

by UPS

March 10, 2017

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

RECEIVED

MAR 13 2017

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

**RE: Final Realized Cost Report
Holy Cross Hospital
Chicago, Illinois
Project #13-076**

Dear Ms. Avery:

Please be advised that the above-referenced project was completed on December 21, 2016, as indicated in the Notice of Project Completion letter dated December 30, 2016; and that it was completed consistent with all terms of the Permit, including the project's costs and sources of funds, square footage, and services as approved by the State Board. Attached are: 1) a comparison the approved costs and funding to those incurred, 2) confirmation of the final payment and 3) and a copy of the Final Application and Certification for Payment for the construction component of the project.

Please be advised that the undersigned hereby certify that:

- all of the identified project costs have been submitted for reimbursement under Title XVIII and XIX;
- the identified costs are the total costs required to complete the project;
- 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.

Sincerely,



James S. Bicak, Vice President

Notarized:



CC: Rachel Dvorken
Clare Ranalli
Jack Axel

**Comparison of Approved Project Costs and Sources of Funds
to
Realized Project Costs and Sources of Funds to be Submitted for Reimbursement
under Title XVIII and XIX**

**Project #13-076
March 10, 2017**

	Approved per Permit	Realized Amount
Project Costs:		
Preplanning Costs	\$65,000	\$65,000
Site Survey & Soil Investigation		
Site Preparation		
Off-Site Work		
New Construction Contracts		
Modernization Contracts	\$3,131,989	\$3,578,134
Contingencies	\$300,041	
Architectural/Engineering Fees	\$330,000	\$328,974
Consulting and Other Fees	\$140,000	\$112,500
Movable or Other Equipment	\$450,000	\$300,582
Bond Issuance Expense		
Net Interest Expense During Const.		
FMV of Leased Space or Equip.		
Other Costs to be Capitalized		
Acquisition of Building or Other Property (excl. land)		
TOTAL PROJECT COST	\$4,417,030	\$4,385,190
Sources of Funds		
Cash and Securities	\$4,417,030	\$4,385,190
Gifts and Bequests		
Bond Issues (project related)		
Mortgages		
Leases (fair market value)		
Government Appropriations		
Grants		
Other Funds and Sources		
TOTAL FUNDS	\$4,417,030	\$4,385,190



29-Dec-16

HOLY CROSS HOSPITAL
2701 W 68TH STREET
CHICAGO, IL 60629

INVOICE NO.: 480P500

Re: HOLY CROSS HOSPITAL
2701 W 68TH STREET
CHICAGO, IL 60629

FINAL INVOICE

For construction work completed through December 31, 2016 for Holy Cross Hospital:

Preliminary Contract Sum	\$3,571,765.00
This Change Order	\$481,693.00
Contract Sum to Date:	\$4,053,458.00

Total Work Completed and Stored	\$4,053,458.00
Less: Retention	\$0.00
Total Earned Less Retainage	\$4,053,458.00
Less: Previous Payments	\$2,846,262.00
CURRENT PAYMENT DUE:	\$1,207,196.00

Please remit to Clune Construction Company
10 South Riverside Plaza, Suite 2200
Chicago, Illinois 60606

Attn.: Mr. Tom Nickele

10 South Riverside Plaza, Suite 2200, Chicago, IL 60606 • (312) 726-6103 • clunegc.com

Chicago • Los Angeles • New York • San Francisco • South Florida • Washington, DC

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE 1 OF 2

TO (OWNER) HOLY CROSS HOSPITAL
2701 W 68TH STREET
CHICAGO, IL 60629

PROJECT - 480P500
HOLY CROSS HOSPITAL-INPATIENT PSYCHIATRIC UNIT
2701 W 68TH STREET
CHICAGO, IL 60629

APPLICATION NO: SEVEN (7)
PERIOD TO: 12/31/2016

FROM (CONTRACTOR): CLUNE CONSTRUCTION COMPANY
10 S RIVERSIDE - SUITE 2200
CHICAGO, IL 60606

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR
 OWNER'S REP

CONTRACT FOR: GENERAL CONTRACTING SERVICES

ONE MILLION THREE HUNDRED T CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
TOTAL			
proved this Month			
Number	Date Approved	481,693.00	
TOTALS		481,693.00	0.00
Net change by Change Orders		481,693.00	481,693.00

