

ORIGINAL

11-016

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION MAR 28 2011

This Section must be completed for all projects.

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility/Project Identification

Facility Name:	ARA McHenry Dialysis Center		
Street Address:	4209 West Shamrock		
City and Zip Code:	McHenry, IL 60050		
County: McHenry	Health Service Area: VIII	Health Planning Area:	

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	McHenry Dialysis Center, LLC		
Address:	66 Cherry Hill Drive Beverly, MA 01915		
Name of Registered Agent:			
Name of Chief Executive Officer:	Syed Kamal		
CEO Address:	18302 Highwoods Preserve Parkway Tampa, FL 33647		
Telephone Number:	813/866-1204		

Type of Ownership of Applicant/Co-Applicant

<input type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
<input checked="" type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/> Other

o Corporations and limited liability companies must provide an Illinois certificate of good standing.

o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Primary Contact

[Person to receive all correspondence or inquiries during the review period]

Name:	Marie Lascio
Title:	Area Facility Manager
Company Name:	American Renal Associates
Address:	35 Higgins Road, Suite 920 South Barrington, IL 60010
Telephone Number:	847/783-4700
E-mail Address:	mlascio@americanrenal.com
Fax Number:	847/428-8200

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	NONE
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

/

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
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Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	NONE
Title:	
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Address:	
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**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT**

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City and Zip Code:	McHenry, IL 60050		
County: McHenry	Health Service Area: VIII	Health Planning Area:	

Applicant /Co-Applicant Identification

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	ARA-Northwest Chicago, LLC		
Address:	66 Cherry Hill Drive Beverly, MA 01915		
Name of Registered Agent:			
Name of Chief Executive Officer:	Syed Kamal		
CEO Address:	18302 Highwoods Preserve Parkway Tampa, FL 33647		
Telephone Number:	813/866-1204		

Type of Ownership of Applicant/Co-Applicant

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<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental	
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Fax Number:	847/428-8200

Additional Contact

[Person who is also authorized to discuss the application for permit]

Name:	NONE
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Post Permit Contact

[Person to receive all correspondence subsequent to permit issuance-THIS PERSON MUST BE EMPLOYED BY THE LICENSED HEALTH CARE FACILITY AS DEFINED AT 20 ILCS 3960

Name:	Same as primary contact
Title:	
Company Name:	
Address:	
Telephone Number:	
E-mail Address:	
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	M&E LLC
Address of Site Owner:	460 Jennings Drive Lake in the Hills, IL 60156
Street Address or Legal Description of Site:	4209 W. Shamrock McHenry, IL 60050
Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, tax assessor's documentation, deed, notarized statement of the corporation attesting to ownership, an option to lease, a letter of intent to lease or a lease.	
APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

Operating Identity/Licensee

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	McHenry Dialysis Center, LLC	
Address:	66 Cherry Hill Drive Beverly, MA 01915	
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other
<ul style="list-style-type: none">o Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.o Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.		
APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.		

Organizational Relationships

Provide (for each co-applicant) an organizational chart containing the name and relationship of any person or entity who is related (as defined in Part 1130.140). If the related person or entity is participating in the development or funding of the project, describe the interest and the amount and type of any financial contribution.

APPEND DOCUMENTATION AS ATTACHMENT-4, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.
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Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 pertaining to construction activities in special flood hazard areas. As part of the flood plain requirements please provide a map of the proposed project location showing any identified floodplain areas. Floodplain maps can be printed at www.FEMA.gov or www.illinoisfloodmaps.org. This map must be in a readable format. In addition please provide a statement attesting that the project complies with the requirements of Illinois Executive Order #2005-5 (<http://www.hfsrb.illinois.gov>).

APPEND DOCUMENTATION AS ATTACHMENT -5, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

Provide documentation regarding compliance with the requirements of the Historic Resources Preservation Act.

APPEND DOCUMENTATION AS ATTACHMENT -6, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

DESCRIPTION OF PROJECT

1. Project Classification

[Check those applicable - refer to Part 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive
- Non-substantive

Part 1120 Applicability or Classification:
[Check one only.]

- Part 1120 Not Applicable
- Category A Project
- Category B Project
- DHS or DVA Project

2. Narrative Description

Provide in the space below, a brief narrative description of the project. Explain **WHAT** is to be done in **State Board defined terms**, **NOT WHY** it is being done. If the project site does **NOT** have a street address, include a legal description of the site. Include the rationale regarding the project's classification as substantive or non-substantive.

The proposed project addresses the establishment of twelve station ESRD facility to be located in McHenry. The entire facility will be developed through a build out of existing construction of leased space comprising 5,600 square feet in a single story structure.

The project site is to be located at 4209 Shamrock, McHenry, Illinois 60050.

This is a "non-substantive" project because it deals with ESRD services, exclusively.

Project Costs and Sources of Funds

Complete the following table listing all costs (refer to Part 1120.110) associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Preplanning Costs	\$15,000		\$15,000
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$672,000		\$672,000
Contingencies	\$56,000		\$56,000
Architectural/Engineering Fees	\$76,000		\$76,000
Consulting and Other Fees	\$50,000		\$50,000
Movable or Other Equipment (not in construction contracts)	\$420,000		\$420,000
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	\$898,768		\$898,768
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	\$2,187,768		\$2,187,768
SOURCE OF FUNDS	CLINICAL	NONCLINICAL	TOTAL
Cash and Securities	\$1,289,000		\$1,289,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	\$898,768		\$898,768
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$2,187,768		\$2,187,768

NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT 7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Related Project Costs

Provide the following information, as applicable, with respect to any land related to the project that will be or has been acquired during the last two calendar years:

Land acquisition is related to project	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	
The project involves the establishment of a new facility or a new category of service		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the dollar amount of all non-capitalized operating start-up costs (including operating deficits) through the first full fiscal year when the project achieves or exceeds the target utilization specified in Part 1100.		
Estimated start-up costs and operating deficit cost is \$ <u>NONE</u>		

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>September, 2012</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.	

State Agency Submittals

Are the following submittals up to date as applicable:	
<input type="checkbox"/> Cancer Registry	not applicable
<input type="checkbox"/> APORS	not applicable
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted	
<input checked="" type="checkbox"/> All reports regarding outstanding permits	
Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.	

Cost Space Requirements

Provide in the following format, the department/area **DGSF** or the building/area **BGSF** and cost. The type of gross square footage either **DGSF** or **BGSF** must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

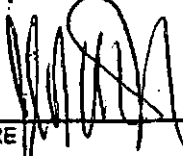
APPEND DOCUMENTATION AS **ATTACHMENT-9**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of its general partners (or the sole general partner, when two or more general partners do not exist);
- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.

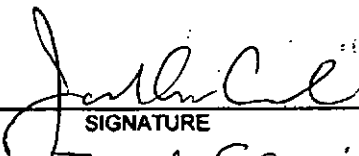
This Application for Permit is filed on the behalf of McHenry Dialysis LLC in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE
John McDonough

 PRINTED NAME
Manager

 PRINTED TITLE




 SIGNATURE
Joseph Carucci


 PRINTED NAME
Manager


 PRINTED TITLE


Notarization:
Subscribed and sworn to before me
this 22nd day of March 2011

Notarization:
Subscribed and sworn to before me
this 22nd day of March 2011



 Signature of Notary

 VALERIE LOYS PALERMO
 Notary Public
 COMMONWEALTH OF MASSACHUSETTS
 My Commission Expires November 08, 2013



 Signature of Notary

 VALERIE LOYS PALERMO
 Notary Public
 COMMONWEALTH OF MASSACHUSETTS
 My Commission Expires November 08, 2013


*Insert EXACT legal name of the applicant

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- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.


This Application for Permit is filed on the behalf of ARA-Northwest Chicago LLC in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE
John McDonough

 PRINTED NAME
Manager

 PRINTED TITLE




 SIGNATURE
Joseph Conucci


 PRINTED NAME
Manager


 PRINTED TITLE


Notarization:
 Subscribed and sworn to before me
 this 20th day of March 2011

Notarization:
 Subscribed and sworn to before me
 this 20th day of March



 Signature of Notary
 VALERIE LOYS PALERMO
 Notary Public
 COMMONWEALTH OF MASSACHUSETTS
 My Commission Expires November 08, 2013



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- o in the case of estates and trusts, two of its beneficiaries (or the sole beneficiary when two or more beneficiaries do not exist); and
- o in the case of a sole proprietor, the individual that is the proprietor.


This Application for Permit is filed on the behalf of American Renal Associates, LLC in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act. The undersigned certifies that he or she has the authority to execute and file this application for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.



 SIGNATURE _____
John McDonough
 PRINTED NAME _____
CEO
 PRINTED TITLE _____


 SIGNATURE _____
Joseph Calked
 PRINTED NAME _____
CEO
 PRINTED TITLE _____

Notarization:
Subscribed and sworn to before me
this 20th day of March 2011

Notarization:
Subscribed and sworn to before me
this 20th day of March 2011


 Signature of Notary **VALERIE LOYS PALERMO**
 Notary Public
 Seal **COMMONWEALTH OF MASSACHUSETTS**
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*Insert EXACT legal name of the applicant

SECTION III – BACKGROUND, PURPOSE OF THE PROJECT, AND ALTERNATIVES - INFORMATION REQUIREMENTS

This Section is applicable to all projects except those that are solely for discontinuation with no project costs.

Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

READ THE REVIEW CRITERION and provide the following required information:

BACKGROUND OF APPLICANT

1. A listing of all health care facilities owned or operated by the applicant, including licensing, and certification if applicable.
2. A certified listing of any adverse action taken against any facility owned and/or operated by the applicant during the three years prior to the filing of the application.
3. Authorization permitting HFSRB and DPH access to any documents necessary to verify the information submitted, including, but not limited to: official records of DPH or other State agencies; the licensing or certification records of other states, when applicable; and the records of nationally recognized accreditation organizations. **Failure to provide such authorization shall constitute an abandonment or withdrawal of the application without any further action by HFSRB.**
4. If, during a given calendar year, an applicant submits more than one application for permit, the documentation provided with the prior applications may be utilized to fulfill the information requirements of this criterion. In such instances, the applicant shall attest the information has been previously provided, cite the project number of the prior application, and certify that no changes have occurred regarding the information that has been previously provided. The applicant is able to submit amendments to previously submitted information, as needed, to update and/or clarify data.

APPEND DOCUMENTATION AS **ATTACHMENT-11**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.

PURPOSE OF PROJECT

1. Document that the project will provide health services that improve the health care or well-being of the market area population to be served.
2. Define the planning area or market area, or other, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as documentation.
5. Detail how the project will address or improve the previously referenced issues, as well as the population's health status and well-being.
6. Provide goals with quantified and measurable objectives, with specific timeframes that relate to achieving the stated goals as appropriate.

For projects involving modernization, describe the conditions being upgraded if any. For facility projects, include statements of age and condition and regulatory citations if any. For equipment being replaced, include repair and maintenance records.

NOTE: Information regarding the "Purpose of the Project" will be included in the State Agency Report.

APPEND DOCUMENTATION AS **ATTACHMENT-12**, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-6) MUST BE IDENTIFIED IN ATTACHMENT 12.

ALTERNATIVES

- 1) Identify **ALL** of the alternatives to the proposed project:

Alternative options **must** include:

- A) Proposing a project of greater or lesser scope and cost;
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;
 - C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Provide the reasons why the chosen alternative was selected.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of total costs, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation. **FOR EVERY ALTERNATIVE IDENTIFIED THE TOTAL PROJECT COST AND THE REASONS WHY THE ALTERNATIVE WAS REJECTED MUST BE PROVIDED.**
- 3) The applicant shall provide empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

APPEND DOCUMENTATION AS ATTACHMENT-13, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IV - PROJECT SCOPE, UTILIZATION, AND UNFINISHED/SHELL SPACE

Criterion 1110.234 - Project Scope, Utilization, and Unfinished/Shell Space

READ THE REVIEW CRITERION and provide the following information:

SIZE OF PROJECT:

1. Document that the amount of physical space proposed for the proposed project is necessary and not excessive. **This must be a narrative.**
2. If the gross square footage exceeds the BGSF/DGSF standards in Appendix B, justify the discrepancy by documenting one of the following::
 - a. Additional space is needed due to the scope of services provided, justified by clinical or operational needs, as supported by published data or studies;
 - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
 - c. The project involves the conversion of existing space that results in excess square footage.

Provide a narrative for any discrepancies from the State Standard. A table must be provided in the following format with Attachment 14.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	PROPOSED BGSF/DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
ESRD (12 Stations)	5,600	6,240	(640)	Yes

APPEND DOCUMENTATION AS ATTACHMENT-14, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

PROJECT SERVICES UTILIZATION:

This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFSRB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100.

Document that in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in 1110.Appendix B. A narrative of the rationale that supports the projections must be provided.

A table must be provided in the following format with Attachment 15.

UTILIZATION					
	DEPT./ SERVICE	HISTORICAL UTILIZATION (PATIENT DAYS) (TREATMENTS) ETC.	PROJECTED UTILIZATION	STATE STANDARD	MET STANDARD ?
YEAR 2	ESRD		8,580	8,251	Yes

APPEND DOCUMENTATION AS ATTACHMENT-15, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

UNFINISHED OR SHELL SPACE: NOT APPLICABLE

Provide the following information:

1. Total gross square footage of the proposed shell space;
2. The anticipated use of the shell space, specifying the proposed GSF to be allocated to each department, area or function;
3. Evidence that the shell space is being constructed due to
 - a. Requirements of governmental or certification agencies; or
 - b. Experienced increases in the historical occupancy or utilization of those areas proposed to occupy the shell space.
4. Provide:
 - a. Historical utilization for the area for the latest five-year period for which data are available; and
 - b. Based upon the average annual percentage increase for that period, projections of future utilization of the area through the anticipated date when the shell space will be placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-16, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

ASSURANCES: NOT APPLICABLE

Submit the following:

1. Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at the time or the categories of service involved.
2. The estimated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and
3. The anticipated date when the shell space will be completed and placed into operation.

APPEND DOCUMENTATION AS ATTACHMENT-17, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

G. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize In-Center Hemodialysis must submit the following information:
2. Indicate station capacity changes by Service: Indicate # of stations changed by action(s):

Category of Service	# Existing Stations	# Proposed Stations
<input checked="" type="checkbox"/> In-Center Hemodialysis	0	12

3. READ the applicable review criteria outlined below and submit the required documentation for the criteria:

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.1430(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(b)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(c)(1) - Unnecessary Duplication of Services	X		
1110.1430(c)(2) - Maldistribution	X		
1110.1430(c)(3) - Impact of Project on Other Area Providers	X		
1110.1430(d)(1) - Deteriorated Facilities			X
1110.1430(d)(2) - Documentation			X
1110.1430(d)(3) - Documentation Related to Cited Problems			X
1110.1430(e) - Staffing Availability	X	X	
1110.1430(f) - Support Services	X	X	X
1110.1430(g) - Minimum Number of Stations	X		
1110.1430(h) - Continuity of Care	X		
1110.1430(j) - Assurances	X	X	X

APPEND DOCUMENTATION AS ATTACHMENT-26, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

4. Projects for relocation of a facility from one location in a planning area to another in the same planning area must address the requirements listed in subsection (a)(1) for the "Establishment of Services or Facilities", as well as the requirements in Section 1110.130 - "Discontinuation" and subsection 1110.1430(i) - "Relocation of Facilities".

The following Sections **DO NOT** need to be addressed by the applicants or co-applicants responsible for funding or guaranteeing the funding of the project if the applicant has a bond rating of A- or better from Fitch's or Standard and Poor's rating agencies, or A3 or better from Moody's (the rating shall be affirmed within the latest 18 month period prior to the submittal of the application):

- Section 1120.120 Availability of Funds – Review Criteria
- Section 1120.130 Financial Viability – Review Criteria
- Section 1120.140 Economic Feasibility – Review Criteria, subsection (a)

VIII. - 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources from the following sources, as applicable: **Indicate the dollar amount to be provided from the following sources:**

\$1,289,000	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to:
	1)	the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and
	2)	interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including:
	1)	For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated;
	2)	For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;
	3)	For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.;
	4)	For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment;
	5)	For any option to lease, a copy of the option, including all terms and conditions.
_____	e)	Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent;
\$ 898,768	f)	Fair Market Value of Leased Space – Refer to Lease letter of Intent appended herein. Annual lease amount of \$39,945 inflated by 3%/year for 10-years;
_____	g)	All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
\$2,187,768	TOTAL FUNDS AVAILABLE	

APPEND DOCUMENTATION AS ATTACHMENT 39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

IX. 1120.130 - Financial Viability

NOT APPLICABLE, NO DEBT FINANCING

All the applicants and co-applicants shall be identified, specifying their roles in the project funding or guaranteeing the funding (sole responsibility or shared) and percentage of participation in that funding.

Financial Viability Waiver

The applicant is not required to submit financial viability ratios if:

1. "A" Bond rating or better
2. All of the projects capital expenditures are completely funded through internal sources
3. The applicant's current debt financing or projected debt financing is insured or anticipated to be insured by MBIA (Municipal Bond Insurance Association Inc.) or equivalent
4. The applicant provides a third party surety bond or performance bond letter of credit from an A rated guarantor.

See Section 1120.130 Financial Waiver for information to be provided

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

The applicant or co-applicant that is responsible for funding or guaranteeing funding of the project shall provide viability ratios for the latest three years for which audited financial statements are available and for the first full fiscal year at target utilization, but no more than two years following project completion. When the applicant's facility does not have facility specific financial statements and the facility is a member of a health care system that has combined or consolidated financial statements, the system's viability ratios shall be provided. If the health care system includes one or more hospitals, the system's viability ratios shall be evaluated for conformance with the applicable hospital standards.

Provide Data for Projects Classified as:	Category A or Category B (last three years)			Category B (Projected)
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage				
Percent Debt to Total Capitalization				
Projected Debt Service Coverage				
Days Cash on Hand				
Cushion Ratio				

Provide the methodology and worksheets utilized in determining the ratios detailing the calculation and applicable line item amounts from the financial statements. Complete a separate table for each co-applicant and provide worksheets for each.

2. Variance

Applicants not in compliance with any of the viability ratios shall document that another organization, public or private, shall assume the legal responsibility to meet the debt obligations should the applicant default.

APPEND DOCUMENTATION AS ATTACHMENT 41, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

X. 1120.140 - Economic Feasibility

This section is applicable to all projects subject to Part 1120.

A. Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or
 - B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.

B. Conditions of Debt Financing - NOT APPLICABLE, NO DEBT FINANCING

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.

C. Reasonableness of Project and Related Costs

Read the criterion and provide the following:

1. Identify each department or area impacted by the proposed project and provide a cost and square footage allocation for new construction and/or modernization using the following format (insert after this page).

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE											
Department (list below)	A	B	C		D		E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New	Circ.*	Gross Sq. Ft. Mod.	Circ.*	Const. \$ (A x C)	Mod. \$ (B x E)			
Contingency											
TOTALS											

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

E. Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

APPEND DOCUMENTATION AS ATTACHMENT -42, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XI. Safety Net Impact Statement

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:

1. The project's material impact, if any, on essential safety net services in the community, to the extent that it is feasible for an applicant to have such knowledge.
2. The project's impact on the ability of another provider or health care system to cross-subsidize safety net services, if reasonably known to the applicant.
3. How the discontinuation of a facility or service might impact the remaining safety net providers in a given community, if reasonably known by the applicant.

Safety Net Impact Statements shall also include all of the following:

1. For the 3 fiscal years prior to the application, a certification describing the amount of charity care provided by the applicant. The amount calculated by hospital applicants shall be in accordance with the reporting requirements for charity care reporting in the Illinois Community Benefits Act. Non-hospital applicants shall report charity care, at cost, in accordance with an appropriate methodology specified by the Board.
2. For the 3 fiscal years prior to the application, a certification of the amount of care provided to Medicaid patients. Hospital and non-hospital applicants shall provide Medicaid information in a manner consistent with the information reported each year to the Illinois Department of Public Health regarding "Inpatients and Outpatients Served by Payor Source" and "Inpatient and Outpatient Net Revenue by Payor Source" as required by the Board under Section 13 of this Act and published in the Annual Hospital Profile.
3. Any information the applicant believes is directly relevant to safety net services, including information regarding teaching, research, and any other service.

A table in the following format must be provided as part of Attachment 43.

ARA –Northwest Chicago, LLC

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	2009	2010
Inpatient			
Outpatient		3	0
Total		3	0
Charity (cost in dollars)	Year	2009	2010
Inpatient			
Outpatient		\$35,055	0
Total		\$35,055	0
MEDICAID			
Medicaid (# of patients)	Year	2009	2010
Inpatient			
Outpatient		60	65
Total		60	65
Medicaid (revenue)	Year	2009	2010
Inpatient			
Outpatient		\$263,869	\$480,432
Total		\$263,869	\$480,432

APPEND DOCUMENTATION AS ATTACHMENT 43, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

XII. Charity Care Information

Charity Care information **MUST** be furnished for **ALL** projects.

1. All applicants and co-applicants shall indicate the amount of charity care for the latest three **audited** fiscal years, the cost of charity care and the ratio of that charity care cost to net patient revenue.
2. If the applicant owns or operates one or more facilities, the reporting shall be for each individual facility located in Illinois. If charity care costs are reported on a consolidated basis, the applicant shall provide documentation as to the cost of charity care; the ratio of that charity care to the net patient revenue for the consolidated financial statement; the allocation of charity care costs; and the ratio of charity care cost to net patient revenue for the facility under review.
3. If the applicant is not an existing facility, it shall submit the facility's projected patient mix by payer source, anticipated charity care expense and projected ratio of charity care to net patient revenue by the end of its second year of operation.

Charity care" means care provided by a health care facility for which the provider does not expect to receive payment from the patient or a third-party payer. (20 ILCS 3960/3) Charity Care **must** be provided at cost.

A table in the following format must be provided for all facilities as part of Attachment 44.

