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 17, 2017

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

Re: Fresenius Kidney Care South Elgin

Dear Ms. Avery,

I am submitting the enclosed application for consideration by the Illinois Health Facilities and Services Review Board. Please find the following:

1. An original and 1 copy of an application for permit to establish Fresenius Kidney Care South Elgin; and

2. A filing fee of $2500.00 payable to the Illinois Department of Public Health.

Upon your staff's initial review of the enclosed application, please notify me of the total fee and the remaining fee due in connection with this application and I will arrange for payment of the remaining balance.

I believe this application conforms with the applicable standards and criteria of Part 1110 and 1120 of the Board's regulations. Please advise me if you require anything further to deem the enclosed application complete.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

Enclosures

17-038

ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
AUG 18 2017
HEALTH FACILITIES & SERVICES REVIEW BOARD

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Fresenius Kidney Care South Elgin			
Street Address:	SWC N. McLean Boulevard & Bowes Road			
City and Zip Code:	South Elgin 60177			
County: Kane	Health Service Area:	8	Health Planning Area:	

Applicant [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Fresenius Medical Care Elgin, LLC d/b/a Fresenius Kidney Care South Elgin
Street Address:	920 Winter Street
City and Zip Code:	Waltham, MA 02451
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

Type of Ownership of Applicant

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are 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.

Co-Applicant [Provide for each applicant (refer to Part 1130.220)]

Exact Legal Name:	Fresenius Medical Care Holdings, Inc.
Street Address:	920 Winter Street
City and Zip Code:	Waltham, MA 02451
Name of Registered Agent:	CT Corporation Systems
Registered Agent Street Address:	208 S. LaSalle Street, Suite 814
Registered Agent City and Zip Code:	Chicago, IL 60604
Name of Chief Executive Officer:	Bill Valle
CEO Street Address:	920 Winter Street
CEO City and Zip Code:	Waltham, MA 02451
CEO Telephone Number:	800-662-1237

Type of Ownership of Co-Applicant

☐	Non-profit Corporation	☐	Partnership
☒	For-profit Corporation	☐	Governmental
☐	Limited Liability Company	☐	Sole Proprietorship
	Other		☐

- Corporations and limited liability companies must provide an **Illinois certificate of good standing.**
- Partnerships must provide the name of the state in which they are organized and the name and address of each partner specifying whether each is a general or limited partner.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name: Lori Wright
Title: Senior CON Specialist
Company Name: Fresenius Kidney Care
Address: 3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number: 630-960-6807
E-mail Address: lori.wright@fmc-na.com
Fax Number: 630-960-6812

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

Name: Coleen Muldoon
Title: Regional Vice President
Company Name: Fresenius Kidney Care
Address: 3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number: 630-960-6706
E-mail Address: coleen.muldoon@fmc-na.com
Fax Number: 630-960-6812

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

Name: Clare Connor
Title: Attorney
Company Name: McDermott, Will & Emory
Address: 444 West Lake Street, Chicago, IL 60606
Telephone Number: 312-984-3365
E-mail Address: cranalli@mwe.com
Fax Number: 312-984-7500

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: Lori Wright
Title: Senior CON Specialist
Company Name: Fresenius Kidney Care
Address: 3500 Lacey Road, Suite 900, Downers Grove, IL 60515
Telephone Number: 630-960-6807
E-mail Address: lori.wright@fmc-na.com
Fax Number: 630-960-6812

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Net 3 (South Elgin I), LLC

Address of Site Owner: 2803 Butterfield Road, Suite 310, Oak Brook, IL 60523

Street Address or Legal Description of the Site: SWC N. McLean Blvd. & Bowes Road, South Elgin, IL
PIN 06-27-306-009

Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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:Fresenius Medical Care Elgin, LLC d/b/a Fresenius Kidney Care South Elgin

Address: 920 Winter Street, Waltham, MA 02451

- ☐ Non-profit Corporation
- ☐ For-profit Corporation
- ☒ Limited Liability Company
- ☐ Partnership
- ☐ Governmental
- ☐ Sole Proprietorship
- ☐ Other

- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- 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.
- **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 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.

Flood Plain Requirements

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2006-5 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 #2006-5 **(http://www.hfsrb.illinois.gov)**.

APPEND DOCUMENTATION AS ATTACHMENT 5, IN NUMERIC SEQUENTIAL OROER 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 OOCUMENTATION 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

2. Narrative Description

In the space below, provide 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.

Fresenius Medical Care Elgin, LLC proposes to establish a 12-station dialysis facility, Fresenius Kidney Care South Elgin, at the SWC of N. McLean Blvd. & Bowes Road, South Elgin (PIN# 06-27-306-009). The facility will be in leased space in a shell building to be developed by the landlord. Fresenius will build out the interior.

South Elgin is located in HSA 8.

This project is "substantive" under Planning Board rule 1110.40 as it entails the establishment of a health care facility that will provide in-center chronic renal dialysis services.

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 be equal.

Project Costs and Sources of Funds			
USE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Preplanning Costs	N/A	N/A	N/A
Site Survey and Soil Investigation	N/A	N/A	N/A
Site Preparation	N/A	N/A	N/A
Off Site Work	N/A	N/A	N/A
New Construction Contracts	N/A	N/A	N/A
Modernization Contracts	1,047,840	297,360	1,345,200
Contingencies	100,640	28,560	129,200
Architectural/Engineering Fees	112,320	31,680	144,000
Consulting and Other Fees	N/A	N/A	N/A
Movable or Other Equipment (not in construction contracts)	292,000	76,000	368,000
Bond Issuance Expense (project related)	N/A	N/A	N/A
Net Interest Expense During Construction (project related)	N/A	N/A	N/A
Fair Market Value of Leased Space or Equipment	3,330,605	895,836	4,226,441
Other Costs To Be Capitalized	N/A	N/A	N/A
Acquisition of Building or Other Property (excluding land)	N/A	N/A	N/A
TOTAL USES OF FUNDS	**$4,883,405**	**$1,329,436**	**$6,212,841**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	1,552,800	433,600	1,986,400
Pledges	N/A	N/A	N/A
Gifts and Bequests	N/A	N/A	N/A
Bond Issues (project related)	N/A	N/A	N/A
Mortgages	N/A	N/A	N/A
Leases (fair market value)	3,330,605	895,836	4,226,441
Governmental Appropriations	N/A	N/A	N/A
Grants	N/A	N/A	N/A
Other Funds and Sources	N/A	N/A	N/A
TOTAL SOURCES OF FUNDS	**$4,883,405**	**$1,329,436**	**$6,212,841**

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 ☐ Yes ☒ No
Purchase Price: $_____
Fair Market Value: $_____

The project involves the establishment of a new facility or a new category of service
☒ Yes ☐ 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 $ 184,332.

Project Status and Completion Schedules

For facilities in which prior permits have been issued please provide the permit numbers.

Indicate the stage of the project's architectural drawings:

☒ None or not applicable ☐ Preliminary
☐ Schematics ☐ Final Working

Anticipated project completion date (refer to Part 1130.140): December 31, 2019

Indicate the following with respect to project expenditures or to financial commitments (refer to Part 1130.140):

☐ Purchase orders, leases or contracts pertaining to the project have been executed.
☐ Financial commitment is contingent upon permit issuance. Provide a copy of the contingent "certification of financial commitment" document, highlighting any language related to CON Contingencies
☒ Financial Commitment 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 [Section 1130.620(c)]

Are the following submittals up to date as applicable:

☐ Cancer Registry
☐ APORS
☒ All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
☒ 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 **Departmental Gross Square Feet (DGSF)** or the **Building Gross Square Feet (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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
In-center Hemodialysis	$4,883,405		5,920		5,920		
Total Clinical	$4,883,405		5,920		5,920		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	$1,329,436		1,680		1,680		
Total Non-clinical	$1,329,436		1,680		1,680		
TOTAL	**$6,212,841**		**7,600**		**7,600**		

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 representatives of the applicant entity. Authorized representatives are:

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

**This Application is filed on the behalf of Fresenius Medical Care Elgin, 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 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 fee required for this application is sent herewith or will be paid upon request.**

Regina Ali
SIGNATURE

Regina Ali
PRINTED NAME

Senior Financial Relationship Manager/Manager
PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 14th day of August, 2017

Candace M. Turoski
Signature of Notary

Seal

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

*Insert the EXACT legal name of the applicant

CERTIFICATION

The Application must be signed by the authorized representatives of the applicant entity. Authorized representatives are:

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

This Application is filed on the behalf of Fresenius Medical Care Holdings, Inc.* 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 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 fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Thomas D. Brouillard, Jr.
Assistant Treasurer

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this ____ day of _____

Signature of Notary

Seal

SIGNATURE

Bryan Mello
Assistant Treasurer

PRINTED NAME

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 1 day of June 2017

C Wynelle Scerra

Signature of Notary

Seal

*Insert the 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.

Background

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 that the information was 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.

Criterion 1110.230 – Purpose of the Project, and Alternatives

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 relevant area, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed as applicable and appropriate for the project.
4. Cite the sources of the 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 the age and condition of the project site, as well as 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 Board Staff 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 and it shall include the basis used for determining the space and the methodology applied.**

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 and certified by the facility's Medical Director.

   b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that delineates the constraints or impediments.

   c. The project involves the conversion of existing space that results in excess square footage.

   d. Additional space is mandated by governmental or certification agency requirements that were not in existence when Appendix B standards were adopted.

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?

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	MEET STANDARD?
YEAR 1					
YEAR 2					

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 (GSF) 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 is 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.

F. Criterion 1110.1430 - In-Center Hemodialysis

1. Applicants proposing to establish, expand and/or modernize the In-Center Hemodialysis category of service 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
☒ **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(c)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.1430(c)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.1430(c)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.1430(c)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.1430(c)(5) - Planning Area Need - Service Accessibility	X		
1110.1430(d)(1) - Unnecessary Duplication of Services	X		
1110.1430(d)(2) - Maldistribution	X		
1110.1430(d)(3) - Impact of Project on Other Area Providers	X		
1110.1430(e)(1), (2), and (3) - Deteriorated Facilities and Documentation			X
1110.1430(f) - Staffing	X	X	
1110.1430(g) - Support Services	X	X	X
1110.1430(h) - Minimum Number of Stations	X		
1110.1430(i) - Continuity of Care	X		
1110.1430(j) - Relocation (if applicable)	X		
1110.1430(k) - Assurances	X	X	

APPEND DOCUMENTATION AS ATTACHMENT 24, 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 1130.525 – "Requirements for Exemptions Involving the Discontinuation of a Health Care Facility or Category of Service" and subsection 1110.1430(j) - Relocation of an in-center hemodialysis facility.

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)**

VII. 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]:**

1,986,400	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;
N/A	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.
N/A	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
4,446,441	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.
N/A	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;
N/A	f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt;
N/A	g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$6,212,841	**TOTAL FUNDS AVAILABLE**

APPEND DOCUMENTATION AS ATTACHMENT 34, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION VIII. 1120.130 - FINANCIAL VIABILITY

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 35, 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.

	Historical 3 Years			Projected
Enter Historical and/or Projected Years:				
Current Ratio				
Net Margin Percentage	***APPLICANT MEETS THE FINANCIAL VIABILITY WAIVER CRITERIA IN THAT ALL OF THE PROJECTS CAPITAL EXPENDITURES ARE COMPLETELY FUNDED THROUGH INTERNAL SOURCES, THEREFORE NO RATIOS ARE PROVIDED.***			
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.

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 36, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION IX. 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

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	Cost/Square Foot Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod.	Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ESRD		177.00			5,920			1,047,840	1,047,840
Contingency		17.00			5,920			100,640	100,640
Total Clinical		**$194.00**			**5,920**			**$1,148,480**	**$1,148,480**
Non Clinical		177.00			1,680			297,360	297,360
Contingency		17.00			1,680			28,560	28,560
Total Non		**$194.00**			**1,680**			**$325,920**	**$325,920**
TOTALS		**$194.00**			**7,600**			**$1,474,400**	**$1,474,400**

* 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-37, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

SECTION X. SAFETY NET IMPACT STATEMENT

SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE PROJECTS AND PROJECTS TO DISCONTINUE STATE-OWNED HEALTH CARE FACILITIES [20 ILCS 3960/5.4]:

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 38.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	2015	2016
Charity (# of patients)	251	195	233
Charity (cost In dollars)	$5,211,664	$3,204,986	$3,269,127
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	750	396	320
Medicaid (revenue)	$22,027,882	$7,310,484	$4,383,383

APPEND DOCUMENTATION AS ATTACHMENT 38, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Note:
1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of $22,664,352

SECTION XI. CHARITY CARE INFORMATION

Charity Care Information MUST be furnished for ALL projects [1120.20(c)].

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 39.

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue	$411,981,839	$438,247,352	$449,611,441
Amount of Charity Care (charges)	$5,211,664	$3,204,986	$3,269,127
Cost of Charity Care	$5,211,664	$3,204,986	$3,269,127

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

Note:

1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of $22,664,352

After paginating the entire completed application indicate, in the chart below, the page numbers for the included attachments:

INDEX OF ATTACHMENTS

ATTACHMENT NO.		PAGES
1	Applicant Identification including Certificate of Good Standing	24-25
2	Site Ownership	26-31
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	32
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	33
5	Flood Plain Requirements	34
6	Historic Preservation Act Requirements	35
7	Project and Sources of Funds Itemization	36
8	Financial Commitment Document if required	37
9	Cost Space Requirements	38
10	Discontinuation	
11	Background of the Applicant	39-44
12	Purpose of the Project	45
13	Alternatives to the Project	46-47
14	Size of the Project	48
15	Project Service Utilization	49
16	Unfinished or Shell Space	
17	Assurances for Unfinished/Shell Space	
18	Master Design Project	
	Service Specific:	
19	Medical Surgical Pediatrics, Obstetrics, ICU	
20	Comprehensive Physical Rehabilitation	
21	Acute Mental Illness	
22	Open Heart Surgery	
23	Cardiac Catheterization	
24	In-Center Hemodialysis	50-109
25	Non-Hospital Based Ambulatory Surgery	
26	Selected Organ Transplantation	
27	Kidney Transplantation	
28	Subacute Care Hospital Model	
29	Community-Based Residential Rehabilitation Center	
30	Long Term Acute Care Hospital	
31	Clinical Service Areas Other than Categories of Service	
32	Freestanding Emergency Center Medical Services	
33	Birth Center	
	Financial and Economic Feasibility:	
34	Availability of Funds	110-114
35	Financial Waiver	115
36	Financial Viability	116
37	Economic Feasibility	117-121
38	Safety Net Impact Statement	122
39	Charity Care Information	123-125
Appendix 1	MapQuest Travel Times	126-140
Appendix 2	Physician Referral Letter	141-148

Applicant Identification

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

Exact Legal Name: *Fresenius Medical Care Elgin, LLC d/b/a Fresenius Kidney Care South Elgin**
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Bill Valle*
CEO Address: *920 Winter Street, Waltham, MA 02451*
Telephone Number: *800-662-1237*

Type of Ownership of Applicant

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
■	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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

Certificate of Good Standing for Fresenius Medical Care Elgin, LLC on following page.

Co - Applicant Identification

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

Exact Legal Name: *Fresenius Medical Care Holdings, Inc.*
Address: *920 Winter Street, Waltham, MA 02451*
Name of Registered Agent: *CT Systems*
Name of Chief Executive Officer: *Bill Valle*
CEO Address: *920 Winter Street, Waltham, MA 02541*
Telephone Number: *781-669-9000*

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

Type of Ownership – Co-Applicant

☐	Non-profit Corporation	☐	Partnership		
■	For-profit Corporation	☐	Governmental		
☐	Limited Liability Company	☐	Sole Proprietorship	☐	Other

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

File Number 0335429-6

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FRESENIUS MEDICAL CARE ELGIN, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON NOVEMBER 12, 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* 17TH *day of* AUGUST *A.D.* 2017 .

Authentication #: 1722901866 verifiable until 08/17/2018
Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE

Certificate of Good Standing
ATTACHMENT - 1

Site Ownership
[Provide this information for each applicable site]

Exact Legal Name of Site Owner: Net 3 (South Elgin I), LLC
Address of Site Owner: 2803 Butterfield Road, Suite 310, Oak Brook, IL 60523
Street Address or Legal Description of the Site: SWC N. McLean Blvd. & Bowes Road, South Elgin, IL PIN 06-27-306-009 **Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statements, 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.**

Site Owner
ATTACHMENT – 2

August 16, 2017

Fresenius Medical Care
Attn: Mr. Bill Popken
(781) 699-9994
Via email: William.Popken@fmc-na.com

RE: SWC of Bowes Road & McLean Boulevard, South Elgin, Illinois 60123
Fresenius Medical Care– Letter of Intent

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (South Elgin II), LLC ("Landlord") is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and Fresenius Medical Care Elgin, LLC ("Tenant").

Premises:	7,600 SF square foot building located at: SWC of Bowes Rd. & McLean Blvd., South Elgin, IL 60123 Parcel #: 06-27-306-009
Landlord:	Net3 (South Elgin II), LLC
Tenant:	Fresenius Medical Care Elgin, LLC
Guarantor:	Fresenius Medical Care Holdings, Inc.
Lease:	The Lease shall be on Tenant's standard form to be platformed on the Crestwood, IL lease.
Use:	Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
Primary Term:	15 years

Option Term(s): Three (3) Five (5) year options to renew the lease at 1.7% annual increase in base rent.

Base Rent over initial Term: Annual Rent: Starts at $31.20/sq. ft. and increases by 1.7% in Year 2 of the Primary Term

Years	Annual Base Rent	Monthly Base Rent
1	$237,120.00	$19,760.00
2	$241,151.04	$20,095.92
3	$245,250.61	$20,437.55
4	$249,419.87	$20,784.99
5	$253,660.01	$21,138.33
6	$257,972.23	$21,497.69
7	$262,357.75	$21,863.15
8	$266,817.84	$22,234.82
9	$271,353.74	$22,612.81
10	$275,966.75	$22,997.23
11	$280,658.19	$23,388.18
12	$285,429.38	$23,785.78
13	$290,281.68	$24,190.14
14	$295,216.46	$24,601.37
15	$300,235.14	$25,019.60

Taxes, Insurance & CAM: Tenant will pay.

Utilities: Tenant will be responsible to pay for all of their own utilities.

Tenant's Share: 100%

Condition of Premises Upon Delivery: Landlord shall, at Landlord's sole cost and expense, deliver the Premises to Tenant in substantial accordance with the Landlord's Work exhibit to be negotiated with the lease. In addition to Landlord's Work, Landlord shall, at Tenant's sole cost and expense, construct the interior work shown and detailed on Tenant's Work Letter attached to the Lease. In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

Rent Commencement Date: Tenant will not pay rent until the date that is the earlier of (a) that day that is ninety (90) days after the Substantial Completion of the Shell Building Work, or (b) the date Tenant commences to treat patients at the Premises.

Delivery Date:	The date upon which Landlord's Work is substantially completed which is estimated to be 180 days from the date that Landlord obtains the building permit and all other applicable permits required to achieve substantial completion.
Construction Drawings For Landlord's Work:	Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.
Tenant's Work:	Tenant shall install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use. All of which shall be purchased and installed by Tenant.
Security Deposit:	None, subject to Landlord's review of current Tenant financial statements.
Landlord Maintenance:	Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.
Signage:	Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).
Confidentiality:	Except in connection with the CON, the parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

Zoning and Restrictive Covenants:

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land, owner, and/or municipality.

CON Contingency

Landlord and FMC understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to January 2018. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by January 2018, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

Acquisition Contingency:

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the Lease execution then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in

the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liability under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

NET 3 REAL ESTATE, L.L.C.,
As Agent for Purchaser

David E. Cunningham
Manager

AGREED TO AND ACCEPTED BY:

Fresenius Medical Care Elgin, LLC

8/17/10

Date

Operating Identity/Licensee

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

Exact Legal Name: *Fresenius Medical Care Elgin, LLC d/b/a Fresenius Kidney Care South Elgin**

Address: *920 Winter Street, Waltham, MA 02451*

☐	Non-profit Corporation	☐	Partnership		
☐	For-profit Corporation	☐	Governmental		
■	Limited Liability Company	☐	Sole Proprietorship	☐	Other

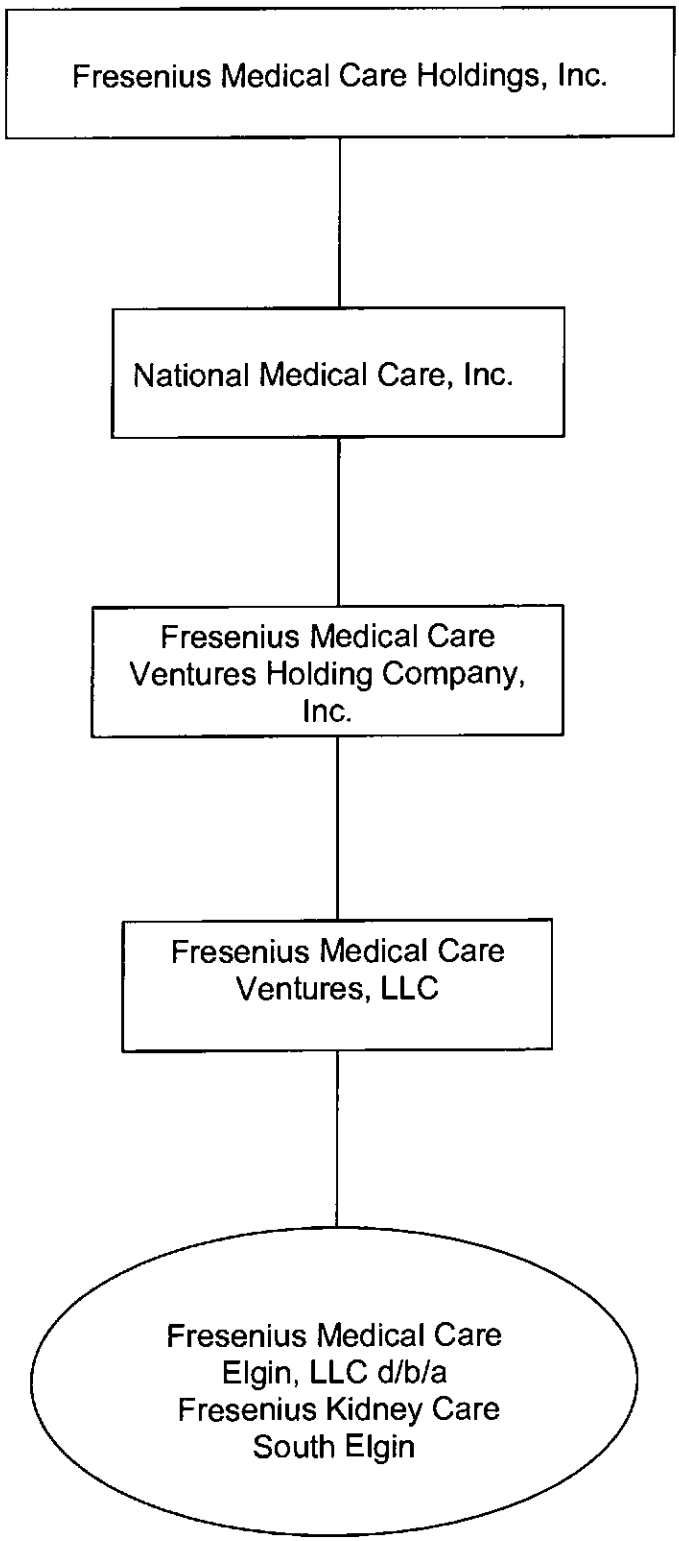
- Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.
- Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.
- **Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.**

***Certificate of Good Standing at Attachment – 1.**

Ownership

Fresenius Medical Care Ventures, LLC has a 51% membership interest in Fresenius Medical Care Elgin, LLC. Its address is 920 Winter Street, Waltham, MA 02451

