



## Fresenius Medical Care

November 26, 2012

**RECEIVED**

NOV 27 2012

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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

**Re: Final Cost Report. Section 1130.770**  
**Project:** #10-080, Fresenius Medical Care North Kilpatrick  
**Permit Holder:** National Medical Care, Inc. and Fresenius Medical Care Holdings, Inc.  
**Permit Amount:** \$1,348,466

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care North Kilpatrick, #10-080, 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 708-498-9121.

Sincerely,

Lori Wright  
Fresenius Medical Care  
Senior CON Specialist

cc: Clare Ranalli

**Fresenius Medical Services ♦ North Division**

One Westbrook Corporate Center, Suite 1000 Westchester, IL 60154 708-562-0371



# Fresenius Medical Care

November 8, 2012

## Final Cost Report, Section 1130.770 Fresenius Medical Care North Kilpatrick

**Project:** #10-080, Fresenius Medical Care North Kilpatrick

**Permit Holder:** National Medical Care, Inc. and Fresenius Medical Care Holdings, Inc.

**Permit Amount:** \$1,348,466

**This report summarizes the final costs of the above-mentioned project. The development is located at 4800 North Kilpatrick, Chicago. There have been no changes to the scope and size of this project. The Permit amount is \$1,348,466.**

<u>Key Milestones Completed:</u>	<u>Date Complete</u>
• Project Obligation with Lease Execution	08/03/2011
• ESRD Federal Certification Survey	10/16/2012
• Project Complete	10/16/2012

## 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 being secured through a leasing arrangement. This leasing arrangement was utilized to obligate the project. None of the project costs have exceeded the approved permit amounts.

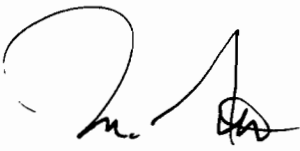
### Project Costs and Sources of Funds

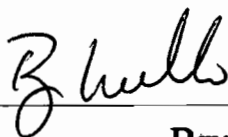
Line Item	Allowance/CON	Realized Costs
Preplanning Costs	N/A	N/A
Site Survey & Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off-site work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization	100,000	94,500
Contingencies	9,500	0
Architectural/Engineering	N/A	N/A
Consulting and other fees	N/A	N/A
Movable & Other Equipment	124,000	59,267
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	80,550	80,550
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or other Property (excluding land)	N/A	N/A
Total Project Costs	314,050	
<b>Realized Total Project Costs To Date</b>		<b>234,317</b>
Cash & Securities	233,500	153,767
Pledges	N/A	N/A
Gifts & Bequests	N/A	N/A
Bond Issues	N/A	N/A
Mortgages	N/A	N/A
Lease FMV	80,550	80,550
Gov. Approp	N/A	N/A
Grants	N/A	N/A
Other funds and Sources	N/A	N/A
Total funds	314,050	
<b>Total Spent to Date</b>		<b>234,317</b>

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

**Certification Of Cost Report**  
**Fresenius Medical Care North Kilpatrick**  
**Project # 10-080**

National Medical Care, Inc. certifies that pursuant to 7711. Adm. 1130.770,  
that the final realized costs of Fresenius Medical Care North Kilpatrick,  
Project #10-080, 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: \_\_\_\_\_  
Vice President & Treasurer  
Mark Fawcett

BY:   
ITS: \_\_\_\_\_  
Bryan Mello  
Assistant Treasurer

Subscribed and Sworn to  
Before me this      day of     , 2012

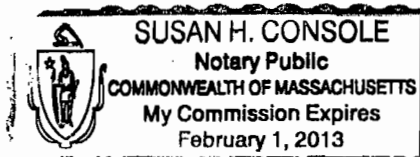
Subscribed and Sworn to  
Before me this 8 day of Nov, 2012

\_\_\_\_\_  
Susan H. Console  
Notary Public

\_\_\_\_\_  
Notary Public


My commission expires: \_\_\_\_\_

My commission expires: 2/1/2013



**Certification Of Cost Report**  
**Fresenius Medical Care North Kilpatrick**  
**Project # 10-080**

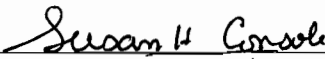
**Fresenius Medical Care Holdings, Inc.** certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care North Kilpatrick, Project #10-080, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY:   
ITS: Mark Fawcett  
Vice President & Asst. Treasurer

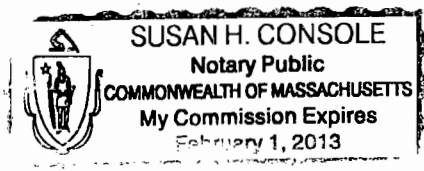
BY:   
ITS: **Bryan Mello**  
**Assistant Treasurer**

Subscribed and Sworn to  
Before me this    day of   , 2012

Subscribed and Sworn to  
Before me this   8   day of Nov, 2012

  
Notary Public

Notary Public  
My commission expires: 2/1/2013



**APPLICATION AND CERTIFICATION FOR PAYMENT**  
AIA DOCUMENT G702/CMa

CONSTRUCTION MANAGER-ADVISER EDITION

PAGE ONE OF 1

**TO CONTRACTOR:**  
DiNaso & Sons Construction Co., Inc.  
4931 W. 171st Street, Unit E  
Country Club Hills, IL 60478

**PROJECT:**  
North Kilpatrick #1575-2-EX-NC-RN-11  
4800 North Kilpatrick  
Chicago, IL 60630

**FROM SUBCONTRACTOR:**  
DiNaso & Sons Construction Co., Inc.  
4931 W. 171st Street, Unit E  
Country Club Hills, IL 60478

**OWNER:**  
National Medical Care, Inc.  
C/o Fresenius Medical Care NA  
2219 Hollywood Blvd., Suite 101  
Hollywood, FL 33020

**CONTRACT FOR:**  
General Construction

**APPLICATION NO:** FINAL

**PERIOD TO:** October 26, 2012

**PERIOD NOS:** 1575-2-EX-NC-RN-11

**CONTRACT DATE:** March 8, 2012

**Distribution to:**  
 OWNER  
 ARCHITECT  
 CONTRACTOR

**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	\$	94,500.00
2. Net change by Change Orders	\$	0.00
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$	94,500.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	94,500.00
5. RETAINAGE	\$	0.00
a. $\frac{0}{100}$ % of Completed Work (Column D + E on G703)	\$	0.00
b. $\frac{0}{100}$ % of Stored Material (Column F on G703)	\$	0.00
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)	\$	94,500.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	0.00
8. CURRENT PAYMENT DUE	\$	94,500.00
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	\$0.00
Total approved this Month	\$0.00	\$0.00
<b>TOTALS</b>	\$0.00	\$0.00
<b>NET CHANGES by Change Order</b>	\$0.00	\$0.00

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:** DiNaso & Sons Construction Co., Inc.  
By: *Charles A. DiNaso* Date: October 23, 2012

State of Illinois  
County of Cook  
Subscribed and sworn to before me this 23rd day of October  
Notary Public for the State of Illinois  
My Commission expires May 4, 2014



**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** ..... \$ 94,500.00  
(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.)

**CONSTRUCTION MANAGER:**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
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.