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

April 24, 2017

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

Re: Final Cost Report, Section 1130.770
Project #14-065 Fresenius Medical Care Plainfield North (Morris relocation)
Permit Holder: Fresenius Medical Care Plainfield North, LLC, and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Plainfield North, #14-065, 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

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

FRESENIUS KIDNEY CARE

March 27, 2017

Final Cost Report, Section 1130.770 Fresenius Medical Care Plainfield North

Project #14-065 Fresenius Medical Care Plainfield North (Morris relocation)
Permit Holder: Fresenius Medical Care Plainfield North, LLC, and Fresenius Medical Care Holdings, Inc.

This report summarizes the development and final costs of the above-mentioned project which is for the discontinuation of the RCG – Morris 10-station ESRD facility at 1401 Lakewood Drive, Morris and the establishment of a 10-station ESRD replacement facility at 24024 Riverwalk Court, Plainfield. The project was obligated with the execution of the lease on August 19, 2016.

The facility opened/relocated on September 19, 2016 and the project was complete upon receipt of the CMS Certification letter on March 15, 2017 with an effective date of November 18, 2016.

Also, per E 058-16 and on September 19, 2016, the facility changed ownership from Dialysis Centers of America – Illinois, Inc. to Fresenius Medical Care Plainfield North, LLC.

Project Costs and Sources of Funds

Project Costs	**Allowance/CON**	**Realized**
Modernization	1,046,500	910,954
Contingencies	104,000	0
Architectural/Engineering	112,000	83,978
Movable & Other Equipment	362,000	311,106
FMV of Leased Space/Equipment	2,020,150	2,020,150
Total Project Costs	**$3,644,650**	**$3,289,394**
Funding	**Allowance/CON**	**Realized**
Cash & Securities	1,624,500	1,269,244
Lease FMV	2,020,150	2,020,150
Total funds	**$3,644,650**	**$3,289,394**

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)

G-702 attached.

FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Medical Care Plainfield North
Project #14-065

Fresenius Medical Care Plainfield North, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Plainfield North, Project #14-065, 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: Group Vice President of Operations

Subscribed and Sworn to before me
this 24 day of April, 2017

_____
Notary Public

My commission expires: 3/30/2018

OFFICIAL SEAL
DONNA C PLUCINSKI
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:03/30/18

FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Medical Care Plainfield North
Project #14-065

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Plainfield North, Project #14-065, 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: Maria T. C. Notar
Assistant Treasurer

Subscribed and Sworn to before me
this 17th day of April, 2017

Notary Public

My commission expires: 10/14/22

BY:_____

ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to before me
this_____day of_____, 2017

Notary Public

My commission expires:_____

ELIZABETH D. SCULLY
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
October 14, 2022

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER):	Fresenius Medical Center	PROJECT:	Grant #4323 Plainfield, IL	APPLICATION NO:	3	Distribution to:
				PERIOD TO:	8/19/2016	OWNER: ☐
FROM (CONTR.)	Cohen Architectural Woodworking	VIA (ARCHITECT):		CONTRACTOR'S PROJECT NO:	M. MERCH FMS PM	ARCHITECT ☐
CONTRACT FOR:	Millwork & Installation			CONTRACT DATE:	AUG 25 16	CONTRACTOR ☐

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
	TOTAL		
Approved this month			
Number	Date Approved		
TOTALS		0	0
Net change by Change Orders		0	

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

CONTRACTOR:

By: _____ Date: 8/23/16

A M GILLENWATER
Notary Public – Notary Seal
STATE OF MISSOURI
Crawford County
Commission Number 13494056
My commission expires June 17, 2017

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

1. ORIGINAL CONTRACT SUM		$ 69,083.00 ✓
2. Net change by Change Orders		$ -
3. CONTRACT SUM TO DATE (Line 1 + 2)		$ 69,083.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)		$ 69,083.00
5. RETAINAGE:		
a. _____ % of Completed Work (Columns D + E on G703)	_____	
b. 100 % of Stored Material (Column F on G703)	_____	
Total Retainage (Line 5a + 5b or Total in Column I of G703)		$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)		$ 69,083.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)		$ 62,174.70 ✓
8. CURRENT PAYMENT DUE		$ 6,908.30 ✓
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)		$ -

State of: Missouri County of: Crawford
Subscribed and sworn to before me this 23 day of Aug 2016
Notary Public: Am Gillenwater
My Commission expires: June 17, 2017

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progresssed 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
(Attach explanation if amount certified differs from the amount applied for.)
ARCHITECT:

By: _____ Date: _____

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

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION CONCERNING MECHANICS LIENS ON REVERSE SIDE.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702 REPLICA

To Owner:
Dialysis Centers of American-Illinois Inc.
c/o Fresenius Medical Care NA
1909 Tyler St., 8th fl
Hollywood, FL 33020

Project:
Grant #4323-RL-W-GU-15
24040 Riverwalk Court
Plainfield, Il 60544

From Contractor:
Northern Builders, Inc.
5060 River Road
Schiller Park, Illinois 60176

VIA Architect:
Christopher Kidd & Associates LLC
N48W16550 Lisbon Rd
Menomonee Falls, WI 53051

Application No: 3

Period to: December 31, 2016

Contract for: General Construction

Project No: 16-009

Contract Date: April 12, 2016

M. MERCIK
FMS PM
JAN 19 17
RECS - North
RECEIVED

Distribution to :

Owner: ☐
Architect: ☐
Contractor ☐
Field: ☐

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.....	$	841,871.00 ✓
2. Net change by Change Orders.....	$	(7,210.30) ✓
3. CONTRACT SUM TO DATE(Line 1+2).....	$	834,660.70
4. TOTAL COMPLETED & STORED TO DATE..... Column G on G703		$834,660.70
5. RETAINAGE :		
a. 10% of Completed Work (Column D+E on G703)	$	-
b. % of Stored Material (Column F on G703)	$	-
Total Retainage (Line 5a+5B or Total in Column I of G703	$	-
6. TOTAL EARNED LESS RETAINAGE..... (Line 4 less line 5 Total)		$834,660.70
7. LESS PREVIOUS CERTIFICATES FOR PAYMENTS (Line 6 from prior Certificate).....	$	745,084.56 ✓
8. CURRENT PAYMENT DUE.....	$	**89,576.14**
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)	$	-

CHANGE ORDERS SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$0.00	$0.00
Total approved this Month	$0.00	$7,210.30
TOTALS	$0.00	$7,210.30
NET CHANGES by Change Order	**($7,210.30)**	

The undersigned Contractor certifies that to the best of his 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 shownherein is now due.

BY: Debra H Wagner DATE: 1/18/17
Debra H Wagner
Director of Accounting

Subscribed and sworn to me before me this 18th day of January 2017
State of: Ill
County of: Cook
Notary Public:
My commission expires: 7/14/19

OFFICIAL SEAL
JULIE A STRITZEL
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/14/19

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observation and the data above comprising the above application, the Architect certifies to the Owner that to the best of 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..... **$ 89,576.14**

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

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.