Adventist
La Grange Memorial Hospital
Keeping you well

March 2, 2015

Via Overnight Mail

RECEIVED
MAR 9 2015
HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

Re: Adventist La Grange Memorial Hospital
Permit No. 13-073
Project Completion/Report of Final Realized Costs

Dear Ms. Avery:

The final costs for project No. 13-073, Adventist La Grange Memorial Hospital, totals $2,031,343, as shown on Exhibits 1 and 2, which is below the permit amount of $2,260,392. Also attached are the Last Application and Certification for Payment (AIA Document G702) and the Final Waiver of Lien.

We certify that the costs detailed are those which have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act. We further certify that these 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 which will be submitted for reimbursement under Titles XVIII or XIX. This project complies with all terms of the permit with regard to project cost, square footage, services and other pertinent facts.

Should you require any additional information, please contact our consultant, Jack Axel at 847-776-7101.

Sincerely,

Michael J. Goebel
Chief Executive Officer

Exhibit 1

Adventist La Grange Memorial Hospital - Project #13-073

Project Completion/Cost Summary

February 15, 2015

Description	Total Clinical Costs Per Permit	Total Non-Clinical Costs Per Permit	Total Project Cost Per Permit	Clinical Expenditures	Non-Clinical Expenditures	Total Expenditures	Variance Between Permit and Expenditures	% Completed
Pre Planning	0	0	0	0	0	0	0	100%
Site Survey and Soil Investigation	0	0	0	0	0	0	0	100%
Site Preparation	0	0	0	0	0	0	0	100%
Off Site Work	0	0	0	0	0	0	0	100%
New Construction Contracts	0	0	0	0	0	0	0	100%
Modernization Contracts	1,336,268	208,274	1,544,542	1,273,312	279,507	1,552,819	8,277	100%
Contingencies	126,396	28,604	155,000	0	0	0	-155,000	100%
Architectural/Engineering Fees	100,790	22,810	123,600	115,151	25,277	140,428	16,828	100%
Consulting and Other Fees	0	87,250	87,250	0	63,288	63,288	-23,962	100%
Moveable or Other Equipment	350,000	0	350,000	274,808	0	274,808	-75,192	100%
Bond Issuance Expense	0	0	0	0	0	0	0	100%
Net Interest Expense	0	0	0	0	0	0	0	100%
FMV of Leased Space or Equipment	0	0	0	0	0	0	0	100%
Other Costs to be Capitalized	0	0	0	0	0	0	0	100%
Total Costs	**1,913,454**	**346,938**	**2,260,392**	**1,663,271**	**368,072**	**2,031,343**	**-229,049**	**100%**

Exhibit 2

LaGrange Hospital

Summary of Capital Expenditures (Arranged by monthly transactions)

