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SEP 24 2014

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

SwedishAmerican Hospital  
SwedishAmerican  
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Medical Group/Davis Junction  
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Medical Group/Five Points  
SwedishAmerican  
Medical Group/Midtown  
SwedishAmerican  
Medical Group/Northwest  
SwedishAmerican  
Medical Group/Roscoe  
SwedishAmerican  
Medical Group/Valley  
SwedishAmerican  
Medical Group/Woodside  
SwedishAmerican  
Camelot OB/GYN  
SwedishAmerican  
Camelot Pediatrics  
SwedishAmerican  
Breast Health Center  
SwedishAmerican  
Health Alliance  
SwedishAmerican Health  
Management Corporation  
SwedishAmerican  
Home Health Care  
SwedishAmerican  
Immediate Care  
SwedishAmerican  
Infusion Services/DME  
SwedishAmerican  
Medical Foundation  
SwedishAmerican MSO  
SwedishAmerican Realty  
Greater Rockford  
Hematology/Oncology  
Center  
Midwest Center For Health  
And Healing  
Medical Arts Center  
Medworks  
Northern Illinois  
Health Care Network  
Northern Illinois  
Surgery Center

September 15, 2014

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

RE: Permit #12-013, SwedishAmerican Regional Cancer Center-Rockford, IL  
Report of Final Realized Project Costs

Dear Ms. Avery:

This letter is being submitted as notification that the above references project was completed as of June 30, 2014. This letter provides the supporting documentation regarding the project closure and final realized project costs in accordance with the State Board's regulations under 77111. Adm. Code 1130.770

The project was granted a CON permit on April 17, 2012, for the construction of a free-standing comprehensive cancer treatment center in Rockford, IL. at an approved project cost of \$38,643,937.

- 1. Itemization of all project costs;**  
The project's final realized cost is \$36,805,722, as shown in the detail on the attached page, itemizing all of the project costs by category as required.
- 2. Itemization of those costs that have been or will be submitted for reimbursement under Titles XVIII and XIX;**  
(Medicare/Medicaid of the Social Security Act)  
  
We will be submitting all of the project cost reported herein for reimbursement under Titles XVIII and XIX.
- 3. Certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX;**

The final realized project costs reported herein are the total costs required to complete this project. There are no additional or associated costs or capital expenditure related to the project which will be submitted for reimbursement under Title XVIII or XIX.

- 4. Certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of this Section must be in the form of a notarized statement signed by an authorized representative of the permit holder;**

See enclosed letter

- 5. The final Application and Certification for Payment for the construction contract, as per the American Institute of Architects form G702 or equivalent;**

A copy of the form G702 is enclosed

- 6. For permits with a project cost equal to or greater than three times the capital expenditure minimum in place at the time of permit approval, an audited financial report of all project costs and sources of funds.**

Because the permit amount of \$38,643,937 is greater than three times the capital expenditure minimum, an audited financial report is enclosed.

Please feel free to contact Thomas Myers, Vice President of Strategy at 779-696-4727 or myself with any questions regarding this matter.

Sincerely,



William R. Gorski, M.D.

**SWEDISHAMERICAN**  
**HEALTH SYSTEM**



Winner Of The Lincoln Award For Excellence

WILLIAM R. GORSKI, M.D.  
PRESIDENT AND CHIEF EXECUTIVE OFFICER

SwedishAmerican Hospital  
SwedishAmerican  
Medical Group/Belvidere  
SwedishAmerican  
Medical Group/Brookside  
SwedishAmerican  
Medical Group/Byron  
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Medical Group/Davis Junction  
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Medical Group/Roscoe  
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SwedishAmerican  
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SwedishAmerican  
Health Alliance  
SwedishAmerican Health  
Management Corporation  
SwedishAmerican  
Home Health Care  
SwedishAmerican  
Immediate Care  
SwedishAmerican  
Infusion Services/DME  
SwedishAmerican  
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Greater Rockford  
Hematology/Oncology  
Center  
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And Healing  
Medical Arts Center  
Medworks  
Northern Illinois  
Health Care Network  
Northern Illinois  
Surgery Center

September 15, 2014

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

RE: Permit #12-013, SwedishAmerican Regional Cancer Center-Rockford, IL  
Report of Final Realized Project Costs

Dear Ms. Avery:

This certified letter fulfills the requirement to attest compliance with the requirements of Section 1130.770. The project is in compliance with all terms of the permit, including project cost, square footage, and services. The final realized project costs reported herein are the total costs required to complete this project. There are no additional or associated costs or capital expenditure related to the project which will be submitted for reimbursement under title XVIII or XIX.

