 N. Wabash Avenue, Suite 30
Hoffman Estates, IL 60182 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 \$ 195,583.00
- 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 \$ 195,583.00
(Line 4 Less Lines 5a+b)
- 7. Less Previous Certificates For Payment \$ 176,023.00
(Line 8 from prior Certificates)
- 8. Current Payment Due \$ 19,560.00
- 9. Balance To Finish, Including Retainage \$ 0.00
(Line 3 Less Line 8)

CONTRACTOR: Leopardo Companies, Inc.
By: *[Signature]* Date: 5/12/2013
State of Illinois County of Cook
Subscribed and sworn to before me on 5/12/2013
Notary Public: *[Signature]*
My Commission expires: 11/11/2014



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the date 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 \$ 19,560.00
(Which represents the amount certified after the amount applied, total of figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months 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	

ARCHITECT: *[Signature]*
By: *[Signature]* 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: _____

79645 17080

APPLICATION AND CERTIFICATE FOR PAYMENT

ATA DOCUMENT 0702

TO OWNER	ROSH UNIVERSITY MEDICAL CENTER (RUMC) 1700 West Harrison Street CHICAGO, ILLINOIS 60612	PROJECT	Rosh University Medical Center (RUMC) 5 Atrium OR Family Training Room Expansion 1700 W. Harrison Street Chicago, IL 60612	APPLICATION #	210884-06
FROM	WALSH CONSTRUCTION COMPANY II, LLC 929 W. JEFFERSON STREET CHICAGO, ILLINOIS 60607	<i>Long Det</i> <i>11/6/15</i>	997535 Fund 71221	PERIOD FROM	8/1/15
CONTRACT FOR	5 Atrium OR Family Training Room Expansion			PERIOD TO	5/31/17
				OWNER PROJECT #	71221
				WCCF PROJECT #	312884
				Application Date	5/6/15

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in accordance with the Contract Documents, (ATA Document 0702), as attached.

1. ORIGINAL CONTRACT SUM	\$115,000
2. Net Change by Change Orders	\$98,973
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$213,973
4. TOTAL COMPLETED & STORED TO DATE (Column D on 0701)	\$243,875
5. RETAINAGE:	
a. 0% of Completed Work (Column D + E on 0701)	\$0
b. 0% of Stored Materials (Column F on 0701)	\$0
Total Retainage (Line 5a + 5b or Total on Column I of 0701)	\$0
6. TOTAL CARPENTER FEE RETAINAGE (Line 4 less Line 5 Total)	\$243,875
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 Five-year Cumulative)	\$612,000
8. CURRENT PAYMENT DUE	\$ 2,138.00
9. BALANCE TO PAYOR, INCLUDING RETAINAGE (Line 8 less Line 9)	\$ 2,138.00

CHANGE ORDER NUMBER	AMOUNT	DATE
Total change approved to date and made by Owner	\$ 423,320	(07/02/15)
Total approved this month	4,342	
TOTALS	\$427,662	(7/27/15)
Subsequent Change Orders		
Number	Approved (DATE)	
0001	1/20/2015	\$123,898
0002	2/20/2015	\$4,342
NO CHANGE ORDERS TO CHANGE ORDERS	\$127,240	\$127,240

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 should herein be allowed.

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 9, 2015
Notary Public: *[Signature]* My Commission Expires: 5/6/17

ARCHITECT'S CERTIFICATION FOR PAYMENT
In accordance with the Contract Documents, based on reports submitted 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 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: \$ 2,138.00
I attach explanation of amount certified differs from the amount applied for. I attach copies on this Application and on the Submission Sheet that are changed to conform to the amount certified.

ARCHITECT: *[Signature]* Date: 10/19/2015
The conditions of payment are: The AMOUNT CERTIFIED is payable only to the Contractor upon receipt of the Contract Documents and acceptance of payment are within program to any rights of the Owner of Contractor under the Contract.



047525
 71221
 11/19/15
 C. K. K.