Project Description: CIP- Inpatient Rehab Renovation

2/16/2015

Approved Amount: 1,895,850.00

CER#
18-14-011 Series Account: 034-83538

Date	Invoice #	Invoice Amount	PO#	Vendor	Vendor #	Description	Asset Code	Date Closed/ Completed
Oct-14		2,272.97	144047	MEDLINE INDUSTRIES	3294	Blanket Warmer	MM	
Oct-14		7,900.56	144052	CDW GOVERNMENT INC	8693	(6) HP SB 800/(6) HP Mouse	IT	
Oct-14		72,296.11	143197	STRYKER SALES CORP	4775	(7) S3 Ex Medsurg Bed/Isogel Air Support	MM	
Oct-14		1,276.80	144048	CDW GOVERNMENT INC	8693	(32) Cisco 7925G Batt Ext	IT	
Oct-14		4,536.00	144048	CDW GOVERNMENT INC	8693	(16) Cisco 7925G	IT	
Nov-14		9,840.80	144046	ARJOHUNTLEIGH INC	14922	Sara Stedy/Sara Plus w/ Scale/Wipe Down S	MM	
Nov-14		23,940.00	144177	STICKER & ASSOC	49059	Litegait 1-500/Yoke/Harness/Treadmill	MM	
Nov-14		1,351.92	144048	CDW GOVERNMENT INC	8693	(16) Cisco 3167924/ Cisco 2934676/(2) Cisc	IT	
Nov-14		24,888.30	144052	CDW GOVERNMENT INC	8693	(6) LCD Carts/HP UF236E	IT	
Nov-14	10103894	9,125.00		RJ KERR INC	28064	Inpt Rehab- Office Furniture	MM	
Nov-14	CR111014	806.00		MACY'S	47030	Queen Size Box Spring Mattress Frame	MM	
Nov-14	CR11102014	1,687.00		MACY'S	47030	Headboard/5 Drawer Chest & Night Stand	MM	
Nov-14		10,663.14	142956	INTERIOR INVESTMENTS	39232	Inpt Rehab- Office Furniture	MM	
Dec-14		75,410.54	143198	EVOLUTION INTERIORS	38237	Office Furniture	MM	
Dec-14		9,221.94	145928	CDW GOVERNMENT	8693	(6) HP Digitizer Pen/Batteries/(6) HP Elite 81	IT	
Dec-14		524.00	145929	VALUEMED	47276	Flowmeter	MM	
Dec-14		1,691.58	145930	CDW GOVERNMENT	8693	(6) Honeywell Xenon/USB Cables	IT	
Jan-15		5,220.25	144654	ARJOHUNTLEIGH INC	14922	MS2 Stand Hand Control/Spreader Bar/Trac	MM	
Jan-15	46124	1,400.00		OFFICE FURNITURE	31598	Relocate Beds & Boxes from Hinsdale to LG	MM	
Jan-15		840.00	146101	INTERSTATE ELECTRONICS	2583	(8) Smoke 924 Pager	IT	
Jan-15		1,109.88	146099	MEDLINE INDUSTRIES	458	Sheet Contour/Pillowcase	MM	
Jan-15	46129	5,250.00		OFFICE FURNITURE	31598	Relocate Furniture from HH to LG	MM	
Jan-15	46131	425.00		OFFICE FURNITURE	31598	Move Misc Boxes and Computer Equipment	MM	
Jan-15	FBN2705548	633.92		ENTERPRISE FM TRUST	45770	Ford E350 Lease	MM	
Jan-15		360.00	146099	MEDLINE INDUSTRIES	458	Sheet Flat	MM	
Feb-15		686.28	146099	MEDLINE INDUSTRIES	458	Sheet Flat/Covers	MM	
Feb-15		1,450.00	144654	ARJOHUNTLEIGH INC	14922	Maxi Sky Field Install	MM	
Feb-15	**Project Total**	**$ 274,807.99**	**H.2**					
Feb-15	**G/L Total**	**$ 274,807.99**						
Feb-15	**Variance**	**$ -**						

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO OWNER	Adventist LaGrange Memorial Hospital 5101 S Willow Springs Road La Grange, IL 60525	PROJECT	Adventist La Grange Memorial Hospital Acute Rehabilitation Renovation 5101 S. Willow Springs Road LaGrange, IL 60525	APPLICATION #:	7
				PERIOD FROM:	11/1/2014
				PERIOD TO	11/30/2014
FROM	*WALSH CONSTRUCTION COMPANY II* *929 W ADAMS STREET* CHICAGO, ILLINOIS 60607	ARCHITECT:	Anderson Mikos Architect ltd 1TW110 22nd Street, Ste 200 Oakbrook Terrace, IL 60181	CONTRACT DOCUMENT #, WCCI PROJECT #	214015
				Application Date	11/20/2014
CONTRACT FOR	Acute Rehabilitation Renovation				

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		$1,544,478
2. Net Change by Change Orders		$32,029
3. CONTRACT SUM TO DATE (Line 1 +/- 2)		$1,576,507
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$1,576,507
5. RETAINAGE:		
a 10 % of Completed Work (Columns D + E on G703)	$ -	
b 10 % of Stored Material (Column F on G703)	$ -	
Total Retainage (Line 5a + 5b or Total in Column I of G703)	$ -	
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$ 1,576,507
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$1,451,822
8. CURRENT PAYMENT DUE		$ 94,685
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		$ -	0
Total approved this Month		$ 32,029	0
	TOTALS	$32,029	0
Subsequent Change Orders			
Number	Approved (DATE)		
OCO-001	7/1/2014		
OCO-002	11/19/2014		
NET CHANGES by Change Orders		$ 32,029.00	$ -

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 WALSH CONSTRUCTION COMPANY II

By [signature] Date 11/21/14
PROJECT MANAGER

State of ILLINOIS
County of COOK
Subscribed and sworn to before me this 21st day of November, 2014

Notary Public: [signature]

My Commission Expires:

OFFICIAL SEAL
DEANNA GOODMAN
Notary Public - State of Illinois
My Commission Expires Feb 8, 2017

ARCHITECT'S CERTIFICATION 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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED

AMOUNT CERTIFIED $ 94,685

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

ARCHITECT:

By [signature] Date 12.10.14

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

FINAL WAIVER AND RELEASE OF CLAIMS FOR PAYMENT
UNCONDITIONAL - WALSH II, LLC

STATE OF Illinois
COUNTY OF Cook

(use for all tiers)

TO WHOM IT MAY CONCERN:

WHEREAS, the undersigned ("Undersigned") has been employed by Adventist La Grange Memorial Hospital ("Contractor") to furnish and install General Construction for the project known as Adventist La Grange Inpatient Rehabilitation Renovation ("Project") of which Adventist La Grange Memorial Hospital is the owner ("Owner") and on which **Walsh Construction Company II, LLC** is a contractor (herein referred to as the "Prime Contractor").

