

VIA OVERNIGHT DELIVERY

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

RECEIVED

OCT 31 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: Final Realized Cost Report - Hawthorn Surgery Center (Project No. 12-041)

Dear Ms. Avery:

On behalf of Hawthorn Place Outpatient Surgery Center, L.P. and Surgical Care Affiliates, LLC (collectively, the "Permit Holders"), I am writing to submit the final realized project cost report for Project No. 12-041. This project is complete and has been brought to a conclusion. On September 11, 2012, the Illinois Health Facilities and Services Review Board ("State Board") approved the Permit Holders' application for a certificate of need permit to discontinue its multi-specialty ambulatory surgical treatment center located at 1900 Hollister Drive, Libertyville, Illinois and establish a multi-specialty ambulatory surgical treatment center at the intersection of Center Drive and Lakeview Parkway, Vernon Hills, Illinois (the "Project"). The permit provided for a project completion date of December 31, 2015. The Project was obligated on September 11, 2012 through the completion of a real estate lease with the developer. The facility received its license from the Illinois Department of Public Health effective March 24, 2014 and the relocation of operations of the surgery center occurred on March 26, 2014 when the first surgery was performed at the new location. A copy of its new license is attached as Exhibit A.

For your reference, the street addressed assigned to the Hawthorn Surgery Center's new location is 240 Center Drive, Vernon Hill, Illinois 60061.

The following table describes the costs of the project as anticipated at the inception of the project along with a report of the final costs associated with the project on completion:

Category	Permit Amount	Actual Amount
Preplanning Costs	\$70,000	\$56,707
New Construction Contracts	\$3,046,069	\$4,972,444
Contingencies	\$303,107	\$0
A & E Fees	\$205,000	\$248,700
Consulting & Other Fees	\$361,693	\$186,041

Moveable Equipment	\$1,657,229	\$1,764,252
Net Interest Expense During Construction (project related)	\$183,879	\$27,468
Fair Market Value of Leased Space & Equipment	\$3,687,277	\$0
Other Costs to be Capitalized	\$764,452	\$0
Total Project Cost	\$10,278,706	\$7,255,612

Note per the HFSRB rules at the time of application, the fair market value of the lease figure was calculated based on the anticipated costs of construction of the core and shell of the building by the developer. While the developer's costs are technically not subject to audit, the auditor audited those costs and rather than reflect them in the fair market value of the lease line item, he included them in the other pertinent line items of the table.

Pursuant to 77 Ill. Admin. Code §1130.770, I certify that no additional or associated costs or capital expenditures related to the Project will be submitted for reimbursement under Title XVIII or Title XIX. I further certify The Permit Holders has complied with all of the terms of the permit to date.

I further certify that the permit holders have complied with all terms of the permit and that the project cost, square footage, and services are in accordance with the terms of their permit for the project.

Attached as Exhibit B is the final Application and Certification for Payment (G702) for the project. Also, attached as Exhibit C, is the auditor's report relating to Project Number 12-041.

If you have any questions or need any additional information related to the Project, please feel free to contact me. .

Notarized Signature Page Follows

Attachments

JURAT WITH AFFIANT STATEMENT

State of Illinois }
County of Lake } ss.

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____

Signature of Document Signer (Affiant) No. 1

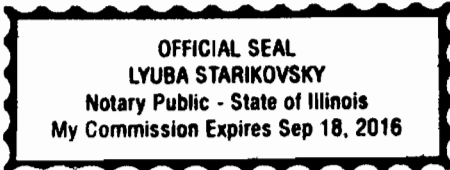
Signature of Document Signer (Affiant) No. 2 (if any)

Subscribed and sworn to (or affirmed) before me
this 14 day of October, 2014, by

Date Month Year
(1) [Signature]
Name of Signer No. 1

(2) _____
Name of Signer No. 2 (if any)

[Signature]
Signature of Notary Public



Place Notary Seal/Stamp Above

Any Other Required Information
(Residence, Expiration Date, etc.)

OPTIONAL

Not required by law, this information can be useful to those relying on the document and prevent fraud.

Further Description of Any Attached Document

Title or Type of Document: Cost Report Hawthorn Surgery Center

Document Date: 10.14.14 Number of Pages: Project #12.041

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1	RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here	Top of thumb here

APPLICATION AND CERTIFICATION FOR PAYMENT

TO OWNER:

Hawthorne Place Outpatient Surgical Center, L. P.
1900 Hollister Drive, Suite 100
Libertyville, IL 60048

PROJECT:

Hawthorn Place Outpatient Surgery Center Tenant Improvement
240 Center Drive
Vernon Hills, Illinois 60061

APPLICATION NO: 12

PERIOD TO: 4/1/14-9/30/14

Distribution to:

- OWNER
- ARCHITECT
- CONTRACTOR

FROM CONTRACTOR:

W.E. O'Neil Construction Company
1245 W. Washington Blvd.
Chicago, IL 60607

VIA ARCHITECT:

The Burrell Group, P. C.
300 Cahaba Park Circle, Suite 111
Birmingham, Alabama 35242

ARCHITECT'S PROJECT NO.