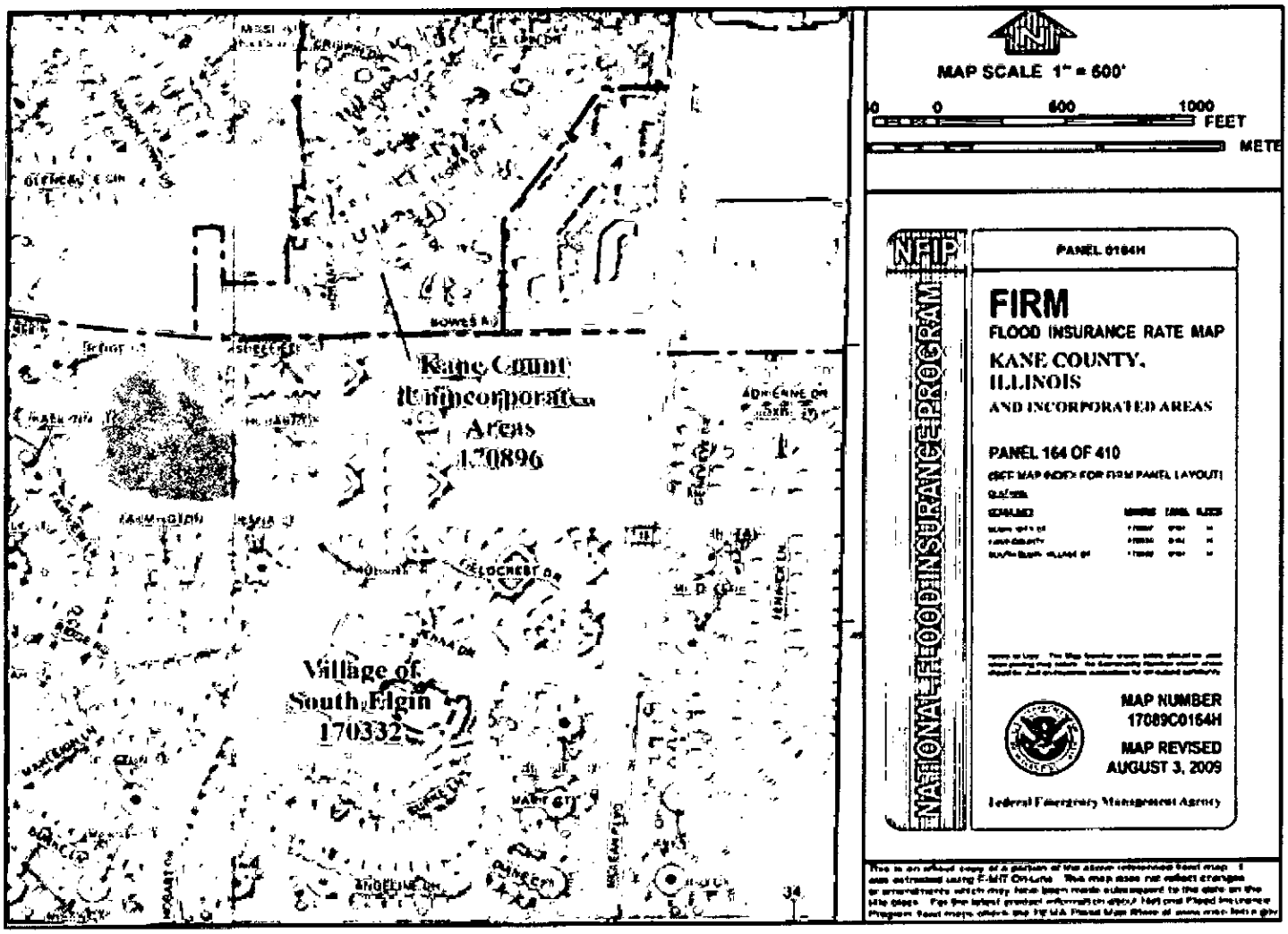
Neptune Group III, LLC has a 49% membership interest in Fresenius Medical Care Elgin, LLC. Its address is 120 22nd Street, Oak Brook, IL 60523.



Org Chart
ATTACHMENT - 4

Flood Plain Requirements

The proposed site for the establishment of Fresenius Kidney Care South Elgin complies with the requirements of Illinois Executive Order #2005-5. The site, SWC North McLean Boulevard and Bowes Road, South Elgin, is not located in a flood plain.



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

July 31, 2017

Rachel Leibowitz, Ph.D.
Deputy State Historic Preservation Officer
Preservation Services Division Manager
Illinois Historic Preservation Agency
1 Old State Capitol Plaza
Springfield, Illinois 62701

Dear Ms. Leibowitz:

Fresenius Medical Care is seeking a Certificate of Need permit to establish a 12-station dialysis facility at the southwest corner of N. McLean Blvd. and Bowes Road. Fresenius Kidney Care South Elgin will be in leased space in a building to be built by the developer. This is currently vacant land.

In accordance with the Illinois Health Facilities Planning Board requirements for the Certificate of Need, I am requesting a letter of determination concerning the applicability of the Historic Preservation Act to this Project.

Attached you will find the following:

- Aerial Map of site
- Street View
- PIN #06-27-306-009

Please let me know as soon as possible if you require any additional information. Thank you for your assistance in this matter.

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

Phone 630-960-6807
Email lori.wright@fmc-na.com

Historical Determination Request
ATTACHMENT 6

SUMMARY OF PROJECT COSTS

Modernization	
General Conditions	67,260
Temp Facilities, Controls, Cleaning, Waste Management	3,360
Concrete	17,200
Masonry	20,450
Metal Fabrications	10,100
Carpentry	118,240
Thermal, Moisture & Fire Protection	23,750
Doors, Frames, Hardware, Glass & Glazing	92,140
Walls, Ceilings, Floors, Painting	217,000
Specialities	16,800
Casework, Fl Mats & Window Treatments	8,000
Piping, Sanitary Waste, HVAC, Ductwork, Roof Penetrations	430,400
Wiring, Fire Alarm System, Lighting	260,000
Miscelleanous Construction Costs	60,500
Total	**1,345,200**

Contingencies	**$129,200**

Architecture/Engineering Fees	**$144,000**

Moveable or Other Equipment	
Dialysis Chairs	30,000
Clinical Furniture & Equipment	32,000
Office Equipment & Other Furniture	32,000
Water Treatment	180,000
TVs & Accessories	30,000
Telephones	20,000
Generator	10,000
Facility Automation	20,000
Other miscellaneous	14,000
Total	**$368,000**

Fair Market Value of Leased Space and Equipment	
FMV Leased Space (7,600 GSF)	4,012,891
FMV Leased Dialysis Machines	200,550
FMV Leased Office Equipment	13,000
	$4,226,441

Grand Total	**$6,212,841**

Itemized Costs

ATTACHMENT - 7

Current Fresenius CON Permits and Status

Project Number	Project Name	Project Type	Completion Date	Comment
#14-047	Fresenius Kidney Care Humboldt Park	Establishment	12/31/2017	Open 3/29/17, awaiting certification
#15-028	Fresenius Kidney Care Schaumburg	Establishment	02/28/2017	Obligated/ Construction End Date 10/2017
#15-036	Fresenius Kidney Care Zion	Establishment	06/30/2017	Obligated/Construction End Date 1/2018
#15-046	Fresenius Kidney Care Beverly Ridge	Establishment	06/30/2017	Obligated/Construction End Date 10/2017
#15-050	Fresenius Kidney Care Chicago Heights	Establishment	12/31/2017	Construction Complete Opening 9/2017
#15-062	Fresenius Kidney Care Belleville	Establishment	12/31/2017	Obligated/Construction End Date 10/2017
#16-024	Fresenius Kidney Care East Aurora	Establishment	09/30/2018	Obligated/Construction End Date 11/2017
#16-035	Fresenius Kidney Care Evergreen Park	Relocation	12/31/2017	Construction Complete, awaiting certification
#16-029	Fresenius Medical Care Ross Dialysis - Englewood	Relocation/ Expansion	12/31/2018	Permitted January 24, 2017
#16-034	Fresenius Kidney Care Woodridge	Establishment	12/31/2017	Obligated/Construction End Date 2/2018
#16-042	Fresenius Kidney Care Paris Community	Establishment	09/30/2018	Permitted March 14, 2017
#16-049	Fresenius Medical Care Macomb	Relocation/ Expansion	12/31/2018	Obligated/Construction End Date 11/2017
#17-004	Fresenius Kidney Care Mount Prospect	Establishment	12/31/2018	Permitted May 2, 2017

Cost Space Requirements

Provide in the following format, the department/area GSF and cost. 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.**

		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
REVIEWABLE							
In-center Hemodialysis	$4,883,405		5,920		5,920		
Total Clinical	$4,883,405		5,920		5,920		
NON REVIEWABLE							
Non-Clinical (Administrative, Mechanical, Staff, Waiting Room Areas)	$1,329,436		1,680		1,680		
Total Non-clinical	$1,329,436		1,680		1,680		
TOTAL	**$6,212,841**		**7,600**		**7,600**		

Fresenius Kidney Care

Fresenius Kidney Care is the leading provider of dialysis products and services in the world and as such has a long-standing commitment to adhere to high quality standards, to provide compassionate patient centered care, educate patients to become in charge of their health decisions, implement programs to improve clinical outcomes while reducing mortality & hospitalizations and to stay on the cutting edge of technology in development of dialysis related products.

Alongside our core business with dialysis products and the treatment of dialysis patients, Fresenius Kidney Care maintains a network of additional medical services to better address the full spectrum of our patients' health care needs. These include pharmacy services, vascular, cardiovascular and endovascular surgery services, non-dialysis laboratory testing services, physician services, hospitalist and intensivist services, non-dialysis health plan services and urgent care services. We have a singular focus: improving the quality of life of every patient every day.

The size of the company and range of services provides healthcare partners/employees and patients with an expansive range of resources from which to draw experience, knowledge and best practices. It has also allowed it to establish an unrivaled emergency preparedness and disaster relief program that's designed to provide life sustaining dialysis care to dialysis patients whose access to clinics are disrupted in areas of the U.S. that are compromised by disaster (e.g. hurricanes, tornadoes, earthquakes). Through this program we also provide clinics, employees and others with essential supplies such as generators, gasoline and water.

Quality Measures – Fresenius Kidney Care continually tracks five quality measures on all patients. These are:

- eKdrt/V – tells us if the patient is getting an adequate treatment
- Hemoglobin – monitors patients for anemia
- Albumin – monitors the patient's nutrition intake
- Phosphorus – monitors patient's bone health and mineral metabolism
- Catheters – tracks patients access for treatment, the goal is no catheters which leads to better outcomes

The above measures as well as other clinic operations are discussed each month with the Medical Directors, Clinic Managers, Social Workers, Dietitians, Area Managers and referring nephrologists at each clinic's Quality Assessment Performance Improvement (QAI) meeting to ensure the provision of high quality care, patient safety, and regulatory compliance.

INITIATIVES that Fresenius has implemented to bring about better outcomes and increase the patient's quality of life are the TOPS program, Right Start Program and The Catheter Reduction Program.

TOPs Program (Treatment Options) – This is a company-wide program designed to reach the pre-ESRD patient (also known as CKD – Chronic Kidney Disease) to educate them about available treatment options when they enter end stage renal disease. TOPs programs are held routinely at local hospitals and physician offices. Treatment options include transplantation, in-center hemodialysis, home hemodialysis, peritoneal dialysis and nocturnal dialysis.

Right Start Program – This is an intensive 90-day intervention program for the new dialysis patient centering on education, anemia management, adequate dialysis dose, nutrition, reduction of catheter use, review of medications and logistical and psychosocial support. The Right Start Program results in improved morbidity and mortality in the long term but also notably in the first 90 days of the start of dialysis.

Catheter Reduction Program – This is a key strategic clinical initiative to support nephrologists and clinical staff with increasing the number of patients dialyzed with a permanent access, preferably a venous fistula (AVF) versus a central venous catheter (CVC) venous fistula). Starting dialysis with or converting patients to an AVF can significantly lower serious complications, hospitalizations and mortality rates. Overall adequacy of dialysis treatment also increases with the use of the AVF.

Diabetes Care Partnership - Fresenius Kidney Care and Joslin Diabetes Center, the world's preeminent diabetes research, clinical care and education organization, announced an agreement to jointly develop renal care programs in select Joslin Affiliated Centers for patients with diabetic kidney disease (DKD). Fresenius and Joslin will jointly develop clinical guidelines and effective care delivery systems to manage high blood pressure, glucose, and nutrition in patients with DKD. In addition, the organizations will help educate patients as they prepare for the possibility of end stage renal disease (ESRD) and the necessity for dialysis or kidney transplantation. Fresenius Medical Care and Joslin's multidisciplinary and coordinated approach to chronic disease management will seek to improve patient outcomes while reducing unnecessary or lengthy hospitalizations, drug interactions and overall morbidity and mortality associated with uncoordinated care.

Locally, in Illinois, Fresenius Kidney Care is a predominant supporter of the National Kidney Foundation of Illinois (NKFI), Kidney Walk in downtown Chicago. Fresenius Kidney Care employees in Chicago alone raised $22,000 for the foundation. The NKFI is an affiliate of the National Kidney Foundation, which funds medical research improving lives of those with kidney disease, prevention screenings and is a leading educator on kidney disease. Fresenius Kidney Care also donates another $25,000 annually to the NKFI and another $5,000 in downstate Illinois.

Fresenius Kidney Care In-center Clinics in Illinois

Clinic	Provider #	Address	City	Zip
Aledo	14-2658	409 NW 9th Avenue	Aledo	61231
Alsip	14-2630	12250 S. Cicero Ave Ste. #105	Alsip	60803
Antioch	14-2673	311 Depot St., Ste. H	Antioch	60002
Aurora	14-2515	455 Mercy Lane	Aurora	60506
Austin Community	14-2653	4800 W. Chicago Ave., 2nd Fl.	Chicago	60651
Belleville	-	6525 W. Main Street	Belleville	62223
Berwyn	14-2533	2601 S. Harlem Avenue, 1st Fl.	Berwyn	60402
Blue Island	14-2539	12200 S. Western Avenue	Blue Island	60406
Bolingbrook	14-2605	329 Remington	Boilingbrook	60440
Breese	14-2637	160 N. Main Street	Breese	62230
Bridgeport	14-2524	825 W. 35th Street	Chicago	60609
Burbank	14-2641	4811 W. 77th Street	Burbank	60459
Carbondale	14-2514	1425 Main Street	Carbondale	62901
Centre West Springfield	14-2546	1112 Centre West Drive	Springfield	62704
Champaign	14-2588	1405 W. Park Street	Champaign	61801
Chatham	14-2744	333 W. 87th Street	Chicago	60620
Chicago Dialysis	14-2506	1806 W. Hubbard Street	Chicago	60622
Chicago Westside	14-2681	1340 S. Damen	Chicago	60608
Cicero	14-2754	3000 S. Cicero	Chicago	60804
Congress Parkway	14-2631	3410 W. Van Buren Street	Chicago	60624
Crestwood	14-2538	4861W. Cal Sag Road	Crestwood	60445
Decatur East	14-2603	1830 S. 44th St.	Decatur	62521
Deerfield	14-2710	405 Lake Cook Road	Deefield	60015
Des Plaines	14-2774	1625 Oakton Place	Des Plaines	60018
Downers Grove	14-2503	3825 Highland Ave., Ste. 102	Downers Grove	60515
DuPage West	14-2509	450 E. Roosevelt Rd., Ste. 101	West Chicago	60185
DuQuoin	14-2595	825 Sunset Avenue	DuQuoin	62832
East Aurora	-	840 N. Farnsworth Avenue	Aurora	60505
East Peoria	14-2562	3300 North Main Street	East Peoria	61611
Elgin	14-2726	2130 Point Boulevard	Elgin	60123
Elk Grove	14-2507	901 Biesterfield Road, Ste. 400	Elk Grove	60007
Elmhurst	14-2612	133 E. Brush Hill Road, Suite 4	Elmhurst	60126
Evanston	14-2621	2953 Central Street, 1st Floor	Evanston	60201
Evergreen Park	14-2545	9730 S. Western Avenue	Evergreen Park	60805
Galesburg	14-8628	765 N Kellogg St, Ste 101	Galesburg	61401
Garfield	14-2555	5401 S. Wentworth Ave.	Chicago	60609
Geneseo	14-2592	600 North College Ave, Suite 150	Geneseo	61254
Glendale Heights	14-2617	130 E. Army Trail Road	Glendale Heights	60139
Glenview	14-2551	4248 Commercial Way	Glenview	60025
Greenwood	14-2601	1111 East 87th St., Ste. 700	Chicago	60619
Gurnee	14-2549	101 Greenleaf	Gurnee	60031
Hazel Crest	14-2607	17524 E. Carriageway Dr.	Hazel Crest	60429
Highland Park	14-2782	1657 Old Skokie Road	Highland Park	60035
Hoffman Estates	14-2547	3150 W. Higgins, Ste. 190	Hoffman Estates	60195
Humboldt Park	-	3500 W. Grand Avenue	Chicago	60651
Jackson Park	14-2516	7531 South Stony Island Ave.	Chicago	60649
Joliet	14-2739	721 E. Jackson Street	Joliet	60432
Kewanee	14-2578	230 W. South Street	Kewanee	61443
Lake Bluff	14-2669	101 Waukegan Rd., Ste. 700	Lake Bluff	60044
Lakeview	14-2679	4008 N. Broadway, St. 1200	Chicago	60613
Lemont	14-2798	16177 W. 127th Street	Lemont	60439
Logan Square	14-2766	2721 N. Spalding	Chicago	60647
Lombard	14-2722	1940 Springer Drive	Lombard	60148
Macomb	14-2591	523 E. Grant Street	Macomb	61455
Maple City	14-2790	1225 N. Main Street	Monmouth	61462
Marquette Park	14-2566	6515 S. Western	Chicago	60636
McHenry	14-2672	4312 W. Elm St.	McHenry	60050
McLean Co	14-2563	1505 Eastland Medical Plaza	Bloomington	61704
Melrose Park	14-2554	1111 Superior St., Ste. 204	Melrose Park	60160
Merrionette Park	14-2667	11630 S. Kedzie Ave.	Merrionette Park	60803
Metropolis	14-2705	20 Hospital Drive	Metropolis	62960
Midway	14-2713	6201 W. 63rd Street	Chicago	60638
Mokena	14-2689	8910 W. 192nd Street	Mokena	60448
Moline	14-2526	400 John Deere Road	Moline	61265
Mount Prospect		1710-1790 W. Golf Road	Mount Prospect	60056
Mundelein	14-2731	1400 Townline Road	Mundelein	60060
Naperbrook	14-2765	2451 S Washington	Naperville	60565

Facility List
ATTACHMENT - 11

Clinic	Provider #	Address	City	Zip
Naperville North	14-2678	516 W. 5th Ave.	Naperville	60563
New City	-	4622 S. Bishop Street	Chicago	60609
Niles	14-2500	7332 N. Milwaukee Ave	Niles	60714
Normal	14-2778	1531 E. College Avenue	Normal	61761
Norridge	14-2521	4701 N. Cumberland	Norridge	60656
North Avenue	14-2602	911 W. North Avenue	Melrose Park	60160
North Kilpatrick	14-2501	4800 N. Kilpatrick	Chicago	60630
Northcenter	14-2531	2620 W. Addison	Chicago	60618
Northfield	14-2771	480 Central Avenue	Northfield	60093
Northwestern University	14-2597	710 N. Fairbanks Court	Chicago	60611
Oak Forest	14-2764	5340A West 159th Street	Oak Forest	60452
Oak Park	14-2504	773 W. Madison Street	Oak Park	60302
Orland Park	14-2550	9160 W. 159th St.	Orland Park	60462
Oswego	14-2677	1051 Station Drive	Oswego	60543
Ottawa	14-2576	1601 Mercury Circle Drive, Ste. 3	Ottawa	61350
Palatine	14-2723	691 E. Dundee Road	Palatine	60074
Pekin	14-2571	3521 Veteran's Drive	Pekin	61554
Peoria Downtown	14-2574	410 W Romeo B. Garrett Ave.	Peoria	61605
Peoria North	14-2613	10405 N. Juliet Court	Peoria	61615
Plainfield	14-2707	2320 Michas Drive	Plainfield	60544
Plainfield North	14-2596	24024 W. Riverwalk Court	Plainfield	60544
Polk	14-2502	557 W. Polk St.	Chicago	60607
Pontiac	14-2611	804 W. Madison St.	Pontiac	61764
Prairie	14-2569	1717 S. Wabash	Chicago	60616
Randolph County	14-2589	102 Memorial Drive	Chester	62233
Regency Park	14-2558	124 Regency Park Dr., Suite 1	O'Fallon	62269
River Forest	14-2735	103 Forest Avenue	River Forest	60305
Rock Island	14-2703	2623 17th Street	Rock Island	61201
Rock River - Dixon	14-2645	101 W. Second Street	Dixon	61021
Rogers Park	14-2522	2277 W. Howard St.	Chicago	60645
Rolling Meadows	14-2525	4180 Winnetka Avenue	Rolling Meadows	60008
Roseland	14-2690	135 W. 111th Street	Chicago	60628
Ross-Englewood	14-2670	6333 S. Green Street	Chicago	60621
Round Lake	14-2616	401 Nippersink	Round Lake	60073
Saline County	14-2573	275 Small Street, Ste. 200	Harrisburg	62946
Sandwich	14-2700	1310 Main Street	Sandwich	60548
Schaumburg	14-2802	815 Wise Road	Schaumburg	60193
Silvis	14-2658	880 Crosstown Avenue	Silvis	61282
Skokie	14-2618	9801 Wood Dr.	Skokie	60077
South Chicago	14-2519	9200 S. Chicago Ave.	Chicago	60617
South Deering	14-2756	10559 S. Torrence Ave.	Chicago	60617
South Holland	14-2542	17225 S. Paxton	South Holland	60473
South Shore	14-2572	2420 E. 79th Street	Chicago	60649
Southside	14-2508	3134 W. 76th St.	Chicago	60652
South Suburban	14-2517	2609 W. Lincoln Highway	Olympia Fields	60461
Southwestern Illinois	14-2535	7 Professional Drive	Alton	62002
Spoon River	14-2565	340 S. Avenue B	Canton	61520
Spring Valley	14-2564	12 Wolfer Industrial Drive	Spring Valley	61362
Steger	14-2725	219 E. 34th Street	Steger	60475
Streator	14-2695	2356 N. Bloomington Street	Streator	61364
Summit	14-2802	7319-7322 Archer Avenue	Summit	60501
Uptown	14-2692	4720 N. Marine Dr.	Chicago	60640
Waterloo	14-2789	624 Voris-Jost Drive	Waterloo	62298
Waukegan Harbor	14-2727	101 North West Street	Waukegan	60085
West Batavia	14-2729	2580 W. Fabyan Parkway	Batavia	60510
West Belmont	14-2523	4943 W. Belmont	Chicago	60641
West Chicago	14-2702	1859 N. Neltnor	West Chicago	60185
West Metro	14-2536	1044 North Mozart Street	Chicago	60622
West Suburban	14-2530	518 N. Austin Blvd., 5th Floor	Oak Park	60302
West Willow	14-2730	1444 W. Willow	Chicago	60620
Westchester	14-2520	2400 Wolf Road, Ste. 101A	Westchester	60154
Williamson County	14-2627	900 Skyline Drive, Ste. 200	Marion	62959
Willowbrook	14-2632	6300 S. Kingery Hwy, Ste. 408	Willowbrook	60527
Zion	-	1920-1920 N. Sheridan Road	Zion	60099

Certification & Authorization

Fresenius Medical Care Elgin, LLC

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Elgin, LLC by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: Begüna Alli

ITS: Senior Financial Relationship Manager/Manager

Notarization:
Subscribed and sworn to before me
this 17th day of Aug, 2017

Candace M. Turoski

Signature of Notary

Seal

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

ATTACHMENT - 11

Certification & Authorization

Fresenius Medical Care Holdings, Inc.

In accordance with Section III, A (2) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby certify that no adverse actions have been taken against Fresenius Medical Care Holdings, Inc. by either Medicare or Medicaid, or any State or Federal regulatory authority during the 3 years prior to the filing of the Application with the Illinois Health Facilities & Services Review Board; and

In regards to section III, A (3) of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby authorize the State Board and Agency access to information in order to verify any documentation or information submitted in response to the requirements of this subsection or to obtain any documentation or information that the State Board or Agency finds pertinent to this subsection.