The Undersigned, for and in consideration of Ninety-four thousand six hundred eighty-five and 00/100 ($ 94,685) Dollars, and in consideration of such sum and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) for its heirs, executors, and administrators, hereby waive and release **the Prime Contractor, the Prime Contractor's surety, the Contractor, the Contractor's surety, the Owner,** and each of their insurers, parents, subsidiaries, related entities, affiliates, members, past and present officers, directors, heirs, and administrators, from any and all suits, debts, demands, torts, charges, causes of action and claims for payment, including claims under the laws or statutes of the municipality, state or federal government relating to payment bonds, the Miller Act, or other act or statute including prompt payment statutes, or bonds relating to the Project, and in addition all lien, or claim of, or right to, lien, under municipal, state or federal laws or statutes, relating to mechanics' liens, with respect to and on said above-described Project, and the improvements thereon, and on the material relating to mechanics' liens, payment bonds, the Miller Act or other law, act or statute, with respect to and on said above-described premises, 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, arising out of or relating in any way to the labor, services, material, fixtures, equipment, apparatus or machinery furnished by the Undersigned, on the above-described Project from the beginning of time or any time hereafter, including extras*. The Undersigned certifies, warrants, and guarantees that all work it has performed on the Project has been performed in accordance with its contract documents on the Project.

Date: 2/24/2015
Signature: Brooke Deis
Printed Name: Brooke Deis
Title of Person Signing: Project Manager

OFFICIAL SEAL
DEANNA GOODMAN
Notary Public - State of Illinois
My Commission Expires Feb 8, 2017

Name of Company: Walsh Construction Company II, LLC
(Undersigned)
Subscribed and sworn before me this 24 day of February, 20 15
Notary Signature and Seal:

NOTE: *Extras include but are not limited to changes, both oral and written, to the contract, and Claims as defined in the Undersigned's contract with the Prime Contractor or Contractor. All waivers and releases must be for the full amount paid. If waiver and release is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver and release should be set forth; if waiver and release is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

STATE OF Illinois
COUNTY OF Cook

CONTRACTOR'S AFFIDAVIT

TO WHOM IT MAY CONCERN:

THE Undersigned, being duly sworn, deposes and says that (s)he Brooke Deis the Project Manager of Walsh Construction Company II, LLC (**Company name and "Undersigned"**), who is the contractor for the General Construction work on the project ("Project") located at 5101 S Willow Springs Road owned by Adventist La Grange Memorial Hospital ("Owner") and on which **Walsh Construction Company II, LLC is also a contractor (known herein as the "Prime Contractor").**

That it has received payment of $ 1,481,822 prior to this payment.
That all waivers and releases 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 or releases. That the following are the names of all parties who have furnished material, equipment, services, or labor for said work and all parties having contracts or subcontracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due each, and that the items mentioned include all labor, equipment, services, and material required to complete said work according to plans and specifications. The Undersigned agrees to indemnify, defend, and hold harmless, **the Prime Contractor, the Prime Contractor's surety, and the Owner** from any and all claims for alleged payment made by the Undersigned's suppliers or subcontractors pertaining to the Project, whether or not listed below.

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID PREVIOUSLY	THIS PAYMENT	BALANCE DUE
Walsh Construction Company II, LLC	General Construction	$1,576,507.00	$1,481,822.00	$94,685.00	$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
TOTAL LABOR, EQUIPMENT, SERVICES, AND MATERIAL TO COMPLETE		$1,576,507.00	$1,481,822.00	$94,685.00	$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.

Date: 2/24/2015
Signature: Brooke Deis
Printed Name: Brooke Deis
Title of Person Signing: Project Manager

OFFICIAL SEAL
DEANNA GOODMAN
Notary Public - State of Illinois
My Commission Expires Feb 8, 2017

Name of Company: Walsh Construction Company II, LLC
(Undersigned)
Subscribed and sworn before me this 24 day of February, 20 15
Notary Signature and Seal:

Revised September 1, 2011