The undersigned Contractor certifies that to the best to 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: CLUNE CONSTRUCTION COMPANY

By: *Steve Wallentang* VP of Finance Date: 12/29/2016

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

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM. \$ 3,571,765.00
2. Net change by Change Orders \$ 481,693.00
3. CONTRACT SUM TO DATE (Line 1+2) \$ 4,053,458.00
4. TOTAL COMPLETED & STORED TO DATE \$ 4,053,458.00
(Column G on G703)
5. RETAINAGE: \$ 0.00
a. ___ % of Completed Work
(Column D + E on G703)
b. ___ % of Stored Material
(Column F on G703)
Total Retainage (Line 5a + 5b or Total in Column I of G703) \$ 0.00
6. TOTAL EARNED LESS RETAINAGE \$ 4,053,458.00
(Line 4 less Line 5 Total)
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 2,846,262.00
8. CURRENT PAYMENT DUE \$ 1,207,196.00
9. BALANCE TO FINISH, PLUS RETAINAGE \$ 0.00
(Line 3 less Line 6)

State of: ILLINOIS
Notary Public: *John F. Walsh*
My Commission Expires: 08/22/18
COUNTY OF COOK OFFICIAL SEAL
JOHN F. WALSH
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES 08/22/18

AMOUNT CERTIFIED: \$ 1,207,196.00
(Attached explanation if amount certified differs from the amount applied for.)

By: *John F. Walsh* Date: 12/29/2016
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.

CONTINUATION SHEET

AIA DOCUMENT G703

PAGE 2 OF 2

PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing

Contractor's signed Certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NUMBER:
SEVEN (7)
APPLICATION DATE:
12/29/2016
PERIOD TO:
12/31/2016
PROJECT NUMBER:
480P500

HOLY CROSS HOSPITAL-INPATIENT PSYCHIATRIC UI

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D + E + F)	% (G / C)	H BALANCE TO FINISH (C - G)	I RETAINAGE
			FROM PREVIOUS APPLICATION	THIS PERIOD	ONE MILLION TH						
01530	PROTECTION & CLEANUP	62,830.00	46,490.00	16,340.00	0.00	62,830.00	100.0%	0.00	0.00		
02050	DEMOLITION	203,809.00	202,252.00	1,557.00	0.00	203,809.00	100.0%	0.00	0.00		
04200	MASONRY	14,273.00	14,273.00	0.00	0.00	14,273.00	100.0%	0.00	0.00		
06400	MILLWORK	337,941.00	266,358.00	71,583.00	0.00	337,941.00	100.0%	0.00	0.00		
08800	GLASS	236,414.00	223,450.00	12,964.00	0.00	236,414.00	100.0%	0.00	0.00		
09250	DRYWALL	701,300.00	581,037.00	120,263.00	0.00	701,300.00	100.0%	0.00	0.00		
09680	CARPET/RESILIENT	211,133.00	189,235.00	21,898.00	0.00	211,133.00	100.0%	0.00	0.00		
09900	PAINTING	36,998.00	27,740.00	9,258.00	0.00	36,998.00	100.0%	0.00	0.00		
10800	TOILET ACCESSORIES	10,900.00	8,850.00	2,050.00	0.00	10,900.00	100.0%	0.00	0.00		
15300	FIRE PROTECTION	33,388.00	31,225.00	2,163.00	0.00	33,388.00	100.0%	0.00	0.00		
15400	PLUMBING	316,286.00	288,658.00	27,628.00	0.00	316,286.00	100.0%	0.00	0.00		
15500	HVAC	378,854.00	255,858.00	122,996.00	0.00	378,854.00	100.0%	0.00	0.00		
15950	HVAC TEST	11,084.00	0.00	11,084.00	0.00	11,084.00	100.0%	0.00	0.00		
16000	ELECTRICAL	722,299.00	484,558.00	237,741.00	0.00	722,299.00	100.0%	0.00	0.00		
16800	SECURITY	21,218.00	17,385.00	3,833.00	0.00	21,218.00	100.0%	0.00	0.00		
10800	CLUNE	43,428.00	0.00	43,428.00	0.00	43,428.00	100.0%	0.00	0.00		
	SUBTOTAL DIRECT COSTS	3,342,155.00	2,637,369.00	704,786.00	0.00	3,342,155.00	100.0%	0.00	0.00		

CONTINUATION SHEET

AIA DOCUMENT G703

PAGE 2 OF 2 PAGES

AIA Document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing

APPLICATION NUMBER:

SEVEN (7)

Contractor's signed Certification is attached.