By: _____

ITS: Thomas D. Brouillard, Jr. Assistant Treasurer

By: _____

ITS: Bryan Mello Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of_____, 2016

_____
Signature of Notary

Seal

Notarization:
Subscribed and sworn to before me
this 1 day of June, 2~~016~~ 2017

C Wynelle Scenna
Signature of Notary

Seal

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

ATTACHMENT - 11

Criterion 1110.230 – Purpose of Project

The purpose of this project is to maintain dialysis services in the highly over-utilized Elgin/South Elgin market area, where the average utilization of the 30-minute travel zone is 79%. Access is severely restricted due to clinics that are at capacity due to a higher than average prevalence of End Stage Renal Disease (ESRD). Additional goals are to provide access to treatment schedule times that will best serve each patient's individual needs and to keep up with the significant increase in demand for dialysis services in Elgin.

The proposed clinic will be located in South Elgin, on the eastern edge of Kane County, HSA 8, which borders HSA 7, Cook County. Specifically, it will serve the immediate Elgin/South Elgin market, which lies in both HSA 7 & 8. It will also serve patients residing in rural areas in central Kane County.

High utilization and lack of choice of treatment times create access issues for the immediate Elgin area. Fresenius Elgin opened in 2011 and has expanded twice, most recently an additional 6 stations one year ago, and as of June 30, 2017 the facility is at 89% utilization with 107 patients. The other facility serving Elgin, DaVita Cobblestone was at 101% utilization with 97 patients. The nearby DaVita Carpentersville facility was at 103% with 80 patients. Patients in the Elgin area need to be able to remain in their healthcare market for dialysis treatment where they also receive other necessary healthcare services. Additional access is needed or patients will be forced to drive outside of the Elgin market for services, sacrificing continuity of care and increasing healthcare costs.

Fresenius Kidney Care South Elgin will not only create much needed access but will provide additional favored treatment shift times in the Elgin market. Shift choice allows patients more freedom to maintain their lifestyle and/or work schedule along with additional access to transportation services (which often do not operate after 4:00p.m.). Due to the length of time it takes to build a brand new facility and obtain certification it is imperative that this additional access be granted now. In fact, given current utilization in the Elgin market, we are already behind schedule in maintaining access here.

The goal of Fresenius Kidney Care is to keep dialysis access available to this patient population. There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. It is expected that this facility would maintain the same quality outcomes as the Fresenius Elgin facility:

95% of patients had a URR $\geq$ 65%
98% of patients had a Kt/V $\geq$ 1.2

(Demographic data contained in the application was taken from http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml. Clinic utilization from HFSRB and ESRD zip code census was received from The Renal Network.)

Alternatives

1) All Alternatives

A. Proposing a project of greater or lesser scope and cost.
The only option that would entail a lesser scope and cost than the project proposed in this application would be to do nothing. Not acting on the current over utilization of clinics will simply prolong the lack of access to dialysis services in the Elgin market. There is no cost to this alternative.

The Fresenius Elgin facility has already expanded by 8 stations, most recently by 6 stations in 2016 and the facility remains highly utilized at 89%. The cost of adding these 8 stations was approximately $1,350,000.

B. Pursuing a joint venture or similar arrangement with one or more providers of 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.
This application was filed as a joint venture.

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
The two clinics serving the immediate Elgin/South Elgin Market are operating at a combined utilization rate of 95% nearly cutting off all access to dialysis services for the residents of Elgin. The overall utilization of facilities located within 30-minutes travel time is 79%. The physicians supporting this project admit and treat patients at many of the area facilities already, however do not want to refer their patients who live in the Elgin/South Elgin market out of this healthcare market for treatment (unless it is their choice) creating transportation problems and loss of continuity of care. There is no monetary cost to sending patients to other facilities, the only cost is to the patient and the healthcare system with increased hospitalizations due to missed treatments when services are not readily accessible.

D. Reasons why the chosen alternative was selected
The most efficient long term solution to maintaining access to dialysis services in the Elgin/South Elgin market is to establish Fresenius Kidney Care South Elgin as area utilization continues to rise. The cost of this project is $6,212,841. While this is the most costly alternative, it is the only viable one for Elgin residents and the expense is to Fresenius Medical Care only. Patients will benefit from continued access in Elgin, choice of preferred treatment times and reduced travel times/expenses while maintaining continuity of care with their nephrologist and other healthcare services.

2) Comparison of Alternatives

	Total Cost	Patient Access	Quality	Financial
Maintain Status Quo	$0	Loss of access to dialysis services in the Elgin/South Elgin market.	Patient clinical quality would remain above standards unless patients miss treatments due to travelling out of their healthcare market for services.	Patients will have higher transportations costs due to travelling out of their healthcare market for services.
Form a Joint Venture	$6,212,841	This application is filed as a joint venture.		
Utilize Area Providers	$0	Physicians already admit patients to many area clinics. Due to near capacity utilization in the Elgin/South Elgin market, patients will have to go outside of market for services creating excessive transportation problems and loss of continuity of care.	Risk of patients having to change physicians causing loss of continuity of care which would reduce patient satisfaction. Quality will decrease if patients miss treatments due to inaccessibility to treatment.	No financial cost to Fresenius Medical Care Cost of patient's transportation would increase with higher travel times and higher healthcare costs due to inaccessibility to treatment.
Establish Fresenius Kidney Care South Elgin	$6,212,841	Preservation of access to dialysis treatment for Elgin/South Elgin market and improved access to favored treatment times allowing patients more transportation options.	Fresenius Medical Care exceeds all quality standards and will offer the same high quality at the South Elgin facility as at all of its facilities.	The cost is to Fresenius Medical Care only.

3. Empirical evidence, including quantified outcome data that verifies improved quality of care, as available.

There is no direct empirical evidence relating to this project other than that when chronic care patients have adequate access to services, it tends to reduce overall healthcare costs and results in less complications. Fresenius Medical Care Elgin, a 4-star rated facility, has had above standard quality outcomes as listed below and the same is expected for Fresenius Kidney Care South Elgin.

- 95% of patients had a URR $\geq$ 65%
- 98% of patients had a Kt/V $\geq$ 1.2

Criterion 1110.234, Size of Project

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD 450-650 BGSF Per Station**	**DIFFERENCE**	**MET STANDARD?**
ESRD IN-CENTER HEMODIALYSIS	5,920 (12 Stations)	5,400 – 7,800 BGSF	None	Yes
Non-clinical	1,680	N/A	N/A	N/A

The State Standard for ESRD is between 450 - 650 BGSF per station or 5,400 – 7,800 BGSF. The proposed 5,920 BGSF for the in-center hemodialysis space meets the State standard.

Criterion 1110.234, Project Services Utilization

UTILIZATION					
	DEPT/SERVICE	**HISTORICAL UTILIZATION**	**PROJECTED UTILIZATION**	**STATE STANDARD**	**MET STANDARD?**
	IN-CENTER HEMODIALYSIS	N/A Proposed Facility		80%	
YEAR 1	IN-CENTER HEMODIALYSIS		54%	80%	No
YEAR 2	IN-CENTER HEMODIALYSIS		120%	80%	Yes

After accounting for patient attrition and removal of patients to avoid duplicating patients identified for #14-041 (FKC Elgin) and #15-049 (DaVita Cobblestone Elgin), Dr. Rosner has identified 109 pre-ESRD patients living in the Elgin/South Elgin area who will require dialysis treatment in the first two years of the certification of this facility.

Calculating when a patient will require dialysis treatment two years out is not an exact science. Each patient is unique and clinical indications can vary greatly. Also, some patients may choose home dialysis or could choose another area clinic and there will be some patient attrition in the first two years the facility is operating due to transfers, transplants, recovery of function, modality change or death. While the above projections appear the facility will rise above capacity, the current pre-ESRD patients support these numbers.

Background of the Applicant

Information on Applicant Background is found at Attachment 11.

Planning Area Need – Formula Need Calculation:

The site for the proposed Fresenius Kidney Care South Elgin dialysis facility is located in Kane County in HSA 8. HSA 8 is comprised of Lake, McHenry and Kane Counties. According to the May 2017 inventory there is an excess of 2 stations in HSA 8.

2. Planning Area Need – Service To Planning Area Residents:

A. The primary purpose of this project is to provide access to dialysis services in the Elgin/South Elgin market, which is primarily in HSA 8, however crosses over into DuPage and Cook Counties in HSA 7. All of the clinics serving the Elgin/South Elgin market are full. 55% of the patients identified to be referred to the South Elgin facility reside in HSA 8 and 45% reside in HSA 7, thereby meeting this requirement.

HSA	County	City	Zip Code	Pre-ESRD HSA 8	Pre-ESRD HSA 7
7	DuPage/Cook	Bartlett	60103	0	39
7&8	Kane/DuPage/Cook	Elgin (East Side)	60120	4	9
8	Kane	Elgin	60123	22	0
8	Kane	Hampton, Burlington	60140	6	0
8	Kane	St. Charles	60174	14	0
8	Kane	Campton Hills	60175	6	0
8	Kane	South Elgin	60177	6	0
7&8	Kane/DuPage	Wayne	60184	2	1
		Total		**60**	**49**
				55%	**45%**

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August 15, 2017

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

Dear Ms. Avery:

My name is Karol Rosner, M.D. and I am writing to express my support for the proposed Fresenius Kidney Care (FKC) dialysis facility in South Elgin. For the past fourteen years I have been practicing nephrology in the area and serve as Medical Director of the Fresenius McHenry facility. I will also be the Medical Director for the new location in South Elgin. Because both the Fresenius and DaVita Elgin facilities are full, as is nearby DaVita Carpentersville, access to dialysis services is severely restricted in the Elgin market. I am pleased to see that a new clinic is being proposed here to meet the need for additional services.

In this tri-county market (Kane, McHenry & Cook Counties), my partners and I at Nephrology Associates of Northern Illinois (NANI) have referred 182 new patients for hemodialysis services over the past twelve months. We were treating 201 hemodialysis patients at the end of 2014, 201 at the end of 2015, 276 at the end of 2016 and as of June 30, 2017 we were treating 343 hemodialysis patients. We have 109 Pre-ESRD patients living in the Elgin/South Elgin area that I expect would begin dialysis in the first two years after the new clinic opens. This does not include the many number of patients who, having no prior renal care, present in the emergency room in complete kidney failure requiring immediate dialysis treatment.

To reduce over-utilization and to keep dialysis access available to this growing ESRD population, I ask the Board to please vote in favor of the Fresenius Kidney Care South Elgin clinic to maintain access for my patients in the Elgin area. Thank you for your consideration.

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I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,

Karol Rosner, M.D.

Notarization:
Subscribed and sworn to before me
this 17th day of Aug, 2017

Candace M. Turoski

Signature of Notary
(Seal)

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

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PRE-ESRD PATIENTS EXPECTED TO BE REFERRED TO THE SOUTH ELGIN FACILITY IN THE 1ST 2 YEARS AFTER PROJECT COMPLETION

City	Zip Code	Pre-ESRD
Bartlett	60103	39
Elgin (East Side)	60120	13
Elgin	60123	22
Hampton, Burlington	60140	6
St. Charles	60174	14
Campton Hills	60175	6
South Elgin	60177	6
Wayne	60184	3
Total		**109**

After accounting for patient attrition and removing patients identified for #14-041 (FKC Elgin expansion) and #15-049 (DaVita Huntley) there are 109 patients I expect could be referred to the South Elgin facility in the first two years of its operation.

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NEW REFERRALS OF NANI FOR THE PAST TWELVE MONTHS
07/01/2016 THROUGH 06/30/2017

Zip Code	Fresenius Kidney Care			ARA	DaVita Dialysis							Total
	Elgin	Hoffman Estates	McHenry	Barrington	Barrington Creek	Carpentersville	Cobblestone (Elgin)	Crystal Springs	Marengo	Sycamore	Timber Creek	
60012					1			1				2
60013					1	1						2
60014			1		1			2				4
60033									6			6
60042			1		1							2
60047				1								1
60050			1									1
60051			3		1							4
60071			2									2
60089					1							1
60097			1									1
60098			1					1				2
60102						6		1				7
60107							1					1
60110	3			1		14	5					23
60112										1		1
60113											1	1
60115										1	3	4
60118	1					3						4
60120	3			3		2	16					24
60123	1S					9	14					38
60124						2	1					3
60135									1	2		3
60136						2						2
60140	2					2			1	1		6
60142						7		2	3			12
60145										2		2
60152									3			3
60156						2						2
60174							1					1
60177	1					3	3					7
60178										3	1	4
60192		1										1
60440						1						1
60623	1											1
60641								1				1
61008									1			1
61071									1			1
Total	26	1	10	5	6	54	41	8	16	10	5	182

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PATIENTS OF NANI AS OF DECEMBER 31, 2014

	Fresenius Kidney Care			American Renal Associates			DaVita Dialysis								
Zip Code	Elgin	Round Lake	McHenry	McHenry	Barrington	Crystal Lake	Barrington Creek	Carpentersville	Cobblestone (Elgin)	Crystal Springs	Lake Villa	Marengo	Sycamore	Timber Creek	Total
60002			1												1
60004									1						1
60010							5								5
60012						1				5					6
60013										3					3
60014			2			4	1			11					18
60020											1				1
60021							1								1
60033			1			1	2					4			8
60042			1												1
60047			1												1
60050			14	2						1					17
60051			5												5
60071			1												1
60072			1												1
60073		1													1
60081			1												1
60084			1				1								2
60097			4												4
60098			6	1						9		1			17
60102			1					4		5					10
60110	2							2	3						7
60115													5	8	13
60118									1						1
60120	3							1	14						18
60123	5							1	13						19
60124	1														1
60133									1						1
60135													1		1
60136	1														1
60137															0
60140															0
60142	4					1						2			7
60146								1							1
60151													1		1
60152												1			1
60156	1					1				5					7
60175	1														1
60177					1				2						3
60178													7		7
60180															0
60550													1	2	3
60556													1		1
60632									1						1
61108						1									1
Total	18	1	40	3	1	9	10	9	36	39	1	8	16	10	201

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PATIENTS OF NANI AS OF DECEMBER 31, 2015

	Fresenius Kidney Care			American Renal Associates			DaVita Dialysis								
Zip Code	Elgin	Round Lake	McHenry	McHenry	Barrington	Crystal Lake	Barrington Creek	Carpentersville	Cobblestone (Elgin)	Crystal Springs	Lake Villa	Marengo	Sycamore	Timber Creek	Total
60010							7								7
60012										5					5
60013							2			2					4
60014						2				17					19
60020											1				1
60033			1									5			6
60034			1												1
60047			1				2								3
60050			13	3						2					18
60051			5												5
60072			1												1
60073		1													1
60081			1												1
60084							2								2
60085			1												1
60097			2												2
60098			5	1						9		1			16
60102							2	3		3					8
60107					1										2
60110	1					1		6	3						12
60112													1		1
60115													4	10	14
60118								1	1						2
60120	2								12						14
60123	3							1	9	2					17
60124								1							1
60133									1						1
60135													1		1
60140															1
60142	3							3				1			8
60146								1							1
60152												4			4
60156						1				4					6
60177					1				2						3
60178													6		6
60193									1						1
60195							1								1
60550														1	1
60556													1		1
60632									1						1
61068													1		1
Total	9	1	31	4	2	4	16	16	30	45	1	11	14	11	201

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PATIENTS OF NANI AS OF DECEMBER 31, 2016

Zip Code	Fresenius Kidney Care		American Renal Associates			DaVita Dialysis							Total
	Elgin	McHenry	McHenry	Barrington	Crystal Lake	Barrington Creek	Carpentersville	Cobblestone (Elgin)	Crystal Springs	Marengo	Sycamore	Timber Creek	
60010						5							5
60012						1			3				4
60013						2	1		3				6
60014					2	1			13				16
60020		1											1
60033		1								4			5
60034		1											1
60042		2											2
60047		1		1		2							4
60050		10	3						1				14
60051		6	1										7
60071		1											1
60072		1											1
60081		1											1
60084		1											1
60090								1					1
60097		1											1
60098		6	1						7	1			15
60102							7		5				12
60103							1						1
60107								1					1
60110	4			1	1		18	7					31
60112											2		2
60115											5	9	14
60118	1						2	1					4
60120	5			2			2	18					27
60123	11						8	14					33
60124	1						2						3
60135										1	2		3
60136							3						3
60140	1						2			1	1		5
60141								1					1
60142	2						13	1	1	1			18
60145											2		2
60152										2			2
60156		2					1		2				5
60177	2			1			3	3					9
60178											7		7
60193								1					1
60440							1						1
60550												1	1
60556											1		1
60632								1					1
61008										1			1
61068											1		1
Total	27	35	5	5	3	11	64	49	35	11	21	10	276

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PATIENTS OF NANI AS OF JUNE 30, 2017

	Fresenius Kidney Care		American Renal Associates			DaVita Dialysis							
Zip Code	Elgin	McHenry	McHenry	Barrington	Crystal Lake	Barrington Creek	Carpentersville	Cobblestone	Crystal Springs	Marengo	Sycamore	Timber Creek	Total
60010						6							6
60012									4				4
60013						1	1		1				3
60014				1	1				13				15
60020		1											1
60033		1								9			10
60034		1								1			2
60042		2											2
60047		1		1		1							3
60050		12	2						1				15
60051		6	1										7
60071		2											2
60074						1							1
60081		1											1
60084		4				1							5
60085	1												1
60089						2							2
60090								1					1
60097		2											2
60098		5	1			1			10	2			19
60102							8		4				12
60103							1						1
60110	4			1	1		20	13					39
60112											2		2
60115											6	7	13
60118	1						2						3
60120	7			3			2	27					39
60123	21						7	20					48
60124	3						3						6
60135										1	3		4
60136							4						4
60140	2						3			1	1		7
60141								1					1
60142	3						14	2	2	4			25
60143							1						1
60145											2		2
60152										5			5
60156							2		3				5
60177	2			1			3	2					8
60178											7		7
60193										1			1
60550												2	2
60556											1		1
60632								1					1
60644												1	1
61008										1			1
61068											1		1
61071										1			1
Total	44	38	4	7	2	13	71	67	38	26	23	10	343

Service Accessibility – Service Restrictions

- Fresenius Kidney Care South Elgin will be in Kane County in HSA 8. The targeted market area overlaps into DuPage and Cook Counties and so will serve both HSA 8 and 7. The project is being proposed to address above average growth of End Stage Renal Disease (ESRD) in the Elgin/South Elgin market (8% yearly average) when compared to the State (4% yearly average) and to address the near capacity utilization rates of the clinics in the Elgin market. As of June 30, 2017 the average utilization of all clinics within 30-minutes travel time is 79% and the average utilization of the two facilities in Elgin is 95% restricting patient access to dialysis services.

- The density and growth of ESRD in the Elgin market can be attributed to two factors. One is a 19% increase in baby boomers over age 65, just from 2010-2015, (The FKC Elgin facility's patients are 46% over the age of 65) and the continual increase of minority residents, especially the Hispanic population, which makes up 38% of the total population here. Hispanics are twice as likely to have diabetes as white Americans and are 1 ½ times more likely to experience kidney failure. African Americans, who make up 6% of the population here, are 3 to 4 times more likely to develop kidney failure than white Americans. Nearly half of the residents in the Elgin market are at a significantly increased risk of kidney failure. Accordingly, the FKC Elgin facility is 35% Hispanic and 12% African American.

Statistics in the Elgin/South Elgin Market

Immediate Elgin/South Elgin Market (60120, 60123, 60124, 60177)							
U.S. Census Bureau Data					Renal Network Data		
2015 Population	2010 > Age 65	2015 > Age 65	2015 African American Population	*2015 Hispanic Population*	2010 ESRD	2015 ESRD	Avg Growth of ESRD
143,235	12,158	14,426	8,510	*54,035*	140	194	8%
% To Total	9%	10%	6%	38%			
					Kane Co	483	671	8%
					Illinois	16,608	19,622	4%

According to the Illinois Coalition of Immigrant and Refugee Rights there are an estimated 10,000 undocumented residents living in Elgin. The Fresenius Elgin facility currently treats 16 (15%) undocumented patients. These patients do not qualify for Medicare however Fresenius Financial Coordinators assist them in in obtaining Medicaid for ESRD only or in purchasing insurance on the healthcare marketplace. Most often they cannot afford the premiums so the American Kidney Foundation (AKF) pays for them. (Fresenius Kidney Care and most other providers donate on an ongoing basis to the AKF).

Area Population/Patient Payor Status

Immediate Elgin/South Elgin Market (60120, 60123, 60124, 60177)			
U.S. Census Bureau Data			
2015 Population	Residents Living Below Poverty Level	Residents with Public Insurance	Residents with No Insurance
143,235	14,325	38,047	18,541
% To Total	10%	27%	13%

A significant number of residents in the Elgin market experience low income and lack of insurance. Socio-economic disadvantages, especially for African Americans, is an increased indicator of kidney disease risk. 10% of the residents are living below poverty level and 27% have public insurance with 13% bearing no insurance coverage. This hindrance creates barriers to adequate healthcare.

FACILITIES WITHIN 30 MINUTES TRAVEL TIME OF FKC SOUTH ELGIN

Provider	Name	Address	City	ZIP Code	MapQuest Miles	MapQuest Min	Min x 1.15 Adjusted	May-17 Stations	June 30, 2017 Patients	June 30, 2017 Utilization
DaV	DaVita Cobblestone	836 Dundee St	Elgin	60120	5.3	13	15	16	97	101.04%
FKC	FKC Elgin	2130 Point Blvd	Elgin	60123	7	14	16	20	107	89.17%
DaV	DaVita Carpentersville	2203 Randall Rd	Carpentersville	60110	9.2	14	16	13	80	102.56%
USR	USRC Streamwood	149 E Irving Park Road	Streamwood	60107	8.9	15	17	13	42	53.85%
FKC	FKC West Chicago	1859 N. Neltnor Blvd.	West Chicago	60185	11.9	19	22	12	57	79.17%
IND	Tri-Cities Dialysis	306 Randall Rd	Geneva	60134	9.5	20	23	20	66	55.00%
FKC	FKC West Batavia	2580 W. Fabyan Parkway	Batavia	60510	11.5	22	25	12	59	81.94%
ARA	ARA South Barrington	33 W Higgins Rd	South Barrington	60010	13	24	28	14	53	63.10%
FKC	FKC Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60169	14	24	28	20	111	92.50%
DaV	DaVita Schaumburg	1156 S Roselle Rd	Schaumburg	60193	15.5	26	30	20	86	71.67%
								Average Utilization		79.00%

Facilities below were found to be over 30 minutes travel time.							
FKC	FKC DuPage West	450 E Roosevelt Rd	West Chicago	60185	15.4	27	31
FKC	FKC Schaumburg	815 Wise Road	Schaumburg	60193	13	28	32
DaV	DaVita Huntley	10350 Haligus Road	Huntley	60142	15.2	28	32
FKC	FKC Glendale Heights	130 E Army Trail Road	Glendale Heights	60139	16.1	29	33
ARA	ARA Crystal Lake	6298 Northwest Hwy	Crystal Lake	60014	17.8	31	36

The two Elgin facilities are operating at a combined rate of 95% utilization drastically restricting access to dialysis services in one of the largest cities in Illinois, which is also the 4th fastest growing city in the State. The Elgin/South Elgin Market as well as Kane County have an 8% average yearly growth rate for the past five years. This is twice as high as the State of Illinois as a whole. Although there is some access further away from the Elgin market it would only take 9 more patients to begin dialysis within the 30-minute travel area for the overall utilization to surpass the State target of 80%.

South Elgin Pre-ESRD

City	Zip Code	Pre-ESRD
Bartlett	60103	39
Elgin (East Side)	60120	13
Elgin	60123	22
Hampton, Burlington	60140	6
St. Charles	60174	14
Campton Hills	60175	6
South Elgin	60177	6
Wayne	60184	3
Total		109

Dr. Rosner has identified 109 patients who will be requiring dialysis services at the proposed South Elgin facility. There are also many other nephrology practices treating/referring new patients in this area. Additional access is needed to meet the needs in this market.

