



**FRESENIUS
MEDICAL CARE**

June 4, 2014

RECEIVED

JUN 05 2014

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

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

Re: Final Cost Report. Section 1130.770
Project: #10-067, Fresenius Medical Care Des Plaines
Permit Holder: Fresenius Medical Care Des Plaines, LLC and Fresenius Medical Care Holdings, Inc.
Permit Amount: \$3,810,667

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Des Plaines, #10-067, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright
Fresenius Medical Care
Senior CON Specialist

cc: Clare Ranalli

May 22, 2014

Final Cost Report, Section 1130.770 Fresenius Medical Care Des Plaines

Project: #10-067, Fresenius Medical Care Des Plaines

Permit Holder: Fresenius Medical Care Des Plaines, LLC and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$3,810,667

This report summarizes the development and final costs of the above-mentioned project. The permit is for the establishment of a 12-station in-center hemodialysis facility located at 1625 Oakton Place, Des Plaines, IL 60018. In conjunction with this project, 2 stations were surrendered at the Fresenius Norridge facility in May 2011. The Norridge facility now has 16 stations. There have been no changes to the scope and size of this project. The Permit amount is \$3,810,667. Final realized costs were \$3,361,794.

The project was obligated on February 13, 2012 through the execution of the lease for premises. The first patient was dialyzed at the new facility on August 6, 2013 and the permit was renewed September 13, 2013. The project was complete as of May 21, 2014 with receipt of the CMS Certification letter. The facility's effective CMS Certification date is February 6, 2014.

Project Costs and Sources of Funds

Project Costs	Allowance/CON	Realized
Modernization	1,239,750	961,000
Contingencies	123,500	20,303
Architectural/Engineering	135,000	68,405
Movable & Other Equipment	281,000	280,669
FMV of Leased Space/Equipment	2,031,417	2,031,417
Total Project Costs	3,810,667	3,361,794
Funding	Allowance/CON	Realized
Cash & Securities	1,636,750	1,187,877
Lease FMV	2,031,417	2,031,417
Other Funds and Sources	142,500*	142,500*
Total funds	3,810,667	3,361,794

*Actual construction costs were \$981,303 however; the landlord contributed \$142,500 in tenant improvement allowances to be paid back over the term of the lease, but relates directly to the construction costs.

There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

Application and Certificate for Payment (AIA G702)

Final G 702 is attached.

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE ONE OF 1

PAGES 1

TO OWNER:

PROJECT: 8575-1-DN-NC-BO-11

APPLICATION NO: DRAW NUMBER 4 FINAL

Distribution to:

Fresenius Medical Care Des Plaines, LLC

Fresenius Medical Care

OWNER

C/O Fresenius Medical Care NA

1625 Oakton Pl, Des Plaines, IL, 60018

ARCHITECT

2219 Hollywood, Blvd, Suite 101, Hollywood, FL, 33020

PERIOD TO: 5.5.13

CONTRACTOR

FROM CONTRACTOR:

VIA ARCHITECT: Q Studios

Newgrange Development LLC

117 N. Jefferson St, Suite 305

2545 W. Diversey Ave, Suite 212

Chicago, IL, 60661

PROJECT NOS:

CONTRACT FOR:

GENERAL CONTRACTING

CONTRACT DATE: 1.14.13

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

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.

1. ORIGINAL CONTRACT SUM	\$	961,000.00
2. Net change by Change Orders	\$	20,303.06
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$	981,303.06
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	981,303.06

5. RETAINAGE:

a. 10% of Completed Work (Column D + E on G703)	\$	0
b. % of Stored Material (Column F on G703)	\$	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	0.00

6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)

\$ 981,303.06

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)

\$ 854,360.00

8. CURRENT PAYMENT DUE (Line 3 less Line 6)

\$ 116,943.06

9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)

\$ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	
Total approved this Month	\$20,303.06	
TOTALS	\$20,303.06	
NET CHANGES by Change Order	\$20,303.06	

CONTRACTOR:

By: *[Signature]* Date: 5/23/14

State of: *IL* County of: *COOK*
 Subscribed and sworn to before me this *23rd* day of *MAY* 2014
 Notary Public: *[Signature]*
 My Commission expires: *NOVEMBER 05 2016*

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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 \$ _____

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

By: _____ Date: _____

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.



Certification Of Cost Report
Fresenius Medical Care Des Plaines
Project #10-067

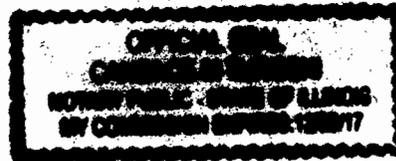
Fresenius Medical Care Des Plaines, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Des Plaines, Project #10-067, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: *Dei A. Surocin*

ITS: REGIONAL VICE PRESIDENT

Subscribed and Sworn to
Before me this 4th day of June, 2014

Carole M. Turaski
Notary Public



My commission expires: 12-9-2017

Certification Of Cost Report
Fresenius Medical Care Des Plaines
Project #10-067

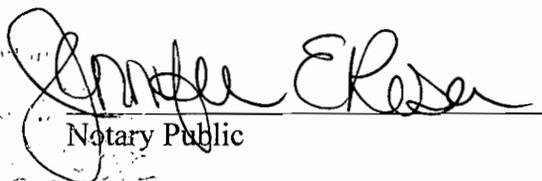
Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Des Plaines, Project #10-067, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

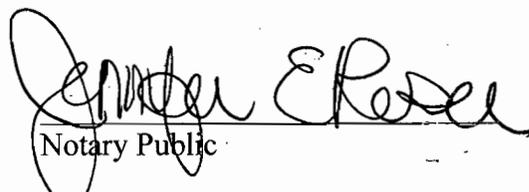
BY: 
ITS: Mark Fawcett
Vice President & Treasurer

BY: 
ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to
Before me this 28th day of May, 2014

Subscribed and Sworn to
Before me this 28th day of May, 2014


Notary Public


Notary Public

My commission expires: _____

My commission expires: _____



JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016



JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016