APPLICATION DATE:

12/29/2016

In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO:

12/31/2016

Use Column I on Contracts where variable retainage for line items may apply.

PROJECT NUMBER:

480P500

HOLY CROSS HOSPITAL-INPATIENT PSYCHIATRIC UI

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		E THIS PERIOD		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G TOTAL COMPLETED AND STORED TO DATE (D + E + F)	H % (G / C)	I BALANCE TO FINISH (C - G)	RETAINAGE
			FROM PREVIOUS APPLICATION	THIS PERIOD	ONE MILLION TH						
01061	PERMIT	16,495.00	16,495.00	0.00	0.00	0.00	16,495.00	100.0%	0.00	0.00	
01000	GENERAL CONDITIONS	315,491.00	241,138.00	74,353.00	0.00	0.00	315,491.00	100.0%	0.00	0.00	
01002	PRECONSTRUCTION	10,000.00	10,000.00	0.00	0.00	0.00	10,000.00	100.0%	0.00	0.00	
01001	DESIGN BUILD	159,900.00	137,000.00	22,900.00	0.00	0.00	159,900.00	100.0%	0.00	0.00	
	SUBTOTAL D.C.'S + G.C.'S	3,844,041.00	3,042,002.00	802,039.00	0.00	0.00	3,844,041.00	100.0%	0.00	0.00	
01900	INSURANCE	47,501.00	39,189.00	8,312.00	0.00	0.00	47,501.00	100.0%	0.00	0.00	
01903	SDI	37,593.00	29,590.00	8,003.00	0.00	0.00	37,593.00	100.0%	0.00	0.00	
98000	OVERHEAD & PROFIT	64,616.00	51,734.00	12,882.00	0.00	0.00	64,616.00	100.0%	0.00	0.00	
98100	BUY OUT CONTINGENCY	59,707.00	0.00	59,707.00	0.00	0.00	59,707.00	100.0%	0.00	0.00	
98001	SHARED SAVINGS	0.00	0.00	0.00	0.00	0.00	0.00	100.0%	0.00	0.00	
	GRAND TOTAL	4,053,458.00	3,162,515.00	890,943.00	0.00	0.00	4,053,458.00	100.0%	0.00	0.00	

AIA DOCUMENT G703 • APPLICATION AND CERTIFICATE FOR PAYMENT • MAY 1983 EDITION • AIA • (C) 1983

THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVENUE

G703-1983

SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER

CLUNE CONSTRUCTION COMPANY
 HOLY CROSS HOSPITAL-INPATIENT PSYCHIATRIC UNIT
 480P500

APPLICATION # SEVEN (7)
 12/29/2016

STATE OF ILLINOIS COUNTY OF COOK)

THE AFFIANT, STEVE WALLENFANG, BEING FIRST DULY SWORN, ON OATH DEPOSES AND SAYS THAT HE IS A VP OF FINANCE OF CLUNE CONSTRUCTION COMPANY, 10 SOUTH RIVERSIDE PLAZA, CHICAGO, ILLINOIS, THAT HE HAS CONTRACT WITH HOLY CROSS HOSPITAL - FOR TENANT CONSTRUCTION SERVICES ON THE FOLLOWING DESCRIBED PREMISES IN SAID COUNTY, TO WIT: 2701 W 68TH STREET CHICAGO, IL 60629

ONE MILLION THREE HUNDRED TWENTY SEVEN THOUSAND THREE HUNDRED FOURTY TWO 00/100

THAT, FOR THE PURPOSE OF SAID CONTRACT, THE FOLLOWING PERSONS HAVE BEEN CONTRACTED WITH AND HAVE FURNISHED OR ARE FURNISHING AND PREPARING MATERIALS FOR AND HAVE DONE OR ARE DOING LABOR ON SAID IMPROVEMENT. THAT THERE IS DUE AND TO BECOME DUE TO THEM, RESPECTIVELY, THE AMOUNTS SET OPPOSITE THEIR NAMES FOR MATERIALS OR LABOR AS STATED. THAT THIS STATEMENT IS A FULL, TRUE AND COMPLETE STATEMENT OF ALL SUCH PERSONS, AND OF THE AMOUNTS PAID:

1	2	3	4	5	6	7	8	9	10
TRADE	SUBCONTRACTOR	CONTRACT	C.O.'S	ADJ. TOTAL	GROSS	RETENTION	PREV. PAID.	THIS PMT	CONT. BAL.
01530	CLUNE CONSTRUCTION	56,400.00	(7,510.00)	62,830.00	62,830.00	-	41,841.00	20,989.00	-
02050	MIDWAY	128,900.00	74,909.00	203,809.00	203,809.00	-	182,027.00	21,782.00	-
04200	RICHARDS AND WEYER	-	14,273.00	14,273.00	14,273.00	-	12,846.00	1,427.00	-
06400	MECCOR INDUSTRIES	280,377.00	57,564.00	337,941.00	337,941.00	-	239,722.00	98,219.00	-
08800	NORTHERN GLASS	235,000.00	1,414.00	236,414.00	236,414.00	-	200,925.00	35,489.00	-
08800	CLUNE CONSTRUCTION	1,000.00	-	1,000.00	1,000.00	-	180.00	820.00	-
09250	ALLIANCE	581,340.00	119,960.00	701,300.00	701,300.00	-	522,933.00	178,367.00	-
09680	INTEGRAL FLOORING	197,300.00	13,833.00	211,133.00	211,133.00	-	170,312.00	40,821.00	-
09900	ASCHER	29,200.00	7,798.00	36,998.00	36,998.00	-	24,966.00	12,032.00	-
10800	CLUNE (CARNEY PRE PAID)	8,850.00	2,050.00	10,900.00	10,900.00	-	7,965.00	2,935.00	-
15300	SHAMROCK FIRE	32,900.00	488.00	33,388.00	33,388.00	-	28,102.00	5,286.00	-
15400	FETTES LOVE & SIEBEN	292,500.00	23,786.00	316,286.00	316,286.00	-	259,792.00	56,494.00	-
15500	CT MECHANICAL	202,830.00	176,024.00	378,854.00	378,854.00	-	230,272.00	148,582.00	-
15500	AERO T&B	-	11,084.00	11,084.00	11,084.00	-	-	11,084.00	-
16000	SIEVERT ELECTRIC	409,742.00	312,557.00	722,299.00	722,299.00	-	436,102.00	286,197.00	-
16800	ACAMARD SECURITY	18,300.00	2,918.00	21,218.00	21,218.00	-	15,646.00	5,572.00	-
01061	CLUNE CONSTRUCTION / PERMIT	16,495.00	-	16,495.00	16,495.00	-	14,845.00	1,650.00	-
	CONTRACTS NOT LET	467,678.00	(467,678.00)	-	-	-	-	-	-
	SUBTOTAL DIRECT COST	2,958,812.00	343,470.00	3,316,222.00	3,316,222.00	0.00	2,388,476.00	927,746.00	0.00
01000	CLUNE/GENERAL CONDITIONS	241,318.00	74,173.00	315,491.00	315,491.00	-	217,024.00	98,467.00	-
01002	CLUNE	42,428.00	-	42,428.00	42,428.00	-	-	42,428.00	-
01002	CLUNE - PRECONSTRUCTION	10,000.00	-	10,000.00	10,000.00	-	9,000.00	1,000.00	-
01001	CLUNE - DESIGN BUILD	143,200.00	16,700.00	159,900.00	159,900.00	-	123,300.00	36,600.00	-
01091	CLUNE - INSURANCE	38,100.00	9,401.00	47,501.00	47,501.00	-	35,270.00	12,231.00	-
01093	CLUNE - SDI	27,900.00	9,693.00	37,593.00	37,593.00	-	26,631.00	10,962.00	-
98000	CLUNE - OVERHEAD & PROFIT	50,300.00	14,316.00	64,616.00	64,616.00	-	46,561.00	18,055.00	-
98100	CONTINGENCY	59,707.00	-	59,707.00	59,707.00	-	-	59,707.00	-
98001	SHARED SAVINGS	-	-	-	-	-	-	-	-
	TOTAL	3,571,765.00	467,753.00	4,053,458.00	4,053,458.00	0.00	2,846,262.00	1,207,196.00	0.00

