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October 12, 2016

VIA FEDERAL EXPRESS

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: OSF St. Elizabeth's Medical Center FSEC
Final Cost Report on 15-058
Permit Amount: \$1,115,000.00
Completion Date: August 22, 2016

Dear Ms. Avery:

Please accept this as the permit holder's final cost report. The project completion date was August 22, 2016 and we filed a notice of project completion on that date. The total project cost is as referenced on the attached, and within the approved permit amount and the project is within the approval scope of the permit granted on February 16, 2016.

Thank you.

Very truly yours,


Clare Connor Ranalli

cc: Mark Hohulin
Ken Buetke

RECEIVED

OCT 13 2016

HEALTH FACILITIES &
SERVICES REVIEW BOARD

15-058

OSF St. Elizabeth Medical Center FSEC does hereby certify the attached costs reflect the total costs expended with respect to the project, and there were/are no additional capital costs associated with it. The project cost, square footage, services, etc. are in compliance with the permit issued to it on February 16, 2016.



Ken Beutke
President, OSF Saint Elizabeth Medical Center

Subscribed and sworn to before me this
12th day of October, 2016.



Notary Public



Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			APPROVED	ACTUAL
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL	FINAL
Preplanning Costs				
Site Survey and Soil Investigation				
Site Preparation				
Off Site Work				
New Construction Contracts				
Modernization Contracts				
Contingencies				
Architectural/Engineering Fees				
Consulting and Other Fees				
Movable or Other Equipment (not in construction contracts)	\$725,000.00	N/A	\$725,000.00	\$79,395.24
Bond Issuance Expense (project related)				
Net Interest Expense During Construction (project related)				
Fair Market Value of Leased Space or Equipment	\$206,400.00	\$33,600.00	\$240,000.00	\$240,000.00
Other Costs To Be Capitalized	N/A	\$150,000.00	\$150,000.00	\$122,112.00
Acquisition of Building or Other Property (excluding land)				
TOTAL USES OF FUNDS			\$1,115,000.00	\$441,807.24
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL	
Cash and Securities	\$931,400.00	\$183,600.00	\$1,115,000.00	\$201,807.24
Pledges				
Gifts and Bequests				
Bond Issues (project related)				
Mortgages				
Leases (fair market value)	\$206,400.00	\$33,600.00	\$240,000.00	\$240,000.00
Governmental Appropriations				
Grants				
Other Funds and Sources				
TOTAL SOURCES OF FUNDS	\$931,400.00	\$183,600.00	\$1,115,000.00	\$441,807.24
NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.				