



Fresenius Medical Care

RECEIVED

SEP 17 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

September 16, 2013

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 # 10-064, Fresenius Medical Care South Deering
Permit Holder: Fresenius Medical Care South Deering, LLC and Fresenius Medical
Care Holdings, Inc.
Permit Amount: \$3,660,321

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care South Deering, #10-064, 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

May 20, 2013

Final Cost Report, Section 1130.770 Fresenius Medical Care South Deering

Project # 10-064, Fresenius Medical Care South Deering

Permit Holder: Fresenius Medical Care South Deering, LLC and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$3,660,321

This report summarizes the final costs of the above-mentioned project. The development is located at 10559 S. Torrence Avenue, Chicago. There have been no changes to the scope and size of this project. The Permit amount is \$3,660,321.

<u>Key Milestones Completed:</u>	<u>Date Complete</u>
• Project Obligation with Lease Execution	05/06/2011
• ESRD Federal Certification Survey	07/26/2013
• Project Complete with receipt of Certification letter	08/21/2013

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	1,305,000	1,305,000
Contingencies	130,000	270,630
Architectural/Engineering	142,000	111,169
Consulting and other fees	N/A	N/A
Movable & Other Equipment	440,000	337,858
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	1,643,321	1,235,222
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or other Property (excluding land)	N/A	N/A
Total Project Costs	3,660,321	
Realized Total Project Costs To Date		3,259,879
Cash & Securities	1,817,000	1,824,675
Pledges	N/A	N/A
Gifts & Bequests	N/A	N/A
Bond Issues	N/A	N/A
Mortgages	N/A	N/A
Lease FMV	1,643,321	1,235,222
Gov. Approp	N/A	N/A
Grants	N/A	N/A
Other funds and Sources	200,000*	200,000*
Total funds	3,660,321	
Total Spent to Date		3,259,879

*Actual construction costs were \$1,575,630; however the landlord contributed \$200,000 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 CERTIFICATION FOR PAYMENT
AIA DOCUMENT G702/CMA

CONSTRUCTION MANAGER-ADVISER EDITION
PAGE ONE OF 3

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

PROJECT: South Decring 8373-1-DN-NC-BO-10
10559 S. Torrence Avenue
Chicago, IL 60617

APPLICATION NO: FINAL

PERIOD TO: October 26, 2012

Distribution to:
 OWNER
 ARCHITECT

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

OWNER: Prosenius Medical Care South Decring, LLC
c/o Fresenius Medical Care NA
2219 Hollywood Blvd., Suite 101
Hollywood, FL 33020

PROJECT NOS: 8373-1-DN-NC-BO-10

CONTRACT DATE: May 11, 2012

CONTRACT FOR:
General Construction

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 \$ 1,562,988.00
2. Net change by Change Orders \$ 12,642.01
3. CONTRACT SUM TO DATE (Line 1 ± 2) \$ 1,575,630.01
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 1,575,630.01

5. RETAINAGE:
a. 0% of Completed Work (Column D + E on G703) \$ 0.00
b. 10% 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) \$ 1,575,630.01

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate) \$ 1,484,838.60
8. CURRENT PAYMENT DUE \$ 90,791.41
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	\$12,642.01	\$0.00
TOTALS	\$12,642.01	\$0.00
NET CHANGES by Change Order	\$12,642.01	

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: Chad K. O... Date: 10/23/12

State of: Illinois
County of: Cook
Subscribed and sworn to before me this 23rd day of October, 2012
Notary Public: Christine C. Hassel
My Commission expires: 7-5-2015

OFFICIAL SEAL
CHRISTINE A. HASSEL
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7-5-2015

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: \$ 90,791.41
(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.)

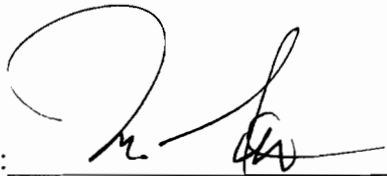
By: _____ Date: _____
ARCHITECT:

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 South Deering
Project # 10-064

Fresenius Medical Care South Deering, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care South Deering, Project #10-064, 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 ___ day of _____, 2013

Subscribed and Sworn to
Before me this 20 day of May, 2013

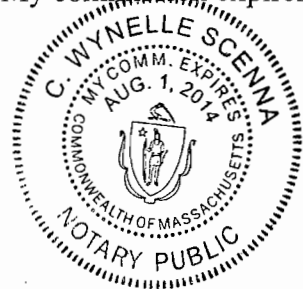
Notary Public

C Wynelle Scenna

Notary Public


My commission expires: 08-01-2014

My commission expires: _____



Certification Of Cost Report
Fresenius Medical Care South Deering
Project # 10-064

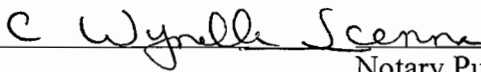
Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care South Deering, Project #10-064, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures 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

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Before me this ___ day of ___, 2013

Subscribed and Sworn to
Before me this 20 day of May, 2013


Notary Public

Notary Public

My commission expires: _____ My commission expires: 08-01-2014