ARA –Northwest Chicago, LLC

CHARITY CARE			
	Year	2009	2010
Net Patient Revenue			
Amount of Charity Care (charges)		\$42,407	\$0
Cost of Charity Care		\$35,055	\$0

APPEND DOCUMENTATION AS ATTACHMENT 44, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ARA-N.W. CHICAGO LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANACT BUSINESS IN ILLINOIS ON AUGUST 05, 2004, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1106202542

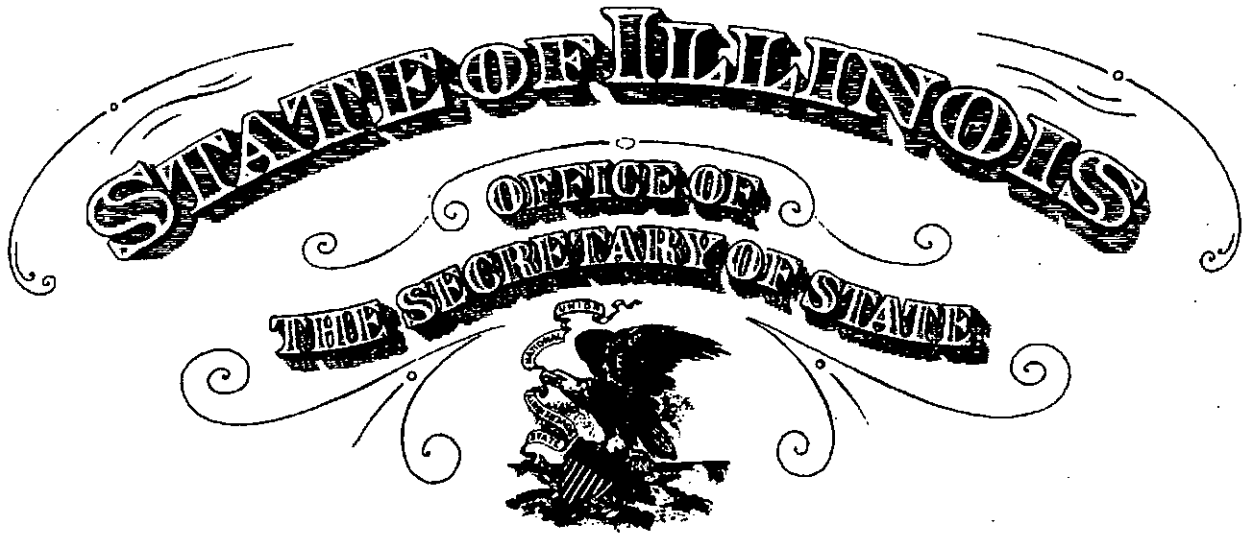
Authenticate at: <http://www.cyberdrivellinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of MARCH A.D. 2011

Jesse White

ATTACHMENT-1

SECRETARY OF STATE



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

AMERICAN RENAL ASSOCIATES, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON FEBRUARY 02, 2010, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 3RD day of MARCH A.D. 2011



Authentication #: 1106202550
Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

ATTACHMENT-1

SECRETARY OF STATE

25



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MCHENRY DIALYSIS CENTER, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 14, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of MARCH A.D. 2011 .



Authentication #: 1107502810

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White ATTACHMENT-1

SECRETARY OF STATE



1501 E. Woodfield Road
Suite 114-E
Schaumburg, IL 60173

T 847 852 3084
F 847 874 7288
C 847 638 0230

bmichael@tenantadvisors.com
www.TenantAdvisors.com

Bill Michael

March 10, 2011

Ms. Patrice Marks
National Realty Network
135 Park Ave.
Barrington, IL 60010

Re: McHenry Dialysis Center LLC / 4209 W. Shamrock Lane, McHenry, IL

Dear Patrice:

On behalf of McHenry Dialysis Center LLC, (hereinafter referred to as "Tenant"), has authorized Tenant Advisors, Inc. to present this Letter of Intent to you.

Address: 4209 Shamrock, McHenry, IL 60050

Tenant: McHenry Dialysis Center LLC

Lease Commencement: To be determined based on approval of Certificate of Need ("CON")

Occupancy: To be determined based on approval of Certificate of Need ("CON") and occupancy permit

Rent Commencement: To be determined based on approval of Certificate of Need ("CON")

Size: 5,600 rentable square feet

Rental Rate: \$14.00 psf Modified Gross. Includes tax, insurance, CAM. Based on 2010 base year.

Rental Rate Escalation: 3% annual escalation

Operating Expenses and Real Estate Taxes: Tenant will have a 5% per year cap on all operating expenses. Tenant will be responsible for its proportionate share of any increase above the 2010 base year operating Expense and the Real Estate Taxes.

Lease Term: Ten (10) years including buildout period and commencing at Rent Commencement Date.

Renewal Rights: Tenant shall have the right to renew the lease two (2) additional five (5) year term at the then escalated rate by providing six (6) months written notice.

Permitted Use: Subject to Prohibited Activities and other terms of the lease, Premises shall be used as a Dialysis Clinic and related services, and lawful activities normally

ATTACHMENT-2

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Ms. Patrice Marks
National Realty Network
March 10, 2011
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incidental thereto, and for no other purposes.

Rent Concession: During Certificate of Need Process, construction and up to occupancy permit.

Construction: Landlord shall at its expense complete the list of items deemed "Landlords Expense" below. Tenant will hire its own contractors and vendors and be financially responsible for all work to be performed deemed "Tenants Expense" below.

Minimum Base Building Improvements:

Landlord's Expense:

- Complete in Spring 2011 lot resealing, patching and restriping as well as overall maintenance during the term of the lease
- Entry doors at main entrance will have push button access – four (4) overhead operators
- Entry doors into the suite will have push button access – two (2) overhead operators
- Change out the flooring in main vestibule entrance to quarry tile
- Provide a dedicated 1.5" water service and or village approval of tying into existing 5" sprinkler riser
- Village tap fees, if any now or in the future
- Village impact fees, if any now or in the future
- Installation and maintenance of sub meter for electrical needs
- Dedicate 400 amp, 3 phase 120/208 service for tenant use
- Replace HVAC units if necessary now or in the future
- Tenant requires four (4) tons HVAC/1000 sf

Tenant's Expense:

- Modify sidewalk at the front of the building to provide two (2) additional curb cut ADA ramps, location TBD
- Modify sidewalk on the side of the building near the front to accommodate deliveries
- Modify single door at the side entrance to a double door for deliveries
- Add single exterior door to the side of the building for direct egress from the treatment area, location TBD
- Interior demolition to clean concrete slab, bare walls and ceiling
- Water bill
- Electric bill
- Natural gas
- Routine maintenance of the existing HVAC units
- Exterior back up diesel generator, location TBD
- Buildout of space according to plan
- Mount to roof or exterior wall a satellite dish, location TBD

Right of First Refusal: Tenant shall have a continuing right of first refusal with regard to any contiguous space available or becomes available during the primary and renewal terms of the lease.

Option to Purchase: Tenant shall have first right to purchase space.

Utilities: Unit is separately metered and Tenant responsibility.

ATTACHMENT-2

Ms. Patrice Marks
National Realty Network
March 10, 2011
Page 3

Voice and Data: Tenant shall be responsible for all costs associated with the installation and set up of all telephone, data, and communication lines and equipment

Prior Access: Tenant shall have the right to access the space from lease commencement date to provide telephone, computer system, and related vendors the opportunity to construct their improvements.

Cleaning: Tenant to provide in suite janitorial service.

Parking: Building has 98 parking spaces (4.90/1000 sf). Four spaces will be reserved near front entrance for Tenant.

Security Deposit: One month, pending credit review. Tenant to provide 3 years tax return of individuals on lease.

Signage: Landlord to provide at its expense suite and directory signage. Landlord will grant tenant exclusive use of the existing exterior monument sign as well as exterior building signage that will face Shamrock Road, at the expense of the tenant along with Village approval.

Building Access: Tenant shall have access 24 hours per day, 7 days per week.

Agency Disclosure: As required by Section 38.35 of the Illinois Real Estate Brokers and Salesman License Act, 225 ILCS 455/38.35, please acknowledge that Landlord has been informed, both orally and by this written disclosure that (1) Tenant Advisors, Inc., is acting on behalf of the prospective Tenant of the real estate and (2) information given to the Agent by Landlord may be disclosed to Tenant.

ADA/Hazardous Materials: Please provide any information you have or know of that may affect Tenant's intended use of the property, including but not limited to any of the following conditions affecting the referenced property: the presence and location of asbestos, PCB transformers; other toxic, hazardous or contaminated substances and the presence of underground storage tanks. This inquiry is also a request for information you have or know of regarding zoning, the Americans With Disabilities Act (ADA) or other regulations that apply to the referenced property.

Brokerage: Tenant is represented by Bill Michael of Tenant Advisors. Landlord is represented by Patrice Marks, National Realty Network. No other brokers were involved in this transaction. All brokerage fees will be paid by the Landlord.

____ This Letter of Intent is contingent upon and non-binding on all parties until a written approval of a Certificate of Need is granted to McHenry Dialysis Center LLC and the parties have duly executed a Lease Agreement. Upon proof of approval, please prepare a Lease document that will incorporate all of the points outlined in the Letter of Intent for our review.

Should you have any questions or require any clarifications or additional information, please feel free to give me a call.

Sincerely,

ATTACHMENT-2

Ms. Patrice Marks
National Realty Network
March 10, 2011
Page 4

Tenant Advisors, Inc.

Bill Michael

Bill Michael
847.852.3084
bmichael@tenantadvisors.com

Agreed and Accepted - Landlord

By: *[Signature]*

Date: 14 MARCH 2011

Agreed and Accepted - Tenant

By: _____

Date: _____

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ATTACHMENT-2

Ms. Patrice Marks
National Realty Network
March 10, 2011
Page 4

Tenant Advisors, Inc.

Bill Michael

Bill Michael
847.852.3084
bmichael@tenantadvisors.com

Agreed and Accepted - Landlord

By: *[Signature]*
Date: 14 MARCH 2011

Agreed and Accepted - Tenant

By: *[Signature]*
Date: 15 MARCH, 2011



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MCHENRY DIALYSIS CENTER, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON MARCH 14, 2011, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A FOREIGN LIMITED LIABILITY COMPANY ADMITTED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 1107502810

Authenticate at: <http://www.cyberdriveillinois.com>

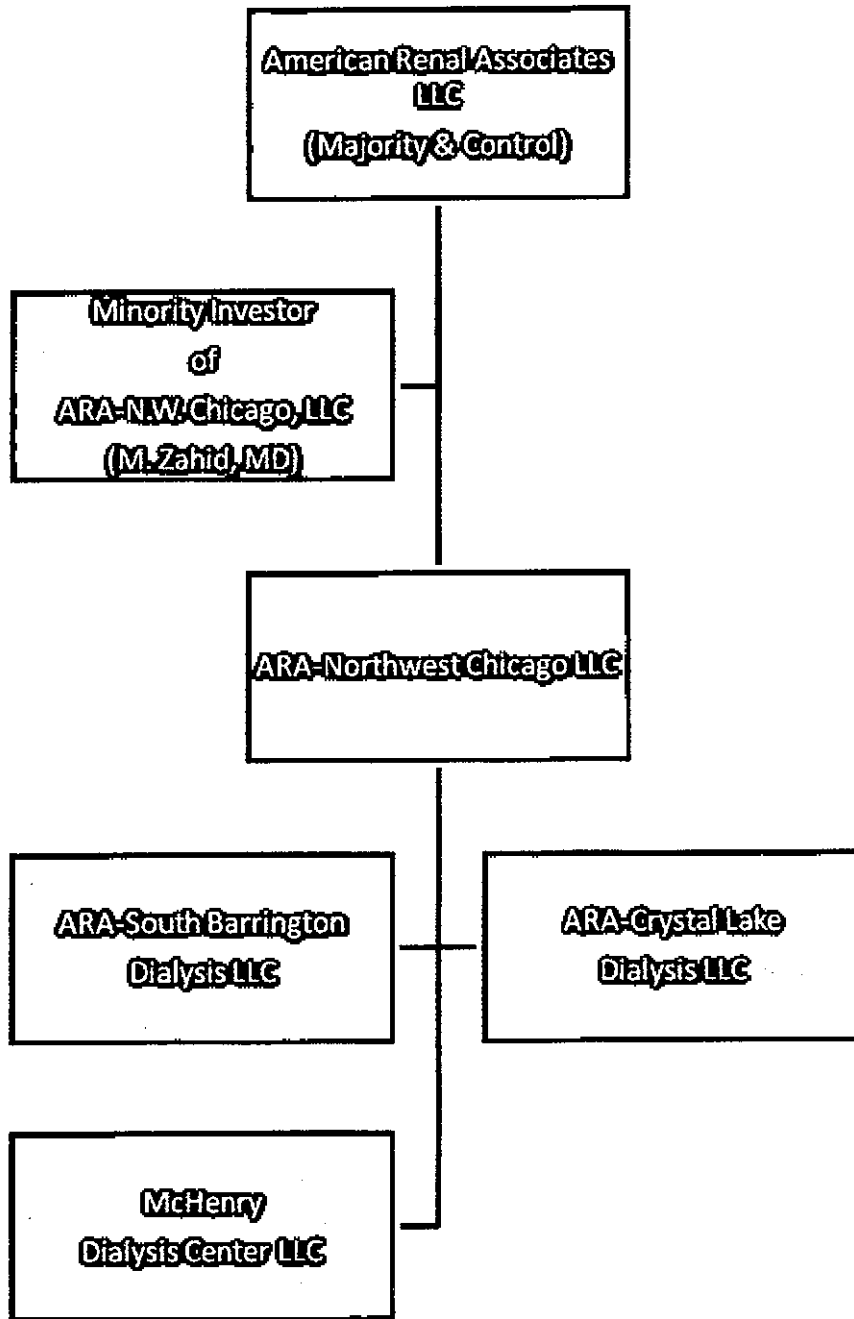
In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH day of MARCH A.D. 2011 .

Jesse White

SECRETARY OF STATE

ATTACHMENT-3

ORGANIZATIONAL CHART



NOTE ON ORGANIZATIONAL STRUCTURE

Certification for the operations of McHenry Dialysis Center will be held by McHenry Dialysis Center, LLC. McHenry Dialysis Center, LLC is wholly owned by ARA-N.W. Chicago, LLC. American Renal Associates, LLC owns a majority interest in ARA-N.W. Chicago, LLC and has control over that entity, consistent with the definition of "control" provided in Section 1130.140, and specifically as related to "having the right to 50% or more of the profits or, in the event of dissolution, the right to 50% or more of the assets of the entity." It should be noted that as illustrated in the previous organizational chart, Mohammad Zahid, MD is a minority owner of ARA-N.W. Chicago, LLC with over 5% interest. His address is 44 Pentwater Drive, Barrington, Illinois 60010.

FLOOD PLAIN REQUIREMENTS

This project does not involve any new construction, and as such, a floodplain determination is not required.

PROJECT COSTS

Preplanning Costs (\$15,000)

Costs associated with the assessment of alternative manners in which the demand for ESRD services could be addressed.

Modernization Contracts (\$672,000)

Estimate of the cost associated with the renovations of the existing physical structure to accommodate the establishment of twelve ESRD stations, including required plumbing.

Contingencies (\$56,000)

Allowance for any unanticipated renovation-related expenses.

Architectural and Engineering Fees (\$76,000)

Estimate of fees based on Capital Development Board norms for projects of this type.

Consulting and Other Fees (\$50,000)

Estimate of costs associated with CON application development, IDPH review fees, municipal permits and inspections, construction-related insurance, and miscellaneous costs.

Movable Equipment (\$420,000)

Estimate of the equipment cost associated with the establishment of a twelve ESRD station facility at a cost of \$35,000 per station.

Fair Market Value of Leased Space (\$898,768)

The total value of the lease for the initial term of the lease.

COST SPACE REQUIREMENTS

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
ESRD	\$2,187,768	0	5,600	0	5,600	0	0

BACKGROUND

The applicants are approved to operate two End Stage Renal Disease (ESRD) facilities in Illinois: ARA-South Barrington Dialysis Center, a 14-station facility located at 33 West Higgins Road in South Barrington, and ARA-Crystal Lake Dialysis Center, a 16-station facility located at 6220 Northwest Highway in Crystal Lake. The applicants operate no other certified or IDPH-licensed health care facility in Illinois.

A letter from the applicant addressing "Adverse Action" and "Access to Information" is appended. No circumstances of adverse action have been taken against the applicant and access to information is granted. American Renal Associates, LLC maintains "control" of this application's other co-applicants, consistent with the IHFSRB's definition of control.



AMERICANRENAL®
associates

March 21, 2011

Illinois Health Facilities
And Services Review Board
525 West Jefferson
Springfield, IL 62761

To Whom It May Concern:

ARA-N.W. Chicago LLC is being named as a co-applicant for a Certificate of Need application being filed with the Illinois Health Facilities and Services Review Board (IHFSRB).

In accordance with Review Criterion 1110.230.b, Background of the Applicant, we are submitting this letter assuring the IHFSRB that:

1. Neither the above-identified entity nor any affiliated entity has had any adverse actions taken against any Illinois facility owned and operated by any of those entities during the three (3) year period prior to the filing of this application, and
2. The above-identified entity authorizes the State Board and State Agency access to information to verify documentation or information submitted in response to the requirements of Review Criterion 1110.230.b or to obtain any documentation or information which the State Board or State Agency finds pertinent to this application.

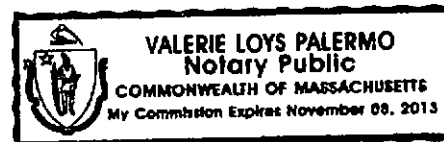
If we can in any way provide assistance to your staff regarding these assurances or any other issue relative to this application, please do not hesitate to call me.

Sincerely,

Christopher T. Ford
Chairman

Notarized:

My Commission expires 11/8/13



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66 Cherry Hill Dr • Beverly, MA 01915
Tel: 978-922-3080 • Fax: 978-922-3085

PURPOSE

The proposed project will improve health care delivery for nephrology patients living in the service area by improving access to ESRD services

The co-applicants are seeking to improve the access to ESRD services for the current "pre-ESRD" patients that will initiate dialysis within the next 12-18 months, and that are under the care of nephrologists that have indicated an intent to refer patients to the proposed facility. In order to do so, the co-applicants are proposing, as addressed in this application, to establish a twelve-station ESRD facility. ARA also operates a sixteen-station ESRD facility in Crystal Lake and a fourteen-station ESRD facility in South Barrington.

In addition, and needing to be addressed, is the fact that the admitting nephrologists to ARA's proposed facility have identified 55 "pre-ESRD" patients in their practices that will require dialysis within the next 18 months, and who reside within the market area of the proposed project. The total compliment of "pre-ESRD" patients alone will require the proposed 12 stations without moving any of the existing patients of the referring nephrologists currently dialyzing at other facilities.

In June and October respectively, the co-applicant's two existing facilities were permitted to increase capacity from 11 to 14 stations in South Barrington and from 9 to 16 stations in Crystal Lake. In each of the previous applications, 10-006 and 10-046, the need for additional capacity was documented over and above the number of stations actually requested. Currently,

ARA South Barrington Dialysis Center operates at a utilization rate of 95% and ARA Crystal Lake Dialysis operates at a 75% utilization rate, and is on schedule to meet expectations as documented in the project.

The overall and measurable goal of the project is to admit each patient an ESRD facility close to their home, and in a treatment shift (Monday-Wednesday-Friday, or Tuesday-Thursday-Saturday and morning, afternoon or evening) that is the least disruptive to the goal of leading as normal of a life as possible.

In Illinois, ARA serves nephrology patients residing in extreme northwestern Cook County, McHenry County and northeastern Kane County. That service area will not change as a result of the co-applicants plans.

ATTACHMENT-12

Alternatives

The proposed project, for the establishment of a twelve-station dialysis facility in McHenry, Illinois, is being undertaken to address the extraordinarily-high volume of “pre-ESRD” patients in the referring nephrologists’ practice. Two alternatives were considered.

Alternative 1: Offer a Fourth Dialysis Shift

The co-applicants operate an ESRD facility within the 30-minute travel time of the proposed site. In October, 2010 this facility received permission to expand from 9 stations to sixteen stations in order to accommodate the need for over 80 “pre-ESRD” patients who were specifically identified for that facility. Thus, for this facility, ARA-Crystal Lake Dialysis, to accommodate any other additional patients, it would have to add a fourth shift. ARA-Crystal Lake schedules three patients per day on a staggered basis for each treatment station, with the first patients arriving at 5AM and the last patients typically leaving at 8PM. This alternative would require the addition of a fourth treatment shift, which would conclude between 11PM and midnight. This alternative was dismissed in deference to the patients. A high percentage of the patients to be treated are elderly, and the lifestyle changes required to accommodate three dialysis sessions a week at that time of day was viewed to be both impractical and unacceptable. In addition to having no transportation services that could be accessed by the patients at that time of night, the existing 16 stations with one additional shift could not accommodate all 55

identified “pre-ESRD” patients in the McHenry area.

Alternative 2: Continue Utilization of Other Area Resources

The referring nephrologists have identified 55 “pre-ESRD” patients for the proposed project, which supports a 12-station ESRD facility. The nephrologists currently have approximately 16 patients dialyzing in another area ESRD facility. It is the nephrologists’ preference, for a variety of reasons, to centralize their patients in the ARA facilities. (Patients in non-ARA facilities will continue to use those facilities, if they desire to do so, and the justification for this project does not assume the re-locating of any of those patients.) However, based upon existing utilization, there is not adequate capacity to accommodate the need for the proposed project (55 incremental patients) within a 30-minute adjusted travel time either by an individual facility or collectively.

SIZE OF PROJECT

The proposed project, which involves the establishment of a 12-station ESRD facility, addresses only one service for which the IHFSRB has a square footage standard, and as identified in the table below, McHenry Dialysis Center will not provide excessive space.

Department/Service	Proposed DGSF	State Standard	Difference	Met Standard?
ESRD (12)	5,600	6,240	-640	Yes

PROJECT SERVICES UTILIZATION

McHenry Dialysis Center is projected to operate at a utilization level that surpasses the IHFSRB's target utilization level of 80%, by the second full year, following the project's completion, and as identified in the table below.

Dept./ Service	Projected Utilization		State Standard	Met Standard"
	YEAR 1	YEAR 2		
"Pre-ESRD" Patients 55	80%	100%		
ESRD	6,864	8,580	8,251+	YES

The referring nephrologists primarily serve the patients residing in extreme northwest Cook County, McHenry County and northeastern Kane County. The nephrologists have referred the majority of their patients to ARA South Barrington Dialysis Center, which has a utilization rate of 95%, and ARA Crystal Lake Dialysis, which was approved to add 7 stations (HFSRB Project Number 10-046) and is on schedule to reach target utilization levels as proposed in that application.

The primary referring nephrologists have a growing practice, and the physicians have identified 55 "pre-ESRD" patients residing proximate to the proposed facility, that will need to initiate dialysis services within the next 12-18 months.

The attached letters from Dr. Mohammad Zahid, Dr. Tewabe Kebede and Dr. Betsy Eaton identify 55 area patients currently in their practices that will need to initiate dialysis services within the next 12-18 months, and that will use McHenry Dialysis Center, assuming treatment slots are available. These patients provide a sufficiently-sized patient population to easily allow the facility to operate at the IHFSRB's target utilization level.

ATTACHMENT-15

The Elgin Clinic, LTD

MOHAMMAD ZAHID, M.D., F.A.C.P., F.A.C.N.

Diplomate, American Board of Internal Medicine and Nephrology

Mr. Michael Constantino
Supervisor, Project Review
Illinois Health Facilities and
Review Board
525 West Jefferson
Springfield, Illinois 62761

March 23, 2011

Re: McHenry Dialysis, LLC

To Whom It May Concern:

I am a Board Certified Nephrologist, and within my practice I treat a large number of patients from McHenry County.