Sincerely,

William R. Gorski, MD



Permit #12-013-SwedishAmerican Regional Cancer Center  
 Final Report

**Summary of Project Costs**

	<b>Permit Approval</b>	<b>Spent to Date thru 6/30/14</b>
<b>Use of Funds</b>		
Preplanning Costs	\$ 265,000	\$ 265,000
Site Survey and Soil Investigation	\$ 17,500	\$ 8,887
Site Preparation	\$ 1,200,000	\$ 1,380,713
Offsite Work	\$ -	\$ -
New Construction Contracts	\$ 22,166,908	\$ 22,022,936
Modernization Contracts	\$ -	\$ -
Contingencies	\$ 2,215,591	\$ -
Architectural/Engineering Fees	\$ 1,835,000	\$ 1,721,800
Consulting and Other Fees	\$ 650,000	\$ 460,544
Moveable and Other Equipment	\$ 7,537,000	\$ 8,130,397
Bond Issuance Expense	\$ 827,600	\$ 635,680
Net Interest Expense During Construction Period	\$ 1,629,338	\$ 1,991,852
FMV of leased space or equipment	\$ -	\$ -
Other costs to be capitalized	\$ 300,000	\$ 187,915
Acquisition of Building or other property (excluding land)	\$ -	\$ -
<b>Total Uses</b>	<b>\$ 38,643,937</b>	<b>\$ 36,805,722</b>
<b>Source of Funds</b>		
Cash and securities	\$ -	\$ -
Pledges	\$ -	\$ -
Gifts and Bequests	\$ -	\$ -
Bond Issues	\$ 38,643,937	\$ 36,805,722
Mortgages	\$ -	\$ -
Leases (FMV)	\$ -	\$ -
Government Appropriations	\$ -	\$ -
Grants	\$ -	\$ -
Other Funds and Sources	\$ -	\$ -
<b>Total Sources of Funds</b>	<b>\$ 38,643,937</b>	<b>\$ 36,805,722</b>

**FINAL WAIVER OF LIEN**

STATE OF ILLINOIS

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Escrow # \_\_\_\_\_

COUNTY OF BOONE

TO WHOM IT MAY CONCERN:

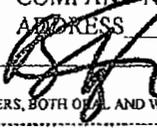
WHEREAS the undersigned has been employed by SWEDISH AMERICAN HOSPITAL to furnish LABOR AND/OR MATERIALS AND/OR EQUIPMENT AND/OR CONSTRUCTION MANAGEMENT for the premises known as SWEDISH AMERICAN REGIONAL CANCER CENTER, ROCKFORD, IL which SWEDISH AMERICAN HOSPITAL is the owner. THE undersigned, for and in consideration of FORTY-FOUR THOUSAND TWO HUNDRED FORTY-FIVE AND 00/100\*\*\*\*\*(\$44,245.00) 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 12/31/2013

COMPANY NAME RINGLAND-JOHNSON, INC.

ADDRESS 1725 HUNTWOOD DRIVE CHERRY VALLEY IL

SIGNATURE AND TITLE

 PRESIDENT/CEO

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

**CONTRACTOR'S AFFIDAVIT**

STATE OF ILLINOIS

}ss

COUNTY OF BOONE

TO WHOM IT MAY CONCERN:

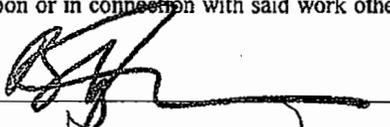
THE UNDERSIGNED, BRENT B. JOHNSON BEING DULY SWORN, DEPOSES AND SAYS THAT HE OR SHE IS PRESIDENT/CEO OF RINGLAND-JOHNSON, INC. WHO IS THE CONTRACTOR FURNISHING CONSTRUCTION MANAGEMENT, LABOR AND/OR MATERIALS AND/OR EQUIPMENT FOR GENERAL CONSTRUCTION SERVICES WORK ON THE BUILDING LOCATED AT 3535 N. BELL SCHOOL ROAD ROCKFORD, ILLINOIS OWNED BY SWEDISH AMERICAN HOSPITAL. That the total amount of the contract including extras\* is \$ 23,843,081.00 on which he or she has received payment of \$ 23,798,836.00 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 defect the validity of said waivers. That the following are the names and addresses 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:

NAME AND ADDRESSES	WHAT FOR	CONTRACT PRICE INCLD'G EXTRAS*	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
Total labor and material to complete					

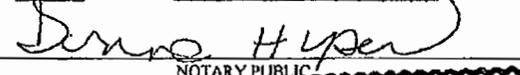
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

DATED 12/31/2013

SIGNATURE



SUBSCRIBED AND SWORN TO BEFORE ME THIS 31 DAY OF December, 2013.



