FRESENIUS KIDNEY CARE

Fresenius Kidney Care
3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

August 23, 2016

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

Final Cost Report. Section 1130.770
Project #14-041, Fresenius Medical Care Elgin
Permit Holder: Fresenius Medical Care Elgin, LLC, and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Elgin, #14-041, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

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

Sincerely,

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

FRESENIUS KIDNEY CARE

August 9, 2016

Final Cost Report, Section 1130.770 Fresenius Medical Care Elgin

Final Cost Report. Section 1130.770
Project #04-041 – Fresenius Medical Care Elgin
Permit Holder: Fresenius Medical Care Elgin, LLC and Fresenius Medical Care Holdings, Inc.

This report summarizes the development and final costs of the above-mentioned project which is for the addition of 6 stations to the 14-station Fresenius Medical Care Elgin dialysis center located at 2130 Point Boulevard, Suite 800, Elgin. There have been no changes to the scope and size of the project. The Permit amount is $1,542,110. Final realized costs were $1,295,882.

The project was obligated through the execution of the lease for the premises on November 12, 2014. The project for the additional stations was complete on August 5, 2016 with receipt of the CMS Certification letter. The additional station's effective CMS Certification date is August 3, 2016.

Project Costs and Sources of Funds

Project Costs	**Allowance/CON**	**Realized**
Modernization	547,400	547,400
Contingencies	54,400	66,458
Architectural/Engineering	60,000	47,629
Movable & Other Equipment	250,010	90,045
FMV of Leased Space/Equipment	630,300	544,350
Total Project Costs	**$1,542,110**	**$1,295,882**
Funding	**Allowance/CON**	**Realized**
Cash & Securities	911,810	751,532
Lease FMV	630,300	544,350
Total funds	**$1,542,110**	**$1,295,882**

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

Application and Certificate for Payment (AIA G702)

Final G-702 payment application is attached.

FRESENIUS KIDNEY CARE

Certification of Cost Report
Fresenius Medical Care Elgin
Project #14-041

Fresenius Medical Care Elgin, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Elgin, Project #14-041, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: _____

ITS: Regional Vice President

Subscribed and Sworn to before me
this 9th day of August 2016

_____
Notary Public

My commission expires: 12-9-2017

OFFICIAL SEAL
CANDACE M TUROSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:12/09/17

FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Medical Care Elgin
Project #14-041

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Elgin, Project #14-041, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY:_____

ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to before me
this_____day of_____, 2016

_____
Notary Public

My commission expires:_____

BY:_____

ITS: Maria T. C. Notar
Assistant Treasurer

Subscribed and Sworn to before me
this 15 day of August, 2016

_____
Notary Public

My commission expires: 06/25/2021

C. WYNELLE SCENNA
Notary Public
Massachusetts
Commission Expires Jun 25 2021

Thrive On

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702/CMa

CONSTRUCTION MANAGER-ADVISER EDITION

TO CONTRACTOR:
DiNaso & Sons Construction Co., Inc.
9910 W. 191st St., Suite A
Mokena, IL 60448

PROJECT:
Elgin JV
2130 Point Blvd, Suite 800
Elgin, IL 60123

APPLICATION NO: 4-FINAL
PERIOD TO: 02/26/16

Distribution to:
[X] OWNER
[ ] ARCHITECT
[X] CONTRACTOR

FROM SUBCONTRACTOR:
DiNaso & Sons Construction Co., Inc.
9910 W. 191st St., Suite A
Mokena, IL 60448

OWNER:
Fresenius Medical Care Elgin, LLC
c/o Fresenius Medical Care NA
1909 Tyler Street, 8th Floor
Hollywood, FL 33020

PROJECT NOS: 7074-2-EX-W-BO-15

CONTRACT DATE: July 16, 2015

CONTRACT FOR:
General Construction

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM		$ 608,000.00
2. Net change by Change Orders		$ 5,857.99
3. CONTRACT SUM TO DATE (Line 1 ± 2)		$ 613,857.99
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 613,857.99
5. RETAINAGE:		
a. 0 % of Completed Work (Column D + E on G703)	$ 0.00	
b. 10 % of Stored Material (Column F on G703)	0.00	
Total Retainage (Lines 5a + 5b or Total in Column I of G703)		$ 0.00
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)		$ 613,857.99
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 547,200.00
8. CURRENT PAYMENT DUE		$ 66,657.99
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$ 0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$0.00	$0.00
Total approved this Month	$5,857.99	$0.00
TOTALS	$5,857.99	$0.00
NET CHANGES by Change Order	$5,857.99	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: DiNaso & Sons Construction Co., Inc.

By: Chad A Da Date: April 6, 2016

State of: Illinois County of: Will
Subscribed and sworn to before me this 6th day of April, 2016
Notary Public: Kristine A. Hassel
My Commission expires: 7-5-19

OFFICIAL SEAL
CHRISTINE A HASSEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/05/19

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... $ 66,657.99

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

CONSTRUCTION MANAGER:

By: _____ Date: _____

ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.