I support the proposed establishment of McHenry Dialysis, LLC and I believe that the proposed establishment will benefit my patients. I currently admit patients to 11 different dialysis facilities throughout the far northwestern suburbs. As a result, and because I believe it to be important that I see my patients regularly, I spend a significant amount of time driving between dialysis facilities. It is my desire to consolidate my in-center practice to approximately half the number of centers that I currently visit, allowing more time to be spent with my patients.

I routinely have approximately 175 patients on dialysis at any given time. In addition, I now have 65 "pre-ESRD" patients in my practice that will require chronic dialysis within the next months. I have attached the initials and ZIP codes of 30 of those patients who most certainly use this facility, if the proposed establishment is approved. None of these patient's identities have been used in the support of any other projects presented to the IHFSRB.

It has been my experience that as existing dialysis facilities see their utilization increase, the available treatment "slots" are typically either very early in the morning, or extend well into the evening, neither of which scenario is desirable for patients attempting to live as normal of a life as possible while on dialysis. This situation becomes even more critical for elderly patients, who often need to rely on others for transportation to and from the dialysis center 3 times a week. In northern McHenry County this issue is further exacerbated by an absence of transport programs during the typical early and late dialysis shifts.

The approval of the proposed establishment of McHenry Dialysis, LLC would improve the quality of life for my patients, and I urge the Illinois Health Facilities and Services Review Board to act favorably on the request to expand.

Sincerely,



Mohammad Zahid



Notarized:



The Elgin Clinic, Ltd.,
1530 N. Randall Road,
Suite-200, Elgin, IL 60123
(847) 697-6464

Fox Glen Condominiums,
102-B Fox Glen Drive,
Barrington, IL 60010
(847) 697-6464

Capital Court Commons,
719-B Ridge View Drive,
McHenry, IL 60050
(847) 697-6464

ATTACHMENT IS

47

Pre-ESRD Patients, Mohammad Zahid, MD

JS	Hoffman Estates	60169
DS	Holiday Hills	90051
MS	Crystal Lake	60014
FB	Crystal Lake	60012
DS	Elgin	60121
EA	Carpentersville	60110
JA	McHenry	60051
JS	Algonquin	60102
LD	Wonder Lake	60097
AT	Wonder Lake	60097
RT	Marengo	60152
AV	Elgin	60102
FM	McHenry	60050
EW	Twin Lakes	53181
EW	Woodstock	60098
RF	Huntley	60142
TN	Sleepy Hollow	60118
BB	Wonder Lake	60097
JB	Arlington Heights	60004
JO	Carpentersville	60110
EO	Algonquin	60102
DO	Elgin	60123
HW	McHenry	60050
TP	Harvard	60033
JP	Woodstock	60098
MF	Fox lake	60020
DR	Lake Barrington	60010
TR	Lake Barrington	60010
RB	Hoffman Estates	60169
JB	Schaumburg	60194

Nephrology Association of Elgin Clinic, PC

Board Certified in Internal Medicine and Nephrology

Mr. Michael Constantino
Supervisor, Project Review
Illinois Health Facilities and
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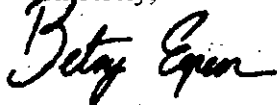
I support the proposed establishment of McHenry Dialysis, LLC and I believe that the proposed establishment will benefit my patients. I currently admit patients to 5 different dialysis facilities throughout the far northwestern suburbs. As a result, and because I believe it to be important that I see my patients regularly, I spend a significant amount of time driving between dialysis facilities. It is my desire to consolidate my in-center practice to approximately half the number of centers that I currently visit, allowing more time to be spent with my patients.

I routinely have approximately 30 patients on dialysis at any given time. In addition, I now have 15 "pre-ESRD" patients in my practice that will require chronic dialysis within the next 12-18 months. I have attached the initials and ZIP codes of 10 of those patients who most certainly use this facility, if the proposed establishment is approved. None of these patient's identities have been used in the support of any other projects presented to the IHFSRB.

It has been my experience that as existing dialysis facilities see their utilization increase, the available treatment "slots" are typically either very early in the morning, or extend well into the evening, neither of which scenario is desirable for patients attempting to live as normal of a life as possible while on dialysis. This situation becomes even more critical for elderly patients, who often need to rely on others for transportation to and from the dialysis center 3 times a week. In northern McHenry County this issue is further exacerbated by an absence of transport programs during the typical early and late dialysis shifts.

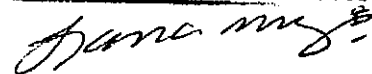
The approval of the proposed establishment of McHenry Dialysis, LLC would improve the quality of life for my patients, and I urge the Illinois Health Facilities and Services Review Board to act favorably on the request to expand.

Sincerely,



Betsy Eapen

Notarized:



The Elgin Clinic, Ltd.,
1530 N. Randall Road,
Suite-200, Elgin, IL 60123
(847) 697-6464

Fox Glen Condominiums,
102-B Fox Glen Drive,
Fox River Grove, IL 60021
(847) 697-6464

49

Capital Court Commons,
719-B Ridge View Drive,
McHenry, IL 60050
(847) 697-6464

ATTACHMENT 1a

Pre-ESRD Patients, Betsy Eapen, MD

MF	Fox Lake	60020
RA	Streamwood	60107
CJ	Union	60180
PL	Ingleside	60041
MM	Woodstock	60098
JR	Carpentersville	60110
FG	Harvard	60033
JG	Wauconda	60084
WS	Crystal Lake	60012
WB	Woodstock	60098

Board Certified in Internal Medicine and Nephrology

Mr. Michael Constantino
Supervisor, Project Review
Illinois Health Facilities and
Review Board
525 West Jefferson
Springfield, Illinois 62761

March 23, 2011

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I routinely have approximately 35 patients on dialysis at any given time. In addition, I now have 18 "pre-ESRD" patients in my practice that will require chronic dialysis within the next 12-18 months. I have attached the initials and ZIP codes of 15 of those patients who most certainly use this facility, if the proposed establishment is approved. None of these patient's identities have been used in the support of any other projects presented to the IHFSRB.

It has been my experience that as existing dialysis facilities see their utilization increase, the available treatment "slots" are typically either very early in the morning, or extend well into the evening, neither of which scenario is desirable for patients attempting to live as normal of a life as possible while on dialysis. This situation becomes even more critical for elderly patients, who often need to rely on others for transportation to and from the dialysis center 3 times a week. In northern McHenry County this issue is further exacerbated by an absence of transport programs during the typical early and late dialysis shifts.

The approval of the proposed establishment of McHenry Dialysis, LLC would improve the quality of life for my patients, and I urge the Illinois Health Facilities and Services Review Board to act favorably on the request to expand.

Sincerely,
T. Kebede

Tewabe Kebede

Notarized:



Lana Mirza

The Elgin Clinic, Ltd.,
1530 N. Randall Road,
Suite-200, Elgin, IL 60123
(847) 697-6464

Fox Glen Condominiums,
102-B Fox Glen Drive,
Fox River Grove, IL 60021
(847) 697-6464

51

Capital Court Commons,
719-B Ridge View Drive,
McHenry, IL 60050
(847) 697-6464

ATTACHMENT 1

Pre-ESRD Patients, Tewabe Kebede, MD

LC	Algonquin	60102
KL	Lake in the Hills	60156
BC	Grayslake	60030
BH	Poplar Grove	60165
LB	Elgin	60120
TT	Cary	60013
WH	McHenry	60050
KC	Lake in the Hills	60156
ML	McHenry	60050
DW	Cary McHenry	60013
WM	Kenosha	53181
KM	Cary	60013
DC	Crystal Lake	60014
DP	McHenry	60050
MB	Streamwood	60107

Formula Calculation

The latest update to the Inventory, effective February 18, 2011, calculates the need for stations in Health Service Area (HSA) 8. HSA 8 consist of the entirety of McHenry, Lake and Kane Counties, and as a result, drive times within this service area are excessive. For example, from Aurora Dialysis Center to Neomedica – Gurnee, Mapquest.com calculates the travel time to be 79 minutes—a drive that would need to be endured by a patient twice a day, three times-a-week. Although the calculated need appears to show an excess of stations, as the chart below illustrates, the increase in demand is growing significantly.

Facility	City	# of Stations 12/7/2010	# of Stations 3/7/2011	9/30/10	12/31/10	9/30/2010 Utilization	12/31/2010 Utilization	Potentially Available Stations
Cobblestone Dialysis	Elgin	14	14	67	63	79.76%	75.00%	0.7
Highland Park Hospital	Highland Park	20	20	98	90	81.67%	75.00%	1.0
Aurora Dialysis Center	Aurora	24	24	94	114	65.28%	79.17%	0.2
Neomedica - Gurnee	Gurnee	14	14	78	85	92.86%	101.19%	-3.0
Lake County Dialysis Ctr	Libertyville	16	16	61	68	63.54%	70.83%	1.5
Fox Valley Dialysis Center	Aurora	26	26	136	135	87.18%	86.54%	-1.7
Dialysis Center of America - NCDC	Waukegan	22	22	97	96	73.48%	72.73%	1.6
Quality Renal Care-Dundee	Carpentersville	13	13	32	72	41.03%	92.31%	-1.6
Delnor Community Hospital Tri Cities	Geneva	18	18	71	74	65.74%	68.52%	2.1
Neomedica Dialysis Ctrs - Round Lake	Round Lake	16	16	81	87	84.38%	90.63%	-1.7
Quality Renal Care	Marengo	10	10	66	26	110.00%	43.33%	3.7
ARA- Crystal Lake Dialysis	Crystal Lake	16	16	44	52	45.83%	54.17%	4.1
Lake Villa Dialysis	Lake Villa	12	12	34	28	47.22%	38.89%	4.9
Fresenius Medical Care of Lake Bluff	Lake Bluff	16	16	55	72	57.29%	75.00%	0.8
Fresenius Medical Care of McHenry	McHenry	12	12	23	47	31.94%	65.28%	1.8
Fresenius Medical Care of Antioch	Antioch	12	12	22	50	30.56%	69.44%	1.3
Crystal Spring Dialysis	Crystal Lake	12	12	24	24	33.33%	33.33%	5.6
Barrington Creek Dialysis	Lake Barrington	12	0	0	0	0.00%	0.00%	0.0
Fresenius Medical Care-Elgin	Elgin	12	12	0	0	0.00%	0.00%	9.6
Fresenius Medical Care West Batavia	Batavia	12	12	0	0	0.00%	0.00%	9.6
Fresenius Medical Care Mundelein	Mundelein	12	12	0	0	0.00%	0.00%	9.6
Fresenius Medical Care Waukegan Harbor	Waukegan	21	21	0	0	0.00%	0.00%	16.8
TOTAL		342	330	1083	1183	52.78%	59.75%	
PERCENT CHANGE (4th Quarter 2010)			-4%		9.2%		13.21%	
TOTAL (Annualized for 2011 based upon 4th Quarter results)					330		1684	85.06%

The chart above also calculates the number of potentially available stations. The data shows that

the only significant availability is in those facilities that were recently approved for expansion or establishment, and that are in the process of either start-up or bringing additional stations on line. (it should be noted that each of these facilities was required to identify prospective patients, which were not used to justify any other project.)

What is unique about ESRD, as a service, is that it is patient-specific, and the new and expanding facilities, as well as the patients for the proposed project, are specifically identified, and do not overlap. As a result, the need for those respective facilities and their ability to reach optimal utilization has already been substantiated. Furthermore, based upon the last quarter's nine percent increase in total number of treatments (see table, above), the estimated need for ESRD services will far outweigh existing capacity including that of the proposed project.

Service to Planning Area Residents

The primary purpose of the proposed project will be to improve access to ESRD services to the residents of McHenry County and those of the geographic service area outlined by a 30-minute travel time from the proposed site.

The table below provides an analysis of the origin of each “pre-ESRD” patient identified who will utilize the proposed facility.

Zip Code	Community	Patients	% Within 30 Min & County
60050	McHenry	6	10.9%
60098	Woodstock	4	7.3%
60013	Cary	3	5.5%
60097	Wonder Lake	3	5.5%
60102	Algonquin	3	5.5%
60110	Carpentersville	3	5.5%
60010	Lake Barrington	2	3.6%
60012	Crystal Lake	2	3.6%
60014	Crystal Lake	2	3.6%
60020	Fox Lake	2	3.6%
60156	Lake in the Hills	2	3.6%
60030	Grayslake	1	1.8%
60041	Ingleside	1	1.8%
60084	Wauconda	1	1.8%
60118	Sleepy Hollow	1	1.8%
Total c/in 30-minutes		36	65.5%
60033	Harvard	2	
60142	Huntley	1	
60152	Marengo	1	
60180	Union	1	
Also in McHenry Co.		5	9.1%
All others		14	25.4%
60120-60123, 53181, 60107, 60169, 60004, 60165 60194, and 90051		55	100%

The top fifteen Zip Code areas identified in the above table provide the highest number of “pre-ESRD” patients to the proposed McHenry Dialysis Center, and are all located within the 30-minute market area. If one were to include the Zip Code areas for Harvard, Huntley, Marengo and Union, all of which are also located in McHenry County, 74.5% of all proposed

patients to the proposed project will be McHenry County residents. As such, the proposed McHenry Dialysis Center will have well in excess of 50% of its patients residing in the geographic service area.

Service Demand – Establishment of In-Center Hemodialysis Service

The number of ESRD stations being proposed is derived from the identified number of “pre-ESRD” patients who will need to dialyze within the next 12-18 months as referred by Drs. Zahid, Kedede, and Eaton. The calculation in the chart below illustrates the need for the establishment of 12 ESRD station facility.

Dialysis Patients	Annual Treatments per Patient	Total Annual Treatments
55	156 <small>(3 treatments/wk x 52 wks/yr)</small>	8,580
Total Annual Treatments	Annual Utilization Target	Total Stations Justified
8,580	749 <small>(3 Shift/day x 6 days/wk x 54wks/yr x 80%)</small>	12

The patient origin by zip code for the 55 "pre-ESRD" patients identified is summarized in the following chart. Approximately 65.5% of the identified patients come from within the 30-minute travel time, thereby, first and foremost the proposed project will be primarily serving the residents of the Planning Area. From the map appended herein, it is clear that the vast majority of the 30 minute market area is well within the confines of HSA 8.

The attached letters from Drs. Zahid, Kedede, and Eaton identify 55 area patients currently in their practices that will need to initiate dialysis services within the next 12-18 months, and that will use McHenry Dialysis Center, assuming treatment slots are available. These patients provide a sufficiently-sized patient population to easily allow the facility to

operate at the IHFSRB's target utilization level. The need for this project is supported exclusively by the identified "pre-ESRD" patients, and as a result, the project will have no impact on other area ESRD providers.

Patient Origin by Zip Code

Zip Code	Community	Patients	% Within 30 Min & County
60050	McHenry	6	10.9%
60098	Woodstock	4	7.3%
60013	Cary	3	5.5%
60097	Wonder Lake	3	5.5%
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60020	Fox Lake	2	3.6%
60156	Lake in the Hills	2	3.6%
60030	Grayslake	1	1.8%
60041	Ingleside	1	1.8%
60084	Wauconda	1	1.8%
60118	Sleepy Hollow	1	1.8%
60033	Harvard	2	0.0%
60142	Huntley	1	0.0%
60152	Marengo	1	0.0%
60180	Union	1	0.0%
60120	Elgin 60120-60123	4	0.0%
53181	Kenosha, Twin Lakes	2	0.0%
60107	Streamwood	2	0.0%
60169	Hoffman Estates	2	0.0%
60004	Arlington Heights	1	0.0%
60165	Poplar Grove	1	0.0%
60194	Schaumburg	1	0.0%
90051	Holiday Hills	1	0.0%
		55	65.5%

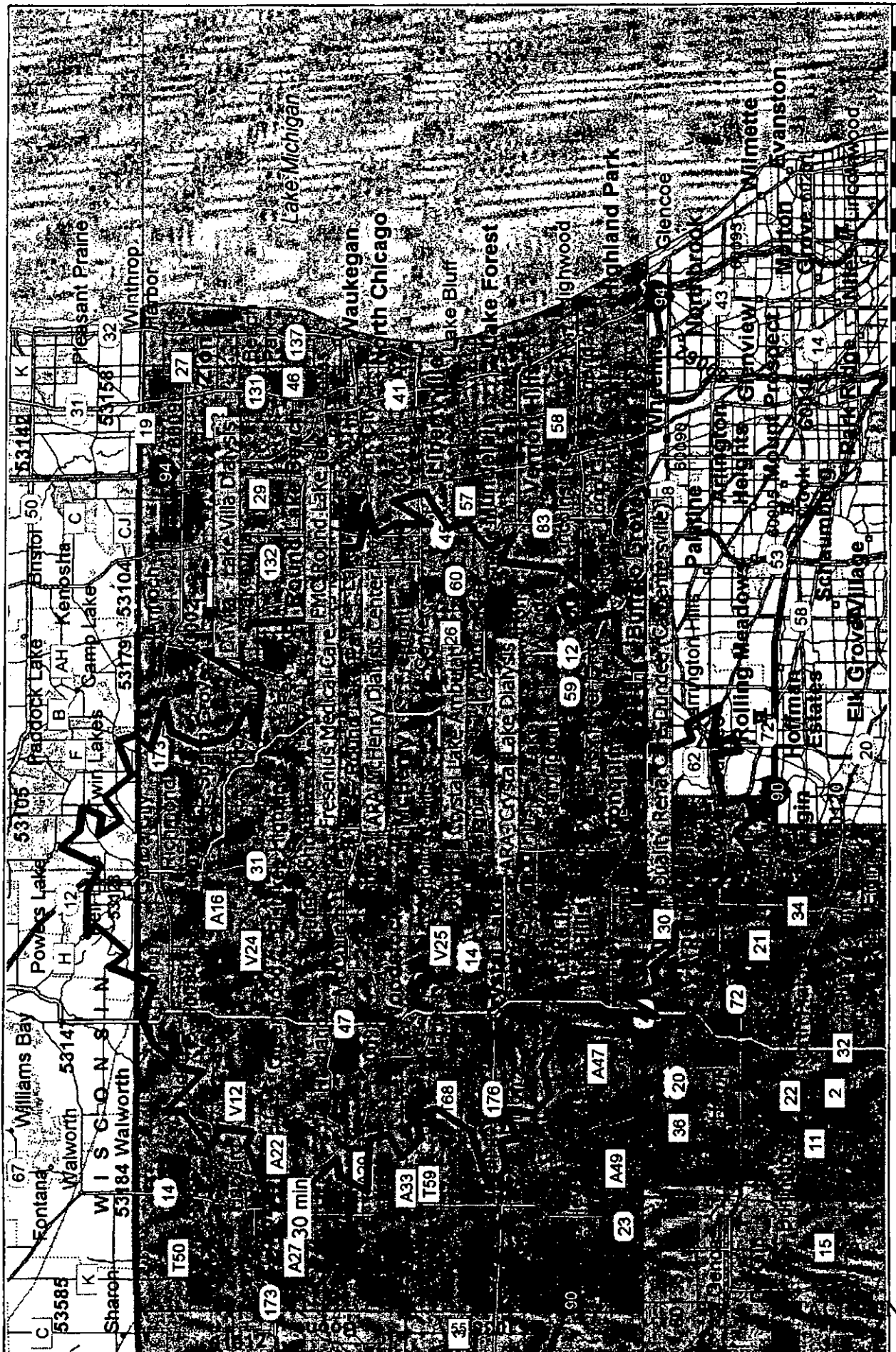
In addition, all three counties comprising HAS 8, and particularly McHenry County are

experiencing rapid population growth. According to the Illinois Department of Commerce and Economic Opportunity's website, (see the attached chart) McHenry, Kane and Lake Counties are growing at a rate that far surpasses that of the State. As the demographic data relates to ESRD incidence rates, it is common knowledge that there is a much higher need for dialysis those who are elderly. The enclosed chart provides a breakout of the 65+, 75+ and 85+ age cohorts, as compared to that of the State's age cohorts. In addition to the rapid population growth in total population and in the elderly age cohorts, there appears to be a rapid increase in use rates as illustrated in the utilization chart of area facilities that was derived from The Renal Network, that would indicate along with the population growth that there is a need for more capacity in HSA 8.

Table 1 Stations, Patients, & Utilization for HSA 8

Facility	Number of Stations 12/7/2010	Number of Stations 3/7/2011	# of Patients 9/30/2010	# of Patients 12/31/2010	9/30/2010 Utilization	12/31/2010 Utilization	Potential Stations (Available)
TOTAL	342	330	1083	1183	52.78%	59.75%	
PERCENT CHANGE (4th Quarter 2010)				9.2%		13.21%	
Projected Annual Growth		330		1684		85.06	350
Proposed Project Effect	+12	342		1684			(-8)

map2



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The Elgin Clinic, LTD

MOHAMMAD ZAHID, M.D., F.A.C.P., F.A.C.N.

Diplomate, American Board of Internal Medicine and Nephrology

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Sincerely,

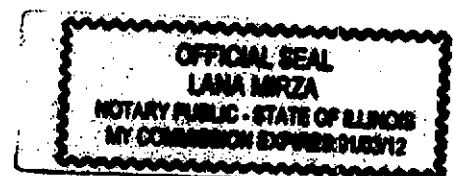


Mohammad Zahid

The Elgin Clinic, Ltd.,
1530 N. Randall Road,
Suite-200, Elgin, IL 60123
(847) 697-6464

Fox Glen Condominiums,
102-B Fox Glen Drive,
Barrington, IL 60010
(847) 697-6464

Notarized:



Capital Court Commons,
719-B Ridge View Drive,
McHenry, IL 60050
(847) 697-6464

ATTACHMENT 26b3

Pre-ESRD Patients, Mohammad Zahid, MD

JS	Hoffman Estates	60169
DS	Holiday Hills	90051
MS	Crystal Lake	60014
FB	Crystal Lake	60012
DS	Elgin	60121
EA	Carpentersville	60110
JA	McHenry	60051
JS	Algonguin	60102
LD	Wonder Lake	60097
AT	Wonder Lake	60097
RT	Marengo	60152
AV	Elgin	60102
FM	McHenry	60050
EW	Twin Lakes	53181
EW	Woodstock	60098
RF	Huntley	60142
TN	Sleepy Hollow	60118
BB	Wonder Lake	60097
JB	Arlington Heights	60004
JO	Carpentersville	60110
EO	Algonguin	60102
DO	Elgin	60123
HW	McHenry	60050
TP	Harvard	60033
JP	Woodstock	60098
MF	Fox lake	60020
DR	Lake Barrington	60010
TR	Lake Barrington	60010
RB	Hoffman Estates	60169
JB	Schaumburg	60194

Nephrology Associates at Elgin Clinic, PC

Board Certified in Internal Medicine and Nephrology

Mr. Michael Constantino
Supervisor, Project Review
Illinois Health Facilities and
Review Board
525 West Jefferson
Springfield, Illinois 62761

March 23, 2011

Re: McHenry Dialysis, LLC

To Whom It May Concern:

I am a Board Certified Nephrologist, and within my practice I treat a large number of patients from McHenry County.