National Kidney Foundation®

A TO Z HEALTH GUIDE

Hispanics and Kidney Disease

Hispanics are at greater risk for kidney disease and kidney failure than White Americans. In fact, Hispanics are 1½ times more likely to have kidney failure compared to other Americans. In 2010, 13% of new kidney failure patients were Hispanic.

Researchers do not fully understand why Hispanics are at a higher risk for kidney disease. However, 10% of Hispanic Americans have diabetes, which is the leading cause of kidney disease. High blood pressure, diet, obesity, and access to healthcare may also play a role.

What is kidney disease?

Healthy kidneys have many important jobs. They remove waste products and extra water from your body, help make red blood cells, help keep your bones healthy and help control blood pressure. When you have kidney disease, kidney damage keeps the kidneys from doing these important jobs the way they should. Kidney damage may be due to a physical injury or a disease like diabetes, high blood pressure, or other health problems.

If you have kidney disease, you may need to take medicines, limit salt and certain foods in your diet, get regular exercise, and more.

Finding and treating your kidney disease early can help slow or even stop kidney disease from getting worse. But if your kidney disease gets worse, it can lead to kidney failure. If your kidneys fail, you will need dialysis or a kidney transplant to stay alive.

Can anyone get kidney disease?

Yes. Anyone can get kidney disease at any age. But some people are more likely than others to get it, including Hispanics. Your chances of getting kidney disease are greater if you have diabetes, high blood pressure, a family history of chronic kidney disease, are obese, or 60 years or older. Being Hispanic also means you are at greater risk. The more risk factors you have, the greater your chances of getting kidney disease.

Why are Hispanics at greater risk for kidney disease?

Hispanics are almost twice as likely to have diabetes as white Americans; in fact 10% of Hispanic Americans have diabetes. In older Hispanics diabetes is even more common—about 1 in 4 Hispanics over 45 years has diabetes. Having diabetes can lead to kidney

Service Accessibility
ATTACHMENT 24C - 5

disease and kidney failure, and diabetes causes kidney failure more often in Hispanics than in white Americans.

High blood pressure is also a serious problem for Hispanics. Nearly 1 in 4 Hispanics has high blood pressure and do not recognize the relationship between high blood pressure and kidney disease.

How does access to healthcare play a role?

Hispanics may have less access to healthcare than other Americans. For example, nearly 2 in 5 Hispanics are uninsured. Many Hispanics do not even know they have kidney disease until it's in the latest stages. By then it is too late to slow or stop the kidney damage from getting worse.

What to do?

Not all Hispanics will get kidney disease. And not everyone who has diabetes, high blood pressure, heart disease, older age, or a family history of kidney disease will get it. But if you have any of these risk factors you should:

- Get tested for kidney disease. There are two simple tests for kidney disease:
  - A simple urine test checks to see if you have protein in your urine. Your body needs protein. But it should be in the blood, not the urine. Having a small amount of protein in your urine may mean that your kidneys are not filtering your blood well enough. This can be an early sign of kidney disease.
  - A simple blood test for GFR, which stands for *glomerular filtration rate*. Your GFR number tells you how well your kidneys are working. The lab estimates your GFR using a simple blood test called creatinine (a waste product), along with your age, race, and gender.
- Get tested for diabetes, high blood pressure, and heart disease. If you don't know whether you have diabetes, high blood pressure, or heart disease, it's important for you to find out.
- Live a healthy lifestyle. Be sure to exercise, eat a healthy diet, lose weight if needed, avoid smoking, and limit alcohol. A healthy lifestyle can keep you from getting kidney disease, and it can also help slow or stop kidney disease from getting worse.

If you would like more information, please contact us.

Service Accessibility
ATTACHMENT 24C - 5

National Kidney Foundation®

A TO Z HEALTH GUIDE

African Americans and Kidney Disease

African Americans have a higher rate of kidney failure than any other group of people. In fact, African Americans are three to four times more likely to have kidney failure than white Americans.

It is not fully understood why African Americans are at a higher risk. However, diabetes, high blood pressure, family background, and access to healthcare play major roles. Being overweight is also a factor because it contributes to a higher rate of diabetes in African-Americans.

What is kidney disease?

Healthy kidneys do many important jobs. They remove waste products and extra water from your body, help make red blood cells, and help control blood pressure. When you have kidney disease, it means your kidneys are damaged and they cannot do these important jobs well enough. Kidneys can become damaged from a physical injury or a disease like diabetes, high blood pressure, or other disorders.

If you have kidney disease, you will need a follow a treatment plan that may include taking medicines, restricting salt, limiting certain foods, getting exercise, controlling diabetes, and more.

Finding and treating kidney disease early can help slow or even stop kidney disease from getting worse. But if kidney disease gets worse, it can lead to kidney failure. Once kidneys fail, treatment with dialysis or a kidney transplant is needed to stay alive.

Can anyone get kidney disease?

Yes. Anyone can get kidney disease at any age. But some people are more likely than others to get it, including African Americans. Having diabetes, high blood pressure, a family history of chronic kidney disease, and being 60 years or older also increases the risk for kidney disease. The more risk factors you have, the more likely you are to get kidney disease.

Why are African Americans at greater risk for kidney disease?

Service Accessibility
ATTACHMENT 24C - 5

65

African Americans have more diabetes and high blood pressure than other Americans. Having diabetes or high blood pressure can lead to kidney disease and kidney failure. Heart and blood vessel disease also plays a major role among African Americans.

Heredity or genetics may also be involved. According to a recent study by the National Institute of Health, some African Americans are born with a "high risk" gene. African Americans with kidney disease who have the high risk gene are twice as likely to progress to kidney failure as African Americans without the high-risk gene or white Americans.

How does access to healthcare play a role?

According to a recent study, many African Americans do not even know they have kidney disease until it's in the latest stages. This means it is not found early enough, when treatment can still help slow or stop the damage from getting worse. As a result, the rate of kidney failure for African Americans is three to four times higher than white Americans. And the problem appears to be specific for kidney disease. According to the same study, most African Americans who have diabetes, high blood pressure, or high cholesterol levels know that they have it.

What to do?

Not all African Americans will get kidney disease. And not everyone who has diabetes, high blood pressure, heart disease, older age, or a family history of kidney disease will get it. But if you have any of these risk factors, you should:

- Get tested for kidney disease. There are two simple tests for kidney disease:
  - A simple urine test checks to see if you have protein in your urine. Your body needs protein. But it should be in the blood, not the urine. Having a small amount of protein in your urine may mean that your kidneys are not filtering your blood well enough. Having protein in your urine is called "Albuminuria." This can be a sign of early kidney disease.
  - A simple blood test for GFR (glomerular filtration rate). Your GFR number tells you how well your kidneys are working. Your GFR is estimated from a simple blood test for a waste product called creatinine. Your creatinine number is used in a math formula along with your age, race, and gender to find your GFR.
- Get tested for diabetes, high blood pressure, and heart disease. If you don't know whether you have diabetes, high blood pressure, or heart disease, ask your healthcare provider. It's important to find out.
- Live a healthy lifestyle. Be sure to exercise, eat healthy, lose weight if needed, avoid smoking, and limit alcohol. A healthy lifestyle can keep you from getting kidney disease. It can also help slow or stop kidney disease from getting worse.

If you would like more information, please contact us.

ATTACHMENT 24C - 5

National Kidney Foundation®

LOW INCOME LINKED TO HIGHER LEVELS OF KIDNEY DISEASE IN AFRICAN AMERICANS

Black Americans who live below the poverty line feel the impact beyond basic needs such as food and shelter. Low income is more strongly associated with chronic kidney disease among African Americans than it is among whites, according to a study published in the National Kidney Foundation's *American Journal of Kidney Diseases*.

African Americans already have a three to four- fold increased risk of developing kidney failure over whites, but the new study indicates that being poor may be a unique indicator of kidney disease risk for African Americans.

Poverty and African Americans

"Our overarching hypothesis is that there's something different about being poor for African Americans," said Deidra Crews, MD, Assistant Professor of Medicine at Johns Hopkins University School of Medicine's Division of Nephrology. "While poor whites are impacted by kidney disease as well, we assume that the cause is obesity and diabetes. Once we adjust for those conditions, the association disappears. That leads to the argument that there's something different, un-adjustable, in terms of what it means to be poor and African American."

The study included 22,800 black and white adults living in cities across the United States. Participants underwent extensive laboratory testing, including markers of kidney disease and answered questions about their income and health.

Key Findings

Results showed that African Americans who had incomes of less than $20,000 had more than three times the risk of excessive protein in the urine -- an indicator of chronic kidney disease-- than African Americans earning more than $75,000. These findings were adjusted for age, sex, diabetes, high blood pressure and lifestyle factors such as obesity and smoking.

Those with incomes between $20,000 and $35,000 had more than double the risk of kidney damage when compared to higher income African Americans. This trend was not seen among whites.

Importance of Screening

"This study's findings highlight how important it is for low income African Americans to be screened for chronic kidney disease and its risk factors. Clinicians should consider asking their patients about their socioeconomic status to help determine their likelihood of developing kidney disease," said Thomas Manley, Director of Scientific Activities for the National Kidney Foundation.

"This information could also help clinicians advise their 'at risk' patients appropriately," continued Manley. "It's important for clinicians to recognize patients with limited resources so that they can adjust their recommendations for lifestyle modifications that can reduce risk for kidney disease. Advising low income patients to join a gym or purchase expensive, healthy foods is unlikely to be effective. Clinicians need to discuss a variety of healthier options with these patients that can be accomplished within their financial means."

Service Accessibility
ATTACHMENT 24C - 5

U.S. Census Bureau

AMERICAN FactFinder

DP-1 Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: ZCTA5 60120

Subject	Number	Percent
SEX AND AGE		
Total population	50,955	100.0
Under 5 years	4,747	9.3
5 to 9 years	4,207	8.3
10 to 14 years	4,038	7.9
15 to 19 years	3,860	7.6
20 to 24 years	3,617	7.1
25 to 29 years	4,109	8.1
30 to 34 years	4,349	8.5
35 to 39 years	4,115	8.1
40 to 44 years	3,653	7.2
45 to 49 years	3,420	6.7
50 to 54 years	3,054	6.0
55 to 59 years	2,491	4.9
60 to 64 years	1,924	3.8
65 to 69 years	1,223	2.4
70 to 74 years	733	1.4
75 to 79 years	542	1.1
80 to 84 years	424	0.8
85 years and over	449	0.9
Median age (years)	31.0	(X)
16 years and over	37,154	72.9
18 years and over	35,585	69.8
21 years and over	33,392	65.5
62 years and over	4,467	8.8
65 years and over	3,371	6.6
Male population	25,739	50.5
Under 5 years	2,432	4.8
5 to 9 years	2,205	4.3
10 to 14 years	1,999	3.9
15 to 19 years	1,957	3.8
20 to 24 years	1,896	3.7
25 to 29 years	2,117	4.2
30 to 34 years	2,189	4.3
35 to 39 years	2,144	4.2
40 to 44 years	1,899	3.7
45 to 49 years	1,810	3.6
50 to 54 years	1,498	2.9
55 to 59 years	1,198	2.4
60 to 64 years	938	1.8

Subject	Number	Percent
65 to 69 years	555	1.1
70 to 74 years	350	0.7
75 to 79 years	247	0.5
80 to 84 years	163	0.3
85 years and over	142	0.3
Median age (years)	30.6	(X)
16 years and over	18,695	36.7
18 years and over	17,908	35.1
21 years and over	16,790	33.0
62 years and over	1,988	3.9
65 years and over	1,457	2.9
Female population	25,216	49.5
Under 5 years	2,315	4.5
5 to 9 years	2,002	3.9
10 to 14 years	2,039	4.0
15 to 19 years	1,903	3.7
20 to 24 years	1,721	3.4
25 to 29 years	1,992	3.9
30 to 34 years	2,160	4.2
35 to 39 years	1,971	3.9
40 to 44 years	1,754	3.4
45 to 49 years	1,610	3.2
50 to 54 years	1,556	3.1
55 to 59 years	1,293	2.5
60 to 64 years	986	1.9
65 to 69 years	668	1.3
70 to 74 years	383	0.8
75 to 79 years	295	0.6
80 to 84 years	261	0.5
85 years and over	307	0.6
Median age (years)	31.4	(X)
16 years and over	18,459	36.2
18 years and over	17,677	34.7
21 years and over	16,602	32.6
62 years and over	2,479	4.9
65 years and over	1,914	3.8
RACE		
Total population	50,955	100.0
One Race	48,939	96.0
White	31,172	61.2
Black or African American	3,511	6.9
American Indian and Alaska Native	721	1.4
Asian	2,431	4.8
Asian Indian	570	1.1
Chinese	135	0.3
Filipino	385	0.8
Japanese	52	0.1
Korean	96	0.2
Vietnamese	75	0.1
Other Asian [1]	1,118	2.2
Native Hawaiian and Other Pacific Islander	26	0.1
Native Hawaiian	8	0.0
Guamanian or Chamorro	0	0.0
Samoan	11	0.0

Subject	Number	Percent
Other Pacific Islander [2]	7	0.0
Some Other Race	11,078	21.7
Two or More Races	2,016	4.0
White; American Indian and Alaska Native [3]	207	0.4
White; Asian [3]	191	0.4
White; Black or African American [3]	391	0.8
White; Some Other Race [3]	797	1.6
Race alone or in combination with one or more other races: [4]		
White	32,841	64.5
Black or African American	4,089	8.0
American Indian and Alaska Native	1,107	2.2
Asian	2,760	5.4
Native Hawaiian and Other Pacific Islander	77	0.2
Some Other Race	12,173	23.9
HISPANIC OR LATINO		
Total population	50,955	100.0
Hispanic or Latino (of any race)	28,335	55.6
Mexican	25,317	49.7
Puerto Rican	1,362	2.7
Cuban	92	0.2
Other Hispanic or Latino [5]	1,564	3.1
Not Hispanic or Latino	22,620	44.4
HISPANIC OR LATINO AND RACE		
Total population	50,955	100.0
Hispanic or Latino	28,335	55.6
White alone	14,947	29.3
Black or African American alone	266	0.5
American Indian and Alaska Native alone	666	1.3
Asian alone	73	0.1
Native Hawaiian and Other Pacific Islander alone	17	0.0
Some Other Race alone	11,017	21.6
Two or More Races	1,349	2.6
Not Hispanic or Latino	22,620	44.4
White alone	16,225	31.8
Black or African American alone	3,245	6.4
American Indian and Alaska Native alone	55	0.1
Asian alone	2,358	4.6
Native Hawaiian and Other Pacific Islander alone	9	0.0
Some Other Race alone	61	0.1
Two or More Races	667	1.3
RELATIONSHIP		
Total population	50,955	100.0
In households	50,590	99.3
Householder	15,546	30.5
Spouse [6]	8,201	16.1
Child	17,418	34.2
Own child under 18 years	12,748	25.0
Other relatives	6,137	12.0
Under 18 years	2,274	4.5
65 years and over	521	1.0
Nonrelatives	3,288	6.5
Under 18 years	320	0.6
65 years and over	60	0.1
Unmarried partner	1,317	2.6
In group quarters	365	0.7

U.S. Census Bureau

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60120			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	50,564	+/-1,069	50,564	(X)
Male	25,339	+/-808	50.1%	+/-1.3
Female	25,225	+/-875	49.9%	+/-1.3
Under 5 years	4,830	+/-672	9.6%	+/-1.3
5 to 9 years	3,927	+/-475	7.8%	+/-0.9
10 to 14 years	3,711	+/-379	7.3%	+/-0.7
15 to 19 years	3,768	+/-462	7.5%	+/-0.9
20 to 24 years	3,612	+/-415	7.1%	+/-0.8
25 to 34 years	8,058	+/-637	15.9%	+/-1.2
35 to 44 years	7,301	+/-502	14.4%	+/-1.0
45 to 54 years	6,500	+/-524	12.9%	+/-1.0
55 to 59 years	2,669	+/-354	5.3%	+/-0.7
60 to 64 years	2,084	+/-350	4.1%	+/-0.7
65 to 74 years	2,400	+/-325	4.7%	+/-0.6
75 to 84 years	1,123	+/-229	2.2%	+/-0.5
85 years and over	581	+/-168	1.1%	+/-0.3
Median age (years)	31.8	+/-1.1	(X)	(X)
18 years and over	35,861	+/-894	70.9%	+/-1.3
21 years and over	33,519	+/-937	66.3%	+/-1.5
62 years and over	5,256	+/-476	10.4%	+/-0.9
65 years and over	4,104	+/-386	8.1%	+/-0.8
18 years and over	35,861	+/-894	35,861	(X)
Male	18,241	+/-532	50.9%	+/-1.1
Female	17,620	+/-657	49.1%	+/-1.1
65 years and over	4,104	+/-386	4,104	(X)
Male	1,712	+/-214	41.7%	+/-3.5

Subject	ZCTA5 60120			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	2,392	+/-270	58.3%	+/-3.5
RACE				
Total population	50,564	+/-1,069	50,564	(X)
One race	49,358	+/-1,107	97.6%	+/-0.6
Two or more races	1,206	+/-311	2.4%	+/-0.6
One race	49,358	+/-1,107	97.6%	+/-0.6
White	30,410	+/-1,795	60.1%	+/-3.3
Black or African American	2,530	+/-548	5.0%	+/-1.1
American Indian and Alaska Native	279	+/-238	0.6%	+/-0.5
Cherokee tribal grouping	15	+/-21	0.0%	+/-0.1
Chippewa tribal grouping	24	+/-36	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	14	+/-27	0.0%	+/-0.1
Asian	2,452	+/-568	4.8%	+/-1.1
Asian Indian	646	+/-280	1.3%	+/-0.6
Chinese	150	+/-105	0.3%	+/-0.2
Filipino	677	+/-426	1.3%	+/-0.8
Japanese	91	+/-67	0.2%	+/-0.1
Korean	8	+/-13	0.0%	+/-0.1
Vietnamese	73	+/-97	0.1%	+/-0.2
Other Asian	807	+/-312	1.6%	+/-0.6
Native Hawaiian and Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Native Hawaiian	0	+/-26	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-26	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	0	+/-26	0.0%	+/-0.1
Some other race	13,687	+/-1,756	27.1%	+/-3.5
Two or more races	1,206	+/-311	2.4%	+/-0.6
White and Black or African American	592	+/-213	1.2%	+/-0.4
White and American Indian and Alaska Native	114	+/-62	0.2%	+/-0.1
White and Asian	71	+/-61	0.1%	+/-0.1
Black or African American and American Indian and Alaska Native	4	+/-7	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	50,564	+/-1,069	50,564	(X)
White	31,447	+/-1,777	62.2%	+/-3.2
Black or African American	3,178	+/-555	6.3%	+/-1.1
American Indian and Alaska Native	442	+/-252	0.9%	+/-0.5
Asian	2,652	+/-600	5.2%	+/-1.2
Native Hawaiian and Other Pacific Islander	93	+/-150	0.2%	+/-0.3
Some other race	14,010	+/-1,767	27.7%	+/-3.5
HISPANIC OR LATINO AND RACE				
Total population	50,564	+/-1,069	50,564	(X)
Hispanic or Latino (of any race)	29,235	+/-1,447	57.8%	+/-2.4
Mexican	26,243	+/-1,514	51.9%	+/-2.6
Puerto Rican	1,156	+/-416	2.3%	+/-0.8
Cuban	113	+/-105	0.2%	+/-0.2
Other Hispanic or Latino	1,723	+/-510	3.4%	+/-1.0
Not Hispanic or Latino	21,329	+/-1,233	42.2%	+/-2.4
White alone	15,925	+/-1,032	31.5%	+/-2.1
Black or African American alone	2,276	+/-512	4.5%	+/-1.0
American Indian and Alaska Native alone	28	+/-34	0.1%	+/-0.1
Asian alone	2,418	+/-564	4.8%	+/-1.1
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0.0%	+/-0.1

U.S. Census Bureau

AMERICAN FactFinder

DP03 SELECTED ECONOMIC CHARACTERISTICS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60120			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	37,426	+/-882	37,426	(X)
In labor force	26,508	+/-890	70.8%	+/-1.8
Civilian labor force	26,508	+/-890	70.8%	+/-1.8
Employed	24,096	+/-935	64.4%	+/-2.0
Unemployed	2,412	+/-377	6.4%	+/-1.0
Armed Forces	0	+/-26	0.0%	+/-0.1
Not in labor force	10,918	+/-751	29.2%	+/-1.8
Civilian labor force	26,508	+/-890	26,508	(X)
Unemployment Rate	(X)	(X)	9.1%	+/-1.4
Females 16 years and over	18,359	+/-655	18,359	(X)
In labor force	11,521	+/-748	62.8%	+/-2.8
Civilian labor force	11,521	+/-748	62.8%	+/-2.8
Employed	10,600	+/-753	57.7%	+/-2.9
Own children of the householder under 6 years	5,500	+/-695	5,500	(X)
All parents in family in labor force	3,132	+/-485	56.9%	+/-8.2
Own children of the householder 6 to 17 years	8,744	+/-529	8,744	(X)
All parents in family in labor force	5,808	+/-585	66.4%	+/-5.1
COMMUTING TO WORK				
Workers 16 years and over	23,672	+/-936	23,672	(X)
Car, truck, or van -- drove alone	18,982	+/-926	80.2%	+/-2.3
Car, truck, or van -- carpooled	3,371	+/-516	14.2%	+/-2.1
Public transportation (excluding taxicab)	312	+/-104	1.3%	+/-0.4
Walked	294	+/-129	1.2%	+/-0.5
Other means	290	+/-138	1.2%	+/-0.6
Worked at home	423	+/-110	1.8%	+/-0.5

Subject	ZCTA5 60120			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With Supplemental Security Income	479	+/-131	3.2%	+/-0.9
Mean Supplemental Security Income (dollars)	9,769	+/-1,347	(X)	(X)
With cash public assistance income	351	+/-133	2.3%	+/-0.9
Mean cash public assistance income (dollars)	3,232	+/-1,130	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	2,333	+/-293	15.4%	+/-2.0
Families	10,576	+/-367	10,576	(X)
Less than $10,000	362	+/-124	3.4%	+/-1.2
$10,000 to $14,999	301	+/-126	2.8%	+/-1.2
$15,000 to $24,999	847	+/-163	8.0%	+/-1.5
$25,000 to $34,999	985	+/-221	9.3%	+/-2.0
$35,000 to $49,999	1,886	+/-288	17.8%	+/-2.7
$50,000 to $74,999	2,232	+/-318	21.1%	+/-3.0
$75,000 to $99,999	1,533	+/-243	14.5%	+/-2.2
$100,000 to $149,999	1,607	+/-278	15.2%	+/-2.5
$150,000 to $199,999	521	+/-181	4.9%	+/-1.7
$200,000 or more	302	+/-117	2.9%	+/-1.1
Median family income (dollars)	60,591	+/-3,740	(X)	(X)
Mean family income (dollars)	72,723	+/-3,365	(X)	(X)
Per capita income (dollars)	21,013	+/-1,061	(X)	(X)
Nonfamily households	4,538	+/-441	4,538	(X)
Median nonfamily income (dollars)	36,121	+/-2,580	(X)	(X)
Mean nonfamily income (dollars)	49,198	+/-4,947	(X)	(X)
Median earnings for workers (dollars)	25,334	+/-1,201	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	40,188	+/-2,433	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	32,538	+/-2,320	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	50,370	+/-1,065	50,370	(X)
With health insurance coverage	40,092	+/-1,400	79.6%	+/-2.2
With private health insurance	26,133	+/-1,939	51.9%	+/-3.8
With public coverage	17,115	+/-1,275	34.0%	+/-2.4
No health insurance coverage	10,278	+/-1,148	20.4%	+/-2.2
Civilian noninstitutionalized population under 18 years	14,692	+/-808	14,692	(X)
No health insurance coverage	514	+/-215	3.5%	+/-1.5
Civilian noninstitutionalized population 18 to 64 years	31,694	+/-886	31,694	(X)
In labor force:	25,470	+/-877	25,470	(X)
Employed:	23,151	+/-925	23,151	(X)
With health insurance coverage	16,927	+/-1,213	73.1%	+/-3.5
With private health insurance	15,342	+/-1,179	66.3%	+/-3.7
With public coverage	2,025	+/-322	8.7%	+/-1.3
No health insurance coverage	6,224	+/-759	26.9%	+/-3.5
Unemployed:	2,319	+/-370	2,319	(X)
With health insurance coverage	1,064	+/-266	45.9%	+/-8.6
With private health insurance	704	+/-224	30.4%	+/-7.7
With public coverage	376	+/-143	16.2%	+/-5.9
No health insurance coverage	1,255	+/-273	54.1%	+/-8.6
Not in labor force:	6,224	+/-561	6,224	(X)
With health insurance coverage	4,050	+/-405	65.1%	+/-5.6
With private health insurance	2,207	+/-383	35.5%	+/-6.7

Subject	ZCTA5 60120			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With public coverage	2,044	+/-357	32.8%	+/-4.7
No health insurance coverage	2,174	+/-456	34.9%	+/-5.6
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	12.4%	+/-2.1
With related children of the householder under 18 years	(X)	(X)	17.4%	+/-3.2
With related children of the householder under 5 years only	(X)	(X)	14.7%	+/-9.5
Married couple families	(X)	(X)	10.0%	+/-2.5
With related children of the householder under 18 years	(X)	(X)	13.4%	+/-3.6
With related children of the householder under 5 years only	(X)	(X)	8.0%	+/-8.7
Families with female householder, no husband present	(X)	(X)	24.7%	+/-6.6
With related children of the householder under 18 years	(X)	(X)	39.2%	+/-10.4
With related children of the householder under 5 years only	(X)	(X)	41.8%	+/-28.3
All people	(X)	(X)	15.4%	+/-2.2
Under 18 years	(X)	(X)	22.4%	+/-4.0
Related children of the householder under 18 years	(X)	(X)	22.1%	+/-3.9
Related children of the householder under 5 years	(X)	(X)	22.7%	+/-6.8
Related children of the householder 5 to 17 years	(X)	(X)	21.8%	+/-4.1
18 years and over	(X)	(X)	12.6%	+/-1.7
18 to 64 years	(X)	(X)	12.9%	+/-1.9
65 years and over	(X)	(X)	9.9%	+/-3.8
People in families	(X)	(X)	13.9%	+/-2.3
Unrelated individuals 15 years and over	(X)	(X)	24.2%	+/-3.8

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance.