NOTARY PUBLIC

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

**OFFICIAL SEAL**  
**DONNA HYSER**  
Notary Public, State of Illinois  
My Commission Expires 08/01/17

**APPLICATION AND CERTIFICATION FOR PAYMENT**

*AIA DOCUMENT G702*

To: Swedish American Hospital  
1301 E. State Street  
Rockford, IL 61104

PROJECT: Regional Cancer Center  
Bell School Road  
Rockford, IL 61107

APPLICATION NO: 20  
PERIOD TO: 12/31/2013

FROM: RINGLAND-JOHNSON, INC.  
R-J JOB No.: 212-065  
R-J INVOICE NO: 212065-20

AIA: Saavedra Gehlhausen Architects  
504 N. Church Street  
Rockford, IL 61107

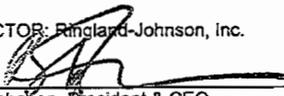
PROJECT NO. COO57319  
COST CENTER: 60.1890.11103  
CONTRACT DATE: 4/18/2012

**CONTRACTOR'S APPLICATION FOR PAYMENT**

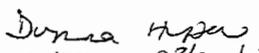
Continuation Sheet, AIA Document G703, is attached.

- 1. GUARANTEED MAXIMUM PRICE "GMP"..... S 24,088,000
- 2. NET CHANGE BY CHANGE ORDERS..... S (244,919)
- 3. GUARANTEED MAXIMUM PRICE..... S 23,843,081
- 4. TOTAL COMPLETED & STORED TO DATE..... S 23,843,081
- 5. RETAINAGE  
Total Retainage..... S -
- 6. TOTAL EARNED LESS RETAINAGE..... S 23,843,081
- 7. LESS PREVIOUS CERTIFICATES FOR  
PAYMENT ..... S 23,798,836
- 8. CURRENT PAYMENT DUE..... S 44,245
- 9. BALANCE TO FINISH PLUS RETAINAGE..... S -

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: Ringland-Johnson, Inc.  
By:  Date: 12/31/2013  
Brent B. Johnson, President & CEO

State of Illinois County of Boone  
Subscribed and sworn to before me this 31st day of December 2013

Notary Public  My Commission expires: 08/01/17

**OFFICIAL SEAL**  
DONNA HYSER  
Notary Public, State of Illinois  
My Commission Expires 08/01/17

**OWNER'S CERTIFICATE FOR PAYMENT**  
In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Owner certifies that to the best of the Owner'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 ..... S 44,245.42  
(Attach explanation if amount certified differs from the amount applied for.)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner		
Unused Contingency Allowance		\$ (244,919.00)
<b>TOTALS</b>	\$ -	\$ (244,919.00)
NET CHANGES by Change Order		\$ (244,919.00)

OWNER:  
By: \_\_\_\_\_ Date: 12/31/13  
Glenn Evans, Director Facility Planning, Design, & Construction

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.



