

St. Mary's Good Samaritan

co-sponsored by Felician Services & SSM Health Care

June 18, 2013

Mr. Dale Galassie
Chairperson
Illinois Health Facilities & Services Review Board (IHFSRB)
525 W. Jefferson Street, 2nd Floor
Springfield, IL 62761

RECEIVED

JUN 24 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

RE: Report of Final Realized Costs
IHFSRB Project #08-050
Mt. Vernon Physicians, LLC - Medical Office Building

Dear Mr. Galassie:

In accordance with 77 Illinois Administrative Code 1130.770 subchapter b., Good Samaritan Regional Health Center is notifying IHFSRB of its final costs for Project #08-050 for the Medical Office Building (MOB). The Project costs and sources are summarized on page 5 in the attached Project audit prepared by Kerber, Eck, and Braeckel, LLP, a certified public accounting firm. The Project total cost of \$43,053,428 is below the permit amount of \$43,458,347. Also attached is the final Application and Certification for Payment (AIA Form G-702) for the construction contract.

Good Samaritan Regional Health Center certifies that the costs detailed are those which have been or will be submitted for reimbursement under Title XVIII and XIX of the Social Security Act. We further certify that these are the final total realized costs required to complete the Project and that there are no additional or associated costs or capital expenditures related to the Project which will be submitted for reimbursement under Title XVIII and XIX. This Project complies with all terms of the permit with regards to project cost, square footage, services, and other pertinent aspects.

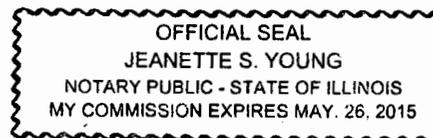
I, the undersigned, am an officer of Good Samaritan Regional Health Center, the permit holder.

Sincerely,



Michael Warren, FACHE
President, Good Samaritan Regional Health Center

Subscribed and sworn to me this 18th day of June, 2013.



Notary Public: 
Jeanette S. Young, Jefferson County, Illinois
Commission expires: May 26, 2015

1 Good Samaritan Way
Mt. Vernon, IL 62864
618.242.4600

www.smsgsi.com



Application For Payment

Application No: 20
 Period To: 11/30/2012
 Project No: 003747.000
 Contract Date: 02/11/2011

To Owner: Mount Vernon Physicians LLC c/o Frauenshuh
 From Contractor: McCarthy Building Companies, Inc.
 Contract For: 4-Story, 140,000, \$14.4 million medical office building shell and core.
 Project: Med Office Bldg-Good Samaritan
 Via Architect: BSA Life Structures

Application For Payment Summary

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

- 1. ORIGINAL CONTRACT SUM 14,466,900.00
- 2. Net Change by Change Orders -575,612.00
- 3. CONTRACT SUM TO DATE (Line 1 + 2) 13,891,288.00
- 4. TOTAL COMPLETED & STORED TO DATE 13,891,288.00

5. RETAINAGE

- a. .00 % of Completed Work 0.00
 - b. .00 % of Stored Material 0.00
- Total Retainage (Lines 5a+5b or Total in Cont. Sheet) 0.00

6. TOTAL EARNED LESS RETAINAGE

(Line 4 Less Line 5 Total) 13,891,288.00

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT

(Line 6 from Prior Certificate) 13,865,405.87

8. CURRENT PAYMENT DUE

25,882.13

9. BALANCE TO FINISH, INCLUDING RETAINAGE

0.00

Change Order Summary

	Additions	Deductions
Total changes in previous applications	82,629.60	165,289.03
Total approved this application	0.00	492,952.57
Totals	82,629.60	658,241.60

Net Changes by Change Order

-575,612.00

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 which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor: Paul D. Posa Date: 11/29/12
 By: _____
 State of: Illinois
 County of: Jefferson
 Subscribed and sworn to (or affirmed) before me on this 25 day of November 2012, by Paul D. Posa, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
 Notary Public: [Signature]
 My Commission Expires: July 19, 2013



Architect's Certificate For Payment

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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: \$ 25,882.13

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

Architect: BSA Life Structures

By: [Signature] Date: 11/30/12

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's Approval For Payment

By: _____ Date: _____

(PAGE 1 OF 2)



Application For Payment

Application No: 15 FINAL
 Period To: 01/31/2013
 Project No: 003776.000
 Contract Date: 11/21/2011

Project: Good Sam Tenant Improvements
 Via Architect: BSA LifeStructures

To Owner: St Mary'S Good Samaritan
 From Contractor: McCarthy Building Companies, Inc.
 Contract For: 70,000-SF fit-out of the Good Samaritan MOB.