Workers include members of the Armed Forces and civilians who were at work last week.

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Logical coverage edits applying a rules-based assignment of Medicaid, Medicare and military health coverage were added as of 2009 -- please see https://www.census.gov/library/working-papers/2010/demo/coverage_edits_final.html for more details. The 2008 data table in American FactFinder does not incorporate these edits. Therefore, the estimates that appear in these tables are not comparable to the estimates in the 2009 and later tables. Select geographies of 2008 data comparable to the 2009 and later tables are available at https://www.census.gov/data/tables/time-series/acs/1-year-re-run-health-insurance.html. The health insurance coverage category names were modified in 2010. See https://www.census.gov/topics/health/health-insurance/about/glossary.html#par_textimage_18 for a list of the insurance type definitions.

AMERICAN FactFinder

DP-1 Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: ZCTA5 60123

Subject	Number	Percent
SEX AND AGE		
Total population	47,405	100.0
Under 5 years	3,721	7.8
5 to 9 years	3,596	7.6
10 to 14 years	3,305	7.0
15 to 19 years	3,425	7.2
20 to 24 years	3,431	7.2
25 to 29 years	3,564	7.5
30 to 34 years	3,479	7.3
35 to 39 years	3,382	7.1
40 to 44 years	3,101	6.5
45 to 49 years	3,216	6.8
50 to 54 years	3,127	6.6
55 to 59 years	2,852	6.0
60 to 64 years	2,194	4.6
65 to 69 years	1,546	3.3
70 to 74 years	1,023	2.2
75 to 79 years	891	1.9
80 to 84 years	734	1.5
85 years and over	818	1.7
Median age (years)	33.8	(X)
16 years and over	36,138	76.2
18 years and over	34,801	73.4
21 years and over	32,630	68.8
62 years and over	6,259	13.2
65 years and over	5,012	10.6
Male population	23,412	49.4
Under 5 years	1,905	4.0
5 to 9 years	1,848	3.9
10 to 14 years	1,707	3.6
15 to 19 years	1,790	3.8
20 to 24 years	1,741	3.7
25 to 29 years	1,797	3.8
30 to 34 years	1,733	3.7
35 to 39 years	1,730	3.6
40 to 44 years	1,573	3.3
45 to 49 years	1,608	3.4
50 to 54 years	1,568	3.3
55 to 59 years	1,348	2.8
60 to 64 years	1,079	2.3

Subject	Number	Percent
65 to 69 years	649	1.4
70 to 74 years	469	1.0
75 to 79 years	366	0.8
80 to 84 years	259	0.5
85 years and over	242	0.5
Median age (years)	32.6	(X)
16 years and over	17,616	37.2
18 years and over	16,912	35.7
21 years and over	15,784	33.3
62 years and over	2,606	5.5
65 years and over	1,985	4.2
Female population	23,993	50.6
Under 5 years	1,816	3.8
5 to 9 years	1,748	3.7
10 to 14 years	1,598	3.4
15 to 19 years	1,635	3.4
20 to 24 years	1,690	3.6
25 to 29 years	1,767	3.7
30 to 34 years	1,746	3.7
35 to 39 years	1,652	3.5
40 to 44 years	1,528	3.2
45 to 49 years	1,608	3.4
50 to 54 years	1,559	3.3
55 to 59 years	1,504	3.2
60 to 64 years	1,115	2.4
65 to 69 years	897	1.9
70 to 74 years	554	1.2
75 to 79 years	525	1.1
80 to 84 years	475	1.0
85 years and over	576	1.2
Median age (years)	35.0	(X)
16 years and over	18,522	39.1
18 years and over	17,889	37.7
21 years and over	16,846	35.5
62 years and over	3,653	7.7
65 years and over	3,027	6.4
RACE		
Total population	47,405	100.0
One Race	45,806	96.6
White	32,712	69.0
Black or African American	4,102	8.7
American Indian and Alaska Native	755	1.6
Asian	1,800	3.8
Asian Indian	304	0.6
Chinese	126	0.3
Filipino	481	1.0
Japanese	19	0.0
Korean	56	0.1
Vietnamese	136	0.3
Other Asian [1]	676	1.4
Native Hawaiian and Other Pacific Islander	7	0.0
Native Hawaiian	1	0.0
Guamanian or Chamorro	1	0.0
Samoan	2	0.0

Subject	Number	Percent
Other Pacific Islander [2]	3	0.0
Some Other Race	6,430	13.6
Two or More Races	1,599	3.4
White; American Indian and Alaska Native [3]	180	0.4
White; Asian [3]	178	0.4
White; Black or African American [3]	452	1.0
White; Some Other Race [3]	451	1.0
Race alone or in combination with one or more other races: [4]		
White	34,080	71.9
Black or African American	4,739	10.0
American Indian and Alaska Native	1,087	2.3
Asian	2,080	4.4
Native Hawaiian and Other Pacific Islander	47	0.1
Some Other Race	7,078	14.9
HISPANIC OR LATINO		
Total population	47,405	100.0
Hispanic or Latino (of any race)	17,883	37.7
Mexican	15,397	32.5
Puerto Rican	1,427	3.0
Cuban	73	0.2
Other Hispanic or Latino [5]	986	2.1
Not Hispanic or Latino	29,522	62.3
HISPANIC OR LATINO AND RACE		
Total population	47,405	100.0
Hispanic or Latino	17,883	37.7
White alone	9,648	20.4
Black or African American alone	233	0.5
American Indian and Alaska Native alone	660	1.4
Asian alone	51	0.1
Native Hawaiian and Other Pacific Islander alone	1	0.0
Some Other Race alone	6,383	13.5
Two or More Races	907	1.9
Not Hispanic or Latino	29,522	62.3
White alone	23,064	48.7
Black or African American alone	3,869	8.2
American Indian and Alaska Native alone	95	0.2
Asian alone	1,749	3.7
Native Hawaiian and Other Pacific Islander alone	6	0.0
Some Other Race alone	47	0.1
Two or More Races	692	1.5
RELATIONSHIP		
Total population	47,405	100.0
In households	45,809	96.6
Householder	16,157	34.1
Spouse [6]	7,845	16.5
Child	14,889	31.4
Own child under 18 years	10,849	22.9
Other relatives	4,154	8.8
Under 18 years	1,473	3.1
65 years and over	446	0.9
Nonrelatives	2,764	5.8
Under 18 years	246	0.5
65 years and over	94	0.2
Unmarried partner	1,158	2.4
In group quarters	1,596	3.4

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60123			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	48,890	+/-1,252	48,890	(X)
Male	24,657	+/-1,045	50.4%	+/-1.4
Female	24,233	+/-828	49.6%	+/-1.4
Under 5 years	3,798	+/-481	7.8%	+/-0.9
5 to 9 years	3,390	+/-401	6.9%	+/-0.8
10 to 14 years	3,738	+/-420	7.6%	+/-0.8
15 to 19 years	3,596	+/-480	7.4%	+/-1.0
20 to 24 years	3,497	+/-449	7.2%	+/-0.9
25 to 34 years	7,042	+/-628	14.4%	+/-1.2
35 to 44 years	6,455	+/-638	13.2%	+/-1.2
45 to 54 years	6,103	+/-465	12.5%	+/-1.0
55 to 59 years	3,013	+/-380	6.2%	+/-0.8
60 to 64 years	2,809	+/-383	5.7%	+/-0.8
65 to 74 years	2,870	+/-337	5.9%	+/-0.7
75 to 84 years	1,754	+/-267	3.6%	+/-0.5
85 years and over	825	+/-205	1.7%	+/-0.4
Median age (years)	34.2	+/-0.9	(X)	(X)
18 years and over	35,841	+/-924	73.3%	+/-1.1
21 years and over	33,549	+/-897	68.6%	+/-1.2
62 years and over	7,025	+/-499	14.4%	+/-1.1
65 years and over	5,449	+/-396	11.1%	+/-0.8
18 years and over	35,841	+/-924	35,841	(X)
Male	17,512	+/-795	48.9%	+/-1.5
Female	18,329	+/-590	51.1%	+/-1.5
65 years and over	5,449	+/-396	5,449	(X)
Male	2,259	+/-249	41.5%	+/-3.3

Subject	ZCTA5 60123			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	3,190	+/-286	58.5%	+/-3.3
RACE				
Total population	48,890	+/-1,252	48,890	(X)
One race	47,621	+/-1,269	97.4%	+/-0.8
Two or more races	1,269	+/-408	2.6%	+/-0.8
One race	47,621	+/-1,269	97.4%	+/-0.8
White	33,475	+/-1,539	68.5%	+/-3.4
Black or African American	3,611	+/-706	7.4%	+/-1.4
American Indian and Alaska Native	273	+/-201	0.6%	+/-0.4
Cherokee tribal grouping	83	+/-120	0.2%	+/-0.2
Chippewa tribal grouping	0	+/-23	0.0%	+/-0.1
Navajo tribal grouping	69	+/-124	0.1%	+/-0.3
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	2,231	+/-522	4.6%	+/-1.1
Asian Indian	567	+/-304	1.2%	+/-0.6
Chinese	208	+/-121	0.4%	+/-0.2
Filipino	462	+/-267	0.9%	+/-0.5
Japanese	0	+/-23	0.0%	+/-0.1
Korean	38	+/-36	0.1%	+/-0.1
Vietnamese	34	+/-38	0.1%	+/-0.1
Other Asian	922	+/-385	1.9%	+/-0.8
Native Hawaiian and Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Native Hawaiian	0	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-23	0.0%	+/-0.1
Samoan	0	+/-23	0.0%	+/-0.1
Other Pacific Islander	0	+/-23	0.0%	+/-0.1
Some other race	8,031	+/-1,613	16.4%	+/-3.1
Two or more races	1,269	+/-408	2.6%	+/-0.8
White and Black or African American	431	+/-268	0.9%	+/-0.5
White and American Indian and Alaska Native	83	+/-54	0.2%	+/-0.1
White and Asian	271	+/-183	0.6%	+/-0.4
Black or African American and American Indian and Alaska Native	87	+/-139	0.2%	+/-0.3
Race alone or in combination with one or more other races				
Total population	48,890	+/-1,252	48,890	(X)
White	34,528	+/-1,483	70.6%	+/-3.2
Black or African American	4,234	+/-856	8.7%	+/-1.7
American Indian and Alaska Native	462	+/-322	0.9%	+/-0.7
Asian	2,608	+/-546	5.3%	+/-1.1
Native Hawaiian and Other Pacific Islander	93	+/-108	0.2%	+/-0.2
Some other race	8,316	+/-1,613	17.0%	+/-3.1
HISPANIC OR LATINO AND RACE				
Total population	48,890	+/-1,252	48,890	(X)
Hispanic or Latino (of any race)	19,521	+/-1,582	39.9%	+/-2.7
Mexican	16,366	+/-1,594	33.5%	+/-2.9
Puerto Rican	1,729	+/-621	3.5%	+/-1.3
Cuban	60	+/-42	0.1%	+/-0.1
Other Hispanic or Latino	1,366	+/-456	2.8%	+/-0.9
Not Hispanic or Latino	29,369	+/-1,299	60.1%	+/-2.7
White alone	22,582	+/-1,039	46.2%	+/-2.3
Black or African American alone	3,476	+/-654	7.1%	+/-1.3
American Indian and Alaska Native alone	96	+/-127	0.2%	+/-0.3
Asian alone	2,214	+/-520	4.5%	+/-1.1
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0.0%	+/-0.1

U.S. Census Bureau

AMERICAN FactFinder

DP03 | SELECTED ECONOMIC CHARACTERISTICS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60123			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	37,296	+/-996	37,296	(X)
In labor force	25,735	+/-1,058	69.0%	+/-1.8
Civilian labor force	25,735	+/-1,058	69.0%	+/-1.8
Employed	23,190	+/-1,026	62.2%	+/-1.8
Unemployed	2,545	+/-386	6.8%	+/-1.0
Armed Forces	0	+/-23	0.0%	+/-0.1
Not in labor force	11,561	+/-654	31.0%	+/-1.8
Civilian labor force	25,735	+/-1,058	25,735	(X)
Unemployment Rate	(X)	(X)	9.9%	+/-1.4
Females 16 years and over	18,913	+/-605	18,913	(X)
In labor force	11,637	+/-530	61.5%	+/-2.2
Civilian labor force	11,637	+/-530	61.5%	+/-2.2
Employed	10,399	+/-516	55.0%	+/-2.3
Own children of the householder under 6 years	4,403	+/-555	4,403	(X)
All parents in family in labor force	2,897	+/-481	65.8%	+/-7.9
Own children of the householder 6 to 17 years	8,282	+/-724	8,282	(X)
All parents in family in labor force	6,482	+/-805	78.3%	+/-5.4
COMMUTING TO WORK				
Workers 16 years and over	22,856	+/-1,006	22,856	(X)
Car, truck, or van -- drove alone	17,703	+/-806	77.5%	+/-2.0
Car, truck, or van -- carpooled	3,039	+/-513	13.3%	+/-2.0
Public transportation (excluding taxicab)	623	+/-186	2.7%	+/-0.8
Walked	424	+/-160	1.9%	+/-0.7
Other means	240	+/-116	1.1%	+/-0.5
Worked at home	827	+/-223	3.6%	+/-1.0

Subject	ZCTA5 60123			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With Supplemental Security Income	773	+/-175	4.9%	+/-1.1
Mean Supplemental Security Income (dollars)	11,732	+/-2,650	(X)	(X)
With cash public assistance income	409	+/-145	2.6%	+/-0.9
Mean cash public assistance income (dollars)	4,372	+/-1,881	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	2,496	+/-347	15.7%	+/-2.1
Families	11,400	+/-361	11,400	(X)
Less than $10,000	668	+/-188	5.9%	+/-1.6
$10,000 to $14,999	149	+/-73	1.3%	+/-0.6
$15,000 to $24,999	973	+/-265	8.5%	+/-2.3
$25,000 to $34,999	1,258	+/-247	11.0%	+/-2.1
$35,000 to $49,999	1,168	+/-245	10.2%	+/-2.1
$50,000 to $74,999	2,436	+/-298	21.4%	+/-2.6
$75,000 to $99,999	1,784	+/-282	15.6%	+/-2.5
$100,000 to $149,999	2,070	+/-267	18.2%	+/-2.3
$150,000 to $199,999	520	+/-160	4.6%	+/-1.4
$200,000 or more	374	+/-129	3.3%	+/-1.1
Median family income (dollars)	64,993	+/-3,119	(X)	(X)
Mean family income (dollars)	78,176	+/-5,255	(X)	(X)
Per capita income (dollars)	23,793	+/-1,362	(X)	(X)
Nonfamily households	4,517	+/-394	4,517	(X)
Median nonfamily income (dollars)	33,319	+/-5,573	(X)	(X)
Mean nonfamily income (dollars)	44,611	+/-4,317	(X)	(X)
Median earnings for workers (dollars)	26,493	+/-1,040	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	42,838	+/-4,464	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	36,250	+/-2,841	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	47,942	+/-1,248	47,942	(X)
With health insurance coverage	40,798	+/-1,085	85.1%	+/-1.9
With private health insurance	28,101	+/-1,515	58.6%	+/-3.2
With public coverage	15,874	+/-1,142	33.1%	+/-2.3
No health insurance coverage	7,144	+/-991	14.9%	+/-1.9
Civilian noninstitutionalized population under 18 years	13,034	+/-694	13,034	(X)
No health insurance coverage	560	+/-228	4.3%	+/-1.7
Civilian noninstitutionalized population 18 to 64 years	29,906	+/-894	29,906	(X)
In labor force:	24,060	+/-952	24,060	(X)
Employed:	21,709	+/-945	21,709	(X)
With health insurance coverage	17,604	+/-891	81.1%	+/-2.9
With private health insurance	16,276	+/-914	75.0%	+/-3.2
With public coverage	1,532	+/-327	7.1%	+/-1.5
No health insurance coverage	4,105	+/-680	18.9%	+/-2.9
Unemployed:	2,351	+/-374	2,351	(X)
With health insurance coverage	1,345	+/-259	57.2%	+/-8.0
With private health insurance	831	+/-209	35.3%	+/-7.7
With public coverage	564	+/-158	24.0%	+/-5.9
No health insurance coverage	1,006	+/-265	42.8%	+/-8.0
Not in labor force:	5,846	+/-478	5,846	(X)
With health insurance coverage	4,548	+/-496	77.8%	+/-4.8
With private health insurance	2,920	+/-377	49.9%	+/-5.2

Subject	ZCTA5 60123			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With public coverage	1,832	+/-357	31.3%	+/-5.0
No health insurance coverage	1,298	+/-288	22.2%	+/-4.8
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	12.0%	+/-2.1
With related children of the householder under 18 years	(X)	(X)	19.7%	+/-3.9
With related children of the householder under 5 years only	(X)	(X)	21.7%	+/-10.7
Married couple families	(X)	(X)	5.3%	+/-2.3
With related children of the householder under 18 years	(X)	(X)	8.9%	+/-4.4
With related children of the householder under 5 years only	(X)	(X)	3.6%	+/-4.8
Families with female householder, no husband present	(X)	(X)	35.5%	+/-7.8
With related children of the householder under 18 years	(X)	(X)	49.3%	+/-11.0
With related children of the householder under 5 years only	(X)	(X)	59.9%	+/-21.1
All people	(X)	(X)	14.2%	+/-2.2
Under 18 years	(X)	(X)	23.6%	+/-5.0
Related children of the householder under 18 years	(X)	(X)	23.6%	+/-5.0
Related children of the householder under 5 years	(X)	(X)	27.6%	+/-7.1
Related children of the householder 5 to 17 years	(X)	(X)	22.0%	+/-5.5
18 years and over	(X)	(X)	10.7%	+/-1.4
18 to 64 years	(X)	(X)	11.0%	+/-1.6
65 years and over	(X)	(X)	8.9%	+/-2.9
People in families	(X)	(X)	13.0%	+/-2.5
Unrelated individuals 15 years and over	(X)	(X)	21.7%	+/-3.0

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Geography: ZCTA5 60124

Subject	Number	Percent
SEX AND AGE		
Total population	18,935	100.0
Under 5 years	1,391	7.3
5 to 9 years	1,364	7.2
10 to 14 years	1,271	6.7
15 to 19 years	1,151	6.1
20 to 24 years	781	4.1
25 to 29 years	1,058	5.6
30 to 34 years	1,365	7.2
35 to 39 years	1,436	7.6
40 to 44 years	1,379	7.3
45 to 49 years	1,504	7.9
50 to 54 years	1,470	7.8
55 to 59 years	1,360	7.2
60 to 64 years	1,232	6.5
65 to 69 years	849	4.5
70 to 74 years	573	3.0
75 to 79 years	381	2.0
80 to 84 years	208	1.1
85 years and over	162	0.9
Median age (years)	38.9	(X)
16 years and over	14,635	77.3
18 years and over	14,141	74.7
21 years and over	13,627	72.0
62 years and over	2,871	15.2
65 years and over	2,173	11.5
Male population	9,326	49.3
Under 5 years	730	3.9
5 to 9 years	688	3.6
10 to 14 years	637	3.4
15 to 19 years	595	3.1
20 to 24 years	407	2.1
25 to 29 years	493	2.6
30 to 34 years	639	3.4
35 to 39 years	710	3.7
40 to 44 years	682	3.6
45 to 49 years	741	3.9
50 to 54 years	734	3.9
55 to 59 years	620	3.3
60 to 64 years	607	3.2

Subject	Number	Percent
65 to 69 years	417	2.2
70 to 74 years	283	1.5
75 to 79 years	190	1.0
80 to 84 years	98	0.5
85 years and over	55	0.3
Median age (years)	38.4	(X)
16 years and over	7,127	37.6
18 years and over	6,881	36.3
21 years and over	6,607	34.9
62 years and over	1,379	7.3
65 years and over	1,043	5.5
Female population	9,609	50.7
Under 5 years	661	3.5
5 to 9 years	676	3.6
10 to 14 years	634	3.3
15 to 19 years	556	2.9
20 to 24 years	374	2.0
25 to 29 years	565	3.0
30 to 34 years	726	3.8
35 to 39 years	726	3.8
40 to 44 years	697	3.7
45 to 49 years	763	4.0
50 to 54 years	736	3.9
55 to 59 years	740	3.9
60 to 64 years	625	3.3
65 to 69 years	432	2.3
70 to 74 years	290	1.5
75 to 79 years	191	1.0
80 to 84 years	110	0.6
85 years and over	107	0.6
Median age (years)	39.3	(X)
16 years and over	7,508	39.7
18 years and over	7,260	38.3
21 years and over	7,020	37.1
62 years and over	1,492	7.9
65 years and over	1,130	6.0
RACE		
Total population	18,935	100.0
One Race	18,541	97.9
White	15,760	83.2
Black or African American	470	2.5
American Indian and Alaska Native	70	0.4
Asian	1,749	9.2
Asian Indian	600	3.2
Chinese	109	0.6
Filipino	623	3.3
Japanese	30	0.2
Korean	57	0.3
Vietnamese	71	0.4
Other Asian [1]	259	1.4
Native Hawaiian and Other Pacific Islander	6	0.0
Native Hawaiian	0	0.0
Guamanian or Chamorro	2	0.0
Samoan	0	0.0