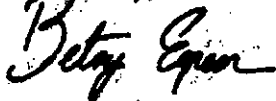
I support the proposed establishment of McHenry Dialysis, LLC and I believe that the proposed establishment will benefit my patients. I currently admit patients to 5 different dialysis facilities throughout the far northwestern suburbs. As a result, and because I believe it to be important that I see my patients regularly, I spend a significant amount of time driving between dialysis facilities. It is my desire to consolidate my in-center practice to approximately half the number of centers that I currently visit, allowing more time to be spent with my patients.

I routinely have approximately 30 patients on dialysis at any given time. In addition, I now have 15 "pre-ESRD" patients in my practice that will require chronic dialysis within the next 12-18 months. I have attached the initials and ZIP codes of 10 of those patients who most certainly use this facility, if the proposed establishment is approved. None of these patient's identities have been used in the support of any other projects presented to the IHFSRB.

It has been my experience that as existing dialysis facilities see their utilization increase, the available treatment "slots" are typically either very early in the morning, or extend well into the evening, neither of which scenario is desirable for patients attempting to live as normal of a life as possible while on dialysis. This situation becomes even more critical for elderly patients, who often need to rely on others for transportation to and from the dialysis center 3 times a week. In northern McHenry County this issue is further exacerbated by an absence of transport programs during the typical early and late dialysis shifts.

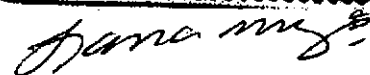
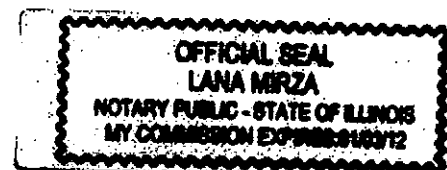
The approval of the proposed establishment of McHenry Dialysis, LLC would improve the quality of life for my patients, and I urge the Illinois Health Facilities and Services Review Board to act favorably on the request to expand.

Sincerely,



Betsy Eapen

Notarized:



The Elgin Clinic, Ltd.,
1530 N. Randall Road,
Suite-200, Elgin, IL 60123
(847) 697-6464

Fox Glen Condominiums,
102-B Fox Glen Drive,
Fox River Grove, IL 60021
(847) 697-6464

Capital Court Commons,
719-B Ridge View Drive,
McHenry, IL 60050
(847) 697-6464

ATTACHMENT 26b3

6.3

Pre-ESRD Patients, Betsy Eapen, MD

MF	Fox Lake	60020
RA	Streamwood	60107
CJ	Union	60180
PL	Ingleside	60041
MM	Woodstock	60098
JR	Carpentersville	60110
FG	Harvard	60033
JG	Wauconda	60084
WS	Crystal Lake	60012
WB	Woodstock	60098

Nephrology Associates at Elgin Clinic, PC

Board Certified in Internal Medicine and Nephrology

Mr. Michael Constantino
Supervisor, Project Review
Illinois Health Facilities and
Review Board
525 West Jefferson
Springfield, Illinois 62761

March 23, 2011

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I am a Board Certified Nephrologist, and within my practice I treat a large number of patients from McHenry County.

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I routinely have approximately 35 patients on dialysis at any given time. In addition, I now have 18 "pre-ESRD" patients in my practice that will require chronic dialysis within the next 12-18 months. I have attached the initials and ZIP codes of 15 of those patients who most certainly use this facility, if the proposed establishment is approved. None of these patient's identities have been used in the support of any other projects presented to the IHFSRB.

It has been my experience that as existing dialysis facilities see their utilization increase, the available treatment "slots" are typically either very early in the morning, or extend well into the evening, neither of which scenario is desirable for patients attempting to live as normal of a life as possible while on dialysis. This situation becomes even more critical for elderly patients, who often need to rely on others for transportation to and from the dialysis center 3 times a week. In northern McHenry County this issue is further exacerbated by an absence of transport programs during the typical early and late dialysis shifts.

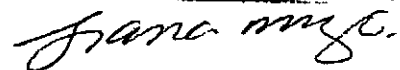
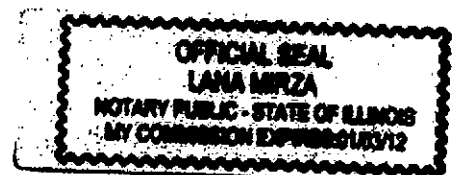
The approval of the proposed establishment of McHenry Dialysis, LLC would improve the quality of life for my patients, and I urge the Illinois Health Facilities and Services Review Board to act favorably on the request to expand.

Sincerely,



Tewabe Kebede

Notarized:



The Elgin Clinic, Ltd.,
1530 N. Randall Road,
Suite-200, Elgin, IL 60123
(847) 697-6464

Fox Glen Condominiums,
102-B Fox Glen Drive,
Fox River Grove, IL 60021
(847) 697-6464

Capital Court Commons,
719-B Ridge View Drive,
McHenry, IL 60050
(847) 697-6464

ATTACHMENT

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Pre-ESRD Patients, Tewabe Kebede, MD

LC	Algonquin	60102
KL	Lake in the Hills	60156
BC	Grayslake	60030
BH	Poplar Grove	60165
LB	Elgin	60120
TT	Cary	60013
WH	McHenry	60050
KC	Lake in the Hills	60156
ML	McHenry	60050
DW	Cary McHenry	60013
WM	Kenosha	53181
KM	Cary	60013
DC	Crystal Lake	60014
DP	McHenry	60050
MB	Streamwood	60107

State/ County	Race	Age Group	2010	2015	% Increase 2010-2015	2020	% Increase 2015-2020	2025	% Increase 2020-2025	2030	% Increase 2025-2030
Illinois	All	All	13,279,091	13,748,698	3.5%	14,316,487	4.1%	14,784,968	3.3%	15,138,849	2.4%
		65+	1,658,020	1,889,689	14.0%	2,201,461	16.5%	2,567,487	16.6%	2,883,470	12.3%
		75+	804,649	840,003	4.4%	836,745	11.5%	1,125,122	20.1%	1,363,163	20.3%
		85+	289,950	288,054	10.4%	314,336	5.6%	342,525	9.0%	402,311	17.5%
Illinois	Asian	All	628,683	742,268	18.1%	872,341	17.5%	989,467	13.4%	1,094,499	10.6%
		65+	53,378	74,642	39.6%	98,303	31.7%	123,846	26.0%	151,552	22.4%
		75+	19,519	27,545	41.1%	38,783	40.6%	54,491	40.5%	71,269	30.8%
		85+	5,518	7,664	42.5%	10,568	34.4%	15,130	43.2%	21,541	42.4%
Illinois	Black	All	1,981,006	2,035,723	2.8%	2,094,687	2.9%	2,132,678	1.8%	2,150,187	0.8%
		65+	194,838	227,382	16.7%	271,042	19.2%	324,387	19.7%	370,751	14.3%
		75+	87,718	99,036	12.9%	112,431	13.5%	135,580	20.6%	166,148	22.5%
		85+	26,443	32,849	24.2%	38,339	16.7%	44,371	15.7%	51,601	16.3%
Illinois	Hispanic	All	1,877,681	2,041,127	8.7%	2,206,816	8.1%	2,380,472	7.9%	2,562,430	7.6%
		65+	89,438	123,615	38.2%	168,537	36.3%	228,060	35.3%	299,782	31.4%
		75+	34,195	48,099	34.8%	61,457	33.3%	85,881	39.7%	118,415	37.9%
		85+	7,939	12,275	54.6%	17,364	41.5%	23,441	35.0%	31,739	35.4%
<hr/>											
Kane	All	All	516,914	572,277	10.7%	630,663	10.2%	688,648	6.0%	679,403	1.6%
		65+	48,618	89,144	26.9%	74,898	26.3%	91,214	22.1%	108,115	16.3%
		75+	20,983	23,845	12.8%	28,924	22.2%	37,856	30.2%	47,379	25.8%
		85+	7,285	8,177	12.2%	9,138	11.7%	10,348	13.2%	12,732	23.1%
Kane	Asian	All	12,147	14,411	18.6%	16,544	14.8%	17,558	6.1%	17,457	-0.6%
		65+	799	1,330	66.5%	1,895	42.5%	2,584	36.4%	3,270	26.5%
		75+	221	334	51.1%	590	76.6%	998	69.2%	1,389	39.2%
		85+	54	80	48.1%	118	47.5%	181	53.4%	338	86.7%
Kane	Black	All	31,174	35,053	12.4%	39,035	11.4%	41,739	6.9%	42,829	2.6%
		65+	1,611	2,201	36.6%	2,993	36.0%	3,822	21.0%	4,171	15.2%
		75+	507	642	26.6%	917	42.8%	1,250	36.3%	1,637	31.0%
		85+	115	124	7.8%	161	29.8%	211	31.1%	306	45.0%
Kane	Hispanic	All	118,478	129,248	9.1%	140,854	8.8%	152,882	8.7%	165,492	8.2%
		65+	4,072	6,036	48.2%	8,574	42.0%	12,178	42.0%	16,694	37.1%
		75+	1,373	1,996	45.4%	2,865	43.5%	4,291	49.8%	6,128	42.8%
		85+	281	449	59.8%	712	58.6%	1,038	45.5%	1,511	45.8%
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Lake	All	All	782,918	794,851	4.2%	820,250	3.2%	863,245	6.2%	873,024	1.1%
		65+	71,894	88,409	20.2%	103,821	19.9%	126,888	22.3%	147,643	16.5%
		75+	32,736	38,889	9.5%	42,240	17.8%	53,400	26.4%	66,532	22.7%
		85+	10,584	12,477	18.1%	13,484	8.1%	15,404	14.2%	19,017	23.5%
Lake	Asian	All	41,703	48,113	15.4%	53,932	12.1%	60,854	12.8%	64,662	6.3%
		65+	3,045	4,424	45.3%	6,187	39.9%	8,357	35.1%	11,023	31.9%
		75+	1,135	1,603	41.2%	2,304	43.7%	3,327	44.4%	4,640	39.5%
		85+	274	458	67.2%	648	41.5%	899	38.7%	1,309	45.6%
Lake	Black	All	58,208	63,423	9.0%	68,260	7.6%	73,882	8.2%	77,325	4.7%
		65+	3,843	4,466	22.6%	5,707	27.8%	7,544	32.2%	9,511	26.1%
		75+	1,610	1,871	16.2%	2,106	12.6%	2,681	27.3%	3,602	34.4%
		85+	520	649	24.8%	752	15.9%	897	19.3%	1,009	12.5%
Lake	Hispanic	All	114,430	124,529	8.8%	135,048	8.4%	146,279	8.3%	157,961	8.0%
		65+	3,842	5,454	49.8%	8,003	46.7%	11,679	45.9%	16,806	43.9%
		75+	1,272	1,810	42.3%	2,540	40.3%	3,875	52.6%	5,757	48.6%
		85+	284	455	60.2%	649	42.6%	934	43.9%	1,334	42.8%
<hr/>											
McHenry	All	All	337,034	377,318	12.0%	407,931	8.1%	434,286	6.5%	443,388	2.1%
		65+	30,412	39,922	31.3%	50,823	26.8%	64,648	27.7%	78,064	20.8%
		75+	12,098	14,582	20.5%	18,756	28.6%	25,026	33.4%	31,727	28.8%
		85+	3,176	4,015	26.4%	4,432	10.4%	5,381	21.4%	7,216	34.1%
McHenry	Asian	All	6,755	8,280	22.8%	9,868	16.7%	10,881	12.4%	11,538	6.2%
		65+	470	743	58.1%	1,007	35.5%	1,272	26.3%	1,647	29.5%
		75+	124	222	79.0%	353	59.0%	552	56.4%	726	31.5%
		85+	42	48	14.3%	68	41.7%	131	92.6%	203	55.0%
McHenry	Black	All	3,464	4,413	27.4%	5,145	16.6%	5,868	14.1%	6,319	7.7%
		65+	44	84	90.9%	149	77.4%	204	36.9%	352	72.5%
		75+	9	9	0.0%	24	168.7%	51	112.5%	87	70.6%
		85+	3	3	0.0%	3	0.0%	4	33.3%	11	175.0%
McHenry	Hispanic	All	24,182	26,322	8.8%	28,530	8.4%	30,893	8.3%	33,354	8.0%
		65+	856	988	50.6%	1,560	57.9%	2,427	55.6%	3,593	48.0%
		75+	222	309	39.2%	460	48.9%	702	52.6%	1,134	61.5%
		85+	48	87	81.3%	113	29.9%	157	38.9%	243	54.8%

Facility	City	HSA	Number of Stations		9/30/2010	12/31/2010	9/30/2010	12/31/2010
			12/17/2010	3/7/2011			Utilization	Utilization
Cobblestone Dialysis	Elgin	8	14	14	67	63	79.76%	75.00%
Highland Park Hospital	Highland Park	8	20	20	98	90	81.67%	75.00%
Aurora Dialysis Center	Aurora	8	24	24	94	114	65.28%	79.17%
Neomedica - Gurnee	Gurnee	8	14	14	78	86	92.86%	101.19%
Lake County Dialysis Ctr	Libertyville	8	16	16	61	68	63.54%	70.83%
Fox Valley Dialysis Center	Aurora	8	26	26	136	135	87.18%	86.54%
Dialysis Center of America - NCDC	Waukegan	8	22	22	97	96	73.48%	72.73%
Quality Renal Care-Dundee	Carpentersville	8	13	13	32	72	41.03%	92.31%
Delnor Community Hospital Tri Cities	Geneva	8	18	18	71	74	65.74%	68.52%
Neomedica Dialysis Ctrs - Round Lake	Round Lake	8	16	16	81	87	84.38%	90.63%
Quality Renal Care	Marengo	8	10	10	66	26	110.00%	43.33%
ARA- Crystal Lake Dialysis	Crystal Lake	8	16	16	44	52	45.83%	54.17%
Lake Villa Dialysis	Lake Villa	8	12	12	34	28	47.22%	38.89%
Fresenius Medical Care of Lake Bluff	Lake Bluff	8	16	16	55	72	57.29%	75.00%
Fresenius Medical Care of McHenry	McHenry	8	12	12	23	47	31.94%	65.28%
Fresenius Medical Care of Antioch	Antioch	8	12	12	22	50	30.56%	69.44%
Crystal Spring Dialysis	Crystal Lake	8	12	12	24	24	33.33%	33.33%
Barrington Creek Dialysis	Lake Barrington	8	12	0	0	0	0.00%	0.00%
Fresenius Medical Care-Elgin	Elgin	8	12	12	0	0	0.00%	0.00%
Fresenius Medical Care West Batavia	Batavia	8	12	12	0	0	0.00%	0.00%
Fresenius Medical Care Mundelein	Mundelein	8	12	12	0	0	0.00%	0.00%
Fresenius Medical Care Waukegan Harbor	Waukegan	8	21	21	0	0	0.00%	0.00%
TOTAL			342	330	1083	1183	52.78%	59.75%
PERCENT CHANGE (4th Quarter 2010)				-4%		9.23361%		13.21%
TOTAL (Annualized for 2011 based upon 4th Quarter results)				330		1884		85.06%

Service Accessibility

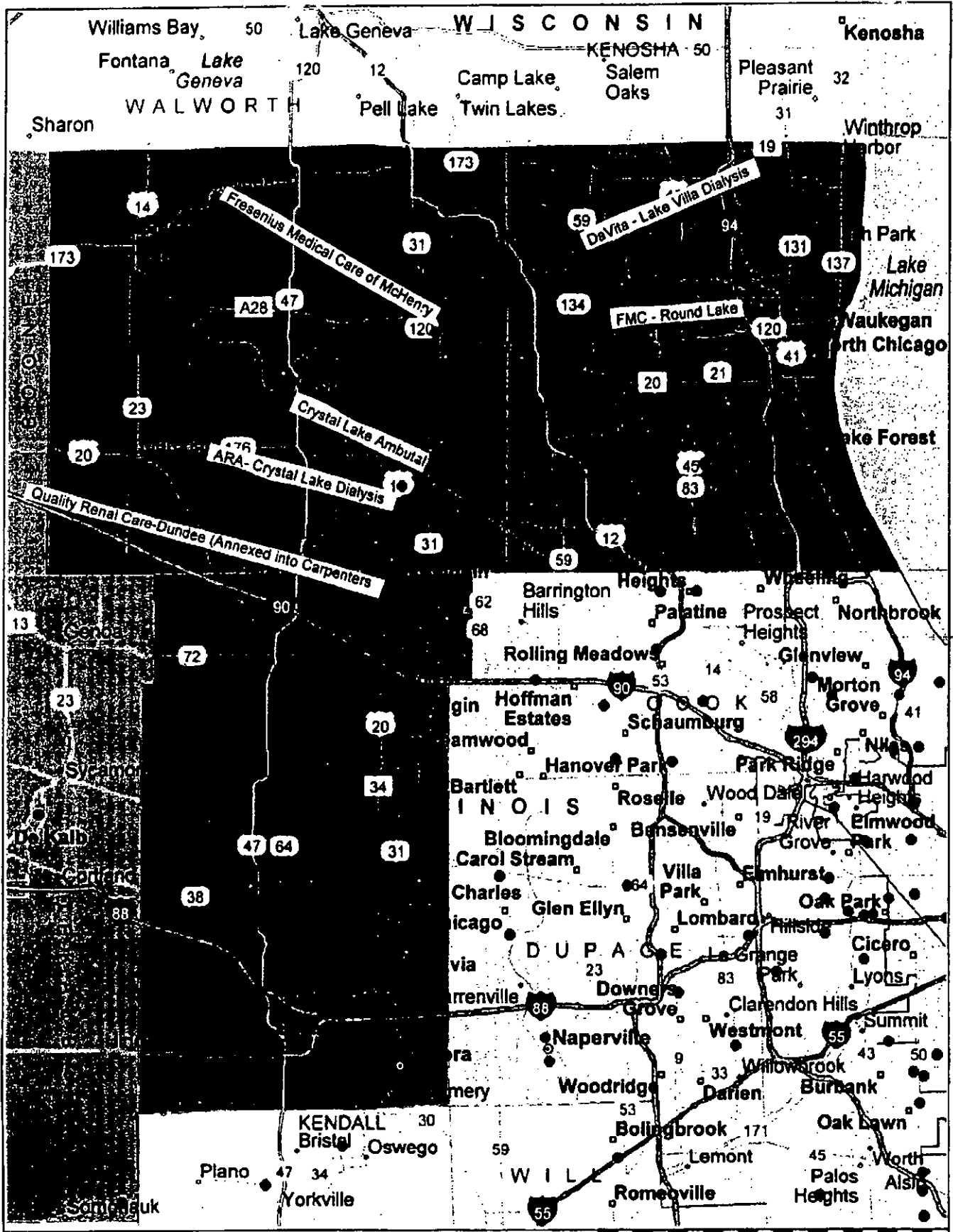
The service area (HSA 8) has 330 stations approved, as of the filing of this application. It is important to note that of the twenty-two approved facilities five are recently approved facilities, each of which—as is the case with this project—identified specific ESRD or pre-ESRD patients that would be referred to the facility. Therefore, the potential capacity of these five facilities is not available to that of the proposed project.

As was noted in Attachment 26b1, HSA 8 is comprised of McHenry, Lake and Kane Counties (refer to the enclosed map). The travel time within this three-county area is excessive. Therefore, the Applicant has identified its primary service area to be a 30-minute travel time of the proposed facility, consistent with the IHFSRB's rules. A chart providing the travel times and distances to facilities (11) within this services is appended herein.

The referring nephrologists have identified 55 “pre-ESRD” patients who will need dialysis within 12-18 months. These are proposed patients and as such will not have a negative impact on the utilization of any other facility, just as the patient identified in the justification of the other facilities are not being used to justify ARA-McHenry. Furthermore, as illustrated in the attached facility utilization chart, there is not available capacity in any existing facility for these proposed patients even if they were scattered throughout Kane, Lake and McHenry Counties, which would be impractical, based on the patients' home locations. The potential availability is only in those facilities that are newly permitted projects that are still being completed. However, as stated, newly permitted ESRD projects all require identified patients and in many cases “pre-ESRD” cases have not yet matured.

As a result, this project will improve accessibility. Please find the enclosed requested documentation: A map of the Planning Area identifying the location of all ESRD providers; a

map of the 30-minute travel time identifying the ESRD providers within; Map Quest.com travel time studies; and a Chart illustrating the population and estimated growth from the Illinois Department of Commerce and Economic Opportunity for each county within HSA 8.