WEO JOB NO. 0113029

CONTRACT FOR: General Construction

CONTRACT DATE:

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..... \$ 2,442,901
2. Net change by Change Orders..... \$ 159,617
3. CONTRACT SUM TO DATE (Line 1 ± 2)..... \$ 2,602,518
4. TOTAL COMPLETED & STORED TO DATE..... \$ 2,602,518
(Column 9 on G703)

5. RETAINAGE:
 - a. 0 % of Completed Work
(Column 10 on G703, less b. below)
 - b. 0 % of Stored Material
(10% of Column 8 on G703)

Total Retainage..... \$ 0
(Line 5a + 5b or Total in Column 10 on G703)

6. TOTAL EARNED LESS RETAINAGE..... \$ 2,602,518
(Line 4 Less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
(Line 6 from prior Certificate) \$ 2,578,370

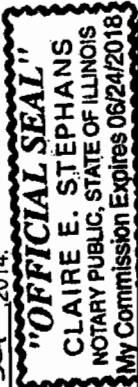
8. CURRENT PAYMENT DUE..... \$ 24,148

9. BALANCE TO FINISH, INCLUDING RETAINAGE
(Line 3 less Line 6) \$ 0

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$145,047	
Total approved this Month	\$23,005.00	\$8,435.00
TOTALS	\$168,052	\$8,435
NET CHANGES by Change Order	\$159,617	

CONTRACTOR: *W.E. O'Neil* Date: 10/1/14

State of: ILLINOIS County of: COOK
Subscribed and sworn to before me this 21 day of Sep 2014.
Notary Public: *Claire E. Stephans*
My Commission expires: *Claire E. Stephans*



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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..... \$

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

APPLICATION FOR PAYMENT AND SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER

PROJECT TITLE: Hawthorn Place Outpatient Surgery Center Tenant Improvement

OWNER: Hawthorn Place Outpatient Surgical Center, L.P.
1500 Houlihan Drive, Suite 100
Libertyville, IL 60048

ARCHITECT: Burrell Group
300 Chelsea Park Circle, Suite 111
Birmingham, Alabama 35242

CONTRACTOR: W.E. O'Neil Construction Co.
1265 W. Washington Blvd.
Chicago, Illinois 60607