APPLICATION AND CERTIFICATE FOR PAYMENT

TO: RUSH UNIVERSITY MEDICAL CENTER (RUMC)
 7700 W. Madison Ave
 CHICAGO, ILLINOIS 60612

PROJECT: Rush University Medical Center (RUMC)
 4 Andros Eye Bldg
 1700 West Boulevard Street
 Chicago, IL 60612

APPLICATION #: 211284-002

PERIOD FROM: 07/15/16
PERIOD TO: 07/31/16

FROM: WALSH CONSTRUCTION COMPANY, LLC
 499 W. GRAND STREET
 CHICAGO, ILLINOIS 60607

**1015180 (71259)
 PO 997702**

CONTRACT FOR: General Construction

APPROVAL DATE: 5/17/16

CONTRACTOR'S APPLICATION FOR PAYMENT

After making a check for payment, as shown below, in accordance with the Contract, Contractor Check and Certificate (C/C) is attached.

1. ORIGINAL CONTRACT SUM	1197,214
2. Net Change by Change Order	119,642
3. CONTRACT SUM TO DATE (Line 1 + 2)	1,316,856
4. TOTAL COMPLETED & STORED TO DATE (Column 2 on C/C)	821,292
5. RETAINAGE: <ul style="list-style-type: none"> a. 0% of Completed Work (Column 5 + 2 on C/C) b. 6% of Stored Material (Column 7 on C/C) Total Retainage (Line 5a + 5b) 	0
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	821,292
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 4 Date prior Certificate)	879,463
8. CURRENT PAYMENT DUE	0
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 6 less Line 7)	0

CLASS OF WORK STORED BY	AMOUNT	DATE
General Contracting	119,642	07/15/16
Electrical	119,642	07/15/16
Plumbing	119,642	07/15/16
Mechanical	119,642	07/15/16
Other	119,642	07/15/16

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 **ACCEPTED** in accordance with the Contract Documents, that all amounts have been paid by the Contractor to which he is entitled pursuant to the Contract, and the amount shown herein is true and correct.

CONTRACTOR: WALSH CONSTRUCTION COMPANY, LLC

By: *[Signature]* Date: 5/17/16

Project Manager: *[Signature]*

Date of Work: 4/11/16

City: Chicago, IL

Approved by: *[Signature]* Date: 4/11/16

ARCHITECT'S CERTIFICATION FOR PAYMENT

In accordance with the Contract Documents, including all change orders and the data supporting the above certification, 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 Certificate is issued in the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: 1,316,856

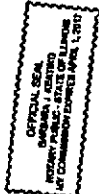
(Check application of amount certified against the amount applied for listed figures on this Application and on the Contractor's Check that are subject to payment in the amount certified.)

ARCHITECT:

By: *[Signature]* Date: 5/17/16

This certificate is not binding. The AMOUNT CERTIFIED is payable only in the Contract Documents, including all change orders and the amount of payment is subject to payment in the amount of the Contract Documents under the Contract.

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



APPROVED BY: *[Signature]* Date: 6/23/16

ADMINISTRATOR: *[Signature]* Date: 6/23/16

PO #: 1015180
C/C #: 997702

APPLICATION AND CERTIFICATE FOR PAYMENT

ATA DOCUMENT 0783

TO	RUSH UNIVERSITY MEDICAL CENTER (RUMC) 1738 West Harrison Street CHICAGO, ILLINOIS 60612	PROJECT	Rush University Medical Center (RUMC) 1-Avenue Endoscopic Center/Modular 1238 West Harrison Street Chicago, IL 60612	APPLICATION #	24116-10
FROM	WALSH CONSTRUCTION COMPANY II, LLC 229 W. JACKSON ST. #2127 CHICAGO, ILLINOIS 60604			PAID FROM	1000
				PAID TO	1000
				UNPAID PROJECT #	11236-16 CC-001
				WCC PROJECT #	112312
				Application Date	1/29/16

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in accordance with the Contract Documents, Form AIA (Document G70), as amended.