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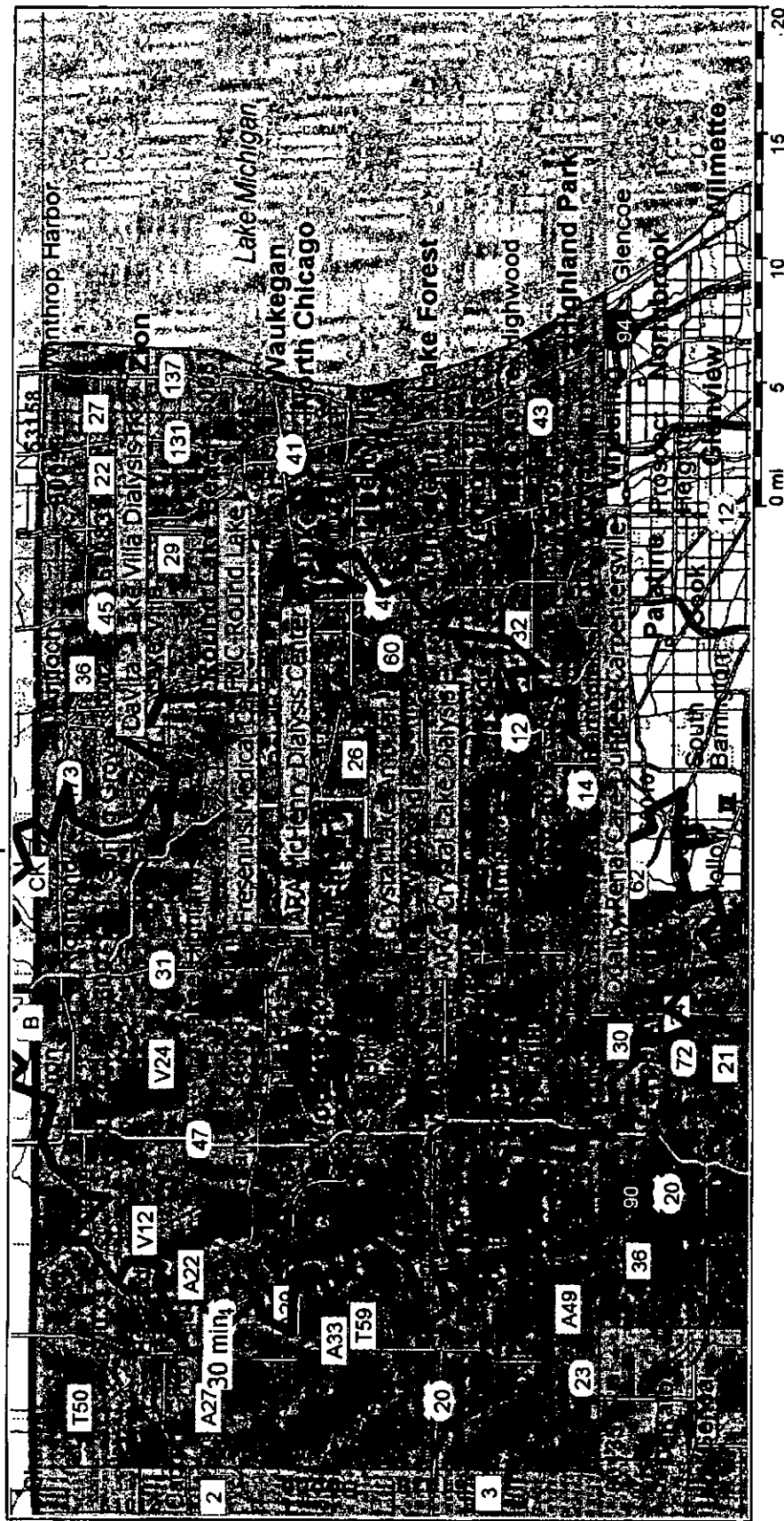
71

ESRD Facilities List
within 30-Minute Travel Time

Name	City	STATIONS	In-Patient 12/31/2010	Utilization 12/31/2010	Potentially Avail Stat
Quality Renal Care-Dundee (Annexed into Carpenters)	Dundee	13	72	92.3%	0.0
ARA- Crystal Lake Dialysis	Crystal Lake	9	52	96.3%	0.0
Crystal Lake Ambutal*	Crystal Lake	6	24	66.7%	0.8
Fresenius Medical Care of McHenry	McHenry	12	47	65.3%	1.8
FMC - Round Lake	Round Lake	16	87	90.6%	0.0
DaVita - Lake Villa Dialysis	Lake Villa	12	28	38.9%	4.9
		68	310	76.0%	2.7
*Crystal Springs Dialysis	Crystal Lake	12	24	33.3%	5.6
		74	310	69.8%	7.5

72

map2



HSA by Street Address

- 9.6 to 12.0
- 7.2 to 9.5
- 4.8 to 7.1
- 2.4 to 4.7
- 0.0 to 2.3

Population: total (2007) by ZIP Code

- 120,000
- 60,000
- 0

Pushpins

My pushpins

73

ATTACHMENT

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Name	Map Address	City	Zipcode	COUNTY	HSA STATIONS	Travel Time Adjusted 77 IAC 1100.510(d)	Drive Distance
Cobblestone Dialysis	836 Dundee Street	Elgin	60120 Kane		8	14	36.8
Fresenius Medical Care Elgin	2130 Point Boulevard	Elgin	60123 Kane		8	12	19.16
Quality Renal Care-Dundee (Annexed into Carpenters	2203 Randall Road	Dundee	60110 Kane		8	13	25.3
ARA-South Barrington Dialysis	33 W. Higgins Road	Barrington	60010 Suburban Cook		7	11	36.8
Quality Renal Care	910 Greenlee Street	Marengo	60152 McHenry		8	10	34.5
ARA- Crystal Lake Dialysis	6220 Lou Avenue	Crystal Lake	60014 McHenry		8	9	16.1
Crystal Lake Ambulal*	4583 Drake Drive	Crystal Lake	60014 McHenry		8	6	5.75
Fresenius Medical Care of McHenry	4312 SR-120	McHenry	60050 McHenry		8	12	4.6
FMC - Round Lake	401 Nippersink Avenue	Round Lake	60073 Lake		8	16	23
DaVita - Lake Villa Dialysis	25204 West Lehmann Blvd.	Lake Villa	60046 Lake		8	12	25.3
DaVita - Lake County Dialysis Ctr	505 Valley Park Drive	Libertyville	60048 Lake		8	16	39.1
						131	
*Crystal Springs Dialysis	4583 Drake Drive	Crystal Lake	60014 McHenry		8	12	
						137	

784



Trip to:
 836 Dundee Ave
 Elgin, IL 60120-3068
 19.67 miles
 32 minutes

Notes



	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section
	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi
	 2. Turn RIGHT onto S FRONT ST / IL-31. Continue to follow IL-31 S.	Go 10.4 Mi
	 3. Turn LEFT onto ALGONQUIN RD / IL-62. <i>ALGONQUIN RD is just past FRONT ST</i>	Go 2.1 Mi
	 4. Turn RIGHT onto IL-25 S. <i>IL-25 S is 0.3 miles past CR-A50</i>	Go 6.8 Mi
	5. Stay STRAIGHT to go onto DUNDEE AVE.	Go 0.2 Mi
	6. 836 DUNDEE AVE is on the RIGHT. <i>Your destination is just past SLADE AVE</i> <i>If you reach CHESTER AVE you've gone a little too far</i>	
	836 Dundee Ave Elgin, IL 60120-3068	19.7 mi

Total Travel Estimate: 19.67 miles - about 32 minutes

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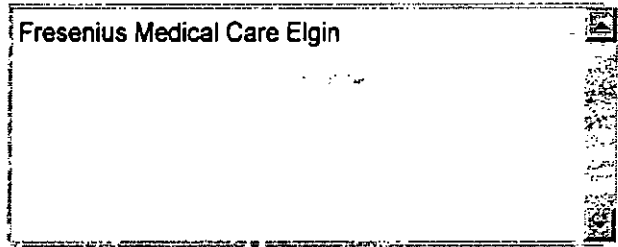
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Trip to:
 2130 Point Blvd
 Elgin, IL 60123-9215
 19.16 miles
 27 minutes

Notes



	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section	
●	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 MI	
		2. Turn RIGHT onto S FRONT ST / IL-31. Continue to follow IL-31 S.	Go 7.3 Mi
	3. Turn RIGHT onto CR-A45 / JAMES R RAKOW RD. Continue to follow JAMES R RAKOW RD. <i>JAMES R RAKOW RD is 0.2 miles past RAYMOND DR</i>	Go 2.7 Mi	
	4. JAMES R RAKOW RD becomes RANDALL RD.	Go 8.6 Mi	
	5. Turn LEFT onto POINT BLVD. <i>POINT BLVD is 0.1 miles past SADDLE CLUB DR</i>	Go 0.5 Mi	
■	6. 2130 POINT BLVD is on the LEFT. <i>Your destination is at the end of POINT BLVD</i>		
	2130 Point Blvd Elgin, IL 60123-9215	19.2 mi	

Total Travel Estimate: 19.16 miles - about 27 minutes

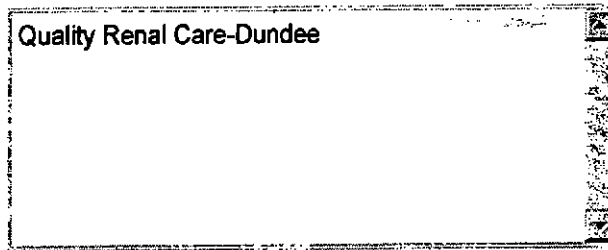
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File



Notes



Trip to:
 2203 Randall Rd
 Carpentersville, IL 60110-3355
 16.04 miles
 22 minutes

	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section
●	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi
	2. Turn RIGHT onto S FRONT ST / IL-31. Continue to follow IL-31 S.	Go 7.3 Mi
	3. Turn RIGHT onto CR-A45 / JAMES R RAKOW RD. Continue to follow JAMES R RAKOW RD. <i>JAMES R RAKOW RD is 0.2 miles past RAYMOND DR</i>	Go 2.7 Mi
	4. JAMES R RAKOW RD becomes RANDALL RD.	Go 5.9 Mi
■	5. 2203 RANDALL RD is on the LEFT. <i>Your destination is 0.2 miles past CR-30</i> <i>If you reach MILLER RD you've gone a little too far</i>	
	2203 Randall Rd Carpentersville, IL 60110-3355	16.0 mi

Total Travel Estimate: 16.04 miles - about 22 minutes

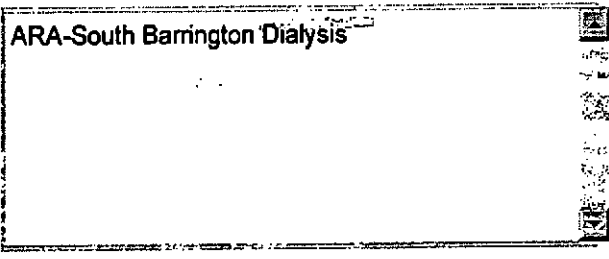
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Notes



Trip to:
 33 W Higgins Rd
 South Barrington, IL 60010-9115
 21.71 miles
 32 minutes

	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section
	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi
	2. Turn RIGHT onto S FRONT ST / IL-31. Continue to follow IL-31 S.	Go 10.4 Mi
	3. Turn LEFT onto ALGONQUIN RD / IL-62. <i>ALGONQUIN RD is just past FRONT ST</i>	Go 7.0 Mi
	4. Turn SLIGHT RIGHT. <i>0.2 miles past IL-68</i>	Go 0.09 Mi
	5. Turn SLIGHT RIGHT onto IL-59 S / NEW SUTTON RD.	Go 2.8 Mi
	6. Turn LEFT onto IL-72 E / W HIGGINS RD. <i>IL-72 E is just past W HIGGINS RD</i>	Go 1.2 Mi
	7. 33 W HIGGINS RD is on the RIGHT. <i>Your destination is just past W MUNDHANK RD</i> <i>If you are on IL-72 E and reach GREENSPOINT PKWY you've gone about 0.8 miles too far</i>	21.7 mi
	33 W Higgins Rd South Barrington, IL 60010-9115	

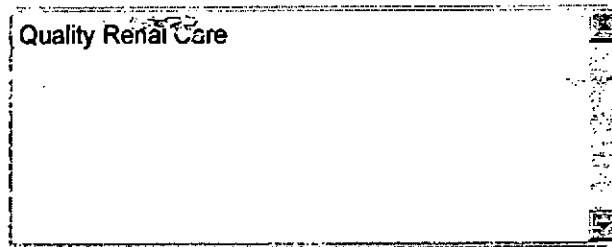
Total Travel Estimate: 21.71 miles - about 32 minutes

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Notes



Trip to:
 910 Greenlee St
 Marengo, IL 60152-8200
 21.42 miles
 30 minutes

	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section
●	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi
➔	2. Turn RIGHT onto S FRONT ST / IL-31. Continue to follow IL-31.	Go 4.7 Mi
➔	3. Turn RIGHT onto IL-176 / E TERRA COTTA AVE. Continue to follow IL-176. <i>IL-176 is 0.1 miles past REILAND DR</i>	Go 7.0 Mi
➔	4. Turn RIGHT onto IL-176 / IL-47.	Go 0.8 Mi
↶	5. Take the 2nd LEFT onto IL-176. <i>If you are on S EASTWOOD DR and reach LUCAS RD you've gone about 1.0 mile too far</i>	Go 8.4 Mi
↶	6. Turn LEFT onto N PROSPECT ST. <i>N PROSPECT ST is 0.2 miles past RAINBOW DR</i>	Go 0.3 Mi
↶	7. Take the 1st LEFT onto GREENLEE ST. <i>If you reach E PRAIRIE ST you've gone about 0.2 miles too far</i>	Go 0.02 Mi
■	8. 910 GREENLEE ST is on the RIGHT.	
	910 Greenlee St Marengo, IL 60152-8200	21.4 mi

Total Travel Estimate: 21.42 miles - about 30 minutes

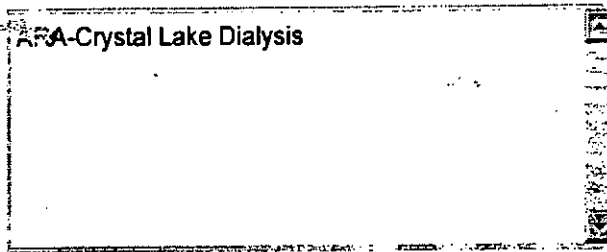
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Notes



Trip to:
 6220 Lou St
 Crystal Lake, IL 60014-7919
 8.26 miles
 14 minutes

Miles Per Section	4209 W Shamrock Ln McHenry, IL 60050-8700	
Go 0.1 Mi	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	
Go 6.1 Mi	2. Turn RIGHT onto S FRONT ST / IL-31. Continue to follow IL-31 S.	
Go 0.2 Mi	3. Take the US-14 ramp.	
Go 1.6 Mi	4. Turn RIGHT onto US-14 / NORTHWEST HWY. <i>If you reach IL-31 S you've gone about 0.2 miles too far</i>	
Go 0.09 Mi	5. Turn LEFT onto TECKLER BLVD. <i>TECKLER BLVD is 0.1 miles past S MAIN ST</i>	
Go 0.1 Mi	6. Take the 1st LEFT onto LOU AVE. <i>If you reach OFFICIAL RD you've gone a little too far</i>	
8.3 mi	7. 6220 LOU ST. <i>If you are on EASTGATE RD and reach OFFICIAL RD you've gone about 0.1 miles too far</i>	
	6220 Lou St Crystal Lake, IL 60014-7919	

Total Travel Estimate: 8.26 miles - about 14 minutes

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Notes

Crystal Springs Dialysis

Trip to:
4583 Drake Dr
Crystal Lake, IL 60012-2023
4.05 miles
5 minutes

	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section
	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi
	2. Turn RIGHT onto S FRONT ST / IL-31. Continue to follow IL-31.	Go 3.9 Mi
	3. Turn LEFT onto DRAKE DR. <i>DRAKE DR is 0.1 miles past SHADY OAKS LN</i>	Go 0.02 Mi
	4. 4583 DRAKE DR is on the RIGHT. <i>If you reach RIPON RD you've gone a little too far</i>	
	4583 Drake Dr Crystal Lake, IL 60012-2023	4.0 mi

Total Travel Estimate: 4.05 miles - about 5 minutes

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Notes

Fresenius Medical Care of McHenry

Trip to:
McHenry, IL
1.76 miles
4 minutes

A	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section
●	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi
↶	31	Go 0.5 Mi
↷	3. Take the 2nd RIGHT onto CHARLES J MILLER RD. <i>If you are on S FRONT ST and reach BANK DR you've gone about 0.1 miles too far</i>	Go 0.3 Mi
↶	4. Take the 1st LEFT onto BARREVILLE RD / S GREEN ST. Continue to follow S GREEN ST. <i>If you reach BULL VALLEY RD you've gone a little too far</i>	Go 0.8 MI
■	5. Welcome to MCHENRY, IL. <i>Your destination is just past W FAIRWAY DR If you reach W CLOVER AVE you've gone a little too far</i>	
B	McHenry, IL	1.8 mi

Total Travel Estimate: 1.76 miles - about 4 minutes

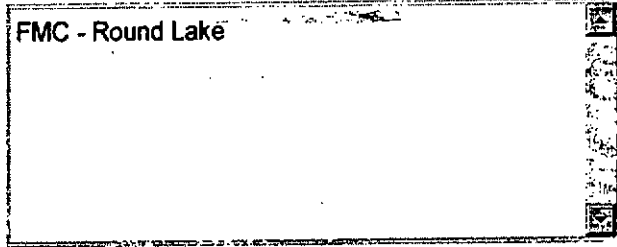
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Notes



Trip to:
 401 W Nippersink Rd
 Round Lake, IL 60073-3280
 12.43 miles
 20 minutes

A	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section
●	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi
↩		Go 0.5 Mi
↘	3. Take the 2nd RIGHT onto CHARLES J MILLER RD. <i>If you are on S FRONT ST and reach BANK DR you've gone about 0.1 miles too far</i>	Go 1.4 Mi
↩	4. Turn LEFT onto S RIVER RD / CR-V45.	Go 0.9 Mi
↑	5. Stay STRAIGHT to go onto CR-V40 / CHAPEL HILL RD.	Go 0.7 Mi
↘		Go 7.7 Mi
↩	7. Turn LEFT onto S CEDAR LAKE RD / CR-28 / CR-V63. <i>S CEDAR LAKE RD is 0.2 miles past N BACON RD</i>	Go 0.9 Mi
↘	8. Keep RIGHT at the fork to go on CR-28 / CR-V63.	Go 0.2 Mi
↑	9. Stay STRAIGHT to go onto NIPPERSINK AVE / CR-28 / CR-V63.	Go 0.04 Mi
■	10. 401 W NIPPERSINK RD. <i>If you reach LINCOLN AVE you've gone a little too far</i>	
B	401 W Nippersink Rd Round Lake, IL 60073-3280	12.4 mi

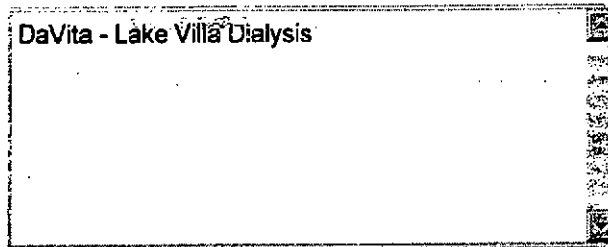
Total Travel Estimate: 12.43 miles - about 20 minutes

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Notes



Trip to:
 25204 W Lehmann Blvd
 Lake Villa, IL 60046-9727
 13.22 miles
 22 minutes

	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section	
●	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi	
		2. Turn LEFT onto S FRONT ST / IL-31.	Go 0.5 Mi
	3. Take the 2nd RIGHT onto CHARLES J MILLER RD. <i>If you are on S FRONT ST and reach BANK DR you've gone about 0.1 miles too far</i>	Go 1.4 Mi	
	4. Turn LEFT onto S RIVER RD / CR-V45.	Go 0.9 Mi	
	5. Stay STRAIGHT to go onto CR-V40 / CHAPEL HILL RD.	Go 1.3 Mi	
	6. Turn RIGHT onto W LINCOLN RD. <i>W LINCOLN RD is 0.2 miles past N FAIRVIEW LN</i>	Go 1.4 Mi	
	7. Turn LEFT onto CUHLMAN RD. <i>CUHLMAN RD is 0.3 miles past CASSANDRA LN</i>	Go 0.7 Mi	
	8. Take the 2nd RIGHT onto E BAY RD / CR-A26. <i>If you reach the end of CUHLMAN RD you've gone about 0.1 miles too far</i>	Go 0.8 Mi	
	9. E BAY RD / CR-A26 becomes W BIG HOLLOW RD.	Go 1.6 Mi	
		10. Turn LEFT onto US-12 W / IL-59 N. Continue to follow IL-59 N. <i>IL-59 N is 0.1 miles past FRONTAGE RD</i>	Go 4.6 Mi
	11. Turn LEFT onto W LEHMANN BLVD. <i>W LEHMANN BLVD is 0.2 miles past N AMBER WAY</i>	Go 0.01 Mi	
	12. 25204 W LEHMANN BLVD is on the RIGHT. <i>If you reach N ACADEMY DR you've gone about 0.1 miles too far</i>		
	25204 W Lehmann Blvd Lake Villa, IL 60046-9727	13.2 mi	

Total Travel Estimate: 13.22 miles - about 22 minutes

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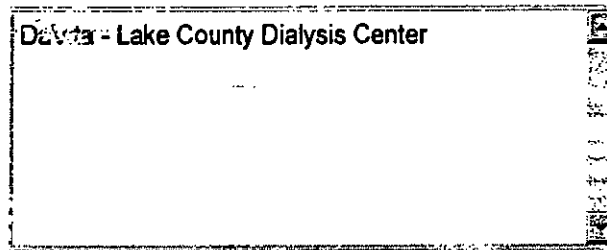
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ATTACHMENT-26b5



Trip to:
 505 Valley Park Dr
 Libertyville, IL 60048-3416
 20.93 miles
 34 minutes

Notes



	4209 W Shamrock Ln McHenry, IL 60050-8700	Miles Per Section
	1. Start out going EAST on W SHAMROCK LN toward S FRONT ST / IL-31.	Go 0.1 Mi
	2. Turn LEFT onto S FRONT ST / IL-31.	Go 0.5 Mi
	3. Take the 2nd RIGHT onto CHARLES J MILLER RD. <i>If you are on S FRONT ST and reach BANK DR you've gone about 0.1 miles too far</i>	Go 1.4 Mi
	4. Turn LEFT onto S RIVER RD / CR-V45.	Go 0.9 Mi
	5. Stay STRAIGHT to go onto CR-V40 / CHAPEL HILL RD.	Go 0.7 Mi
	6. Take the 1st RIGHT onto IL-120. <i>If you are on N CHAPEL HILL RD and reach COUNTRY LN you've gone about 0.1 miles too far</i>	Go 4.7 Mi
	7. Turn RIGHT onto IL-60. <i>IL-60 is 0.2 miles past N ELLIS DR</i>	Go 4.3 Mi
	8. Turn LEFT onto WPETERSON RD / CR-20 E / CR-A33 E. Continue to follow W PETERSON RD. <i>W PETERSON RD is 0.1 miles past W CHARDON RD</i>	Go 6.0 Mi
	9. Turn RIGHT onto IL-21 / N MILWAUKEE AVE. <i>IL-21 is 0.4 miles past CASS AVE</i>	Go 2.3 Mi
	10. Turn LEFT onto VALLEY PARK DR. <i>VALLEY PARK DR is just past CONDELL DR</i>	Go 0.01 Mi
	11. 505 VALLEY PARK DR is on the RIGHT. <i>If you reach ARDMORE TER you've gone about 0.1 miles too far</i>	
	505 Valley Park Dr Libertyville, IL 60048-3416	20.9 mi

