



**FRESENIUS
MEDICAL CARE**

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SEP 05 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

September 4, 2014

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

Re: Second Annual Progress Report. Section 1130.760
Project #12-046 Fresenius Medical Care Spoon River
Permit Holder: Dialysis Centers of America – Illinois, Inc., and Fresenius
Medical Care Holdings, Inc.
Permit Amount: \$2,710,375

Dear Ms. Avery:

Enclosed please find the annual progress report which summarizes the current status of the above-mentioned project.

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

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

September 4, 2014

Annual Progress Report, Section 1130.760

Project #12-046 Fresenius Medical Care Spoon River

Permit Holder: Dialysis Centers of America – Illinois, Inc., and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$2,710,375

This report summarizes the current status of the above-mentioned project. The project is located at 340 S. Avenue B, Canton, IL. There have been no changes to the scope and size of this project. The Permit amount is \$2,710,375.

Status of the Project

This is a project for the relocation of the 8-station Fresenius Medical Care Spoon River ESRD facility along with the addition of one station. The project was obligated through the execution of the lease for premises on September 28, 2012. The construction is complete and the facility relocated into the new premises on November 2, 2013. The facility is now awaiting CMS certification.

Application and Certificate for Payment (AIA G702)

See attached certificates.

Anticipated Completion Date

The project is currently approximately 99% complete and is expected to be completed by December 31, 2014. A permit renewal will be submitted by November 15, 2014 if it appears the project will not complete on time.

Sources and Uses of Funds

All Project financing to date has been funded from available cash and its equivalents as reported on the company's financial statements. The right to occupy the premises is secured through a leasing arrangement. This leasing arrangement is utilized to obligate the project. None of the project costs have exceeded the approved permit amounts.

Project Costs and Sources of Funds

Line Item	Allowance/CON	Realized Costs
Preplanning Costs	N/A	N/A
Site Survey & Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off-site work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization	852,000	789,025
Contingencies	93,660	0
Architectural/Engineering	94,500	46,068
Consulting and other fees	N/A	N/A
Movable & Other Equipment	320,000	22,912
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	1,350,215	1,350,215
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or other Property (excluding land)	N/A	N/A
Total Project Costs	2,710,375	
Realized Total Project Costs To Date		2,208,220
Cash & Securities	1,360,160	858,005
Pledges	N/A	N/A
Gifts & Bequests	N/A	N/A
Bond Issues	N/A	N/A
Mortgages	N/A	N/A
Lease FMV	1,350,215	1,350,215
Gov. Approp	N/A	N/A
Grants	N/A	N/A
Other funds and Sources	N/A	N/A
Total funds	2,710,375	
Total Spent to Date		2,208,220

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER): Fresenius Medical Care PROJECT: Spoon River Canton, IL
 FROM (CONTR.) Cohen Architectural VIA (ARCHITECT): Woodworking
 CONTRACT FOR: Millwork & Installation

APPLICATION NO: 3 Rev2 Distribution to:
 PERIOD TO: 6/17/2014 OWNER:
 CONTRACTORS ARCHITECT
 PROJECT NO: 4313-2-RL-NC-BO-12 CONTRACTOR
 CONTRACT DATE: 07/03/13

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner		TOTAL	
Approved this month	Date Approved		
CO 1 PCO #004	5/22/2014	2820.02	
TOTALS		2820.02	0
Net change by Change Orders		2820.02	

The undersigned Subcontractor certifies that to the best of Subcontractor'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:

By: *[Signature]* Date: *6-17-14*

ANNETTE L. SACHS
 Notary Public - Notary Seal
 STATE OF MISSOURI
 Phelps County
 My Commission Expires: March 20, 2018
 Commission # 14595617

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 \$ 70,295.00
2. Net change by Change Orders \$ 2,820.02
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 73,115.02
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 73,115.02
5. RETAINAGE:
 - a. 0 % of Completed Work \$ -
 - b. 100 % of Stored Material (Column F on G703) \$ -
6. TOTAL EARNED LESS RETAINAGE \$ 73,115.02
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 4 less Line 5 Total) \$ -
8. CURRENT PAYMENT DUE (Line 6 from prior Certificate) \$ 65,803.52
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 7,311.50

State of Missouri County of Phelps
 Subscribed and sworn to before me this 17 day of June 2014
 Notary Public: *Annette L. Sachs*
 My Commission expires: March 20, 2018

AMOUNT CERTIFIED
 (Attach explanation if amount certified differs from the amount applied for.)
 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.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION
 CONCERNING MECHANICS LIENS ON REVERSE SIDE:
 A. Powell
 Assoc. Proj. Coordinator

JUN 20 2014
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APPLICATION AND CERTIFICATE FOR PAYMENT

Application No. 4

Invoice #: C14190

To Owner: **FRESENIUS MEDICAL CARE**
 1909 Tyler St., 8TH Floor
 Hollywood, FL 33020

Project: **FMC Spoon River Interior Buildout**
 Site: Sw Corner Of Maple St & S. Avenue B
 Canton, IL 61520

Copies: Distribution to:
 Construction Manager
 Architect
 Owner
 Owner's Representative

From Contractor: **P. J. HOERR, INC.**
 Kirk Anderson, Vice President
 107 N. Commerce Place
 Peoria, IL 61604

Period To: **5/20/2014**
 PJH/ Project No: **10148**
 Contract Date:

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
 Continuation Sheet is attached.

- 1. Original Contract Sum \$ 684,000.00
- 2. Net Change By Change Order \$ 31,909.76
- 3. Contract Sum To Date \$ 715,909.76
- 4. Total Completed and Stored To Date \$ 715,909.76
- 5. Retainage:
 - a. 0.0% of Completed Work \$ 0.00
 - b. 0.0% of Stored Material \$ 0.00
 - Total Retainage \$ 0.00
- 6. Total Earned Less Retainage \$ 715,909.76
- 7. Less Previous Certificates For Payment \$ 615,600.00
- 8. Current Payment Due \$ 100,309.76
- 9. Balance To Finish, Plus Retainage \$ 0.00

CHANGE ORDER SUMMARY	Additions	Deductions
Total changes approved in previous months by Owner	\$ 0.00	\$ 0.00
Total Approved this Month	<input checked="" type="checkbox"/> \$ 31,909.76	\$ 0.00
TOTALS	\$ 31,909.76	\$ 0.00
Net Changes By Change Order	\$ 31,909.76	

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: **P. J. HOERR, INC.**
 By: 
 Kirk Anderson, Vice President

Date: **05/20/2014**

State of: **ILLINOIS** County of: **Peoria**
 Subscribed and sworn to before me this **20th** day of **May, 2014**
 Notary Public: 
 My Commission expires: **March 28, 2015**



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 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 **\$100,309.76**

(Attach 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 / OWNERS' REPRESENTATIVE:

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.
 Assoc. Proj. Coordinator

JUN 16 2014
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