Subject	Number	Percent
Other Pacific Islander [2]	4	0.0
Some Other Race	486	2.6
Two or More Races	394	2.1
White; American Indian and Alaska Native [3]	46	0.2
White; Asian [3]	119	0.6
White; Black or African American [3]	65	0.3
White; Some Other Race [3]	62	0.3
Race alone or in combination with one or more other races: [4]		
White	16,070	84.9
Black or African American	577	3.0
American Indian and Alaska Native	135	0.7
Asian	1,923	10.2
Native Hawaiian and Other Pacific Islander	17	0.1
Some Other Race	620	3.3
HISPANIC OR LATINO		
Total population	18,935	100.0
Hispanic or Latino (of any race)	1,835	9.7
Mexican	1,290	6.8
Puerto Rican	272	1.4
Cuban	54	0.3
Other Hispanic or Latino [5]	219	1.2
Not Hispanic or Latino	17,100	90.3
HISPANIC OR LATINO AND RACE		
Total population	18,935	100.0
Hispanic or Latino	1,835	9.7
White alone	1,160	6.1
Black or African American alone	28	0.1
American Indian and Alaska Native alone	49	0.3
Asian alone	16	0.1
Native Hawaiian and Other Pacific Islander alone	2	0.0
Some Other Race alone	467	2.5
Two or More Races	113	0.6
Not Hispanic or Latino	17,100	90.3
White alone	14,600	77.1
Black or African American alone	442	2.3
American Indian and Alaska Native alone	21	0.1
Asian alone	1,733	9.2
Native Hawaiian and Other Pacific Islander alone	4	0.0
Some Other Race alone	19	0.1
Two or More Races	281	1.5
RELATIONSHIP		
Total population	18,935	100.0
In households	18,928	100.0
Householder	6,603	34.9
Spouse [6]	4,830	25.5
Child	5,945	31.4
Own child under 18 years	4,479	23.7
Other relatives	949	5.0
Under 18 years	255	1.3
65 years and over	251	1.3
Nonrelatives	601	3.2
Under 18 years	53	0.3
65 years and over	38	0.2
Unmarried partner	330	1.7
In group quarters	7	0.0

U.S. Census Bureau

AMERICAN FactFinder

DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60124			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	20,912	+/-1,181	20,912	(X)
Male	10,474	+/-793	50.1%	+/-2.3
Female	10,438	+/-723	49.9%	+/-2.3
Under 5 years	1,990	+/-404	9.5%	+/-1.9
5 to 9 years	1,407	+/-448	6.7%	+/-2.0
10 to 14 years	1,142	+/-429	5.5%	+/-2.0
15 to 19 years	1,387	+/-346	6.6%	+/-1.6
20 to 24 years	820	+/-381	3.9%	+/-1.7
25 to 34 years	2,571	+/-552	12.3%	+/-2.6
35 to 44 years	3,154	+/-562	15.1%	+/-2.5
45 to 54 years	3,206	+/-715	15.3%	+/-3.3
55 to 59 years	1,199	+/-375	5.7%	+/-1.9
60 to 64 years	1,075	+/-327	5.1%	+/-1.6
65 to 74 years	2,055	+/-351	9.8%	+/-1.7
75 to 84 years	745	+/-300	3.6%	+/-1.5
85 years and over	161	+/-154	0.8%	+/-0.7
Median age (years)	39.4	+/-1.7	(X)	(X)
18 years and over	15,413	+/-910	73.7%	+/-2.7
21 years and over	14,710	+/-820	70.3%	+/-2.6
62 years and over	3,494	+/-439	16.7%	+/-2.2
65 years and over	2,961	+/-378	14.2%	+/-2.0
18 years and over	15,413	+/-910	15,413	(X)
Male	7,702	+/-659	50.0%	+/-2.5
Female	7,711	+/-527	50.0%	+/-2.5
65 years and over	2,961	+/-378	2,961	(X)
Male	1,453	+/-247	49.1%	+/-5.9

Subject	ZCTA5 60124			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	1,508	+/-265	50.9%	+/-5.9
RACE				
Total population	20,912	+/-1,181	20,912	(X)
One race	20,483	+/-1,178	97.9%	+/-1.5
Two or more races	429	+/-310	2.1%	+/-1.5
One race	20,483	+/-1,178	97.9%	+/-1.5
White	15,957	+/-1,238	76.3%	+/-5.6
Black or African American	1,504	+/-813	7.2%	+/-3.9
American Indian and Alaska Native	25	+/-42	0.1%	+/-0.2
Cherokee tribal grouping	0	+/-20	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-20	0.0%	+/-0.1
Navajo tribal grouping	0	+/-20	0.0%	+/-0.1
Sioux tribal grouping	0	+/-20	0.0%	+/-0.1
Asian	2,727	+/-899	13.0%	+/-4.0
Asian Indian	539	+/-503	2.6%	+/-2.4
Chinese	259	+/-252	1.2%	+/-1.2
Filipino	1,084	+/-830	5.2%	+/-3.8
Japanese	58	+/-98	0.3%	+/-0.5
Korean	0	+/-20	0.0%	+/-0.1
Vietnamese	698	+/-552	3.3%	+/-2.7
Other Asian	89	+/-141	0.4%	+/-0.7
Native Hawaiian and Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Native Hawaiian	0	+/-20	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-20	0.0%	+/-0.1
Samoan	0	+/-20	0.0%	+/-0.1
Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	270	+/-244	1.3%	+/-1.2
Two or more races	429	+/-310	2.1%	+/-1.5
White and Black or African American	56	+/-79	0.3%	+/-0.4
White and American Indian and Alaska Native	41	+/-64	0.2%	+/-0.3
White and Asian	0	+/-20	0.0%	+/-0.1
Black or African American and American Indian and Alaska Native	0	+/-20	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	20,912	+/-1,181	20,912	(X)
White	16,386	+/-1,213	78.4%	+/-5.3
Black or African American	1,560	+/-806	7.5%	+/-3.8
American Indian and Alaska Native	66	+/-73	0.3%	+/-0.3
Asian	2,727	+/-899	13.0%	+/-4.0
Native Hawaiian and Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	602	+/-371	2.9%	+/-1.7
HISPANIC OR LATINO AND RACE				
Total population	20,912	+/-1,181	20,912	(X)
Hispanic or Latino (of any race)	2,351	+/-735	11.2%	+/-3.4
Mexican	1,638	+/-734	7.8%	+/-3.4
Puerto Rican	282	+/-221	1.3%	+/-1.0
Cuban	0	+/-20	0.0%	+/-0.1
Other Hispanic or Latino	431	+/-297	2.1%	+/-1.4
Not Hispanic or Latino	18,561	+/-1,161	88.8%	+/-3.4
White alone	14,401	+/-1,226	68.9%	+/-5.8
Black or African American alone	1,318	+/-697	6.3%	+/-3.3
American Indian and Alaska Native alone	25	+/-42	0.1%	+/-0.2
Asian alone	2,727	+/-899	13.0%	+/-4.0
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0.0%	+/-0.1

AMERICAN FactFinder

DP03 SELECTED ECONOMIC CHARACTERISTICS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60124			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	16,102	+/-1,018	16,102	(X)
In labor force	11,093	+/-918	68.9%	+/-3.2
Civilian labor force	11,093	+/-918	68.9%	+/-3.2
Employed	10,776	+/-918	66.9%	+/-3.1
Unemployed	317	+/-138	2.0%	+/-0.9
Armed Forces	0	+/-20	0.0%	+/-0.2
Not in labor force	5,009	+/-567	31.1%	+/-3.2
Civilian labor force	11,093	+/-918	11,093	(X)
Unemployment Rate	(X)	(X)	2.9%	+/-1.2
Females 16 years and over	7,924	+/-545	7,924	(X)
In labor force	4,924	+/-523	62.1%	+/-4.7
Civilian labor force	4,924	+/-523	62.1%	+/-4.7
Employed	4,830	+/-501	61.0%	+/-4.7
Own children of the householder under 6 years	2,250	+/-393	2,250	(X)
All parents in family in labor force	1,615	+/-369	71.8%	+/-11.8
Own children of the householder 6 to 17 years	3,075	+/-545	3,075	(X)
All parents in family in labor force	2,130	+/-480	69.3%	+/-12.4
COMMUTING TO WORK				
Workers 16 years and over	10,605	+/-919	10,605	(X)
Car, truck, or van -- drove alone	8,654	+/-973	81.6%	+/-5.2
Car, truck, or van -- carpooled	784	+/-389	7.4%	+/-3.8
Public transportation (excluding taxicab)	323	+/-193	3.0%	+/-1.8
Walked	36	+/-37	0.3%	+/-0.4
Other means	174	+/-128	1.6%	+/-1.2
Worked at home	634	+/-443	6.0%	+/-4.1

Subject	ZCTA5 60124			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With Supplemental Security Income	281	+/-235	4.0%	+/-3.4
Mean Supplemental Security Income (dollars)	7,347	+/-1,458	(X)	(X)
With cash public assistance income	11	+/-16	0.2%	+/-0.2
Mean cash public assistance income (dollars)	N	N	N	N
With Food Stamp/SNAP benefits in the past 12 months	345	+/-250	4.9%	+/-3.6
Families	5,652	+/-400	5,652	(X)
Less than $10,000	88	+/-104	1.6%	+/-1.8
$10,000 to $14,999	33	+/-53	0.6%	+/-0.9
$15,000 to $24,999	42	+/-69	0.7%	+/-1.2
$25,000 to $34,999	182	+/-195	3.2%	+/-3.4
$35,000 to $49,999	338	+/-125	6.0%	+/-2.2
$50,000 to $74,999	685	+/-263	12.1%	+/-4.5
$75,000 to $99,999	1,257	+/-362	22.2%	+/-5.9
$100,000 to $149,999	1,458	+/-348	25.8%	+/-6.0
$150,000 to $199,999	960	+/-340	17.0%	+/-6.1
$200,000 or more	609	+/-196	10.8%	+/-3.6
Median family income (dollars)	106,809	+/-14,581	(X)	(X)
Mean family income (dollars)	129,208	+/-13,787	(X)	(X)
Per capita income (dollars)	40,061	+/-3,887	(X)	(X)
Nonfamily households	1,351	+/-300	1,351	(X)
Median nonfamily income (dollars)	51,450	+/-15,142	(X)	(X)
Mean nonfamily income (dollars)	62,309	+/-14,710	(X)	(X)
Median earnings for workers (dollars)	50,576	+/-3,694	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	63,390	+/-6,851	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	55,691	+/-9,321	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	20,903	+/-1,181	20,903	(X)
With health insurance coverage	20,346	+/-1,211	97.3%	+/-1.4
With private health insurance	18,030	+/-1,268	86.3%	+/-3.4
With public coverage	4,581	+/-687	21.9%	+/-3.2
No health insurance coverage	557	+/-292	2.7%	+/-1.4
Civilian noninstitutionalized population under 18 years	5,490	+/-698	5,490	(X)
No health insurance coverage	71	+/-83	1.3%	+/-1.5
Civilian noninstitutionalized population 18 to 64 years	12,452	+/-921	12,452	(X)
In labor force:	10,292	+/-911	10,292	(X)
Employed:	10,009	+/-916	10,009	(X)
With health insurance coverage	9,768	+/-940	97.6%	+/-1.7
With private health insurance	9,545	+/-947	95.4%	+/-2.2
With public coverage	494	+/-209	4.9%	+/-2.1
No health insurance coverage	241	+/-167	2.4%	+/-1.7
Unemployed:	283	+/-130	283	(X)
With health insurance coverage	280	+/-131	98.9%	+/-2.0
With private health insurance	280	+/-131	98.9%	+/-2.0
With public coverage	25	+/-29	8.8%	+/-10.6
No health insurance coverage	3	+/-5	1.1%	+/-2.0
Not in labor force:	2,160	+/-409	2,160	(X)
With health insurance coverage	1,918	+/-350	88.8%	+/-6.3
With private health insurance	1,408	+/-313	65.2%	+/-10.1

Subject	ZCTA5 60124			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With public coverage	539	+/-243	25.0%	+/-10.1
No health insurance coverage	242	+/-155	11.2%	+/-6.3
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	2.1%	+/-2.0
With related children of the householder under 18 years	(X)	(X)	4.5%	+/-4.3
With related children of the householder under 5 years only	(X)	(X)	0.0%	+/-3.8
Married couple families	(X)	(X)	0.0%	+/-0.6
With related children of the householder under 18 years	(X)	(X)	0.0%	+/-1.2
With related children of the householder under 5 years only	(X)	(X)	0.0%	+/-4.4
Families with female householder, no husband present	(X)	(X)	40.2%	+/-29.4
With related children of the householder under 18 years	(X)	(X)	55.8%	+/-36.4
With related children of the householder under 5 years only	(X)	(X)	0.0%	+/-39.0
All people	(X)	(X)	4.1%	+/-2.5
Under 18 years	(X)	(X)		+/-5.6
Related children of the householder under 18 years	(X)	(X)	5.9%	+/-5.7
Related children of the householder under 5 years	(X)	(X)	0.0%	+/-1.4
Related children of the householder 5 to 17 years	(X)	(X)	9.2%	+/-8.7
18 years and over	(X)	(X)	3.5%	+/-2.0
18 to 64 years	(X)	(X)	3.6%	+/-2.1
65 years and over	(X)	(X)	2.9%	+/-4.7
People in families	(X)	(X)	2.3%	+/-2.2
Unrelated individuals 15 years and over	(X)	(X)	22.6%	+/-11.9

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance.

Workers include members of the Armed Forces and civilians who were at work last week.

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2010.

Industry codes are 4-digit codes and are based on the North American Industry Classification System (NAICS). The Census industry codes for 2013 and later years are based on the 2012 revision of the NAICS. To allow for the creation of 2011-2015 tables, industry data in the multiyear files (2011-2015) were recoded to 2013 Census industry codes. We recommend using caution when comparing data coded using 2013 Census industry codes with data coded using Census industry codes prior to 2013. For more information on the Census industry code changes, please visit our website at https://www.census.gov/people/io/methodology/.

Logical coverage edits applying a rules-based assignment of Medicaid, Medicare and military health coverage were added as of 2009 -- please see https://www.census.gov/library/working-papers/2010/demo/coverage_edits_final.html for more details. The 2008 data table in American FactFinder does not incorporate these edits. Therefore, the estimates that appear in these tables are not comparable to the estimates in the 2009 and later tables. Select geographies of 2008 data comparable to the 2009 and later tables are available at https://www.census.gov/data/tables/time-series/acs/1-year-re-run-health-insurance.html. The health insurance coverage category names were modified in 2010. See https://www.census.gov/topics/health/health-insurance/about/glossary.html#par_textimage_18 for a list of the insurance type definitions.

DP-1 | Profile of General Population and Housing Characteristics: 2010

2010 Demographic Profile Data

NOTE: For more information on confidentiality protection, nonsampling error, and definitions, see http://www.census.gov/prod/cen2010/doc/dpsf.pdf.

Geography: ZCTA5 60177

Subject	Number	Percent
SEX AND AGE		
Total population	22,659	100.0
Under 5 years	1,711	7.6
5 to 9 years	2,126	9.4
10 to 14 years	2,142	9.5
15 to 19 years	1,664	7.3
20 to 24 years	894	3.9
25 to 29 years	1,295	5.7
30 to 34 years	1,553	6.9
35 to 39 years	2,037	9.0
40 to 44 years	2,374	10.5
45 to 49 years	2,008	8.9
50 to 54 years	1,411	6.2
55 to 59 years	1,050	4.6
60 to 64 years	792	3.5
65 to 69 years	513	2.3
70 to 74 years	337	1.5
75 to 79 years	289	1.3
80 to 84 years	201	0.9
85 years and over	262	1.2
Median age (years)	34.8	(X)
16 years and over	16,279	71.8
18 years and over	15,544	68.6
21 years and over	14,829	65.4
62 years and over	2,018	8.9
65 years and over	1,602	7.1
Male population	11,214	49.5
Under 5 years	866	3.8
5 to 9 years	1,118	4.9
10 to 14 years	1,110	4.9
15 to 19 years	846	3.7
20 to 24 years	480	2.1
25 to 29 years	641	2.8
30 to 34 years	764	3.4
35 to 39 years	977	4.3
40 to 44 years	1,160	5.1
45 to 49 years	1,010	4.5
50 to 54 years	744	3.3
55 to 59 years	504	2.2
60 to 64 years	376	1.7

Subject	Number	Percent
65 to 69 years	223	1.0
70 to 74 years	148	0.7
75 to 79 years	114	0.5
80 to 84 years	67	0.3
85 years and over	66	0.3
Median age (years)	33.7	(X)
16 years and over	7,908	34.9
18 years and over	7,536	33.3
21 years and over	7,172	31.7
62 years and over	795	3.5
65 years and over	618	2.7
Female population	11,445	50.5
Under 5 years	845	3.7
5 to 9 years	1,008	4.4
10 to 14 years	1,032	4.6
15 to 19 years	818	3.6
20 to 24 years	414	1.8
25 to 29 years	654	2.9
30 to 34 years	789	3.5
35 to 39 years	1,060	4.7
40 to 44 years	1,214	5.4
45 to 49 years	998	4.4
50 to 54 years	667	2.9
55 to 59 years	546	2.4
60 to 64 years	416	1.8
65 to 69 years	290	1.3
70 to 74 years	189	0.8
75 to 79 years	175	0.8
80 to 84 years	134	0.6
85 years and over	196	0.9
Median age (years)	35.9	(X)
16 years and over	8,371	36.9
18 years and over	8,008	35.3
21 years and over	7,657	33.8
62 years and over	1,223	5.4
65 years and over	984	4.3
RACE		
Total population	22,659	100.0
One Race	21,977	97.0
White	18,435	81.4
Black or African American	771	3.4
American Indian and Alaska Native	98	0.4
Asian	1,563	6.9
Asian Indian	287	1.3
Chinese	118	0.5
Filipino	443	2.0
Japanese	9	0.0
Korean	69	0.3
Vietnamese	67	0.3
Other Asian [1]	570	2.5
Native Hawaiian and Other Pacific Islander	7	0.0
Native Hawaiian	1	0.0
Guamanian or Chamorro	4	0.0
Samoan	1	0.0

Subject	Number	Percent
Other Pacific Islander [2]	1	0.0
Some Other Race	1,103	4.9
Two or More Races	682	3.0
White; American Indian and Alaska Native [3]	93	0.4
White; Asian [3]	187	0.8
White; Black or African American [3]	131	0.6
White; Some Other Race [3]	147	0.6
Race alone or in combination with one or more other races: [4]		
White	19,018	83.9
Black or African American	948	4.2
American Indian and Alaska Native	221	1.0
Asian	1,822	8.0
Native Hawaiian and Other Pacific Islander	26	0.1
Some Other Race	1,330	5.9
HISPANIC OR LATINO		
Total population	22,659	100.0
Hispanic or Latino (of any race)	3,542	15.6
Mexican	2,776	12.3
Puerto Rican	420	1.9
Cuban	38	0.2
Other Hispanic or Latino [5]	308	1.4
Not Hispanic or Latino	19,117	84.4
HISPANIC OR LATINO AND RACE		
Total population	22,659	100.0
Hispanic or Latino	3,542	15.6
White alone	2,020	8.9
Black or African American alone	66	0.3
American Indian and Alaska Native alone	81	0.4
Asian alone	30	0.1
Native Hawaiian and Other Pacific Islander alone	0	0.0
Some Other Race alone	1,086	4.8
Two or More Races	259	1.1
Not Hispanic or Latino	19,117	84.4
White alone	16,415	72.4
Black or African American alone	705	3.1
American Indian and Alaska Native alone	17	0.1
Asian alone	1,533	6.8
Native Hawaiian and Other Pacific Islander alone	7	0.0
Some Other Race alone	17	0.1
Two or More Races	423	1.9
RELATIONSHIP		
Total population	22,659	100.0
In households	22,415	98.9
Householder	7,430	32.8
Spouse [6]	4,684	20.7
Child	8,332	36.8
Own child under 18 years	6,633	29.3
Other relatives	1,165	5.1
Under 18 years	400	1.8
65 years and over	214	0.9
Nonrelatives	804	3.5
Under 18 years	79	0.3
65 years and over	24	0.1
Unmarried partner	432	1.9
In group quarters	244	1.1

AMERICAN FactFinder

DP05 ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60177			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	22,869	+/-337	22,869	(X)
Male	10,898	+/-431	47.7%	+/-1.7
Female	11,971	+/-408	52.3%	+/-1.7
Under 5 years	1,283	+/-266	5.6%	+/-1.2
5 to 9 years	2,141	+/-383	9.4%	+/-1.7
10 to 14 years	2,314	+/-318	10.1%	+/-1.4
15 to 19 years	1,712	+/-359	7.5%	+/-1.6
20 to 24 years	997	+/-253	4.4%	+/-1.1
25 to 34 years	2,457	+/-418	10.7%	+/-1.8
35 to 44 years	3,901	+/-387	17.1%	+/-1.7
45 to 54 years	3,870	+/-383	16.9%	+/-1.7
55 to 59 years	1,572	+/-348	6.9%	+/-1.5
60 to 64 years	710	+/-176	3.1%	+/-0.8
65 to 74 yeers	988	+/-183	4.3%	+/-0.8
75 to 84 years	673	+/-168	2.9%	+/-0.7
85 years and over	251	+/-118	1.1%	+/-0.5
Median age (years)	36.1	+/-1.7	(X)	(X)
18 years and over	15,996	+/-528	69.9%	+/-1.9
21 years and over	15,270	+/-506	66.8%	+/-2.0
62 years and over	2,289	+/-272	10.0%	+/-1.2
65 years and over	1,912	+/-250	8.4%	+/-1.1
18 years and over	15,996	+/-528	15,996	(X)
Male	7,461	+/-411	46.6%	+/-1.9
Female	8,535	+/-385	53.4%	+/-1.9
65 years and over	1,912	+/-250	1,912	(X)
Male	735	+/-153	38.4%	+/-6.4

Subject	ZCTA5 60177			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	1,177	+/-203	61.6%	+/-6.4
RACE				
Total population	22,869	+/-337	22,869	(X)
One race	22,582	+/-390	98.7%	+/-0.7
Two or more races	287	+/-165	1.3%	+/-0.7
One race	22,582	+/-390	98.7%	+/-0.7
White	19,530	+/-632	85.4%	+/-2.2
Black or African American	865	+/-284	3.8%	+/-1.2
American Indian and Alaska Native	53	+/-61	0.2%	+/-0.3
Cherokee tribal grouping	0	+/-20	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-20	0.0%	+/-0.1
Navajo tribal grouping	0	+/-20	0.0%	+/-0.1
Sioux tribal grouping	0	+/-20	0.0%	+/-0.1
Asian	1,518	+/-388	6.6%	+/-1.7
Asian Indian	173	+/-169	0.8%	+/-0.7
Chinese	128	+/-128	0.6%	+/-0.6
Filipino	643	+/-381	2.8%	+/-1.7
Japanese	0	+/-20	0.0%	+/-0.1
Korean	99	+/-109	0.4%	+/-0.5
Vietnamese	42	+/-52	0.2%	+/-0.2
Other Asian	433	+/-301	1.9%	+/-1.3
Native Hawaiian and Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Native Hawaiian	0	+/-20	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-20	0.0%	+/-0.1
Samoan	0	+/-20	0.0%	+/-0.1
Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	616	+/-311	2.7%	+/-1.4
Two or more races	287	+/-165	1.3%	+/-0.7
White and Black or African American	28	+/-46	0.1%	+/-0.2
White and American Indian and Alaska Native	56	+/-56	0.2%	+/-0.2
White and Asian	136	+/-129	0.6%	+/-0.6
Black or African American and American Indian and Alaska Native	0	+/-20	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	22,869	+/-337	22,869	(X)
White	19,770	+/-626	86.4%	+/-2.2
Black or African American	940	+/-279	4.1%	+/-1.2
American Indian and Alaska Native	109	+/-85	0.5%	+/-0.4
Asian	1,654	+/-416	7.2%	+/-1.8
Native Hawaiian and Other Pacific Islander	0	+/-20	0.0%	+/-0.1
Some other race	683	+/-337	3.0%	+/-1.5
HISPANIC OR LATINO AND RACE				
Total population	22,869	+/-337	22,869	(X)
Hispanic or Latino (of any race)	2,928	+/-528	12.8%	+/-2.3
Mexican	2,334	+/-593	10.2%	+/-2.6
Puerto Rican	292	+/-193	1.3%	+/-0.8
Cuban	17	+/-32	0.1%	+/-0.1
Other Hispanic or Latino	285	+/-173	1.2%	+/-0.8
Not Hispanic or Latino	19,941	+/-512	87.2%	+/-2.3
White alone	17,310	+/-676	75.7%	+/-2.8
Black or African American alone	816	+/-259	3.6%	+/-1.1
American Indian and Alaska Native alone	0	+/-20	0.0%	+/-0.1
Asian alone	1,518	+/-388	6.6%	+/-1.7
Native Hawaiian and Other Pacific Islander alone	0	+/-20	0.0%	+/-0.1