Total Travel Estimate: 20.93 miles - about 34 minutes

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State/ County	Race	Age Group	2010	2015	% Increase 2010-2015	2020	% Increase 2015-2020	2025	% Increase 2020-2025	2030	% Increase 2025-2030
Illinois	All	All	13,279,091	13,748,696	3.5%	14,316,487	4.1%	14,784,968	3.3%	15,138,849	2.4%
		65+	1,858,029	1,889,689	14.0%	2,201,461	16.5%	2,567,497	16.6%	2,883,470	12.3%
		75+	804,549	840,003	4.4%	936,745	11.6%	1,125,122	20.1%	1,353,163	20.3%
		85+	269,950	296,054	10.4%	314,336	5.5%	342,525	9.0%	402,311	17.5%
Illinois	Asian	All	628,663	742,266	18.1%	872,341	17.5%	989,467	13.4%	1,094,499	10.6%
		65+	53,376	74,642	39.8%	98,303	31.7%	123,846	28.0%	151,552	22.4%
		75+	19,519	27,545	41.1%	38,783	40.8%	54,491	40.5%	71,269	30.8%
		85+	5,518	7,864	42.5%	10,568	34.4%	15,130	43.2%	21,541	42.4%
Illinois	Black	All	1,981,006	2,035,723	2.8%	2,094,687	2.9%	2,132,678	1.8%	2,150,187	0.8%
		65+	194,838	227,382	16.7%	271,042	19.2%	324,387	19.7%	370,751	14.3%
		75+	87,718	99,036	12.9%	112,431	13.5%	135,580	20.6%	166,148	22.5%
		85+	26,443	32,849	24.2%	38,339	16.7%	44,371	15.7%	51,601	16.3%
Illinois	Hispanic	All	1,877,681	2,041,127	8.7%	2,206,818	8.1%	2,380,472	7.9%	2,562,430	7.6%
		65+	89,438	123,615	38.2%	168,537	36.3%	228,080	35.3%	299,782	31.4%
		75+	34,195	48,099	34.8%	61,457	33.3%	85,881	39.7%	118,415	37.9%
		85+	7,939	12,275	54.6%	17,364	41.5%	23,441	35.0%	31,739	35.4%
Kane	All	All	618,914	672,277	10.7%	630,663	10.2%	668,845	6.0%	679,403	1.6%
		65+	46,618	59,144	26.9%	74,699	26.3%	91,214	22.1%	108,115	16.3%
		75+	20,983	23,685	12.8%	28,924	22.2%	37,856	30.2%	47,379	25.8%
		85+	7,285	8,177	12.2%	9,136	11.7%	10,346	13.2%	12,732	23.1%
Kane	Asian	All	12,147	14,411	18.6%	16,544	14.8%	17,558	6.1%	17,457	-0.6%
		65+	799	1,330	88.5%	1,895	42.5%	2,584	36.4%	3,270	26.5%
		75+	221	334	51.1%	590	78.8%	998	69.2%	1,389	39.2%
		85+	54	80	48.1%	118	47.5%	181	53.4%	338	86.7%
Kane	Black	All	31,174	35,053	12.4%	39,035	11.4%	41,739	6.9%	42,829	2.6%
		65+	1,611	2,201	36.6%	2,993	36.0%	3,622	21.0%	4,171	15.2%
		75+	507	642	26.6%	917	42.8%	1,250	36.3%	1,837	31.0%
		85+	115	124	7.8%	161	29.8%	211	31.1%	306	45.0%
Kane	Hispanic	All	118,478	129,246	9.1%	140,654	8.8%	152,882	8.7%	165,492	8.2%
		65+	4,072	5,036	48.2%	8,574	42.0%	12,178	42.0%	16,694	37.1%
		75+	1,373	1,996	45.4%	2,865	43.5%	4,291	49.8%	6,126	42.8%
		85+	281	449	59.8%	712	58.6%	1,036	45.5%	1,511	45.8%
Lake	All	All	762,918	794,861	4.2%	820,250	3.2%	863,245	5.2%	873,024	1.1%
		65+	71,894	86,400	20.2%	103,621	19.9%	126,889	22.3%	147,543	16.5%
		75+	32,736	36,859	9.5%	42,240	17.8%	53,400	26.4%	65,532	22.7%
		85+	10,664	12,477	18.1%	13,484	8.1%	15,404	14.2%	18,017	23.6%
Lake	Asian	All	41,703	48,113	15.4%	53,932	12.1%	60,854	12.8%	64,662	6.3%
		65+	3,045	4,424	45.3%	6,187	39.9%	8,357	35.1%	11,023	31.9%
		75+	1,135	1,603	41.2%	2,304	43.7%	3,327	44.4%	4,640	39.5%
		85+	274	458	67.2%	648	41.5%	899	38.7%	1,309	45.6%
Lake	Black	All	58,208	63,423	9.0%	68,260	7.6%	73,882	8.2%	77,325	4.7%
		65+	3,643	4,466	22.8%	5,707	27.8%	7,544	32.2%	9,511	26.1%
		75+	1,610	1,871	16.2%	2,106	12.6%	2,681	27.3%	3,602	34.4%
		85+	520	648	24.8%	752	15.9%	897	19.3%	1,009	12.5%
Lake	Hispanic	All	114,430	124,529	8.8%	135,048	8.4%	146,279	8.3%	157,961	8.0%
		65+	3,642	5,454	49.8%	8,003	48.7%	11,679	45.9%	16,806	43.9%
		75+	1,272	1,810	42.3%	2,540	40.3%	3,875	52.6%	5,757	46.6%
		85+	264	455	60.2%	649	42.6%	934	43.9%	1,334	42.8%
McHenry	All	All	337,034	377,315	12.0%	407,931	8.1%	434,286	6.5%	443,398	2.1%
		65+	30,412	39,922	31.3%	60,623	28.8%	64,646	27.7%	78,064	20.8%
		75+	12,098	14,582	20.5%	18,756	28.6%	25,028	33.4%	31,727	26.8%
		85+	3,176	4,015	26.4%	4,432	10.4%	5,381	21.4%	7,216	34.1%
McHenry	Asian	All	6,755	8,280	22.6%	9,866	16.7%	10,861	12.4%	11,538	6.2%
		65+	470	743	58.1%	1,007	35.5%	1,272	26.3%	1,647	29.5%
		75+	124	222	79.0%	353	59.0%	552	56.4%	726	31.5%
		85+	42	48	14.3%	68	41.7%	131	92.6%	203	55.0%
McHenry	Black	All	3,464	4,413	27.4%	5,145	16.6%	5,888	14.1%	6,319	7.7%
		65+	44	84	90.9%	149	77.4%	204	36.9%	352	72.5%
		75+	9	9	0.0%	24	168.7%	51	112.5%	87	70.6%
		85+	3	3	0.0%	3	0.0%	4	33.3%	11	175.0%
McHenry	Hispanic	All	24,182	26,322	8.8%	28,530	8.4%	30,893	8.3%	33,354	8.0%
		65+	656	988	50.6%	1,560	57.9%	2,427	55.0%	3,593	46.9%
		75+	222	309	39.2%	460	48.9%	702	52.8%	1,134	61.5%
		85+	48	87	81.3%	113	29.9%	157	38.9%	243	54.8%

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Unnecessary Duplication/Maldistribution

Please find the enclosed requested documentation: A list of all zip code areas that are located, in total or in part, within 30 minutes normal travel time of the project's site; The total population of the identified zip code areas (based upon the most recent population numbers available for the State of Illinois population); and a listing of all existing or approved health care facilities located within 30 minutes normal travel time from the project site that provide the categories of service that are proposed by the project.

The ratio of stations to population is one definition of maldistribution used by IHFSRB. That measurement suggests that a maldistribution exists when the station to population ratio of a given service area exceeds that of

State			
# of Stations	3,568	Divided by 3,568	1
Population	13,748,695	Divided by 3,568	3853.334
HSA8			
# of Stations	330	Divided by 330	1
Population	1,616,866	Divided by 330	4899.594
(516,914 Kane + 762,918 Lake + 337,034 McHenry)			

the State on a whole by 150%. In the case of this planning area (HSA 8), the station to population ratio is far below the IHFSRB standard; and in fact, the ratio within HSA 8 is less

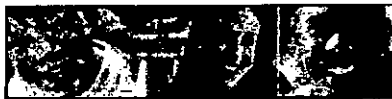
than that of the State as a whole. Therefore, by this HFSRB adopted definition, a maldistribution does not exist nor will the proposed project cause this situation to exist. Rather, this project will bring HSA 8 closer to the State's ratio as a whole to provide accessibility.

Another indicator of maldistribution is the historical utilization of area facilities. Based upon the data provided from the State, there appears to be underutilized facilities, but that is not the case. Newer facilities, each of which identified prospective patients, need to be given an opportunity to mature, before they can be viewed as being "underutilized".

Furthermore, the existing facilities do not appear to have the collective capacity to provide the services for the 55 identified "pre-ESRD" patients. Therefore, it appears that this indicator is not germane.

The final indicator of maldistribution identified is that of having sufficient population to support the project. In McHenry County in particular and in the counties that comprise HSA 8, there is an issue of rapid population growth. According to the Illinois Department of Commerce and Economic Opportunity's website, (see the attached chart), McHenry, Kane and Lake Counties are growing at a rate that far surpasses that of the State. There is also a correlation between the need for dialysis and age in that the dialysis is much more prevalent in the senior population. The demographic summary illustrates that the senior age cohorts in McHenry County are expanding at a rate far in excess of that of the State's. Therefore, this project will not lower the utilization of other area providers.

Zip Code	Community	Patients	% Within 30 Min & County
60050	McHenry	6	10.9%
60098	Woodstock	4	7.3%
60013	Cary	3	5.5%
60097	Wonder Lake	3	5.5%
60102	Algonquin	3	5.5%
60110	Carpentersville	3	5.5%
60010	Lake Barrington	2	3.6%
60012	Crystal Lake	2	3.6%
60014	Crystal Lake	2	3.6%
60020	Fox Lake	2	3.6%
60156	Lake in the Hills	2	3.6%
60030	Grayslake	1	1.8%
60041	Ingleside	1	1.8%
60084	Wauconda	1	1.8%
60118	Sleepy Hollow	1	1.8%
60033	Harvard	2	0.0%
60142	Huntley	1	0.0%
60152	Marengo	1	0.0%
60180	Union	1	0.0%
60120	Elgin 60120-60123	4	0.0%
53181	Kenosha, Twin Lakes	2	0.0%
60107	Streamwood	2	0.0%
60169	Hoffman Estates	2	0.0%
60004	Arlington Heights	1	0.0%
60165	Poplar Grove	1	0.0%
60194	Schaumburg	1	0.0%
90051	Holiday Hills	1	0.0%
		55	65.5%



U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 60050

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	47,813			map	brief
Male	23,892	50.0	49.1%	map	brief
Female	23,921	50.0	50.9%	map	brief
Median age (years)	35.2	(X)	35.3	map	brief
Under 5 years	3,226	6.7	6.8%	map	
18 years and over	34,306	71.8	74.3%		
65 years and over	4,484	9.4	12.4%	map	brief
One race	47,367	99.1	97.6%		
White	45,796	95.8	75.1%	map	brief
Black or African American	154	0.3	12.3%	map	brief
American Indian and Alaska Native	85	0.2	0.9%	map	brief
Asian	305	0.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	18	0.0	0.1%	map	brief
Some other race	1,009	2.1	5.5%	map	
Two or more races	446	0.9	2.4%	map	brief
Hispanic or Latino (of any race)	2,490	5.2	12.5%	map	brief
Household population	47,546	99.4	97.2%	map	brief
Group quarters population	267	0.6	2.8%	map	
Average household size	2.77	(X)	2.59	map	brief
Average family size	3.23	(X)	3.14	map	
Total housing units	18,107			map	
Occupied housing units	17,164	94.8	91.0%		brief
Owner-occupied housing units	14,189	82.7	66.2%	map	brief
Renter-occupied housing units	2,975	17.3	33.8%	map	brief
Vacant housing units	943	5.2	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	30,795				
High school graduate or higher	26,820	87.1	80.4%	map	brief
Bachelor's degree or higher	6,054	19.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	4,466	13.0	12.7%	map	brief
Disability status (population 5 years and over)	6,019	13.5	19.3%	map	brief
Foreign born	2,262	4.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	11,310	62.5	56.7%		brief
Female, Now married, except separated (population 15 years and over)	11,255	60.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,391	7.5	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	26,296	73.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	31.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	59,121	(X)	41,994	map	
Median family income in 1999 (dollars)	66,090	(X)	50,046	map	
Per capita income in 1999 (dollars)	24,022	(X)	21,587	map	
Families below poverty level	459	3.6	9.2%	map	brief
Individuals below poverty level	2,175	4.6	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	13,079				brief
Median value (dollars)	150,000	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,277	(X)	1,088	map	
Not mortgaged (dollars)	395	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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FACT SHEET

Zip Code Tabulation Area 60098

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	27,526			map	brief
Male	13,816	50.2	49.1%	map	brief
Female	13,710	49.8	50.9%	map	brief
Median age (years)	34.8	(X)	35.3	map	brief
Under 5 years	1,972	7.2	6.8%	map	
18 years and over	20,082	73.0	74.3%		
65 years and over	2,908	10.6	12.4%	map	brief
One race	27,163	98.7	97.6%		
White	24,778	90.0	75.1%	map	brief
Black or African American	225	0.8	12.3%	map	brief
American Indian and Alaska Native	74	0.3	0.9%	map	brief
Asian	450	1.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	1,632	5.9	5.5%	map	
Two or more races	363	1.3	2.4%	map	brief
Hispanic or Latino (of any race)	4,068	14.8	12.5%	map	brief
Household population	26,699	97.0	97.2%	map	brief
Group quarters population	827	3.0	2.8%	map	
Average household size	2.73	(X)	2.59	map	brief
Average family size	3.25	(X)	3.14	map	
Total housing units	10,225			map	
Occupied housing units	9,795	95.8	91.0%		brief
Owner-occupied housing units	6,702	68.4	66.2%	map	
Renter-occupied housing units	3,093	31.6	33.8%	map	brief
Vacant housing units	430	4.2	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	17,812				
High school graduate or higher	14,731	82.7	80.4%	map	brief
Bachelor's degree or higher	4,395	24.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,342	11.7	12.7%	map	brief
Disability status (population 5 years and over)	3,230	12.9	19.3%	map	brief
Foreign born	3,773	13.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,599	61.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,196	58.2	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,629	18.0	17.9%	map	brief

Economic Characteristics - show more >>

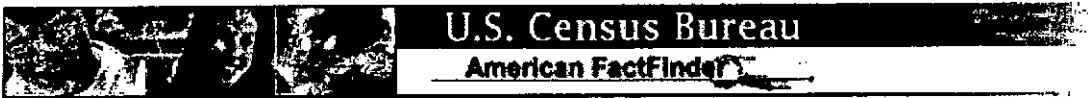
	Number	Percent	U.S.		
In labor force (population 16 years and over)	14,674	70.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	27.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	52,846	(X)	41,994	map	
Median family income in 1999 (dollars)	60,513	(X)	50,046	map	
Per capita income in 1999 (dollars)	25,636	(X)	21,587	map	
Families below poverty level	310	4.4	9.2%	map	brief
Individuals below poverty level	1,735	6.4	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	5,718				brief
Median value (dollars)	164,300	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,402	(X)	1,088	map	
Not mortgaged (dollars)	461	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 60013

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	24,226			map	brief
Male	12,104	50.0	49.1%	map	brief
Female	12,122	50.0	50.9%	map	brief
Median age (years)	34.8	(X)	35.3	map	brief
Under 5 years	2,010	8.3	6.8%	map	
18 years and over	16,139	66.6	74.3%		
65 years and over	1,475	6.1	12.4%	map	brief
One race	24,038	99.2	97.6%		
White	23,281	96.1	75.1%	map	brief
Black or African American	87	0.4	12.3%	map	brief
American Indian and Alaska Native	42	0.2	0.9%	map	brief
Asian	264	1.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	5	0.0	0.1%	map	brief
Some other race	359	1.5	5.5%	map	
Two or more races	188	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	1,257	5.2	12.5%	map	brief
Household population	24,196	99.9	97.2%	map	brief
Group quarters population	30	0.1	2.8%	map	
Average household size	3.09	(X)	2.59	map	brief
Average family size	3.44	(X)	3.14	map	
Total housing units	7,981			map	
Occupied housing units	7,830	98.1	91.0%		brief
Owner-occupied housing units	7,201	92.0	66.2%	map	brief
Renter-occupied housing units	629	8.0	33.8%	map	brief
Vacant housing units	151	1.9	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	14,572				
High school graduate or higher	13,635	93.6	80.4%	map	brief
Bachelor's degree or higher	5,650	38.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,616	10.1	12.7%	map	brief
Disability status (population 5 years and over)	2,077	9.4	19.3%	map	brief
Foreign born	1,220	5.1	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,031	71.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,866	66.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,949	8.8	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	12,681	75.2	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	35.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	74,560	(X)	41,994	map	
Median family income in 1999 (dollars)	81,400	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,986	(X)	21,587	map	
Families below poverty level	64	1.0	9.2%	map	brief
Individuals below poverty level	399	1.7	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	6,839				brief
Median value (dollars)	184,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,516	(X)	1,088	map	
Not mortgaged (dollars)	479	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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FACT SHEET

Zip Code Tabulation Area 60097

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	10,434			map	brief
Male	5,367	51.4	49.1%	map	brief
Female	5,067	48.6	50.9%	map	brief
Median age (years)	34.2	(X)	35.3	map	brief
Under 5 years	761	7.3	6.8%	map	
18 years and over	7,409	71.0	74.3%		
65 years and over	823	7.9	12.4%	map	brief
One race	10,307	98.8	97.6%		
White	10,083	96.6	75.1%	map	brief
Black or African American	26	0.2	12.3%	map	brief
American Indian and Alaska Native	20	0.2	0.9%	map	brief
Asian	59	0.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	0	0.0	0.1%	map	brief
Some other race	119	1.1	5.5%	map	
Two or more races	127	1.2	2.4%	map	brief
Hispanic or Latino (of any race)	473	4.5	12.5%	map	brief
Household population	10,433	100.0	97.2%	map	brief
Group quarters population	1	0.0	2.8%	map	
Average household size	2.84	(X)	2.59	map	brief
Average family size	3.24	(X)	3.14	map	
Total housing units	4,057			map	
Occupied housing units	3,669	90.4	91.0%		brief
Owner-occupied housing units	3,247	88.5	66.2%	map	brief
Renter-occupied housing units	422	11.5	33.8%	map	brief
Vacant housing units	388	9.6	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	6,683				
High school graduate or higher	5,777	86.4	80.4%	map	brief
Bachelor's degree or higher	787	11.8	24.4%	map	
Civilian veterans (civilian population 18 years and over)	885	11.9	12.7%	map	brief
Disability status (population 5 years and over)	1,476	15.3	19.3%	map	brief
Foreign born	405	3.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,511	63.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,550	64.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	715	7.4	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,770	74.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	33.2	(X)	25.5	map	brief
Median household income in 1999 (dollars)	55,278	(X)	41,994	map	
Median family income in 1999 (dollars)	58,305	(X)	50,046	map	
Per capita income in 1999 (dollars)	21,751	(X)	21,587	map	
Families below poverty level	48	1.7	9.2%	map	brief
Individuals below poverty level	354	3.4	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	3,128				brief
Median value (dollars)	130,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,138	(X)	1,088	map	
Not mortgaged (dollars)	361	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



U.S. Census Bureau
American FactFinder

FACT SHEET

Zip Code Tabulation Area 60102

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	47,985			map	brief
Male	23,985	50.0	49.1%	map	brief
Female	24,000	50.0	50.9%	map	brief
Median age (years)	32.1	(X)	35.3	map	brief
Under 5 years	5,353	11.2	6.8%	map	
18 years and over	32,334	67.4	74.3%		
65 years and over	2,252	4.7	12.4%	map	brief
One race	47,360	98.7	97.6%		
White	44,749	93.3	75.1%	map	brief
Black or African American	558	1.2	12.3%	map	brief
American Indian and Alaska Native	63	0.1	0.9%	map	brief
Asian	1,282	2.7	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	7	0.0	0.1%	map	brief
Some other race	701	1.5	5.5%	map	
Two or more races	625	1.3	2.4%	map	brief
Hispanic or Latino (of any race)	2,448	5.1	12.5%	map	brief
Household population	47,975	100.0	97.2%	map	brief
Group quarters population	10	0.0	2.8%	map	
Average household size	2.99	(X)	2.59	map	brief
Average family size	3.35	(X)	3.14	map	
Total housing units	16,545			map	
Occupied housing units	16,048	97.0	91.0%		brief
Owner-occupied housing units	14,939	93.1	66.2%	map	brief
Renter-occupied housing units	1,109	6.9	33.8%	map	brief
Vacant housing units	497	3.0	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	29,941				
High school graduate or higher	27,992	93.5	80.4%	map	brief
Bachelor's degree or higher	10,377	34.7	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,005	9.3	12.7%	map	brief
Disability status (population 5 years and over)	4,066	9.5	19.3%	map	brief
Foreign born	3,582	7.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	12,177	71.7	56.7%		brief
Female, Now married, except separated (population 15 years and over)	12,284	70.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,961	11.6	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	26,022	77.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	35.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	75,542	(X)	41,994	map	
Median family income in 1999 (dollars)	80,104	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,297	(X)	21,587	map	
Families below poverty level	163	1.2	9.2%	map	brief
Individuals below poverty level	975	2.0	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	14,267				brief
Median value (dollars)	180,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,542	(X)	1,088	map	
Not mortgaged (dollars)	460	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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FACT SHEET

Zip Code Tabulation Area 60110

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	32,145			map	brief
Male	16,529	51.4	49.1%	map	brief
Female	15,616	48.6	50.9%	map	brief
Median age (years)	27.9	(X)	35.3	map	brief
Under 5 years	3,450	10.7	6.8%	map	
18 years and over	21,314	66.3	74.3%		
65 years and over	1,663	5.2	12.4%	map	brief
One race	31,034	96.5	97.6%		
White	21,820	67.9	75.1%	map	brief
Black or African American	1,816	5.6	12.3%	map	brief
American Indian and Alaska Native	198	0.6	0.9%	map	brief
Asian	611	1.9	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	30	0.1	0.1%	map	brief
Some other race	6,559	20.4	5.5%	map	
Two or more races	1,111	3.5	2.4%	map	brief
Hispanic or Latino (of any race)	12,805	39.8	12.5%	map	brief
Household population	32,141	100.0	97.2%	map	brief
Group quarters population	4	0.0	2.8%	map	
Average household size	3.45	(X)	2.59	map	brief
Average family size	3.76	(X)	3.14	map	
Total housing units	9,595			map	
Occupied housing units	9,323	97.2	91.0%		brief
Owner-occupied housing units	7,318	78.5	66.2%	map	
Renter-occupied housing units	2,005	21.5	33.8%	map	brief
Vacant housing units	272	2.8	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	17,635				
High school graduate or higher	11,759	66.7	80.4%	map	brief
Bachelor's degree or higher	2,131	12.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,713	8.1	12.7%	map	brief
Disability status (population 5 years and over)	5,400	19.0	19.3%	map	brief
Foreign born	8,219	25.8	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,808	57.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	6,491	58.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	11,404	40.1	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	15,018	67.9	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	30.0	(X)	25.5	map	brief
Median household income in 1999 (dollars)	53,624	(X)	41,994	map	
Median family income in 1999 (dollars)	55,604	(X)	50,046	map	
Per capita income in 1999 (dollars)	17,164	(X)	21,587	map	
Families below poverty level	599	7.9	9.2%	map	brief
Individuals below poverty level	3,062	9.6	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	6,830				brief
Median value (dollars)	117,000	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,198	(X)	1,088	map	
Not mortgaged (dollars)	340	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 60010