1. ORIGINAL CONTRACT SUM	\$4,264,644
2. Net Change by Change Orders	\$783,332
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$5,047,976
4. TOTAL COMPLETED & EXPANDED TO DATE (Column C of G70)	\$4,802,174
5. RETAINAGE	
a. 4% of Completed Work (Column D - E on G70)	\$192,089
b. 9% of Scope Increase (Column F on G70)	\$70,499
Total Retainage (Line 5a + 5b) (Total on Column I of G70)	\$262,588
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	\$4,539,586
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificates)	\$4,277,016
8. CURRENT PAYMENT DUE	\$262,570
9. BALANCE TO REMAIN, INCLUDING RETAINAGE (Line 7 less Line 8)	\$262,570

DESCRIPTION	AMOUNT	DATE
Subsequent Change Orders	\$262,570	
NET CHANGE BY Change Orders	\$262,570	

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 true and correct.

CERTIFICATE WALSH CONSTRUCTION COMPANY II, LLC
 By: *[Signature]* PROJECT MANAGER Date: 1/29/16

NAME: IL LINDSE
 TITLE: OWNER
 Date of Work: 2016
 Date of Payment: 4/1/16

ARCHITECT'S CERTIFICATION FOR PAYMENT
 In accordance with the Contract Documents, belief as an architect registered and this date concerning 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$262,570.00

DATE: 08/26/2016

The conditions in this Certificate are subject to the terms and conditions of the Contract Documents. Payment, progress and completion of payment are without prejudice to any rights of the Owner or Contractor under the Contract.

Activity: 1014140
 PO: 997820
 Check to pay Log Det 2/12/16

OFFICIAL SEAL
 BARBARA J. HEATING
 SECRETARY PUBLIC STATE OF ILLINOIS
 COMMISSION EXPIRES APRIL 1, 2017

Contract # 10
 CC # 11236-16
 Date: 1/29/16

APPLICATION AND CERTIFICATE FOR PAYMENT

JLS CONTRACTORS 0782

NO. 01001	PUNHUNTERSTY MEDICAL CENTER BUILDING 1730 West Harrison Street CHICAGO, ILLINOIS 60612	PROJECT 01001	Mark Cook, Medical Center (RE-USE) 7 & 9 North Adams Street CHICAGO, ILLINOIS 60612
FROM	WALTON CIVIL ENGINEERING LLC 929 N. ALPINE STREET CHICAGO, IL 60610	APPROVED BY	DATE
CONTRACT NO.	Federal Tax at Room 300 Project - 7 & 9 Contract Agreement #1	DATE OF PAYMENT	2/28/18

CONTRACTORS APPLICATION FOR PAYMENT
Application is made for payment, as shown below, on contracts with the Contract Commission under the Contract (C) as specified.

1. ORIGINAL CONTRACT VALUE	\$1,911,361
2. Net Change by Change Orders	\$62,301
3. CONTRACT COMPLETED DATE (Date 1 & 2)	5, 4,773,834
4. TOTAL UNEMPLOYED & DEFERRED DUES (Volume C, in 17001)	\$1,771,894
B. RETAINAGE:	
a. 10% of Contract Value	\$191,136
b. 10% of Total Value of Change Orders	\$6,230
c. 10% of Total Value of Retention	\$62,301
Total Retention (Total a, b, & c)	\$259,667
5. TOTAL EARNED LESS RETAINAGE (Total 4 less Total c)	\$1,512,167
6. LESS PREVIOUS MONTHS LABOR PAYMENT (Date & Amount prior Certificate)	\$672,824
7. CURRENT PAYMENT DUE	\$839,343
8. BALANCE TO BE PAID (INCLUSIVE OF RETAINAGE) (Total 7 less Total 6)	\$165,519

ITEM NO. (ORDER NUMBER)		AMOUNTS	REMARKS
Subcontract approved applications available in Order		\$ 891,290	
Total approved items Month		\$ 891,290	
TOTALS \$ 891,290			
Subcontract Change Orders			
Number	Approved (DATE)		
CO-001	05/20/13		
CO-002	07/20/13		
CO-003	09/20/13		
CO-004	11/20/13		
CO-005	01/20/14		
CO-006	03/20/14		
CO-007	05/20/14		
CO-008	07/20/14		
CO-009	09/20/14		
CO-010	11/20/14		
TOTAL CHANGES IN CONTRACT VALUE		\$ 62,301	