Swedish Am Regional Cancer Center

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMP. & STORED TO DATE (D + E + F)	H % (G / C)	I BALANCE TO FINISH (C - G)	J RETAINAGE 0% 0% *
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD					
47	Architectural Metals, LLC	104,609	104,609	0		104,609	100%	0	0
48									
49	<u>Bid Package 9 Rough Carpentry</u>								
50	Ringland Johnson Construction	338,785	338,785	0		338,785	100%	0	0
51									
52	<u>Bid Package 10 Finish Carpentry Installation</u>								
53	Ringland Johnson Construction	755,236	755,236	0		755,236	100%	0	0
54									
55	<u>Bid Package 11 Doors &amp; Hardware Installation</u>								
56	Ringland Johnson Construction	182,819	182,819	0		182,819	100%	0	0
57									
58	<u>Bid Package 12 General Trades</u>								
59	Ringland Johnson Construction	325,309	323,308	2,001		325,309	100%	0	0
60									
61	<u>Bid Package 13 Casework</u>								
62	Techline	878,267	877,599	668		878,267	100%	0	0
63									
64	<u>Bid Package 14 Insulation</u>								
65	City Wide Insulation	179,730	179,730	0		179,730	100%	0	0
66									
67	<u>Bid Package 15 Fluid Applied Air &amp; Vapor Barrier</u>								
68	Executive Plastering	57,650	57,650	0		57,650	100%	0	0
69									
70	<u>Bid Package 16 Below Grade Waterproofing</u>								
71	McDermaid Roofing & Insulation	5,980	5,980	0		5,980	100%	0	0
72									
73	<u>Bid Package 17 Roofing</u>								
74	Sterling Commercial Roofing	390,855	389,615	1,240		390,855	100%	0	0
75									
76	<u>Bid Package 18 Standing Seam Roof/Sheet Metal</u>								
77	Nesterowicz	345,663	345,663	0		345,663	100%	0	0
78									
79	<u>Bid Package 19 Joint Sealants</u>								
80	Triumph Restoration	17,730	17,730	0		17,730	100%	0	0
81									
82	<u>Bid Package 20 Doors Frames &amp; Hardware</u>								
83	Block Iron	244,225	226,741	17,484		244,225	100%	0	0
84									
85	<u>Bid Package 21 Specialty Doors</u>								
86	Lin-Acc Door - NELCO	210,034	210,034	0		210,034	100%	0	0
87	Sliding Grille - Raynor	8,930	8,930	0		8,930	100%	0	0
88	Fire Accordion Door - Won Door Corp	26,989	26,989	0		26,989	100%	0	0
89									
90	<u>Bid Package 22 Glass &amp; Glazing</u>								
91	Glazing - Rock Valley Glass	1,968,472	1,968,472	0		1,968,472	100%	0	0
92	above includes CO#4 Change lobby rail glass thickness(568,700)								
93	ICU Doors - Tee Jay Service	76,000	76,000	0		76,000	100%	0	0
94									
95	<u>Bid Package 23 Automatic Entrances</u>								
96	Besam	21,930	21,930	0		21,930	100%	0	0
97									
98	<u>Bid Package 24 Metal Studs &amp; Drywall</u>								
99	The Rockwell Group	1,169,229	1,169,229	0		1,169,229	100%	0	0



Swedish Am Regional Cancer Center

ITEM NO.	DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C - G)	I RETAINAGE
			FROM PREVIOUS APPLICATION (D + E)	THIS PERIOD		TOTAL COMP. & STORED TO DATE (D + E + F)	% (G / C)		
153	Bridge	12,000	12,000	0		12,000	100%	0	0
154									
155	<u>Bid Package 46 Healing Garden Masonry</u>								
156	Ringland Johnson (transferred)	0	0	0		0	0%	0	0
157									
158	<u>Bid Package 47 Resin Panels</u>								
159	Ringland Johnson Construction	62,518	62,518	0		62,518	100%	0	0
160									
161	<u>Bid Package 48 Unistrut</u>								
162	Unistrut	30,480	30,480	0		30,480	100%	0	0
163									
164	<u>Bid Package 49 Site Furniture</u>								
165	Ringland Johnson Construction	46,130	46,130	0		46,130	100%	0	0
166	<u>Bid Package 50 Signs Now</u>								
167	<u>Projected Expenditures</u>								
168	Art Allowance	0	0	0		0	0%	0	0
169	Concrete Moisture Remediation	0	0	0		0	0%	0	0
170	Dehumidification in Summer	40,000	40,000	0		40,000	100%	0	0
171	Exterior Signage Allowance(transferred)	0	0	0		0	0%	0	0
172	Interior Signage =CorPro	43,529	43,529	0		43,529	100%	0	0
173	Temp Heat in Winter	58,533	58,533	0		58,533	100%	0	0
174	PLAM Wood Walls (transferred)	0	0	0		0	0%	0	0
175									
176	<u>Government/Utility</u>								
177	Water Connection Fees	24,589	24,589	0		24,589	100%	0	0
178	Sanitary Connection Fees	13,737	13,737	0		13,737	100%	0	0
179	Electrical Service Fees-CcmEd	3,314	3,314	0		3,314	100%	0	0
180									
181									
182									
183									
184	Contingency Allowance	244,919	0	0		0	0%	244,919	0
	Unused Contingency Allowance	(244,919)						(244,919)	
	<b>GUARANTEED MAX. PRICE "GMP"</b>	<b>\$ 23,843,081</b>	<b>\$ 23,798,836</b>	<b>\$ 44,245</b>	<b>\$ -</b>	<b>\$ 23,843,081</b>	<b>99%</b>	<b>\$ -</b>	<b>\$ -</b>

NOTE: Individual line items may vary. Only total is guaranteed.

### City of Rockford, Illinois

Community & Economic Development Department  
Construction and Development Services  
425 East State Street, Rockford, IL 61104  
Phone: 987-5550 Fax:(815)967-4243 TDD(815)987-5718  
rockfordil.gov



## CERTIFICATE OF OCCUPANCY

This certificate issued pursuant to the requirements of 2009 ICC International Building Code / International Residential Code certifying that at the time of issuance, to the best of our knowledge and belief, this structure was in compliance with the various ordinances of the City regulating building construction or use.