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	39,819			map	brief
Male	19,538	49.1	49.1%	map	brief
Female	20,281	50.9	50.9%	map	brief
Median age (years)	41.3	(X)	35.3	map	brief
Under 5 years	2,433	6.1	6.8%	map	
18 years and over	28,533	71.7	74.3%		
65 years and over	4,231	10.6	12.4%	map	brief
One race	39,488	99.2	97.6%		
White	37,235	93.5	75.1%	map	brief
Black or African American	235	0.6	12.3%	map	brief
American Indian and Alaska Native	27	0.1	0.9%	map	brief
Asian	1,804	4.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	12	0.0	0.1%	map	brief
Some other race	175	0.4	5.5%	map	
Two or more races	331	0.8	2.4%	map	brief
Hispanic or Latino (of any race)	778	2.0	12.5%	map	brief
Household population	39,805	100.0	97.2%	map	brief
Group quarters population	14	0.0	2.8%	map	
Average household size	2.84	(X)	2.59	map	brief
Average family size	3.18	(X)	3.14	map	
Total housing units	14,489			map	
Occupied housing units	14,029	96.8	91.0%		brief
Owner-occupied housing units	12,880	91.8	66.2%	map	
Renter-occupied housing units	1,149	8.2	33.8%	map	brief
Vacant housing units	460	3.2	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	26,906				
High school graduate or higher	25,829	96.0	80.4%	map	brief
Bachelor's degree or higher	15,901	59.1	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,421	11.9	12.7%	map	brief
Disability status (population 5 years and over)	3,340	8.9	19.3%	map	brief
Foreign born	3,393	8.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,979	73.1	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,960	69.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,490	11.9	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	19,736	66.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	34.4	(X)	25.5	map	brief
Median household income in 1999 (dollars)	110,470	(X)	41,994	map	
Median family income in 1999 (dollars)	123,297	(X)	50,046	map	
Per capita income in 1999 (dollars)	57,679	(X)	21,587	map	
Families below poverty level	200	1.7	9.2%	map	brief
Individuals below poverty level	927	2.3	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	11,752				brief
Median value (dollars)	396,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	2,330	(X)	1,088	map	
Not mortgaged (dollars)	740	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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FACT SHEET

Zip Code Tabulation Area 60012

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	9,919			map	brief
Male	4,900	49.4	49.1%	map	brief
Female	5,019	50.6	50.9%	map	brief
Median age (years)	38.8	(X)	35.3	map	brief
Under 5 years	598	6.0	6.8%	map	
18 years and over	6,839	68.9	74.3%		
65 years and over	995	10.0	12.4%	map	brief
One race	9,828	99.1	97.6%		
White	9,554	96.3	75.1%	map	brief
Black or African American	30	0.3	12.3%	map	brief
American Indian and Alaska Native	8	0.1	0.9%	map	brief
Asian	160	1.6	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	2	0.0	0.1%	map	brief
Some other race	74	0.7	5.5%	map	
Two or more races	91	0.9	2.4%	map	brief
Hispanic or Latino (of any race)	230	2.3	12.5%	map	brief
Household population	9,741	98.2	97.2%	map	brief
Group quarters population	178	1.8	2.8%	map	
Average household size	3.04	(X)	2.59	map	brief
Average family size	3.38	(X)	3.14	map	
Total housing units	3,290			map	
Occupied housing units	3,206	97.4	91.0%		brief
Owner-occupied housing units	2,887	90.0	66.2%	map	brief
Renter-occupied housing units	319	10.0	33.8%	map	brief
Vacant housing units	84	2.6	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	6,539				
High school graduate or higher	6,085	93.1	80.4%	map	brief
Bachelor's degree or higher	2,610	39.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	987	14.0	12.7%	map	brief
Disability status (population 5 years and over)	983	10.5	19.3%	map	brief
Foreign born	576	5.7	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,661	68.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,688	69.9	52.1%		brief
Speak a language other than English at home (population 5 years and over)	526	5.5	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,188	69.3	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	34.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	89,804	(X)	41,994	map	
Median family income in 1999 (dollars)	102,400	(X)	50,046	map	
Per capita income in 1999 (dollars)	34,608	(X)	21,587	map	
Families below poverty level	15	0.6	9.2%	map	brief
Individuals below poverty level	153	1.5	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	2,661				brief
Median value (dollars)	257,200	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,880	(X)	1,088	map	
Not mortgaged (dollars)	600	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 60014

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	44,468			map	brief
Male	22,202	49.9	49.1%	map	brief
Female	22,266	50.1	50.9%	map	brief
Median age (years)	34.3	(X)	35.3	map	brief
Under 5 years	3,556	8.0	6.8%	map	
18 years and over	30,497	68.6	74.3%		
65 years and over	3,529	7.9	12.4%	map	brief
One race	43,987	98.9	97.6%		
White	41,838	94.1	75.1%	map	brief
Black or African American	254	0.6	12.3%	map	brief
American Indian and Alaska Native	67	0.2	0.9%	map	brief
Asian	777	1.7	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	10	0.0	0.1%	map	brief
Some other race	1,041	2.3	5.5%	map	
Two or more races	481	1.1	2.4%	map	brief
Hispanic or Latino (of any race)	3,177	7.1	12.5%	map	brief
Household population	44,370	99.8	97.2%	map	brief
Group quarters population	98	0.2	2.8%	map	
Average household size	2.93	(X)	2.59	map	brief
Average family size	3.35	(X)	3.14	map	
Total housing units	15,571			map	
Occupied housing units	15,125	97.1	91.0%		brief
Owner-occupied housing units	12,469	82.4	66.2%	map	brief
Renter-occupied housing units	2,656	17.6	33.8%	map	brief
Vacant housing units	446	2.9	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	27,261				
High school graduate or higher	25,063	91.9	80.4%	map	brief
Bachelor's degree or higher	9,794	35.9	24.4%	map	
Civilian veterans (civilian population 18 years and over)	3,286	10.9	12.7%	map	brief
Disability status (population 5 years and over)	4,214	10.3	19.3%	map	brief
Foreign born	3,211	7.2	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	10,777	67.6	56.7%		brief
Female, Now married, except separated (population 15 years and over)	10,574	63.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	4,252	10.4	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	23,471	74.1	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	31.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	69,395	(X)	41,994	map	
Median family income in 1999 (dollars)	76,293	(X)	50,046	map	
Per capita income in 1999 (dollars)	27,155	(X)	21,587	map	
Families below poverty level	320	2.7	9.2%	map	brief
Individuals below poverty level	1,614	3.6	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	11,294				brief
Median value (dollars)	171,100	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,482	(X)	1,088	map	
Not mortgaged (dollars)	457	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 60020

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	6,457			map	brief
Male	3,197	49.5	49.1%	map	brief
Female	3,260	50.5	50.9%	map	brief
Median age (years)	37.3	(X)	35.3	map	brief
Under 5 years	445	6.9	6.8%	map	
18 years and over	5,015	77.7	74.3%		
65 years and over	1,069	16.6	12.4%	map	brief
One race	6,364	98.6	97.6%		
White	6,143	95.1	75.1%	map	brief
Black or African American	48	0.7	12.3%	map	brief
American Indian and Alaska Native	15	0.2	0.9%	map	brief
Asian	42	0.7	3.8%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.1	0.1%	map	brief
Some other race	112	1.7	5.5%	map	
Two or more races	93	1.4	2.4%	map	brief
Hispanic or Latino (of any race)	435	6.7	12.5%	map	brief
Household population	6,457	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	2.26	(X)	2.59	map	brief
Average family size	2.98	(X)	3.14	map	
Total housing units	3,257			map	
Occupied housing units	2,854	87.6	91.0%		brief
Owner-occupied housing units	1,905	66.7	66.2%	map	brief
Renter-occupied housing units	949	33.3	33.8%	map	brief
Vacant housing units	403	12.4	9.0%	map	

Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	4,361				
High school graduate or higher	3,622	83.1	80.4%	map	brief
Bachelor's degree or higher	566	13.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	707	14.5	12.7%	map	brief
Disability status (population 5 years and over)	1,322	22.6	19.3%	map	brief
Foreign born	453	7.3	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	1,322	53.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	1,298	48.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	690	11.8	17.9%	map	brief

Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	3,296	64.5	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	37.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	41,726	(X)	41,994	map	
Median family income in 1999 (dollars)	54,076	(X)	50,046	map	
Per capita income in 1999 (dollars)	22,743	(X)	21,587	map	
Families below poverty level	87	5.4	9.2%	map	brief
Individuals below poverty level	407	6.5	12.4%	map	

Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	1,711				brief
Median value (dollars)	119,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,101	(X)	1,088	map	
Not mortgaged (dollars)	451	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Lake in the Hills village, Illinois

View a Fact Sheet for a race, ethnic, or ancestry group

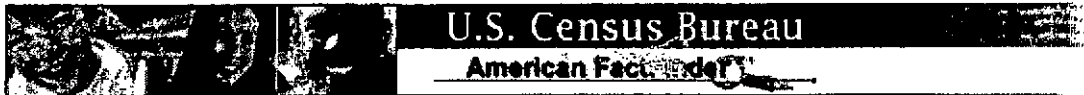
Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	23,152			map	brief
Male	11,618	50.2	49.1%	map	brief
Female	11,534	49.8	50.9%	map	brief
Median age (years)	30.7	(X)	35.3	map	brief
Under 5 years	2,984	12.9	6.8%	map	
18 years and over	15,408	66.6	74.3%		
65 years and over	768	3.3	12.4%	map	brief
One race	22,790	98.4	97.6%		
White	21,206	91.6	75.1%	map	brief
Black or African American	347	1.5	12.3%	map	brief
American Indian and Alaska Native	33	0.1	0.9%	map	brief
Asian	770	3.3	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	430	1.9	5.5%	map	
Two or more races	362	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	1,462	6.3	12.5%	map	brief
Household population	23,152	100.0	97.2%	map	brief
Group quarters population	0	0.0	2.8%	map	
Average household size	3.03	(X)	2.59	map	brief
Average family size	3.35	(X)	3.14	map	
Total housing units	7,866			map	
Occupied housing units	7,652	97.3	91.0%		brief
Owner-occupied housing units	7,165	93.6	66.2%	map	
Renter-occupied housing units	487	6.4	33.8%	map	brief
Vacant housing units	214	2.7	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	14,409				
High school graduate or higher	13,431	93.2	80.4%	map	brief
Bachelor's degree or higher	4,679	32.5	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,267	8.2	12.7%	map	brief
Disability status (population 5 years and over)	1,884	9.2	19.3%	map	brief
Foreign born	1,999	8.5	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	6,015	73.3	56.7%		brief
Female, Now married, except separated (population 15 years and over)	5,984	73.7	52.1%		brief
Speak a language other than English at home (population 5 years and over)	2,876	14.1	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	12,740	79.7	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	36.9	(X)	25.5	map	brief
Median household income in 1999 (dollars)	73,313	(X)	41,994	map	
Median family income in 1999 (dollars)	76,921	(X)	50,046	map	
Per capita income in 1999 (dollars)	26,239	(X)	21,587	map	
Families below poverty level	99	1.6	9.2%	map	brief
Individuals below poverty level	503	2.1	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	6,741				brief
Median value (dollars)	168,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,519	(X)	1,088	map	
Not mortgaged (dollars)	413	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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FACT SHEET

Zip Code Tabulation Area 60030

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	32,340			map	brief
Male	15,939	49.3	49.1%	map	brief
Female	16,401	50.7	50.9%	map	brief
Median age (years)	34.1	(X)	35.3	map	brief
Under 5 years	3,284	10.2	6.8%	map	
18 years and over	22,284	68.9	74.3%		
65 years and over	2,490	7.7	12.4%	map	brief
One race	31,924	98.7	97.6%		
White	29,780	92.1	75.1%	map	brief
Black or African American	442	1.4	12.3%	map	brief
American Indian and Alaska Native	61	0.2	0.9%	map	brief
Asian	1,139	3.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	8	0.0	0.1%	map	brief
Some other race	494	1.5	5.5%	map	
Two or more races	416	1.3	2.4%	map	brief
Hispanic or Latino (of any race)	1,523	4.7	12.5%	map	brief
Household population	32,317	99.9	97.2%	map	brief
Group quarters population	23	0.1	2.8%	map	
Average household size	2.80	(X)	2.59	map	brief
Average family size	3.24	(X)	3.14	map	
Total housing units	11,824			map	
Occupied housing units	11,537	97.6	91.0%		brief
Owner-occupied housing units	9,660	83.7	66.2%	map	
Renter-occupied housing units	1,877	16.3	33.8%	map	brief
Vacant housing units	287	2.4	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	20,681				
High school graduate or higher	19,325	93.4	80.4%	map	brief
Bachelor's degree or higher	8,970	43.4	24.4%	map	
Civilian veterans (civilian population 18 years and over)	2,093	9.4	12.7%	map	brief
Disability status (population 5 years and over)	2,678	9.2	19.3%	map	brief
Foreign born	2,582	8.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	8,167	72.4	56.7%		brief
Female, Now married, except separated (population 15 years and over)	8,260	67.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	3,180	10.9	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	17,038	73.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	33.7	(X)	25.5	map	brief
Median household income in 1999 (dollars)	71,331	(X)	41,994	map	
Median family income in 1999 (dollars)	78,899	(X)	50,046	map	
Per capita income in 1999 (dollars)	28,822	(X)	21,587	map	
Families below poverty level	177	2.0	9.2%	map	brief
Individuals below poverty level	881	2.7	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	8,824				brief
Median value (dollars)	183,500	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,655	(X)	1,088	map	
Not mortgaged (dollars)	471	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 60041

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>

	Number	Percent	U.S.		
Total population	9,286			map	brief
Male	4,654	50.1	49.1%	map	brief
Female	4,632	49.9	50.9%	map	brief
Median age (years)	36.4	(X)	35.3	map	brief
Under 5 years	603	6.5	6.8%	map	
18 years and over	6,757	72.8	74.3%		
65 years and over	769	8.3	12.4%	map	brief
One race	9,189	99.0	97.6%		
White	8,963	96.5	75.1%	map	brief
Black or African American	36	0.4	12.3%	map	brief
American Indian and Alaska Native	19	0.2	0.9%	map	brief
Asian	64	0.7	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	106	1.1	5.5%	map	
Two or more races	97	1.0	2.4%	map	brief
Hispanic or Latino (of any race)	390	4.2	12.5%	map	brief
Household population	9,262	99.7	97.2%	map	brief
Group quarters population	24	0.3	2.8%	map	
Average household size	2.73	(X)	2.59	map	brief
Average family size	3.15	(X)	3.14	map	
Total housing units	3,660			map	
Occupied housing units	3,393	92.7	91.0%		brief
Owner-occupied housing units	2,799	82.5	66.2%	map	brief
Renter-occupied housing units	594	17.5	33.8%	map	brief
Vacant housing units	267	7.3	9.0%	map	

Social Characteristics - show more >>

	Number	Percent	U.S.		
Population 25 years and over	6,147				
High school graduate or higher	5,458	88.8	80.4%	map	brief
Bachelor's degree or higher	1,145	18.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,041	15.2	12.7%	map	brief
Disability status (population 5 years and over)	1,286	14.9	19.3%	map	brief
Foreign born	372	4.0	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	2,226	60.6	56.7%		brief
Female, Now married, except separated (population 15 years and over)	2,204	62.5	52.1%		brief
Speak a language other than English at home (population 5 years and over)	455	5.3	17.9%	map	brief

Economic Characteristics - show more >>

	Number	Percent	U.S.		
In labor force (population 16 years and over)	5,232	74.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	33.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	59,874	(X)	41,994	map	
Median family income in 1999 (dollars)	66,070	(X)	50,046	map	
Per capita income in 1999 (dollars)	24,726	(X)	21,587	map	
Families below poverty level	58	2.3	9.2%	map	brief
Individuals below poverty level	349	3.8	12.4%	map	

Housing Characteristics - show more >>

	Number	Percent	U.S.		
Single-family owner-occupied homes	2,618				brief
Median value (dollars)	153,600	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,363	(X)	1,088	map	
Not mortgaged (dollars)	408	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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FACT SHEET

Zip Code Tabulation Area 60084

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	13,061			map	brief
Male	6,621	50.7	49.1%	map	brief
Female	6,440	49.3	50.9%	map	brief
Median age (years)	36.9	(X)	35.3	map	brief
Under 5 years	926	7.1	6.8%	map	
18 years and over	9,750	74.6	74.3%		
65 years and over	1,428	10.9	12.4%	map	brief
One race	12,944	99.1	97.6%		
White	11,968	91.6	75.1%	map	brief
Black or African American	45	0.3	12.3%	map	brief
American Indian and Alaska Native	40	0.3	0.9%	map	brief
Asian	189	1.4	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	9	0.1	0.1%	map	brief
Some other race	695	5.3	5.5%	map	
Two or more races	117	0.9	2.4%	map	brief
Hispanic or Latino (of any race)	1,348	10.3	12.5%	map	brief
Household population	12,929	99.0	97.2%	map	brief
Group quarters population	132	1.0	2.8%	map	
Average household size	2.65	(X)	2.59	map	brief
Average family size	3.15	(X)	3.14	map	
Total housing units	5,156			map	
Occupied housing units	4,875	94.6	91.0%		brief
Owner-occupied housing units	4,048	83.0	66.2%	map	
Renter-occupied housing units	827	17.0	33.8%	map	brief
Vacant housing units	281	5.4	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	8,938				
High school graduate or higher	7,794	87.2	80.4%	map	brief
Bachelor's degree or higher	2,292	25.6	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,119	11.4	12.7%	map	brief
Disability status (population 5 years and over)	1,715	14.3	19.3%	map	brief
Foreign born	1,419	10.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,163	61.0	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,038	60.4	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,820	15.0	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	7,493	74.4	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	31.8	(X)	25.5	map	brief
Median household income in 1999 (dollars)	61,625	(X)	41,994	map	
Median family income in 1999 (dollars)	71,097	(X)	50,046	map	
Per capita income in 1999 (dollars)	27,086	(X)	21,587	map	
Families below poverty level	91	2.6	9.2%	map	brief
Individuals below poverty level	582	4.5	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	3,498				brief
Median value (dollars)	170,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,426	(X)	1,088	map	
Not mortgaged (dollars)	493	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)



FACT SHEET

Zip Code Tabulation Area 60118

View a Fact Sheet for a race, ethnic, or ancestry group

Census 2000 Demographic Profile Highlights:

General Characteristics - show more >>	Number	Percent	U.S.		
Total population	14,739			map	brief
Male	7,261	49.3	49.1%	map	brief
Female	7,478	50.7	50.9%	map	brief
Median age (years)	37.2	(X)	35.3	map	brief
Under 5 years	1,045	7.1	6.8%	map	
18 years and over	10,730	72.8	74.3%		
65 years and over	1,351	9.2	12.4%	map	brief
One race	14,500	98.4	97.6%		
White	13,822	93.8	75.1%	map	brief
Black or African American	98	0.7	12.3%	map	brief
American Indian and Alaska Native	29	0.2	0.9%	map	brief
Asian	304	2.1	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	1	0.0	0.1%	map	brief
Some other race	246	1.7	5.5%	map	
Two or more races	239	1.6	2.4%	map	brief
Hispanic or Latino (of any race)	593	4.0	12.5%	map	brief
Household population	14,738	100.0	97.2%	map	brief
Group quarters population	1	0.0	2.8%	map	
Average household size	2.73	(X)	2.59	map	brief
Average family size	3.13	(X)	3.14	map	
Total housing units	5,532			map	
Occupied housing units	5,404	97.7	91.0%		brief
Owner-occupied housing units	4,427	81.9	66.2%	map	
Renter-occupied housing units	977	18.1	33.8%	map	brief
Vacant housing units	128	2.3	9.0%	map	
Social Characteristics - show more >>	Number	Percent	U.S.		
Population 25 years and over	9,801				
High school graduate or higher	8,961	91.4	80.4%	map	brief
Bachelor's degree or higher	3,631	37.0	24.4%	map	
Civilian veterans (civilian population 18 years and over)	1,163	10.7	12.7%	map	brief
Disability status (population 5 years and over)	1,335	9.7	19.3%	map	brief
Foreign born	1,150	7.9	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	3,680	65.9	56.7%		brief
Female, Now married, except separated (population 15 years and over)	3,775	63.8	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,405	10.2	17.9%	map	brief
Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	8,226	72.8	63.9%		brief
Mean travel time to work in minutes (workers 16 years and older)	30.5	(X)	25.5	map	brief
Median household income in 1999 (dollars)	72,500	(X)	41,994	map	
Median family income in 1999 (dollars)	83,386	(X)	50,046	map	
Per capita income in 1999 (dollars)	31,260	(X)	21,587	map	
Families below poverty level	97	2.4	9.2%	map	brief
Individuals below poverty level	439	3.0	12.4%	map	
Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	4,118				brief
Median value (dollars)	214,000	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	1,645	(X)	1,088	map	
Not mortgaged (dollars)	476	(X)	295		

(X) Not applicable.

Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

Name	City	STATIONS	In-Patient Utilization		Potentially Avail Stat
			12/31/2010	12/31/2010	
Quality Renal Care-Dundee (Annexed into Carpenters	Dundee	13	72	92.3%	0.0
ARA- Crystal Lake Dialysis	Crystal Lake	9	52	96.3%	0.0
Crystal Lake Ambutal*	Crystal Lake	6	24	66.7%	0.8
Presentius Medical Care of McHenry	McHenry	12	47	65.3%	1.8
FMC - Round Lake	Round Lake	16	87	90.6%	0.0
DaVita - Lake Villa Dialysis	Lake Villa	12	28	38.9%	4.9
		68	310	75.0%	2.7
*Crystal Springs Dialysis	Crystal Lake	12	24	33.3%	5.6
		74	310	89.8%	7.5

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Demographic Summary

State/ County	Race	Age Group	2010	2015	% Increase 2010-2015	2020	% Increase 2016-2020	2025	% Increase 2020-2025	2030	% Increase 2025-2030
Illinois	All	All	13,279,091	13,748,895	3.5%	14,316,487	4.1%	14,784,968	3.3%	15,138,849	2.4%
		65+	1,858,028	1,889,889	14.0%	2,201,461	16.5%	2,567,497	16.6%	2,883,470	12.3%
		75+	804,549	840,003	4.4%	939,745	11.5%	1,125,122	20.1%	1,353,163	20.3%
		85+	289,850	298,054	10.4%	314,336	5.5%	342,625	8.0%	402,311	17.5%
Kansas	All	All	516,914	572,277	10.7%	630,563	10.2%	688,645	6.0%	679,403	1.6%
		65+	46,818	59,144	26.9%	74,899	26.3%	91,214	22.1%	106,115	16.3%
		75+	20,983	23,665	12.8%	28,924	22.2%	37,658	30.2%	47,379	26.6%
		85+	7,266	8,177	12.2%	9,136	11.7%	10,345	13.2%	12,732	23.1%
Lake	All	All	762,918	784,861	4.2%	820,250	3.2%	883,245	5.2%	873,024	1.1%
		65+	71,894	86,400	20.2%	103,821	19.9%	126,689	22.3%	147,543	16.6%
		75+	32,736	35,869	9.6%	42,240	17.8%	53,400	26.4%	65,632	22.7%
		85+	10,664	12,477	18.1%	13,484	8.1%	15,404	14.2%	19,017	23.6%
McHenry	All	All	337,034	377,316	12.0%	407,931	6.1%	434,288	6.5%	443,398	2.1%
		65+	30,412	39,922	31.3%	50,623	28.6%	64,648	27.7%	78,064	20.8%
		75+	12,098	14,582	20.5%	18,756	28.6%	25,028	33.4%	31,727	28.8%
		85+	3,176	4,015	26.4%	4,432	10.4%	5,391	21.4%	7,215	34.1%

http://www.illinoisbiz.biz/Geo/Bureaus/Facts_Figures/Population_Projections/

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Staffing

The proposed project is for the establishment of an ESRD facility; and the co-applicants operate two other ESRD facilities in Illinois, one in Crystal Lake and the other in South Barrington. These existing facilities provide this project an existing pool of potential employees that some other projects would not have, and sites to train new employees prior to the opening of ARA-McHenry. The co-applicants will meet or exceed all applicable staffing levels/requirements as set-forth by all regulatory agencies, including each of the categories identified in Section 1110.1430.e. Each of the individuals identified below meets or will meet the position-specific qualifications identified in 1110.1430.e 1)A-E.