Application For Payment Summary

- Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.
- 1. ORIGINAL CONTRACT SUM 9,877,681.00
 - 2. Net Change by Change Orders 6,440,018.35
 - 3. CONTRACT SUM TO DATE (Line 1 + 2) 16,317,699.35
 - 4. TOTAL COMPLETED & STORED TO DATE 16,317,699.35

- 5. RETAINAGE
 - a. .00 % of Completed Work 0.00
 - b. .00 % of Stored Material 0.00
- Total Retainage (Lines 5a+5b or Total in Cont. Sheet) 0.00
- 6. TOTAL EARNED LESS RETAINAGE 16,317,699.35
- (Line 4 Less Line 5 Total) 14,198,607.99
- 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT 2,119,091.36
- (Line 6 from Prior Certificate)
- 8. CURRENT PAYMENT DUE 0.00
- 9. BALANCE TO FINISH, INCLUDING RETAINAGE 0.00
- (Line 3 Less Line 6)

Change Order Summary	Additions	Deductions
Total changes in previous applications	6,801,591.45	369,448.40
Total approved this application	134,115.26	126,239.96
Totals	6,935,706.71	495,688.36
Net Changes by Change Order	6,440,018.35	

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 which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Contractor: BSA LifeStructures Date: 2/4/13
 By: [Signature]
 State of: Illinois

County of: Jefferson
 Subscribed and sworn to (or affirmed) before me on this 4 day of February
 2013, by [Signature], personally known to me or proved to me on the basis
 of satisfactory evidence to be the person(s) who appeared before me.

Notary Public: [Signature]
 My Commission Expires: July 19, 2013

"OFFICIAL SEAL"
 KELLY J. KIRN
 NOTARY PUBLIC STATE OF ILLINOIS
 JEFFERSON COUNTY
 MY COMMISSION EXPIRES JULY 19, 2013

Architect's Certificate For Payment

In accordance with the Contract Documents, based on on-site observations and the data comprising this 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: \$ 2,119,091.36

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

Architect: BSA LifeStructures U **Marshall Eadie**
 By: [Signature] Date: 03.02.05 13:38:56 -05'00'

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.

Digitally signed by Marshall Eadie
 DN: cn=Marshall Eadie, o=BSA LifeStructures,
 ou=email=eadie@bsalifestructures.com,
 c=US
 Date: 03.02.05 13:38:56 -05'00'

(PAGE 1 OF 2)

GOOD SAMARITAN REGIONAL HEALTH CENTER

d/b/a GOOD SAMARITAN REGIONAL HEALTH CENTER, MT. VERNON PHYSICIANS, LLC,
SSM HEALTH CARE CORPORATION AND SSM REGIONAL HEALTH SERVICES

HEALTH FACILITIES AND SERVICES
REVIEW BOARD (HFSRB)
HFSRB PROJECT #08-050
SCHEDULE OF PROJECT COSTS AND
SOURCES OF FUNDS

For the Period January 28, 2009 to June 11, 2013



GOOD SAMARITAN REGIONAL HEALTH CENTER
d/b/a GOOD SAMARITAN REGIONAL HEALTH CENTER, MT. VERNON PHYSICIANS, LLC,
SSM HEALTH CARE CORPORATION AND SSM REGIONAL HEALTH SERVICES

HEALTH FACILITIES AND SERVICES REVIEW BOARD
GOOD SAMARITAN REGIONAL HEALTH CENTER PROJECT
HFSRB PROJECT #08-050
SCHEDULE OF PROJECT COSTS AND SOURCES OF FUNDS
For the period from January 28, 2009 to June 11, 2013

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Kerber, Eck & Braeckel LLP

CPAs and
Management Consultants
1116 W. Main Street
Carbondale, IL 62901-2335
ph 618.529.1040
fax 618.549.2311
www.kebcpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Good Samaritan Regional Health
Center and to the State of Illinois'
Health Facilities and Planning Board

We have audited the accompanying schedule of Project Costs and Sources of Funds of Good Samaritan Regional Health Center d/b/a Good Samaritan Regional Health Center, Mt. Vernon Physicians, LLC, SSM Health Care Corporation and SSM Regional Health Services related to the Health Facilities and Services Review Board ("HFSRB") Project #08-050 for the period from January 28, 2009 through June 11, 2013 (Schedule), and the related note.