Building Permit #: MULCOM20121264

**PROPERTY INFORMATION**

Pin #:

Address: 3535 N BELL SCHOOL RD ROCKFORD, IL 61114  
Lot: Sub Division:  
Occupancy Type: B  
Project Name: Swedish American Regional Cancer Center

**OWNER INFORMATION**

Swedish American Hospital  
1401 E State St

Rockford IL, 61104

Gene Wenzelke (M)  
Building Inspector

Date Issued:

8/5/2013

[Signature]  
Building Official



**SwedishAmerican Health System  
Corporation**

**Schedule of Project Cost and Sources of Funds  
for Project No. 12-013  
June 30, 2014**



## Independent Auditor's Report

To the Board of Directors  
SwedishAmerican Health System Corporation  
Rockford, Illinois

### Report on the Schedule

We have audited the accompanying Schedule of Project Cost and Sources of Funds for Project No. 12-013 (the Schedule) of SwedishAmerican Health System (the System) as of June 30, 2014, and the related notes to the Schedule.

### Management's Responsibility for the Schedule

Management is responsible for the preparation and fair presentation of the Schedule in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### Auditor's Responsibility

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 from material misstatement.

An audit 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.

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

### Opinion

In our opinion, the Schedule referred to above presents fairly, in all material respects, the project cost and sources of funds for Project No. 12-013 of SwedishAmerican Health System as of June 30, 2014, in accordance with accounting principles generally accepted in the United States of America.

**Emphasis of Matter**

We draw attention to Note 1 to the Schedule, which describes that the Schedule was prepared for the purpose of complying with the terms of the Illinois Health Facilities Planning Act 20 ILCS 3960 and Title 77 Illinois Administrative Code 1130.770(c)(6) "Project Completion, Final Realized Cost Overruns," and is not intended to be a complete presentation of the System's sources and uses of funds. Our opinion is not modified with respect to this matter.

*McGladrey LLP*

Rockford, Illinois  
September 8, 2014

SwedishAmerican Health System

Schedule of Project Cost and Sources of Funds for Project No. 12-013

June 30, 2014

Description of Costs	Approved Permit Amount	Actual	Variance
Preplanning Costs	\$ 265,000	\$ 265,000	\$ -
Site Survey and Soil Investigation	17,500	8,887	8,614
Site Preparation	1,200,000	1,380,713	(180,713)
Offsite Work	-	-	-
New Construction Contracts	22,166,908	22,022,936	143,972
Modernization Contracts	-	-	-
Contingencies	2,215,591	-	2,215,591
Architectural/Engineering Fees	1,835,000	1,721,800	113,200
Consulting and Other Fees	650,000	460,544	189,456
Moveable and Other Equipment	7,537,000	8,130,397	(593,397)
Bond Issuance Expense	827,600	635,680	191,920
Net Interest Expense During Construction Period	1,629,338	1,991,852	(362,514)
FMV of Leased Space or Equipment	-	-	-
Other Costs to be Capitalized	300,000	187,915	112,085
Acquisition of Building or Other Property (Excluding Land)	-	-	-
<b>Total Project Costs</b>	<b>38,643,937</b>	<b>36,805,722</b>	<b>1,838,215</b>
Cash and Securities	-	-	-
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues	38,643,937	36,805,722	1,838,215
Mortgages	-	-	-
Leases (FMV)	-	-	-
Government Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
<b>Total Sources of Funds</b>	<b>\$ 38,643,937</b>	<b>\$ 36,805,722</b>	<b>\$ 1,838,215</b>

See Notes to Schedule of Project Cost and Sources of Funds for Project No. 12-013.

**SwedishAmerican Health System**

**Notes to Schedule of Project Cost and Sources of Funds for Project No. 12-013**

**June 30, 2014**

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**Note 1. Basis of Presentation**

The Schedule was prepared for the purpose of complying with the terms of the Illinois Health Facilities Planning Act 20 ILCS 3960 and Title 77 Illinois Administrative Code 1130.770(c)(6) "Project Completion, Final Realized Cost Overruns," and is not intended to be a complete presentation of the System's sources and uses of funds in conformity with accounting principles generally accepted in the United States of America.

The Schedule is presented on the accrual basis of accounting. The amounts presented in the Schedule only relate to Project No.12-013.

**Note 2. Subsequent Events**

Management of the System has evaluated subsequent events through September 8, 2014, which is the date the Schedule was available to be issued, for possible measurement and/or disclosure effects on the Schedule.