AMERICAN FactFinder

DP03 SELECTED ECONOMIC CHARACTERISTICS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60177			
	Estimate	Margin of Error	Percent	Percent Margin of Error
EMPLOYMENT STATUS				
Population 16 years and over	16,928	+/-512	16,928	(X)
In labor force	12,661	+/-491	74.8%	+/-1.9
Civilian labor force	12,661	+/-491	74.8%	+/-1.9
Employed	12,029	+/-496	71.1%	+/-2.1
Unemployed	632	+/-176	3.7%	+/-1.0
Armed Forces	0	+/-20	0.0%	+/-0.2
Not in labor force	4,267	+/-350	25.2%	+/-1.9
Civilian labor force	12,661	+/-491	12,661	(X)
Unemployment Rate	(X)	(X)	5.0%	+/-1.4
Females 16 years and over	9,027	+/-404	9,027	(X)
In labor force	6,192	+/-389	68.6%	+/-3.3
Civilian labor force	6,192	+/-389	68.6%	+/-3.3
Employed	5,908	+/-390	65.4%	+/-3.5
Own children of the householder under 6 years	1,584	+/-296	1,584	(X)
All parents in family in labor force	996	+/-246	62.9%	+/-10.5
Own children of the householder 6 to 17 years	5,230	+/-504	5,230	(X)
All parents in family in labor force	3,873	+/-528	74.1%	+/-6.5
COMMUTING TO WORK				
Workers 16 years and over	11,768	+/-509	11,768	(X)
Car, truck, or van -- drove alone	9,793	+/-573	83.2%	+/-2.7
Car, truck, or van -- carpooled	1,010	+/-241	8.6%	+/-2.1
Public transportation (excluding taxicab)	194	+/-110	1.6%	+/-0.9
Walked	98	+/-79	0.8%	+/-0.7
Other means	49	+/-53	0.4%	+/-0.4
Worked at home	624	+/-163	5.3%	+/-1.4

Subject	ZCTA5 60177			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With Supplemental Security Income	141	+/-92	1.9%	+/-1.2
Mean Supplemental Security Income (dollars)	9,374	+/-2,970	(X)	(X)
With cash public assistance income	146	+/-82	2.0%	+/-1.1
Mean cash public assistance income (dollars)	5,762	+/-4,222	(X)	(X)
With Food Stamp/SNAP benefits in the past 12 months	425	+/-117	5.7%	+/-1.6
Families	5,762	+/-255	5,762	(X)
Less than $10,000	40	+/-60	0.7%	+/-1.0
$10,000 to $14,999	15	+/-23	0.3%	+/-0.4
$15,000 to $24,999	167	+/-86	2.9%	+/-1.5
$25,000 to $34,999	199	+/-80	3.5%	+/-1.4
$35,000 to $49,999	432	+/-157	7.5%	+/-2.7
$50,000 to $74,999	912	+/-237	15.8%	+/-3.9
$75,000 to $99,999	1,108	+/-218	19.2%	+/-3.8
$100,000 to $149,999	1,750	+/-271	30.4%	+/-4.5
$150,000 to $199,999	714	+/-200	12.4%	+/-3.4
$200,000 or more	425	+/-122	7.4%	+/-2.1
Median family income (dollars)	100,241	+/-7,911	(X)	(X)
Mean family income (dollars)	110,940	+/-6,382	(X)	(X)
Per capita income (dollars)	32,860	+/-1,752	(X)	(X)
Nonfamily households	1,661	+/-273	1,661	(X)
Median nonfamily income (dollars)	42,444	+/-8,242	(X)	(X)
Mean nonfamily income (dollars)	51,950	+/-6,912	(X)	(X)
Median earnings for workers (dollars)	45,243	+/-2,445	(X)	(X)
Median earnings for male full-time, year-round workers (dollars)	64,444	+/-7,022	(X)	(X)
Median earnings for female full-time, year-round workers (dollars)	47,373	+/-2,107	(X)	(X)
HEALTH INSURANCE COVERAGE				
Civilian noninstitutionalized population	22,602	+/-364	22,602	(X)
With health insurance coverage	21,615	+/-410	95.6%	+/-1.1
With private health insurance	19,474	+/-601	86.2%	+/-2.3
With public coverage	3,560	+/-591	15.8%	+/-2.6
No health insurance coverage	987	+/-251	4.4%	+/-1.1
Civilian noninstitutionalized population under 18 years	6,873	+/-438	6,873	(X)
No health insurance coverage	24	+/-30	0.3%	+/-0.4
Civilian noninstitutionalized population 18 to 64 years	14,051	+/-538	14,051	(X)
In labor force:	12,186	+/-514	12,186	(X)
Employed:	11,610	+/-522	11,610	(X)
With health insurance coverage	11,048	+/-495	95.2%	+/-1.6
With private health insurance	10,798	+/-517	93.0%	+/-2.1
With public coverage	477	+/-191	4.1%	+/-1.7
No health insurance coverage	562	+/-192	4.8%	+/-1.6
Unemployed:	576	+/-167	576	(X)
With health insurance coverage	394	+/-131	68.4%	+/-14.6
With private health insurance	301	+/-117	52.3%	+/-15.5
With public coverage	93	+/-61	16.1%	+/-10.2
No health insurance coverage	182	+/-104	31.6%	+/-14.6
Not in labor force:	1,865	+/-247	1,865	(X)
With health insurance coverage	1,683	+/-238	90.2%	+/-5.4
With private health insurance	1,428	+/-218	76.6%	+/-6.9

Subject	ZCTA5 60177			
	Estimate	Margin of Error	Percent	Percent Margin of Error
With public coverage	289	+/-90	15.5%	+/-4.2
No health insurance coverage	182	+/-105	9.8%	+/-5.4
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	(X)	(X)	2.6%	+/-1.7
With related children of the householder under 18 years	(X)	(X)	4.0%	+/-2.8
With related children of the householder under 5 years only	(X)	(X)	0.0%	+/-5.8
Married couple families	(X)	(X)	1.0%	+/-1.0
With related children of the householder under 18 years	(X)	(X)	1.3%	+/-1.4
With related children of the householder under 5 years only	(X)	(X)	0.0%	+/-8.2
Families with female householder, no husband present	(X)	(X)	11.6%	+/-9.7
With related children of the householder under 18 years	(X)	(X)	18.5%	+/-14.8
With related children of the householder under 5 years only	(X)	(X)	0.0%	+/-19.2
All people	(X)	(X)	4.8%	+/-2.4
Under 18 years	(X)	(X)	6.3%	+/-5.2
Related children of the householder under 18 years	(X)	(X)	6.3%	+/-5.2
Related children of the householder under 5 years	(X)	(X)	2.2%	+/-2.5
Related children of the householder 5 to 17 years	(X)	(X)	7.3%	+/-6.2
18 years and over	(X)	(X)	4.1%	+/-1.7
18 to 64 years	(X)	(X)	4.1%	+/-1.7
65 years and over	(X)	(X)	4.5%	+/-4.6
People in families	(X)	(X)	3.7%	+/-2.7
Unrelated individuals 15 years and over	(X)	(X)	14.4%	+/-6.6

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

Employment and unemployment estimates may vary from the official labor force data released by the Bureau of Labor Statistics because of differences in survey design and data collection. For guidance on differences in employment and unemployment estimates from different sources go to Labor Force Guidance.

Workers include members of the Armed Forces and civilians who were at work last week.

Occupation codes are 4-digit codes and are based on Standard Occupational Classification 2010.

Industry codes are 4-digit codes and are based on the North American Industry Classification System (NAICS). The Census industry codes for 2013 and later years are based on the 2012 revision of the NAICS. To allow for the creation of 2011-2015 tables, industry data in the multiyear files (2011-2015) were recoded to 2013 Census industry codes. We recommend using caution when comparing data coded using 2013 Census industry codes with data coded using Census industry codes prior to 2013. For more information on the Census industry code changes, please visit our website at https://www.census.gov/people/io/methodology/.

Logical coverage edits applying a rules-based assignment of Medicaid, Medicare and military health coverage were added as of 2009 -- please see https://www.census.gov/library/working-papers/2010/demo/coverage_edits_final.html for more details. The 2008 data table in American FactFinder does not incorporate these edits. Therefore, the estimates that appear in these tables are not comparable to the estimates in the 2009 and later tables. Select geographies of 2008 data comparable to the 2009 and later tables are available at https://www.census.gov/data/tables/time-series/acs/1-year-re-run-health-insurance.html. The health insurance coverage category names were modified in 2010. See https://www.census.gov/topics/health/health-insurance/about/glossary.html#par_textimage_18 for a list of the insurance type definitions.

Unnecessary Duplication/Maldistribution

ZIP Code	Population
60010	44,095
60014	48,550
60102	32,193
60103	41,928
60107	39,927
60108	22,735
60110	38,557
60118	15,851
60119	10,371
60120	50,955
60123	47,405
60124	18,935
60133	38,103
60134	28,565
60135	7,248
60136	7,013
60140	14,341
60142	26,447
60151	4,061
60156	28,987
60169	33,847
60172	24,537
60174	30,752
60175	25,564
60177	22,659
60178	21,840
60184	2,448
60185	36,527
60188	42,656
60192	16,343
60193	39,188
60194	19,777
60195	4,769
60506	53,013
60510	28,897
60539	341
60542	17,099
Total	986,524

1. (A-B-C) The ratio of ESRD stations to population in the zip codes within a 30-minute radius of Fresenius Kidney Care South Elgin is 1 station per 6,166 residents according to the 2010 census. The State ratio is 1 station per 2,831 residents (based on 2015 Illinois census estimates (12,978,800) and the May 2017 Board station inventory (4,585).

   There is no surplus of stations in the 30-minute service area as evidenced by the ratio of stations to population when compared to the State of Illinois ratio. These figures demonstrate a need for additional stations in the Elgin/South Elgin market.

2. Although all facilities within thirty minutes travel time are not above the target utilization of 80%, Fresenius Kidney Care South Elgin will not create a maldistribution of services in regard to there being excess availability. The two clinics that serve the residents of Elgin are operating at a combined utilization rate of 95% and the facilities within 30-minutes travel time are operating at a combined rate of 79%. Nine more patients in this travel area will bring the combined rate over the State target of 80%.

Facilities Within 30-Minutes Travel Time of Fresenius Kidney Care South Elgin

Name	Address	City	ZIP Code	MapQuest Miles	MapQuest Min	Min x 1.15 Adjusted	May-17 Stations	June 30, 2017 Patients	June 30, 2017 Utilization
DaVita Cobblestone	836 Dundee St	Elgin	60120	5.3	13	15	16	97	101.04%
FKC Elgin	2130 Point Blvd	Elgin	60123	7	14	16	20	107	89.17%
DaVita Carpentersville	2203 Randall Rd	Carpentersville	60110	9.2	14	16	13	80	102.56%
USRC Streamwood	149 E Irving Park Road	Streamwood	60107	8.9	15	17	13	42	53.85%
FKC West Chicago	1859 N. Neltnor Blvd.	West Chicago	60185	11.9	19	22	12	57	79.17%
Tri-Cities Dialysis	306 Randall Rd	Geneva	60134	9.5	20	23	20	66	55.00%
FKC West Batavia	2580 W. Fabyan Parkway	Batavia	60510	11.5	22	25	12	59	81.94%
ARA South Barrington	33 W Higgins Rd	South Barrington	60010	13	24	28	14	53	63.10%
FKC Hoffman Estates	3150 W Higgins Rd	Hoffman Estates	60169	14	24	28	20	111	92.50%
DaVita Schaumburg	1156 S Roselle Rd	Schaumburg	60193	15.5	26	30	20	86	71.67%
							Average Utilization		79.00%

below were found to be over 30 minutes travel time.						
FKC DuPage West	450 E Roosevelt Rd	West Chicago	60185	15.4	27	31
FKC Schaumburg	815 Wise Road	Schaumburg	60193	13	28	32
DaVita Huntley	10350 Haligus Road	Huntley	60142	15.2	28	32
FKC Glendale Heights	130 E Army Trail Road	Glendale Heights	60139	16.1	29	33
ARA Crystal Lake	6298 Northwest Hwy	Crystal Lake	60014	17.8	31	36

3A. Fresenius Kidney Care South Elgin will not have an adverse effect on any other area ESRD provider in that the new patients identified for this facility are pre-ESRD patients who reside mainly in the immediate Elgin market and should be able to receive treatment in their market. They are patients who would have otherwise been referred to the FKC Elgin facility operating at 89%, however it is close to being at capacity. The DaVita Elgin and FKC Elgin facilities are operating a combined rate of 95%. The next closest facility, DaVita Carpentersville is operating at 103%. There is simply no access remaining in the immediate Elgin market and there is limited access at remaining facilities outside of the Elgin market due to the overall utilization of 79%. It does not make sense in a city as large as Elgin to send patients outside of Elgin for treatment. Additional access is needed to provide for area patients and lower utilization here. If there is not additional access provided, the FKC Elgin (or potentially other facilities) will be forced to operate a 4th shift of patients that does not end until midnight. Dialyzing on this schedule is not in the best interest of the patients.

B. Not applicable – applicant is not a hospital; however the utilization will not be lowered at any other ESRD facility due to the establishment of the South Elgin facility except for a potential of some patients desiring to transfer from the current Fresenius Elgin dialysis facility. Because the South Elgin project is two years from fruition, no patients have been identified at this time to transfer and the utilization rate at the Elgin facility will not fall below 80%.

Criterion 1110.1430 (e)(1) – Staffing

2) A. Medical Director

Dr. Karol Rosner is currently the Medical Director for Fresenius Medical Care McHenry and will also be the Medical Director for the proposed Fresenius Kidney Care South Elgin facility. Attached is his curriculum vitae.

B. All Other Personnel

Upon opening the facility will hire a Clinic Manager who is a Registered Nurse (RN) from within the company and will hire one Patient Care Technician (PCT). After we have more than one patient, we will hire another RN and another PCT.

Upon opening we will also employ:

- Part-time Registered Dietitian
- Part-time Licensed Master level Social Worker
- Part-time Equipment Technician
- Part-time Secretary

These positions will go to full time as the clinic census increases. As well, the patient care staff will increase to the following:

- One Clinic Manager – Registered Nurse
- Four Registered Nurses
- Ten Patient Care Technicians

3) All patient care staff and licensed/registered professionals will meet the State of Illinois requirements. Any additional staff hired must also meet these requirements along with completing a 9 week orientation training program through the Fresenius Medical Care staff education department.

Annually all clinical staff must complete OSHA training, Compliance training, CPR Certification, Skills Competency, CVC Competency, Water Quality training and pass the Competency Exam.

4) The above staffing model is required to maintain a 4 to 1 patient-staff ratio at all times on the treatment floor. A RN will be on duty at all times when the facility is in operation.

Karol E. Rosner, MD
Curriculum Vitae

Date of Birth: September 7, 1967

Address (Practice):
650 Dakota Street, Suite C
Crystal Lake, IL 60012-3744

Address (Correspondence/Credentialing):
Nephrology Associates of Northern Illinois
855 Madison Street, Oak Park IL 60302-4420
(708) 386-1000

Board Certification:

American Board of Internal Medicine (ABIM)
Internal Medicine, through 12/31/2011
Nephrology, through 12/31/2012

Education:

Medical Fellowship Training (1999-2001)
Northwestern University, Chicago IL

Medical Residency Training (1996-1999)
Southern Illinois University, Springfield IL

Medical School Diploma, MD 1996
University of Illinois, Chicago IL

Bachelor of Arts Degree 1988
Northwestern University, Evanston IL
Honors and Awards:

Barry Breen, MD Memorial Award 1998-1999
Awarded to the years outstanding senior Medicine Resident

Barry Breen, MD Memorial Award 1996-1997
Awarded to the years Outstanding Senior Medicine Intern

Illinois General Assembly Scholarship 1994-1995

Illinois State Scholar 1985-1988

Activities and Organizations:

Renal Physician Association (RPA) 2002-present
American Society of Nephrology (ASN) 2000-present
American Society of Transplantation 2000-present
American College of Physician Associate Member 1999-present
Illinois State Medical Society (ISMIS) 1991-present
Resident Education Committee 1997-1999 (Southern Illinois University)
St. John's Adult Critical Care Committee 1997-1999

Research, Publications & Presentations:

Batlle DC., Ghossein C., Lerma E. Mahmood S., Rosner K., Rammohan M.; A crossover randomized blinded prospective multi-centered clinical evaluation of the rate of adverse events to Ferrlecit (sodium ferric gluconate complex in sucrose solution) in hemodialysis patients vs. those receiving placebo and historical controls.

Batlle DC., Ghossein C., Lerma E. Mahmood S., Rosner K., Rammohan M.; Open label prospective multi-centered study to evaluate the rate of adverse events and their relationship to concomitant administration of angiotensin converting enzyme inhibitor therapy following repeated administration of Ferrlecit in hemodialysis patients receiving crythopoietin.

Batlle DC., Gbaunchar HP, Lerma F., Rosner K., Rammohan M.; A study of the effect of dietary sodium restriction in the metabolism of sodium and potassium in normal subjects.

Rosa RM, Lerma E. Yu W., Young JB. Rosner K.; Racial differences in the metabolism of sodium and potassium: Implications regarding the role of diet in the etiology of hypertension in African Americans. 2000 (in progress)

Rosa RM, Young JB, Rosner K., Suh A., DeJesus E.; Racial Differences in Extrarenal Potassium Metabolism. ASN Poster SA-P0893 November 2002.

Ivanovich P., Rosner K.: A Case for Cellulosic Membrane Hemodialyzers. Seminars in Dialysis Vol 13, No 6. Nov/Dec 2000 pp. 409-411

Rubenstein JN, Eggener SE, Pins MR, Rosner K., Chugh S., Campbell SC; Juxtaglomerular apparatus tumor: A rare, surgically correctable cause of hypertension. Reviews in Urology, 4 (4). 192-195. 2002.

Internal Medicine Grand Rounds, September, 1999
"It Might Be, It Could Be, It Is!", A unique presentation of Crohn's Disease.

Internal Medicine Grand Rounds. January 1999
"Flash Cerebral Edema", An interesting case of hypertensive encephalopathy.

Interests:

Spending time with my children and baseball

Criterion 1110.1430 (e)(5) Medical Staff

I am the Regional Vice President at Fresenius Kidney Care who will oversee the South Elgin facility and in accordance with 77 Il. Admin Code 1110.1430, I certify the following:

Fresenius Kidney Care South Elgin will be an "open" unit with regards to medical staff. Any Board Licensed nephrologist may apply for privileges at the South Elgin facility, just as they currently are able to at all Fresenius Kidney Care facilities.

Signature

Coleen Muldoon
Printed Name

Regional Vice President
Title

Subscribed and sworn to before me
this 31st day of May, 2017

Signature of Notary

Seal

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

Criterion 1110.1430 (f) – Support Services

I am the Regional Vice President at Fresenius Kidney Care who will oversee the Fresenius Kidney Care South Elgin facility. In accordance with 77 Il. Admin Code 1110.1430, I certify to the following:

- Fresenius Kidney Care utilizes a patient data tracking system in all of its facilities.

- These support services are will be available at Fresenius Kidney Care South Elgin during all six shifts:
  - Nutritional Counseling
  - Psychiatric/Social Services
  - Home/self training
  - Clinical Laboratory Services – provided by Spectra Laboratories

- The following services will be provided via referral to Northwestern Medicine Central DuPage Hospital:

  - Blood Bank Services
  - Rehabilitation Services
  - Psychiatric Services

Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 31st day of May, 2017

Signature of Notary

Seal

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

Criterion 1110.1430 (g) – Minimum Number of Stations

Fresenius Kidney Care South Elgin will be located in the Chicago-Naperville-Elgin, IL-IN-WI Metropolitan Statistical Area (MSA). A minimum of eight dialysis stations is required to establish an in-center hemodialysis center in a MSA. Fresenius Kidney Care South Elgin will have 12 dialysis stations thereby meeting this requirement.

CADENCE HEALTH

September 24, 2012

Ms. Lori Wright
Fresenius Medical Care
One Westbrook Corporate Center
Tower One, Suite 1000
Westchester, IL 60154

Dear Ms. Wright:

Central DuPage Hospital ("Hospital") will serve, subject to the terms of this letter, as a backup hospital for emergency treatment, evaluation, possible admission, and other necessary services for those patients dialyzing at Fresenius Medical Care of South Elgin.

Patients with end-stage renal disease from your facility who require emergency treatment or hospitalization as medically determined by the attending physician will be accepted and cared for by Central DuPage Hospital subject to the then current capabilities, operational policies and capacity limitations at the Hospital. This will include all services routinely available at the Hospital.

This Agreement will continue until terminated by either party upon thirty (30) days prior written notice.

Sincerely,

Debra A. O'Donnell
Vice President and Chief Nursing Officer

mw

25 North Winfield Road
Winfield, Illinois 60190
T. 630.933.1600
TTY for the hearing impaired 630.933.4833
www.cdh.org

Criterion 1110.1430 (j) – Assurances

I am the Regional Vice President Fresenius Medical Care who will oversee the South Elgin facility. In accordance with 77 Il. Admin Code 1110.1430, and with regards to Fresenius Kidney Care South Elgin, I certify the following:

1. As supported in this application through expected referrals to Fresenius Kidney Care South Elgin in the first two years of operation, the facility is expected to achieve and maintain the utilization standard, specified in 77 Ill. Adm. Code 1100, of 80% and;

2. Fresenius Medical Care Elgin hemodialysis patients have achieved adequacy outcomes of:

    - 95% of patients had a URR $\geq$ 65%
    - 98% of patients had a Kt/V $\geq$ 1.2

   and same is expected for Fresenius Kidney Care South Elgin.

Signature

Coleen Muldoon/Regional Vice President
Name/Title

Subscribed and sworn to before me
this 2nd day of Aug, 2017

Signature of Notary

Seal

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

August 16, 2017

Fresenius Medical Care
Attn: Mr. Bill Popken
(781) 699-9994
Via email: William.Popken@fmc-na.com

RE: SWC of Bowes Road & McLean Boulevard, South Elgin, Illinois 60123
Fresenius Medical Care– Letter of Intent

Dear Bill:

We are pleased to present to you this letter of intent. Net3 (South Elgin II), LLC ("Landlord") is willing to negotiate a lease for the premises in the referenced location. This letter is not intended to be a binding contract, a lease, or an offer to lease, but is intended only to provide the basis for negotiations of a lease document between Landlord and Fresenius Medical Care Elgin, LLC ("Tenant").

Premises:	7,600 SF square foot building located at: SWC of Bowes Rd. & McLean Blvd., South Elgin, IL 60123 Parcel #: 06-27-306-009
Landlord:	Net3 (South Elgin II), LLC
Tenant:	Fresenius Medical Care Elgin, LLC
Guarantor:	Fresenius Medical Care Holdings, Inc.
Lease:	The Lease shall be on Tenant's standard form to be platformed on the Crestwood, IL lease.
Use:	Tenant shall use and occupy the Premises for the purpose of an outpatient dialysis facility and related office uses and for no other purposes except those authorized in writing by Landlord, which shall not be unreasonably withheld, conditioned or delayed. Tenant may operate on the Premises, at Tenant's option, on a seven (7) days a week, twenty-four (24) hours a day basis, subject to zoning and other regulatory requirements.
Primary Term:	15 years

Option Term(s): Three (3) Five (5) year options to renew the lease at 1.7% annual increase in base rent.

Base Rent over initial Term: Annual Rent: Starts at $31.20/sq. ft. and increases by 1.7% in Year 2 of the Primary Term

Years	Annual Base Rent	Monthly Bose Rent
1	$237,120.00	$19,760.00
2	$241,151.04	$20,095.92
3	$245,250.61	$20,437.55
4	$249,419.87	$20,784.99
5	$253,660.01	$21,138.33
6	$257,972.23	$21,497.69
7	$262,357.75	$21,863.15
8	$266,817.84	$22,234.82
9	$271,353.74	$22,612.81
10	$275,966.75	$22,997.23
11	$280,658.19	$23,388.18
12	$285,429.38	$23,785.78
13	$290,281.68	$24,190.14
14	$295,216.46	$24,601.37
15	$300,235.14	$25,019.60

Taxes, Insurance & CAM: Tenant will pay.