PAYMENT APPLICATION: 12

PERIOD FROM: 4/11/14-8/31/14

ARCHITECT'S PROJECT NO.: 11323/33

WEO JOB NO.: 0113029

INCLUDES CHANGE ORDER #'s 1 through 8

Vendor # Cost Code	(1) NAME OF CONTRACTOR (WORK / MATERIAL CONTRACTED FOR)	(2) ORIGINAL CONTRACT	(3) OWNER CHANGE ORDERS	(4) CONTRACTOR'S CHANGE ORDERS	(5) ADJUSTED TOTAL CONTRACT INCLUDING CHANGE ORDERS	(6) WORK PREVIOUSLY COMPLETED %	(7) WORK COMPLETE THIS PERIOD	(8) MATERIAL STORED THIS PERIOD	(9) WORK COMPLETED & MATERIALS STORED	(10) TOTAL RETAINED INCLUDING THIS APP.	(11) PERCENT RETENTION	(12) PREVIOUSLY PAID	(13) NET AMOUNT REQUESTED	(14) BALANCE TO BECOME DUE
	W.E. O'NEIL CONSTRUCTION													
0010	GENERAL CONDITIONS	\$166,718.00	\$10,885.00	-\$18,096.00	\$159,507.00	100%	\$11,913.00	\$0.00	\$159,507.00	\$0.00	0%	\$147,594.00	\$11,913.00	\$0.00
0014	MOBILIZATION	\$25,000.00	\$0.00	\$0.00	\$25,000.00	100%	\$0.00	\$0.00	\$25,000.00	\$0.00	0%	\$25,000.00	\$0.00	\$0.00
	GENERAL REQUIREMENTS	\$39,396.00	\$1,332.00	-\$1,970.00	\$38,758.00	100%	\$1,332.00	\$0.00	\$38,758.00	\$0.00	0%	\$37,426.00	\$1,332.00	\$0.00
	W.E. O'NEIL CONSTRUCTION SUBTOTAL	\$231,114.00	\$12,217.00	-\$20,066.00	\$223,265.00	100%	\$13,245.00	\$0.00	\$223,265.00	\$0.00	0%	\$210,020.00	\$13,245.00	\$0.00
	SUBCONTRACTS AWARDED													
1707	Lakewood Carpentry	\$252,000.00	\$7,282.00	\$13,459.00	\$272,741.00	100%	\$637.00	\$0.00	\$272,741.00	\$0.00	0%	\$270,904.00	\$1,837.00	\$0.00
0240	Interior Drywall and Rough Ceiling													
0310	Block Iron	\$47,000.00	\$2,105.00	\$3,125.00	\$52,230.00	100%	\$415.00	\$0.00	\$52,230.00	\$0.00	0%	\$51,815.00	\$415.00	\$0.00
0310	Hollow Metal													
2010	Acoustical Ceilings	\$37,000.00	\$1,312.00	\$0.00	\$38,312.00	100%	\$0.00	\$0.00	\$38,312.00	\$0.00	0%	\$38,312.00	\$0.00	\$0.00
0240	Interior Aluminum Entrances, Glass & Cladding													
2100	R. Camozza Plumbing	\$171,000.00	\$222.00	\$0.00	\$171,222.00	100%	\$0.00	\$0.00	\$171,222.00	\$0.00	0%	\$171,222.00	\$0.00	\$0.00
1500	Plumbing													
2005	Air Supply HVAC	\$800,000.00	\$9,868.00	-\$755.00	\$809,113.00	100%	\$0.00	\$0.00	\$809,113.00	\$0.00	0%	\$809,113.00	\$0.00	\$0.00
1900	Mechanical													
2910	A & A Sprinkler	\$21,000.00	\$3,081.00	-\$490.00	\$23,571.00	100%	\$0.00	\$0.00	\$23,571.00	\$0.00	0%	\$23,571.00	\$0.00	\$0.00
1900	Fire Suppression													
0330	T & H Electric	\$490,000.00	\$27,175.00	-\$8,609.00	\$508,566.00	100%	(\$6,637.00)	\$0.00	\$508,566.00	\$0.00	0%	\$510,051.00	(\$1,485.00)	\$0.00
1900	Electrical													
1541	Five Star Descaling	\$35,000.00	\$400.00	\$1,350.00	\$36,750.00	100%	\$0.00	\$0.00	\$36,750.00	\$0.00	0%	\$36,750.00	\$0.00	\$0.00
0900	Painting													
1705	Just Rite Acoustics	\$40,000.00	\$0.00	\$7,616.00	\$47,616.00	100%	\$0.00	\$0.00	\$47,616.00	\$0.00	0%	\$47,616.00	\$0.00	\$0.00
0510	Acoustics													
1002	A & A Acoustics Designs	\$105,000.00	\$10,852.00	\$5,047.00	\$123,899.00	100%	\$1,447.00	\$0.00	\$123,899.00	\$0.00	0%	\$119,391.00	\$4,508.00	\$0.00
0610	Custom Casework													
2000	Great Flooring	\$66,000.00	-\$25,663.00	\$2,000.00	\$42,337.00	100%	\$0.00	\$0.00	\$42,337.00	\$0.00	0%	\$42,337.00	\$0.00	\$0.00
0500	Flooring													
1000	Unifab Medical Equipment Supply	\$9,400.00	\$0.00	\$0.00	\$9,400.00	100%	\$0.00	\$0.00	\$9,400.00	\$0.00	0%	\$9,400.00	\$0.00	\$0.00
1010	Medical Equipment													
1010	Carney and Co. Fire Exting. Cabinet Curtain/Tracks, Marker Boards, Toilet	\$17,850.00	\$3,235.00	\$225.00	\$21,310.00	100%	\$2,400.00	\$0.00	\$21,310.00	\$0.00	0%	\$18,910.00	\$2,400.00	\$0.00
1000	Buildings United Lockers	\$11,800.00	\$0.00	\$0.00	\$11,800.00	100%	\$0.00	\$0.00	\$11,800.00	\$0.00	0%	\$11,800.00	\$0.00	\$0.00
1200	Inspector Mini Blines	\$2,300.00	\$0.00	\$0.00	\$2,300.00	100%	\$0.00	\$0.00	\$2,300.00	\$0.00	0%	\$2,300.00	\$0.00	\$0.00
1200	InPro Wall Protection	\$13,900.00	\$1,340.00	-\$109.00	\$15,131.00	100%	\$0.00	\$0.00	\$15,131.00	\$0.00	0%	\$15,131.00	\$0.00	\$0.00

FINAL WAIVER OF LIEN

STATE OF: ILLINOIS

Gly # _____

COUNTY OF: LAKE

Loan # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by Hawthorne Place Outpatient Surgical Center, L. P.
 to furnish GENERAL CONTRACTING
 for the premises known as HAWTHORN PLACE OUTPATIENT SURGERY CENTER TENANT IMPROVEMENTS
 of which HAWTHORNE PLACE OUTPATIENT SURGICAL CENTER, L. P. is the owner.