Management is responsible for the preparation and fair presentation of this schedule in accordance with accounting principles generally accepted in the United States of America: this included the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the schedule that is free from material misstatement, whether due to fraud or error.

Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit 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 Schedule is free of material misstatement.

An audit includes examining, on a test basis, evidence supporting the amounts on the Schedule. An audit also involves performing procedures to obtain audit evidence about the amounts and disclosures in the schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the schedule 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 Schedule.

The accompanying Schedule was prepared to present the project costs of funds for the purpose of complying with the terms of the Health Facilities and Services Review Board permit as described in Note 1 and is not intended to be a complete presentation of Good Samaritan Regional Health Center's financial position.

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

In our opinion, the Schedule referred to above presents fairly, in all material respects and in accordance with the aforementioned guidelines, the project costs and sources of funds of Mount Vernon Physicians, LLC for the period from January 28, 2009 through June 11, 2013, in conformity with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the management of Good Samaritan Regional Health Center and the state of Illinois, and is not intended to be and should not be used by anyone other than these specified parties.

Kerber, Eck & Braechel LLP

Carbondale, Illinois
June 13, 2013

GOOD SAMARITAN REGIONAL HEALTH CENTER
d/b/a GOOD SAMARITAN REGIONAL HEALTH CENTER, MT. VERNON PHYSICIANS, LLC,
SSM HEALTH CARE CORPORATION AND SSM REGIONAL HEALTH SERVICES

HEALTH FACILITIES AND SERVICES REVIEW BOARD
GOOD SAMARITAN REGIONAL HEALTH CENTER PROJECT
HFSRB PROJECT #08-050
SCHEDULE OF PROJECT COSTS AND SOURCES OF FUNDS
For the period from January 28, 2009 to June 11, 2013

Cost	Project Cost		
	Approved Permit Amount	Actual Funds Expended	Variance
Preplanning Costs	\$ 35,000	\$ 10,854	\$ 24,146
Site Survey and Soil Investigation	29,000	29,045	(45)
Site Preparation	765,000	-	765,000
Off Site Work - Demolition	-	-	-
New Construction Contracts	30,303,939	35,890,774	(5,586,835)
Builder's Risk	-	-	-
Contingencies	2,675,535	81,920	2,593,615
Contingencies - Construction	-	-	-
Contingencies - Owner	-	-	-
Architects/Engineering Fees	1,890,948	1,780,468	110,480
Consulting and Other Fees	2,077,131	1,323,815	753,316
Movable/Other Equipment	3,629,500	2,442,993	1,186,507
Bond Issuance Expense (Project Related)	-	-	-
Net Interest Expense During Construction (Project Related)	1,909,771	1,134,278	775,493
Fair Market Value of Leased Space or Equipment	-	-	-
Other Costs to be Capitalized	142,523	67,118	75,405
Acquisition of Building or Other Property (Excluding Land)	-	-	-
Total Construction Related	<u>43,458,347</u>	<u>42,761,265</u>	<u>697,082</u>
Net Interest Expense During Construction	-	292,163	(292,163)
Total Finance Related	<u>-</u>	<u>292,163</u>	<u>(292,163)</u>
Total Assets	<u>\$ 43,458,347</u>	<u>\$ 43,053,428</u>	<u>\$ 404,919</u>
		Sources of Funds	
	Approved CON Amount	Actual Funds Spent	Variance
Cash and Securities	\$ 14,474,527	\$ 17,247,066	\$ (2,772,539)
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (Project Related)	-	-	-
Mortgages/Loans	28,983,820	25,806,362	3,177,458
Leases (Fair Market Value)	-	-	-
Government Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
Total Funds	<u>\$ 43,458,347</u>	<u>\$ 43,053,428</u>	<u>\$ 404,919</u>

See note to schedule of project costs and sources of funds

GOOD SAMARITAN REGIONAL HEALTH CENTER
NOTES TO SCHEDULE OF PROJECT COSTS AND SOURCES OF FUNDS

Period January 28, 2009 to June 11, 2013

NOTE 1 - DESCRIPTION OF PROJECT

Mount Vernon Physicians, LLC was issued a permit for the construction of a Medical Office Building (MOB) on property leased from Good Samaritan Regional Health Center under the Illinois's Health Facilities and Services Review Board (HFSRB) Project #08-050. The MOB will consist of five floors with a total of 141,139 gross square feet. Work on the project was started January 2009. The project was approved by the HFSRB at an estimated cost of \$43,458,347. Final project costs totaled \$43,053,428. The Schedule has been prepared in conformity with accounting principles generally accepted in the United States of America.