The designated 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 payment Certificates for Payment were issued and payments received from the Owner, and that the entire payment shown hereon is due and

CONTRACTOR: WALTON CIVIL ENGINEERING LLC
By: Ryszard L. Walczak Date: 2/28/18
PROJECT MANAGER

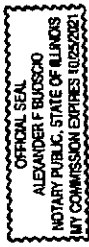
Date of ISSUE: 2/28/18
Subscribed and sworn before me this 28th day of February 2018.
Notary Public: Michael F. Borsari My Commission Expires 10/29/21

ALL PAYMENTS FOR PAYMENT
In accordance with the Contract Documents, based on accurate information and data concerning the above application, the Notary certifies that the use of the best of the Contractor's knowledge, information and belief the Work has been completed in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNTS HEREON.

AMOUNT PAID: \$ 48,230.00

DATE OF PAYMENT: 3/2/18

This certificate is not negotiable. The ASSESSMENT HEREON is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice in any way to the use of a Contractor under the Contract.



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 Arcom 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. Via Architect: Perkins & Will - Wabash
5200 Praire Stone Parkway 330 N. Wabash Avenue, Suite 3C
Hoffman Estates, IL 60192 Chicago, IL 60611

CONTRACTOR'S APPLICATION FOR PAYMENT

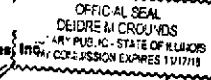
Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. Original Contract Sum	\$ 13,371,748.00
2. Net Change By Change Orders	\$ 4,422,098.00
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 Lines Total)	
7. Less Previous Certificates For Payment	\$ 17,768,844.00
(Line 8 from prior Certificates)	
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	-188,010.00
Total Approved this Month	0.00	8.00
TOTALS	4,602,106.00	-188,010.00
Net Changes By Change Order	4,422,098.00	

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, 2015
Notary Public: *[Signature]*
My Commission expires: 11/17/2018

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 LINV MEDICAL CENTER
 P.O. BOX 7715
 CHICAGO, IL 60680
 FROM CONTRACTOR: Black Electric Co., Inc.
 7107 Halstead or Avenue
 Niles, IL 60714

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

APPLICATION NO.: 1
 PERIOD TO: 04/08/2015
 PROJECT #:
 CONTRACT DATE:
 CUSTOMER #: 6575
 OUR JOB #: 433415
 INVOICE #

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
<i>(Items Continuation Page)</i>	
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
<i>(Line 4 minus Line 5 Total)</i>	
7. LESS PREVIOUS APPLICATIONS FOR PAYMENT	0.00
<i>(Line 6 Intra prior Application)</i>	
8. CURRENT PAYMENT DUE	143,000.00
<i>(Line 6 minus Line 7)</i>	
9. BALANCE TO FINISH, INCLUDING RETAINAGE	0.00
<i>(Line 8 minus Line 8)</i>	

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: Black Electric Company, Inc.

By: *Michael Owens* Date: 04/08/2015
 Mike Aronson

State of: Illinois
 County of: Cook
 Subscribed and sworn to before me this 13 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
(Which 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. JELT WARRAVER

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 is without prejudice 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)

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.

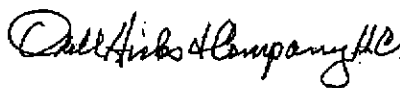
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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	46,230,784	49,291,261	48,653,049	638,212
Bond Issuance Expense	-	-	-	-
Net Interest Expense During Construction	-	-	-	-
Total Finance Related	-	-	-	-
Total Project Costs	\$ 46,230,784	\$ 49,291,261	\$ 48,653,049	\$ 638,212
Sources of Funds				
Cash and Securities	\$ 46,230,784	\$ 49,291,261	\$ 48,653,049	\$ 638,212
Total Funds	\$ 46,230,784	\$ 49,291,261	\$ 48,653,049	\$ 638,212

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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