THE undersigned, for and in consideration of TWENTY FOUR THOUSAND ONE HUNDRED FORTY EIGHT DOLLARS AND NO CENTS
\$24,148.00 Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es)
 hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect
 to and on said above - described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the
 moneys, funds or other considerations due or to become due from the owner, on account of labor services, material, fixtures, apparatus or machinery,
 heretofore furnished, or which may be furnished at any time hereafter, by the undersigned for the above-described premises, INCLUDING EXTRAS*.

DATE: 9-24-14

COMPANY NAME: W.E. O'Neil Construction Company

ADDRESS: 1245 W. Washington Blvd., Chicago, IL 60607

SIGNATURE AND TITLE: *J Russell*

TYPE OUT NAME & TITLE: John Russell- President

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

CONTRACTOR'S AFFIDAVIT

STATE OF: ILLINOIS

COUNTY OF: LAKE

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is John Russell
President of the W.E. O'Neil Construction
 who is the contractor for the GENERAL CONTRACTING work on the
 building located at 240 CENTER DRIVE, VERNON HILLS, IL 60061
 owned by HAWTHORNE PLACE OUTPATIENT SURGICAL CENTER, L. P.

That the total amount of the contract including extras * is \$2,602,518.00 on which he has received payment of
\$2,578,370.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that
 there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material
 or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the
 construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said
 work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT	AMOUNT	THIS	BALANCE
		PRICE	PAID	PAYMENT	DUE
W.E. O'Neil Construction	GC	\$2,602,518.00	\$2,578,370.00	\$24,148.00	\$0.00
SUB-SUBCONTRACTORS / SUPPLIERS:					
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTAL LABOR AND MATERIAL INCLUDING EXTRAS * TO COMPLETE		\$2,602,518.00	\$2,578,370.00	\$24,148.00	\$0.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work
 of any kind done or to be done upon or in connection with said work other than above stated.

Signed this 29th day of September, 2014

Signature: *J Russell*

Subscribed and sworn to before me this 24th day of September, 2014

* EXTRAS INCLUDE BUT ARE NOT LIMITED TO CHANGE ORDERS, BOTH ORAL AND WRITTEN, TO THE CONTRACT.

Signature: *Claire Stephens*
 Notary



DISPLAY THIS PART IN A
CONSPICUOUS PLACE



**Illinois Department of
PUBLIC HEALTH** HF105357

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LaMar Hasbrouck, MD, MPH

Issued under the authority of
the Illinois Department of
Public Health.

Acting Director

EXPIRATION DATE	CATEGORY	I.D. NUMBER
3/24/2015		7003188
Ambulatory Surgery Treatment Center		
Effective: 03/25/2014		

**Hawthorn Place Outpatient Surgery Center LP
240 Center Drive
Vernon Hills, IL 60061**

Exp. Date 3/24/2015

Lic Number 7003188

Date Printed 3/21/2014

Validation Num 42166

Hawthorn Place Outpatient Surgery Ce

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

FEE RECEIPT NO.

Odell Hicks & Company LLC
Certified Public Accountants

Hawthorn Place Outpatient Surgery Center, LP
Illinois Health Facilities and Services Review Board
Hawthorn Surgery Center
IHFSRB Project #12-041
Project Costs Report
For the Period September 11, 2012 to April 16, 2014
(With Independent Auditor's Report Thereon)

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Hawthorn Place Outpatient Surgery Center, LP and the Illinois Health Facilities and Services Review Board:

We have audited the accompanying Project Costs Report of Hawthorn Place Outpatient Surgery Center, LP which comprise the project costs for the period from September 11, 2012 to April 16, 2014 and the related notes (Report).

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.

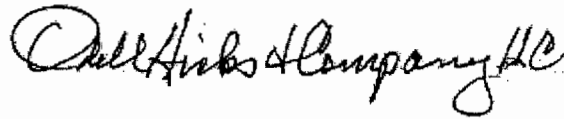
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 Hawthorn Place Outpatient Surgery Center, LP's financial position in conformity with accounting principles generally accepted in the United States of America.