- A) Medical Director – Mohammad Zahid, MD
- B) Facility Director—1.0 FTE, on staff
- B) Registered Nurse Staff – 2.0 FTEs on staff.
- C) Dialysis Tech – 4.5 FTEs on staff
- D) Social Worker -- .75 FTE, on staff

The staff required will be recruited through the center's normal means, which include word of mouth and advertisement in area newspapers.

The minimum required staffing levels of one RN on the premises at all times and a minimum of one patient care technician per four patients will be maintained.

The proposed facility will operate with an open Medical staff.

A copy of the Medical Director's Curriculum Vitae is attached.

THE ELGIN CLINIC LTD.

1530 N. Fandall Rd. Suite 200, Elgin, IL, 60123
(847) 697 - 6464

Mohammad Zahid, M.D., F.A.C.P., F.A.C.N.
Diplomat, American Board of Internal Medicine and Nephrology
Fellow of American College of Physicians
Fellow of American College of Nutrition
Assistant Professor, University of Illinois, College of Medicine at Rockford

CURRICULUM VITAE

OBJECTIVE Practice Nephrology, Internal Medicine

PRESENT ACTIVITIES Full time private practice, settings since July 1987 with vast Nephrology experience

STAFF PRIVILEGES Sherman Hospital
Provena Saint Joseph Hospital
Saint Alexis Medical Center
Northern Illinois Medical Center, McHenry, IL
Good Shepherd Hospital
Woodstock Memorial Hospital
Alexian Brothers Medical Center
Maplewood Nursing Home
AstaCare Health Center
Elk Grove Dialysis Center
Necmedica Dialysis Center

ADMINISTRATIVE EXPERIENCE
Medical director, AstaCare Health Center
Ex-Medical director, Home intensive care dialysis center of BMA
(1996 - 1998)

ACADEMIC EXPERIENCE
Assistant Professor of Medicine at University of Illinois, College of Medicine at Rockford

LICENSES Illinois and Pennsylvania

BOARDS Internal Medicine certification 1989
Nephrology certification 1998

ACCOMPLISHMENTS
1972 - 1978
Bachelor of Medicine and Bachelor of Surgery
Dow medical College, University of Karachi, Pakistan

1978 - 1979
1 year of rotating internship with 6 months in OB/GYN and Internal Medicine, Karachi Civil Hospital, Pakistan.

THE ELGIN CLINIC LTD.

1530 N. Randall Rd. Suite 200, Elgin, IL, 60123
(847) 897 - 6484

- 1981 - 1985 1 year of residency in Radiology and 3 years in Internal Medicine at Wayne State University, School of Medicine, Detroit, Michigan.
- 1985 - 1987 2 year fellowship in Nephrology and Hypertension at the Northwestern University, School of Medicine, Chicago Illinois
- 1987 - 1988 Private practice with Elgin Nephrology Associates, Elgin, IL
- 1988 - 1989 Private practice with Potts Ville Internist, Pottsville, PA.
- 1996 - 1998 Medical Director
Home Intensive Care (Dialysis Company)
- 1989 - to date Private Practices, The Elgin Clinic, Ltd.

AFFILIATIONS

International Society of Nephrology
McHenry Medical Society
Illinois State Medical Society
Fellow of American College of Physicians
Fellow of American College of Nutrition
Member of American Society of Nephrology
Assistant Professor of Medicine at University of Illinois, College of Medicine at Rockford

PUBLICATIONS

- Central Nervous System and Cardiac Manifestations of Hydrochlorothiazide overdose and treatment with Hemodialysis. (American Journal of Kidney Diseases, June 1988)
- Tubular CO₂ production from Glutamine: Segmental Profile and Vitro Modulation, in Preparation for the American Journal Physiology and presented in the meetings of:
Internal Congress of Nephrology
American Society of Clinical Research
American College of Physicians
- Renal Handling of Enalaprilat (first intravenous angiotensin converting enzyme inhibitor) compared to that of Insulin and Creatin in healthy volunteers
- Dopaminergic Regulation of Aldosterone secretion in Uremia, from the Department of Medicine Northwestern University and Veterans Administration
- Transplantation of small Pediatric Kidneys, from Chicago Regional Organ and Tissue Bank and Rush Presbyterian, St. Lukes Medical Center

24 Hr. (847) 931 - 6529

ATTACHMENT 26a

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ARA
CRYSTAL LAKE DIALYSIS LLC

March 17, 2011

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

Re: McHenry Dialysis Center
Review Criterion 1110.1430.f

To Whom It May Concern:

McHenry Dialysis Center provides the required "support services". Specifically,

1. The facility participates in The Renal Network's data system.
2. Clinical laboratory and blood banking services are provided through Spectra.
3. Nutritional counseling is provided by employed staff.
4. Rehabilitation services are provided through the hospital referral and transfer agreement.
5. Psychiatric services are provided through direct referral by the patient's physician.
6. Social services are provided by employed staff.
7. Self care dialysis will not be provided, and in the rare instances where the patient desires self-care dialysis, the patient will be referred to another area dialysis provider for training.
8. In-home dialysis training is provided by the facility's employed RN staff.

Should you desire any additional information related to support services, please do not hesitate to contact me.

Sincerely,



Marie Lasco, RN, CNN
Area Facility Manager

ATTACHMENT 26f

Crystal Lake Dialysis Center
6298 Northwest Hwy, Suite 300 • Crystal Lake, IL 60014-7933
Tel: 815-477-0825 • Fax: 815-477-0827
102


An affiliate of AMERICAN RENAL
ASSOCIATION

ARA
CRYSTAL LAKE DIALYSIS LLC

March 17, 2011

Illinois Health Facilities and
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Springfield, Illinois

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Sincerely,



Marie Lascio, RN, CNN
Area Facility Manager

ATTACHMENT 26f

Crystal Lake Dialysis Center
6298 Northwest Hwy, Suite 300 • Crystal Lake, IL 60014-7933
Tel: 815-477-0825 • Fax: 815-477-0827

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An affiliate of **AMERICANRENAL**
associates

Minimum Number of Stations

As this project is for the establishment of a 12-station ESRD facility this item has been met.

**ARA-McHenry Dialysis Center
Back-up Hospital Agreement**

This Back-Up Hospital Agreement (the "Agreement") is made as of the 21st day of March, 2011 (the "Effective Date"), by and between ARA-McHenry Dialysis, (the "Facility") and St Alexius (the "Hospital").

WHEREAS, Facility provides chronic dialysis services and desires to establish a relationship with Hospital that will provide Facility patients with access, as needed, to certain inpatient and outpatient hospital-based services; and

WHEREAS, Hospital provides certain inpatient and outpatient hospital-based services and is capable of, and desires to, provide said services to Facility in accordance with the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth, the parties hereby agree as follows:

1. **Provision of Services.** During the Term of this Agreement, as defined in Section 9 below, and upon recommendation of Facility's Medical Staff and an attending physician who is a member of the Hospital's Medical Staff, Hospital agrees that those Facility patients requiring inpatient and other hospital services will be admitted to or receive treatment at Hospital subject to the availability of these services. These services include, but are not limited to, dialysis treatments ordered for inpatients by patient's attending physician or nephrologists ("Acute Dialysis Services"), blood bank and transfusion services for both inpatients and outpatients ("Transfusion Services"), vascular surgery and related services for access insertion and long-term maintenance ("Access Management Services"), and all other services usually available and provided to any inpatients of the Hospital ("Inpatient Services").

2. **Billing.** Hospital and Facility agree that reimbursement (including billing and collection) for any services rendered or otherwise provided to a patient will be performed by the party rendering the service. The services provided by Hospital in accordance with Section 1 above will be deemed "Hospital Services" and billed and collected solely by Hospital through direct billing to patient or the patient's third party payer (the "Responsible Party"). Facility will not act as guarantor for any charges incurred while the patient is a patient of Hospital or for any services provided to patient by Hospital.

3. **Medical Records and Information.** Hospital and Facility agree to provide each other with full and adequate information concerning the other's resources so that either party can determine whether the other can provide the care needed by a patient as prescribed by his physician.

4. **Transfer of Patients.** Hospital and Facility agree to the following transfer procedures and protocols:

a. Facility will transfer patient's needed personal effects, including money and valuables, and information relating to the same, and will be responsible therefore until signed for by a representative of Hospital in accordance with Hospital admitting policies and procedures.

b. Facility will insure that clinical records of a patient transferred will contain evidence that the patient was transferred promptly and safely;

c. Original medical records kept by each of the parties will remain the property of that party;

d. Facility and Hospital will each provide the other with a copy of their transfer procedures which will be considered confidential and used by the parties only for the purpose of effectively implementing the terms and conditions set forth in this Agreement.

e. Facility agrees to properly and safely, in accordance with this Agreement, transmit with each patient at the time of transfer, or in the case of an emergency, as promptly as possible thereafter, an abstract of pertinent medical and other records necessary to continue the patient's treatment without interruption and to provide identifying and other information, to include:

- i. current medical findings;
- ii. diagnosis;
- iii. brief summary of the course of treatment followed at Facility;
- iv. nursing and dietary information useful in the care of patient; and
- v. administrative and pertinent social information.

5. **Transfer Back to Facility.** Hospital agrees to keep Facility's Clinic Manager or designated representative advised of the condition of each patient admitted to Hospital so Facility can anticipate patient's date of transfer back to Facility. Facility agrees to re-admit patients transferred to Hospital for medical care and will assign readmission priority for its patients treated at Hospital.

6. **Control.** The Board of Trustees of Hospital and Governing Body of Facility will have exclusive control of the policies, management, assets and affairs of their respective facilities. Neither party assumes any liability, by virtue of this Agreement, or any debts or other obligation incurred by the other party to this Agreement.

7. **Affiliation.** Nothing in this Agreement will be construed as limiting the right of either to affiliate or contract with any hospital or clinic on either a limited or general basis while this Agreement is in effect.

8. **Advertising.** Neither party will use the name of the other in any promotional or advertising material unless review and approval of the intended material is obtained from the party whose name is to be used.

9. **Term and Termination.** This Agreement will be in effect from the Effective Date and will continue in effect indefinitely, except that either party may terminate this Agreement at any time by giving sixty (60) days notice in writing to the other party of its intention to terminate this Agreement. Termination will be effective at the expiration of the sixty (60) day notice period. However, if either party will have its license to operate revoked by the State or become ineligible as a provider of service under this Agreement, this Agreement will terminate on the revocation date.

10. **Miscellaneous.**

(a) **Notices.** All notices pursuant to this Agreement will be in writing to the address set forth on the signature page below and either (i) delivered personally, (ii) sent by an overnight courier which maintains records of receipt, or (iii) sent by U.S. mail, postage prepaid, registered or certified mail, return receipt requested. Any notice will be deemed to be received in case of delivery referred to in clauses (i) or (ii) on the date of actual receipt by the addressee, and in case of delivery referred to clause (iii), five (5) days after being deposited in the U.S. mail. All notices will be addressed to the addressee as specified above, or to such other address as may have been hereafter specified by either party by notice in compliance with this paragraph.

(b) **Independent Contractors.** Parties to this Agreement are independent contractors; and nothing in this Agreement will be construed to establish a relationship of partners or joint venturers or agency between the parties. Neither party, nor any of its employees, officers or agents is or will be considered as the agent or employee of the other party for any purpose whatsoever. Neither party has the authority to enter into contracts on behalf of or assume any obligations for the other party, or to make any warranties or representations on behalf of the other party. Each party hereto agrees to be responsible for the acts of its own employees, officers and agents.

(c) **Entire Agreement.** This Agreement contains the entire understanding of the parties with respect to the subject matter hereof and supersedes all prior negotiations, discussions, agreements or understandings, whether written or oral. This Agreement will not be modified or amended except by a written document signed by the parties hereto. No provision hereof may be waived except by an agreement in writing signed by the waiving party, and a waiver of any term or provision on one occasion will not be construed as a waiver of any other term or provision or of the same term or provision on any other occasion.

(d) Assignment. Neither party will assign this Agreement in whole or in part without the written consent of the other party, which will not be unreasonably withheld. Neither party will assign any monies, obligations or entitlements due or to become due under this Agreement without the prior written consent of the other party. Subject to the foregoing, this Agreement will be binding upon and inure to the benefit of the successors, assigns and successors in interest of and to the parties.

(e) Severability. The provisions of this Agreement will be severable, and the invalidity of any of such provisions will not affect the validity of the remaining provisions hereof. This Agreement will be construed to be in accordance with any and all applicable federal and state laws, including Medicare and Medicaid statutes and rules, regulations, principles and interpretations thereunder. In the event of any change in such applicable laws that renders any of the material terms of this Agreement unlawful or unenforceable, including any services rendered or compensation to be paid hereunder, the terms hereof will be adjusted upon the effective date of any such change of law or regulations to comply with such change.

(f) Governing Law. This Agreement will be governed by and construed in accordance with the laws of the state in which Facility is located.

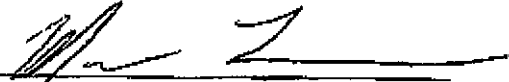
(g) Headings. The headings of the several sections of this Agreement are provided as a matter of convenience and are in no way to be construed to alter or modify the terms and provisions hereof.

(h) Compliance. Notwithstanding any other provision of this Agreement, each party remains responsible for ensuring that any service it provides pursuant to this Agreement complies with all pertinent provisions of federal, state and local laws, regulations and rules, including, but not limited to The Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA").

IN WITNESS WHEREOF, the duly authorized representatives of the parties hereto have executed the Agreement as of the Effective Date.

Facility:

McHenry Dialysis Center LLC
4209 W. Shamrock Lane
McHenry, IL 60050



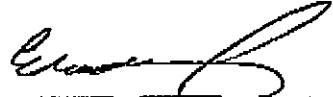
Signature

Maria Lascio
Print Name

Area Facility Manager
Title

Hospital:

St. Alexius Medical Center
1555 N. Barrington Rd.
Hoffman Estates, IL 60010



Signature

Edward M Goldberg
Print Name

President and CEO
Title

MAR. 18. 2011 9:40AM

CRYSTAL LAKE DIALYSIS

NO. 652

P. 5/13

The Elgin Clinic, LTD

MOHAMMAD ZAHID, M.D., F.A.C.P., F.A.C.N.
Diplomate, American Board of Internal Medicine and Nephrology

March 15, 2011

Illinois Health Facilities and
Services Review Board
Springfield, Illinois

To Whom It May Concern;

A Certificate of Need application is being proposed for the establishment of McHenry Dialysis LLC. Please be advised that it is my expectation and understanding that by the second year following the project's completion, the facility will be operating at the IHFSRB's target utilization of 80%, and that it will, at minimum, maintain that level of utilization thereafter.

It is also my expectation that McHenry Dialysis, LLC will continue to meet or exceed the hemodialysis outcome measures identified in Section 1110.1430j.

Sincerely,

Date: 3 15 2011



STATE OF IL

COUNTY OF Kane

The undersigned, a Notary Public in and for the above state and county, does hereby certify that before me personally appeared MOHAMMAD ZAHID to me known to be the identical individual(s) described in and who executed the foregoing document and acknowledged that the foregoing instrument was signed for the purposes therein stated and as the free act and deed of the signer thereof.

IN WITNESS THEREOF, I hereunto set my hand.

Notary Public
Commission Expires:

The Elgin Clinic, Ltd.,
1630 N. Randall Road,
Suite-200, Elgin, IL 60123
(847) 697-6464

Fox Glen Condominiums,
102-B Fox Glen Drive,
Barrington, IL 60010
(847) 697-6464

Capital Court Commons,
719-B Ridge View Drive,
McHenry, IL 60051
(847) 697-6464

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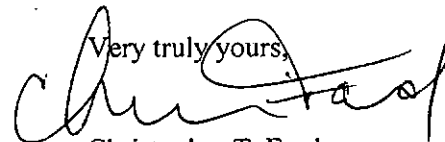
AMERICANRENAL[®]
associates

March 21, 2011

Illinois Health Facilities and
Services Review Board
Springfield, IL

To Whom It May Concern:

The McHenry historical financial information and pro forma balance sheets were developed internally and have not been independently audited.

Very truly yours,

Christopher T. Ford
Chairman

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INCOME STATEMENT	
as of 12/31/09	
	Amer. Renal Associates, LLC
Revenue:	
Management Fees Revenue	14,516,765
Expenses:	
Personnel Costs	11,107,307
Medical Supplies	0
Ancillary Expense	0
Other Operating Expenses	6,271,410
Depreciation & Amortization	882,280
Interest Expense	10,302,893
Total Operating Expense	28,563,890
	=====
Income from Operations	(14,047,125)
Other Expense	(10,264,878)
Net Income	(24,312,103)
	=====

Amer. Rural Associates, LLC—2009	
BALANCE SHEET	
as of 12/31/09	
Assets	
Current Assets	
Cash	11,119,870
Patient A/R Net Allowance	0
Other Accts Recvble	1,389,380
Inventory	0
Prepaid Expenses	(255,390)
Short Term Notes Receivable	1,174,705
Total Current Assets	13,428,565
Total Fixed Assets	3,596,359
Other Assets	(62,377,334)
TOTAL ASSETS	(45,352,410)
=====	
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Trade Accounts Payable	154,593
Other Current Liabilities	(8,746,188)
Accrued Expenses	14,936,064
Current Portion of LT Debt	2,399,559
Due to/from Affiliates	(12,593,236)
Total Current Liabilities	(3,849,208)
Long Term Liabilities	
Long-Term Debt	40,184,704
Other Liabilities	62,942,366
Total Long Term Liabilities	103,127,070
Total Liabilities	99,277,862
=====	
Equity	
Stock	(1,054,008)
Addl. Paid in Capital	84,372,269
Retained Earnings	(203,636,430)
Net Income	(24,312,103)
Total Equity	144,630,272
TOTAL LIABILITIES & EQUITY	45,382,410
=====	

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INCOME STATEMENT	
as of 12/31/09	
ARA NW Chicago, LLC	
Revenue:	
Net Dialysis Revenue	4,523,028
Expenses:	
Personel Costs	1,422,975
Medical Supplies	387,211
Ancillary Expense	798,047
Other Operating Expenses	1,013,886
Depreciation & Amortization	223,401
Interest Expense	28,580
Total Operating Expense	3,655,100
Income from Operations	
Other Expense	8,168
Net Income	676,095

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BALANCE SHEET	ARA NW Chicago, LLC
as of 12/31/09	
Assets	
Current Assets	
Cash	112,803
Patient A/R Net Allowance	1,337,904
Other Accts Recvble	5,641
Inventory	30,027
Prepaid Expenses	17,872
Total Current Assets	1,507,247
Total Fixed Assets	570,305
Other Assets	15,284
TOTAL ASSETS	2,092,836
	=====
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Trade Accounts Payable	290,044
Other Current Liabilities	108,920
Accrued Expenses	202,377
Current Portion of LT Debt	202,811
Due to/from Affiliates	64,394
Total Current Liabilities	668,346
Long Term Liabilities	
Long-Term Debt	
Deferred Rent	68,637
Total Long Term Liabilities	68,637
Total Liabilities	736,983
	=====
Equity	
ARA Equity	
ARA Draws	(2,371,500)
ARA Investment	127,628
Total ARA Equity	(2,243,873)
Partner One Equity	
Partner One Draws	(2,278,500)
Partner One Investment	122,623
Total Partner One Equity	(2,155,877)
Retained Earnings	4,879,208
Net Income	676,095
Total Equity	1,155,552
TOTAL LIABILITIES & EQUITY	2,092,836
	=====

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March 21, 2011

Illinois Health Facilities and
Services Review Board

Re: McHenry Dialysis

To Whom It May Concern:

In connection with the Certificate of Need application submitted by McHenry Dialysis, LLC ("McHenry") to establish the facility (the "Project"), please be advised that McHenry intends to fund the Project, and has sufficient cash to do so.

Very truly yours,

Christopher T. Ford
Chairman

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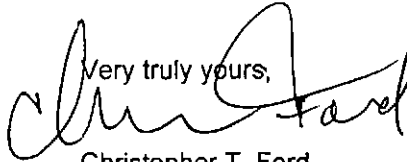
March 21, 2011

Ms. Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Criterion 1120.140.A Reasonableness
of Financing Arrangements

Dear Ms. Avery:


Regarding the above referenced criterion, we hereby certify that the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation.

Very truly yours,

Christopher T. Ford
Chairman

Commonwealth of Massachusetts
County of Essex

Sworn to before me this
21st day of March 2011

Notary Public


My commission expires 11/8/13



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COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department	A	B	C	D	E	F	G	H	Total Cost
(list below)	Cost/Square Foot New Mod.		Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	(G + H)
ESRD		\$ 120.00			5,600			\$ 672,000	\$ 672,000
Contingency		\$ 10.00			5,600			\$ 56,000	\$ 56,000
TOTALS		\$ 130.00			5,600			\$ 728,000	\$ 728,000

* Include the percentage (%) of space for circulation

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Section 1120.140 Economic Feasibility – Review Criteria

d) **Projected Operating Costs**

	2013
Projected Operating Cost	
Projected Treatments	8,580
Salaries	598,345
Benefits	\$ 160,488
Supplies	\$ 155,059
Operating Cost/Treatment	\$ 106.51

e) **Total Effect of the Project on Capital Costs**

	2013
Projected Operating Cost	
Projected Treatments	8,580
Depreciation	85,922
Amortization	\$ -
Interest Expense	\$ 26,137
Operating Cost/Treatment	\$ 13.06

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