AMOUNT OF ORIGINAL CONTRACT 3,571,765.00
 SCOPE CHANGE #01 21,253.00
 SCOPE CHANGE #02 55,071.00
 SCOPE CHANGE #03 158,799.00
 425,692.00
 -179,122.00

 ADJUSTED TOTAL CONTRACT 4,053,458.00

TOTAL VALUE OF WORK COMPLETED TO DATE: 4,053,458.00
 LESS RETAINAGE: 0.00
 NET VALUE OF WORK COMPLETED TO DATE: 4,053,458.00
 TOTAL AMOUNT PREVIOUSLY PAID: 2,846,262.00
 TOTAL AMOUNT OF CURRENT REQUEST: 1,207,196.00
 BALANCE TO BECOME DUE: 0.00

I AGREE TO FURNISH WAIVERS OF LIEN FOR ALL MATERIALS UNDER MY CONTRACT WHEN DEMANDED

SUBSCRIBED AND SWORN TO BEFORE ME THIS 28TH DAY OF DECEMBER, 2016

SIGNED Steve Wallenfang
 STEVE WALLENFANG, VP OF FINANCE

OFFICIAL SEAL
 NOTARY PUBLIC - STATE OF ILLINOIS
 MY COMMISSION EXPIRES: 08/22/18

FINAL WAIVER OF LIEN

STATE OF ILLINOIS
SS
COUNTY OF COOK

GTY # _____
LOAN # _____

TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by HOLY CROSS HOSPITAL
to furnish GENERAL CONTRACTING SERVICES
for the premises known as 2701 W 68TH STREET, CHICAGO, IL 60629
of which HOLY CROSS HOSPITAL is the owner.

THE undersigned, for and in consideration of ONE MILLION TWO HUNDRED SEVEN DOLLARS ONE HUNDRED NINETY SIX DOLLARS AND 00/100
(\$ 1,207,196.00) Dollars, and other good and valuable consideration, 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, furnished by the undersigned for the above-described premises.

Given under MY hand and seal this
28TH day of DECEMBER, 2016

Signature and seal: Steve Wallfang

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

CONTRACTOR'S AFFIDAVIT

STATE OF ILLINOIS
SS
COUNTY OF COOK

TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he is STEVE WALLFANG - VP OF FINANCE
of the CLUNE CONSTRUCTION COMPANY
who is the contractor for the GENERAL CONTRACTING SERVICES work on the
building located at 480P500 - 2701 W 68TH STREET
owned by HOLY CROSS HOSPITAL

That the total amount of the contract including extras is \$ 4,053,458.00 on which he has received payment
of \$ 2,846,262.00 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 subcontracts 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 PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
SEE ATTACHED SWORN STATEMENT	GENERAL CONTRACTING SERVICES	4,053,458.00	2,846,262.00	1,207,196.00	0.00
TOTAL LABOR AND MATERIAL TO COMPLETE		4,053,458.00	2,846,262.00	1,207,196.00	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 upon or in connection with said work other than above stated.

Signed this 28TH day of DECEMBER, 2016

Signature: Steve Wallfang
STEVE WALLFANG - VP OF FINANCE

OFFICIAL SEAL
JOHN F WALSH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/20/17

Subscribed and sworn to before me this 28TH day of DECEMBER, 2016

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND - NOT A WHITE BACKGROUND



HOLY CROSS
HOSPITAL

A Proud Member of Sinai Health System

No. **616799**

3-150
710

30 Dec 2016

One million two hundred seven thousand one hundred ninety six and 00/100 Dollars

**\$1,207,196.00

PAY TO THE
ORDER OF

CLUNE CONSTRUCTION
10 S RIVERSIDE ROAD
CHICAGO, IL 60606

PRESIDENT AND CEO

LAKESIDE BANK
CHICAGO, ILLINOIS

THE BACK OF THIS DOCUMENT CONTAINS A WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈616799⑈ ⑆071001504⑆ 108163900⑈

DETACH AND RETAIN THIS STATEMENT

INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET PAY
480P500-07	12/29/16		1,207,196.00		1,207,196.00
CHECK NO.	CHECK DATE	VENDOR NO.			
616799	30 Dec 2016	S006574	\$1,207,196.00		\$1,207,196.00

HOLY CROSS HOSPITAL 2701 WEST 68TH STREET * CHICAGO, ILLINOIS 60629