Odell Hicks & Company LLC
Certified Public Accountants

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 Hawthorn Place Outpatient Surgery Center, LP as of April 16, 2014 and for the period from September 11, 2012 to April 16, 2014.



Odell Hicks & Company LLC

Chicago, Illinois
September 29, 2014

HAWTHORN PLACE OUTPATIENT SURGERY CENTER, LP

Illinois Health Facilities and Services Review Board

Hawthorn Surgery Center

IHF SRB Project #12-041

Project Costs Report

Period from September 11, 2012 to April 16, 2014

	Clinical/Reviewable			Non-clinical/Non-reviewable			Total		
	CON Permit	Final Funds Expended	Difference	CON Permit	Final Funds Expended	Difference	CON Permit	Final Funds Expended	Difference
Costs									
Preplanning Costs	\$ 49,770	\$ 26,206	\$ 23,564	\$ 20,230	\$ 30,501	\$ (10,271)	\$ 70,000	\$ 56,707	\$ 13,293
New Construction Contracts	2,165,755	1,939,598	226,157	880,314	3,032,846	(2,152,532)	3,046,069	4,972,444	(1,926,375)
Contingencies	215,509	-	215,509	87,598	-	87,598	303,107	-	303,107
Architectural/Engineering Fees	145,755	153,700	(7,945)	59,245	95,000	(35,755)	205,000	248,700	(43,700)
Consulting and Other Fees	298,125	154,041	144,084	63,568	32,000	31,568	361,693	186,041	175,652
Movable or Other Equipment	1,178,290	1,764,252	(585,962)	478,939	-	478,939	1,657,229	1,764,252	(107,023)
Fair Market Value of Leased Space	1,925,829	-	1,925,829	1,761,448	-	1,761,448	3,687,277	-	3,687,277
Other Costs to be Capitalized	566,646	-	566,646	197,806	-	197,806	764,452	-	764,452
Total Construction Related	\$ 6,545,679	\$ 4,037,797	\$ 2,507,882	\$ 3,549,148	\$ 3,190,347	\$ 358,801	\$ 10,094,827	\$ 7,228,144	\$ 2,866,683
Net Interest Expense During Construction	130,738	15,382	115,356	53,141	12,086	41,055	183,879	27,468	156,411
Total Finance Related	130,738	15,382	115,356	53,141	12,086	41,055	183,879	27,468	156,411
Total Project Costs	\$ 6,676,417	\$ 4,053,179	\$ 2,623,238	\$ 3,602,289	\$ 3,202,433	\$ 399,856	\$ 10,278,706	\$ 7,255,612	\$ 3,023,094
Source of Funds									
Cash and Securities	\$ 1,236,573	\$ 904,088	\$ 332,485	\$ 666,518	\$ 728,148	\$ (61,630)	\$ 1,903,091	\$ 1,632,236	\$ 270,855
Mortgages	3,156,416	1,842,918	1,313,498	1,028,970	1,448,007	(419,037)	4,185,386	3,290,925	894,461
Leases (Fair Market Value)	1,925,829	-	1,925,829	1,761,448	-	1,761,448	3,687,277	-	3,687,277
Other Funds and Sources	357,599	1,306,173	(948,574)	145,353	1,026,278	(880,925)	502,952	2,332,451	(1,829,499)
	\$ 6,676,417	\$ 4,053,179	\$ 2,623,238	\$ 3,602,289	\$ 3,202,433	\$ 399,856	\$ 10,278,706	\$ 7,255,612	\$ 3,023,094

HAWTHORN PLACE OUTPATIENT SURGERY CENTER, LP

Illinois Health Facilities and Services Review Board
Hawthorn Surgery Center
IHFSRB Project #12-041
Project Costs Report

Period from September 11, 2012 to April 16, 2014

NOTE 1 – DESCRIPTION OF PROJECT

On September 11, 2012, the Illinois Health Facilities and Services Review Board (IHFSRB) approved the application for permit for Hawthorn Place Outpatient Surgery Center, LP and Surgical Care Affiliates, LLC to discontinue a multi-specialty Ambulatory Surgical Treatment Center (ASTC) located in Libertyville, Illinois and establish a multi-specialty ASTC located in Vernon Hills, Illinois.

Preliminary and preplanning costs began incurring on September 11, 2012. General construction work for the project was initiated on March 7, 2013, with the execution of a contract for construction. The Certificate of Need (CON) approved total cost for the project was \$10,278,706. The actual total cost of the project was \$7,255,612, \$3,023,094 less than budgeted.