Utilities: Tenant will be responsible to pay for all of their own utilities.

Tenant's Share: 100%

Condition of Premises Upon Delivery: Landlord shall, at Landlord's sole cost and expense, deliver the Premises to Tenant in substantial accordance with the Landlord's Work exhibit to be negotiated with the lease. In addition to Landlord's Work, Landlord shall, at Tenant's sole cost and expense, construct the interior work shown and detailed on Tenant's Work Letter attached to the Lease. In addition, Landlord shall be responsible for all civil costs, parking infrastructure and any other development costs.

Rent Commencement Date: Tenant will not pay rent until the date that is the earlier of (a) that day that is ninety (90) days after the Substantial Completion of the Shell Building Work, or (b) the date Tenant commences to treat patients at the Premises.

Delivery Date:	The date upon which Landlord's Work is substantially completed which is estimated to be 180 days from the date that Landlord obtains the building permit and all other applicable permits required to achieve substantial completion.
Construction Drawings For Landlord's Work:	Landlord will agree upon issuance of the CON to have construction drawings no later than 90 days after CON is awarded and apply for building permits immediately thereafter.
Tenant's Work:	Tenant shall install Tenant's trade fixtures, equipment and personal property in order to make the Premises ready for Tenant's initial occupancy and use. All of which shall be purchased and installed by Tenant.
Security Deposit:	None, subject to Landlord's review of current Tenant financial statements.
Landlord Maintenance:	Landlord shall without expense to Tenant, maintain and make all necessary repairs to the structural portions of the Building to keep the building weather and water tight and structurally sound including, without limitation: foundations, structure, load bearing walls, exterior walls, the roof and roof supports, columns, structural retaining walls, gutters, downspouts, flashings and footings.
Signage:	Tenant may, at its sole cost and expense, install and maintain signs in and on the Premises to the maximum extent permitted by local law and subject to Tenant obtaining (i) all necessary private party approvals, if any, and governmental approvals, permits and licenses; and (ii) Landlord's prior written approval which will not be unreasonably withheld, and in accordance with Landlord's sign criteria (if applicable).
Confidentiality:	Except in connection with the CON, the parties hereto acknowledge the sensitive nature of the terms and conditions of this letter and hereby agree not to disclose the terms and conditions of this letter or the fact of the existence of this letter to any third parties and instead agree to keep said terms and conditions strictly confidential, disclosing them only to their respective agents, lenders, attorneys, accountants and such other directors, officers, employees, affiliates, and representatives who have a reason to receive such information and have been advised of the sensitive nature of this letter and as otherwise required to be disclosed by law.

Zoning and Restrictive Covenants:

Landlord will represent that the current property zoning is acceptable for use as outpatient dialysis facility and there is no other restrictive covenants imposed on the land, owner, and/or municipality.

CON Contingency

Landlord and FMC understand and agree that the establishment of any chronic outpatient dialysis facility in the State of Illinois is subject to the requirements of the Illinois Health Facilities Planning Act, 20 ILCS 3960/1 et seq. and, thus, FMC cannot establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless FMC obtains a Certificate of Need (CON) permit from the Illinois Health Facilities Planning Board (the "Planning Board"). FMC agrees to proceed using its commercially reasonable best efforts to submit an application for a CON permit and to prosecute said application to obtain the CON permit from the Planning Board. Based on the length of the Planning Board review process, FMC does not expect to receive a CON permit prior to January 2018. In light of the foregoing facts, the parties agree that they shall promptly proceed with due diligence to negotiate the terms of a definitive lease agreement and execute such agreement prior to approval of the CON permit provided, however, the lease shall not be binding on either party prior to the approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective pending CON approval. Assuming CON permit approval is granted, the effective date of the lease agreement shall be the first day of the calendar month following CON permit approval. In the event that the Planning Board does not award FMC a CON permit to establish a dialysis center on the Premises by January 2018, neither party shall have any further obligation to the other party with regard to the negotiations, lease or Premises contemplated by this Letter of Intent.

Acquisition Contingency:

Tenant acknowledges that Landlord is not the owner of the Land. Accordingly, the parties agree that the lease agreement shall contain a contingency provision which provides that Landlord's obligations under the lease agreement shall be subject to and contingent upon Landlord obtaining fee title to the Land and in the event that Landlord does not acquire fee title to the Land on or before the date which is 100 days after the Lease execution then either Landlord or Tenant may elect to terminate the lease agreement; provided, however, that in

the event Tenant elects to terminate the lease agreement then Landlord shall have thirty (30) days from the date of Tenant's notice of election to terminate to satisfy the contingency at its election in which event Tenant's election to terminate shall be null and void. In the event the lease is terminated under this provision then each of the parties shall be released from its obligations and liability under the lease agreement.

The parties agree that this letter shall not be binding on the parties and does not address all essential terms of the lease agreement contemplated by this letter. Neither party may claim any legal right against the other by reason of any action taken in reliance upon this non-binding letter. A binding agreement shall not exist between the parties unless and until a lease agreement has been executed and delivered by both parties.

If you are in agreement with the foregoing terms, please execute and date this letter in the space provided below and return same to Landlord within five (5) business days from the date above.

Sincerely,

NET 3 REAL ESTATE, L.L.C.,
As Agent for Purchaser

David E. Cunningham
Manager

AGREED TO AND ACCEPTED BY:

Fresenius Medical Care Elgin, LLC

8/17/07

Date

Criterion 1120.310 Financial Viability

Financial Viability Waiver

This project is being funded entirely through cash and securities thereby meeting the criteria for the financial waiver.

2015 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted previously to the Board with #16-023, Fresenius Kidney Care East Aurora. 2016 Financial Statements for Fresenius Medical Care Holdings, Inc. were submitted to the Board with #17-027, Fresenius Medical Care Sandwich. These are the same financials that pertain to this application. In order to reduce bulk these financials can be referred to if necessary.

Criterion 1120.310 (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	Cost/Square Foot Mod.	Gross Sq. Ft. New	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
ESRD		177.00			5,920			1,047,840	1,047,840
Contingency		17.00			5,920			100,640	100,640
Total Clinical		**$194.00**			**5,920**			**$1,148,480**	**$1,148,480**
Non Clinical		177.00			1,680			297,360	297,360
Contingency		17.00			1,680			28,560	28,560
Total Non		**$194.00**			**1,680**			**$325,920**	**$325,920**
TOTALS		**$194.00**			**7,600**			**$1,474,400**	**$1,474,400**

* Include the percentage (%) of space for circulation

Criterion 1120.310 (d) – Projected Operating Costs

Year 2019

Estimated Personnel Expense:	$912,384
Estimated Medical Supplies:	$162,653
Estimated Other Supplies (Exc. Dep/Amort):	$1,078,272
	$2,153,309
Estimated Annual Treatments:	8,294
Cost Per Treatment:	$259.61

Criterion 1120.310 (e) – Total Effect of the Project on Capital Costs

Year 2019

Depreciation/Amortization:	$200,000
Interest	$0
Capital Costs:	$200,000
Treatments:	8,294
Capital Cost per Treatment	$24.11

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Elgin, LLC

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: Regina Ali

Title: Senior Financial Relationship/Manager

Notarization:
Subscribed and sworn to before me
this 17th day of Aug, 2017

Candace M. Turoski

Signature of Notary

Seal

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

Criterion 1120.310(a) Reasonableness of Financing Arrangements

Fresenius Medical Care Holdings, Inc.

The applicant is paying for the project with cash on hand, and not borrowing any funds for the project. However, per the Board's rules the entering of a lease is treated as borrowing. As such, we are attesting that the entering into of a lease (borrowing) is less costly than the liquidation of existing investments which would be required for the applicant to buy the property and build a structure itself to house a dialysis clinic. Further, should the applicant be required to pay off the lease in full, its existing investments and capital retained could be converted to cash or used to retire the outstanding lease obligations within a sixty (60) day period.

By: _____

Title: Thomas D. Brouillard, Jr. Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2017

_____
Signature of Notary

Seal

By: _____

Title: Bryan Mello Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 1 day of June, 2017

C Wynelle Scenna
Signature of Notary

Seal

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

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Elgin, LLC

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: Regina Ali

ITS: Senior Financial Relationship/Manager

Notarization:
Subscribed and sworn to before me
this 17th day of Aug, 2017

Candace M. Turoski
Signature of Notary

Seal

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

Criterion 1120.310(b) Conditions of Debt Financing

Fresenius Medical Care Holdings, Inc.

In accordance with 77 ILL. ADM Code 1120, Subpart D, Section 1120.310, of the Illinois Health Facilities & Services Review Board Application for Certificate of Need; I do hereby attest to the fact that:

There is no debt financing. The project will be funded with cash and leasing arrangements; and

The expenses incurred with leasing the proposed facility and cost of leasing the equipment is less costly than constructing a new facility or purchasing new equipment.

By: _____

ITS: Thomas D. Brouillard, Jr. Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this_____ day of _____, 2017

_____
Signature of Notary

Seal

By: _____

ITS: Bryan Mello Assistant Treasurer

Notarization:
Subscribed and sworn to before me
this 1 day of June, 2017

C Wynelle Scenna
Signature of Notary

Seal

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

Safety Net Impact Statement

The establishment of Fresenius Kidney Care South Elgin will not have any impact on safety net services in the South Elgin area of Kane County. Outpatient dialysis services are not typically considered "safety net" services, to the best of our knowledge. However, we do provide care for patients in the community who are economically challenged and/or who are undocumented aliens, who do not qualify for Medicare/Medicaid pursuant to an Indigent Waiver policy. We assist patients who do not have insurance in enrolling when possible in Medicaid for ESRD or insurance on the Healthcare Marketplace. Also our social services department assists patients who have issues regarding transportation and/or who are wheel chair bound or have other disabilities which require assistance with respect to dialysis services and transport to and from the unit.

This particular application will not have an impact on any other safety net provider in the area, as no hospital within the area provides dialysis services on an outpatient basis.

Fresenius Kidney Care is a for-profit publicly traded company and is not required to provide charity care, nor does it do so according to the Board's definition. However, Fresenius Kidney Care provides care to patients who do not qualify for any type of coverage for dialysis services. These patients are considered "self-pay" patients. They are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants. Fresenius notes that as a for profit entity, it does pay sales, real estate and income taxes. It also does provide community benefit by supporting various medical education activities and associations, such as the Renal Network, National Kidney Foundation and American Kidney Fund.

The table below shows the amount of "self-pay" care and Medicaid services provided for the 3 fiscal years prior to submission of the application for all Illinois Fresenius Kidney Care facilities.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	**2015**	**2016**
Charity (# of patients)	251	195	233
Charity (cost In dollars)	$5,211,664	$3,204,986	$3,269,127
MEDICAID			
	2014	**2015**	**2016**
Medicaid (# of patients)	750	396	320
Medicaid (revenue)	$22,027,882	$7,310,484	$4,383,383

Note:

1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of $22,664,352

Charity Care Information

The applicant(s) do not provide charity care at any of their facilities per the Board's definition of charity care because self-pay patients are billed and their accounts are written off as bad debt. Fresenius takes Medicaid patients without limitations or exception. The applicant(s) are for profit corporations and do not receive the benefits of not for profit entities, such as sales tax and/or real estate exemptions, or charitable donations. The applicants are not required, by any State or Federal law, including the Illinois Healthcare Facilities Planning Act, to provide charity care. The applicant(s) are prohibited by Federal law from advising patients that they will not be invoiced for care, as this type of representation could be an inducement for patients to seek care prior to qualifying for Medicaid, Medicare or other available benefits. Self-pay patients are invoiced and then the accounts written off as bad debt.

Uncompensated care occurs when a patient is not eligible for any type of insurance coverage (whether private or governmental) and receives treatment at our facilities. It is rare in Illinois for patients to have no coverage as patients who are not Medicare eligible are Medicaid eligible or are able to purchase insurance on the Healthcare Marketplace with premiums paid for by The American Kidney Fund. This represents a small number of patients, as Medicare covers all dialysis services as long as an individual is entitled to receive Medicare benefits (i.e. has worked and paid into the social security system as a result) regardless of age. In addition, in Illinois Medicaid covers patients who are undocumented for ESRD only. Also, the American Kidney Fund funds health insurance premiums for patients who meet the AKF's financial parameters and who suffer from end stage renal disease (see uncompensated care attachment). The applicants work with patients to procure coverage for them as possible whether it be Medicaid, Medicare and/or coverage on the Healthcare Marketplace funded by AKF. The applicants donate to the AKF to support its initiatives as do most dialysis providers.

If a patient has no available insurance coverage, they are billed for services rendered, and after three statement reminders the charges are written off as bad debt. Collection actions are not initiated unless the applicants are aware that the patient has substantial financial resources available and/or the patient has received reimbursement from an insurer for services we have rendered, and has not submitted the payment for same to the applicants

Nearly all dialysis patients in Illinois will qualify for some type of coverage and Fresenius works aggressively with the patient to obtain insurance coverage for each patient.

Uncompensated Care For All Fresenius Facilities in Illinois

CHARITY CARE			
	2014	**2015**	**2016**
Net Patient Revenue	$411,981,839	$438,247,352	$449,611,441
Amount of Charity Care (charges)	$5,211,664	$3,204,986	$3,269,127
Cost of Charity Care	$5,211,664	$3,204,986	$3,269,127

Note:

1) Charity (self-pay) and Medicaid patient numbers continue to decrease as Fresenius Financial Coordinators assist patients in signing up for health insurance in the Healthcare Marketplace. This provides the patient with insurance coverage not only for dialysis but for other needed healthcare services. Patients who cannot afford the premiums have them paid by the American Kidney Fund.
2) Medicaid reported numbers are also impacted by the large number of patients who switched from Medicaid to a Medicaid Risk insurance (managed care plan) which pays similar to Medicaid. These patients are reported under commercial insurance however, in 2016 of our commercial patients we had 1,230 Medicaid Risk patients with Revenues of $22,664,352

Fresenius Medical Care North America - Community Care

Fresenius Medical Care North America (FMCNA) assists all of our patients in securing and maintaining insurance coverage when possible.

American Kidney Fund

FMCNA works with the American Kidney Fund (AKF) to help patients with insurance premiums at no cost to the patient.

Applicants must be dialyzed in the US or its territories and referred to AKF by a renal professional and/or nephrologist The Health Insurance Premium Program is a "last resort" program. It is restricted to patients who have no means of paying health insurance premiums and who would forego coverage without the benefit of HIPP. Alternative programs that pay for primary or secondary health coverage, and for which the patient is eligible, such as Medicaid, state renal programs, etc. must be utilized. Applicants must demonstrate to the AKF that they cannot afford health coverage and related expenses (deductible etc.).

Our team of Financial Coordinators and Social Workers assist patients in purchasing insurance on the Healthcare Marketplace and then connects patients who cannot afford to pay their insurance premiums, with AKF, which provides financial assistance to the patients for this purpose. The benefit of working with the AKF is that the insurance coverage which AKF facilitates applies to all of the patient's insurance needs, not just coverage for dialysis services.

Indigent Waiver Program

FMCNA has established an indigent waiver program to assist patients who are unable to obtain insurance coverage or who lack the financial resources to pay for medical services.
In order to qualify for an indigent waiver, a patient must satisfy eligibility criteria for both annual income and net worth.

Annual Income: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have an annual income in excess of two (2) times the Federal Poverty Standard in effect at the time. Patients whose annual income is greater than two (2) times the Federal Poverty Standard may qualify for a partial indigent waiver based upon a sliding scale schedule approved by the Office of Business Practices and Corporate Compliance.

Net Worth: A patient (including immediate family members who reside with, or are legally responsible for, the patient) may not have a net worth in excess of $75,000 (or such other amount as may be established by the Office of Business Practices and Corporate Compliance based on changes in the Consumer Price Index

The Company recognizes the financial burdens associated with ESRD and wishes to ensure that patients are not denied access to medically necessary care for financial reasons. At the same time, the Company also recognizes the limitations imposed by federal law on offering "free" or "discounted" medical items or services to Medicare and other government supported patients for the purpose of inducing such patients to receive ESRD-related items and services from FMCNA. An indigent waiver excuses a patient's obligation to pay for items and services furnished by FMCNA. Patients may have dual coverage of AKF assistance and an Indigent Waiver if their financial status qualifies them for both programs.

IL Medicaid and Undocumented patients

FMCNA has a bi-lingual Regional Insurance Coordinator who works directly with Illinois Medicaid to assist patients with Medicaid applications. An immigrant who is unable to produce proper documentation will not be eligible for Medicaid unless there is a medical emergency. ESRD is considered a medical emergency.

The Regional Insurance Coordinator will petition Medicaid if patients are denied and assist undocumented patients through the application process to get them Illinois Medicaid coverage. This role is actively involved with the Medicaid offices and attends appeals to help patients secure and maintain their Medicaid coverage for all of their healthcare needs, including transportation to their appointments.

FMCNA Collection policy

FMCNA's collection policy is designed to comply with federal law while not penalizing patients who are unable to pay for services.

FMCNA does not use a collection agency for patient collections unless the patient receives direct insurance payment and does not forward the payment to FMCNA.

Medicare and Medicaid Eligibility

Medicare: Patients are eligible for Medicare when they meet the following criteria: age 65 or older, under age 65 with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

There are three insurance programs offered by Medicare, Part A for hospital coverage, Part B for medical coverage and Part D for pharmacy coverage. Most people don't have to pay a monthly premium, for Part A. This is because they or a spouse paid Medicare taxes while working. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work. Part B and Part D both have monthly premiums. Patients must have Part B coverage for dialysis services.

Medicare does allow members to enroll in Health Plans for supplemental coverage. Supplemental coverage (secondary) is any policy that pays balances after the primary pays reducing any out of pocket expenses incurred by the member.

Medicare will pay 80% of what is allowed by a set fee schedule. The patient would be responsible for the remaining 20% not paid by Medicare. The supplemental (secondary) policy covers the cost of co-pays, deductibles and the remaining 20% of charges.

Medicaid: Low-income Illinois residents who can't afford health insurance may be eligible for Medicaid. In addition to meeting federal guidelines, individuals must also meet the state criteria to qualify for Medicaid coverage in Illinois.

Self-Pay

A self-pay patient would not have any type of insurance coverage (un-insured). They may be un-insured because they do not meet the eligibility requirements for Medicare or Medicaid and can not afford a commercial insurance policy.

In addition, a patient balance becomes self-pay after their primary insurance pays, but the patient does not have a supplemental insurance policy to cover the remaining balance. The AKF assistance referenced earlier may or may not be available to these patients, dependent on whether or not they meet AKF eligibility requirements.

YOUR TRIP TO:

836 Dundee Ave, Elgin, IL, 60120-3068

13 MIN | 5.3 MI

Est. fuel cost: $0.54

Trip time based on traffic conditions as of 12:42 PM on August 11, 2017. Current Traffic: Moderate

TO DAVITA COBBLESTONE

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

   Then 1.20 miles — 1.20 total miles

2. Merge onto US-20 E.

   If you reach Main Ln you've gone about 0.1 miles too far.

   Then 1.33 miles — 2.53 total miles

3. Take the **IL-31/State St** exit.

   Then 0.14 miles — 2.68 total miles

4. Keep **left** to take the ramp toward **Elgin**.

   Then 0.01 miles — 2.69 total miles

5. Turn **left** onto S State St/IL-31.

   Then 1.09 miles — 3.78 total miles

6. Turn **right** onto W Chicago St/IL-58. Continue to follow W Chicago St.

   W Chicago St is 0.1 miles past Locust St.

   If you are on N State St and reach W Highland Ave you've gone a little too far.

   Then 0.34 miles — 4.12 total miles

7. Turn **left** onto Center St/IL-58. Continue to follow IL-58.

   IL-58 is just past N Spring St.

   If you reach N Geneva St you've gone a little too far.

   Then 0.69 miles — 4.81 total miles

8. Stay **straight** to go onto Dundee Ave.

   Then 0.50 miles — 5.31 total miles

9. 836 Dundee Ave, Elgin, IL 60120-3068, 836 DUNDEE AVE is on the **left**.

   Your destination is just past Chester Ave.

   If you reach Slade Ave you've gone a little too far.

126

MapQuest Travel Times
APPENDIX - 1

YOUR TRIP TO:

2130 Point Blvd

14 MIN | 7.0 MI

Est. fuel cost: $0.70

Trip time based on traffic conditions as of 2:14 PM on August 11, 2017. Current Traffic: Heavy

TO FKC ELGIN

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

Then 0.10 miles — 0.10 total miles

2. Take the 1st **left** onto Bowes Rd.

If you are on S McLean Blvd and reach Crispin Dr you've gone about 0.2 miles too far.

Then 1.08 miles — 1.18 total miles

3. Turn **right** onto S Randall Rd.

S Randall Rd is 0.1 miles past Umbdenstock Rd.

If you reach Shasta Daisy Dr you've gone about 0.1 miles too far.

Then 5.39 miles — 6.57 total miles

4. Turn **right** onto Point Blvd.

Point Blvd is 0.5 miles past Alft Ln.

If you reach Saddle Club Pkwy you've gone about 0.1 miles too far.

Then 0.46 miles — 7.03 total miles

5. 2130 Point Blvd, Elgin, IL 60123-7872, 2130 POINT BLVD is on the **left**.

Your destination is at the end of Point Blvd.

YOUR TRIP TO:

2203 Randall Rd, Carpentersville, IL, 60110-3355

14 MIN | 9.2 MI

Est. fuel cost: $0.92

Trip time based on traffic conditions as of 1:29 PM on August 11, 2017. Current Traffic: Moderate

TO DAVITA CARPENTERSVILLE

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

Then 0.10 miles — 0.10 total miles

2. Take the 1st **left** onto Bowes Rd.

If you are on S McLean Blvd and reach Crispin Dr you've gone about 0.2 miles too far.

Then 1.08 miles — 1.18 total miles

3. Turn **right** onto S Randall Rd.

S Randall Rd is 0.1 miles past Umbdenstock Rd.

If you reach Shasta Daisy Dr you've gone about 0.1 miles too far.

Then 7.99 miles — 9.16 total miles

4. 2203 Randall Rd, Carpentersville, IL 60110-3355, 2203 RANDALL RD is on the **right**.

Your destination is 0.2 miles past Binnie Rd.

If you reach Miller Rd you've gone a little too far.

YOUR TRIP TO:

149 Irving Park Rd, Streamwood, IL, 60107-2812

15 MIN | 8.9 MI

Est. fuel cost: $0.89

Trip time based on traffic conditions as of 2:16 PM on August 11, 2017. Current Traffic: Heavy

TO US RENAL CARE STREAMWOOD

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

Then 1.20 miles — 1.20 total miles

2. Merge onto US-20 E.

If you reach Main Ln you've gone about 0.1 miles too far.

Then 5.66 miles — 6.86 total miles

3. Take the **IL-59** exit toward **Barrington/West Chicago**.

Then 0.24 miles — 7.10 total miles

4. Turn **left** onto IL-59/State Route 59. Continue to follow State Route 59.

Then 0.84 miles — 7.94 total miles

5. Turn **right** onto W Irving Park Rd/IL-19.

W Irving Park Rd is 0.1 miles past Douglas Rd.

If you are on S Sutton Rd and reach Prairie Pointe Ln you've gone about 0.2 miles too far.

Then 0.96 miles — 8.90 total miles

6. 149 Irving Park Rd, Streamwood, IL 60107-2812, 149 IRVING PARK RD is on the **right**.

Your destination is 0.1 miles past Fulton Dr.

If you reach S Bartlett Rd you've gone about 0.1 miles too far.

YOUR TRIP TO:

1859 N Neltnor Blvd

19 MIN | 11.9 MI

Est. fuel cost: $1.19

Trip time based on traffic conditions as of 1:34 PM on August 11, 2017. Current Traffic: Light

TO FKC WEST CHICAGO

1. Start out going **south** on N McLean Blvd toward Sundown Rd.

Then 1.86 miles — 1.86 total miles

2. Turn **left** onto Stearns Rd/County Hwy-37.

Stearns Rd is 0.1 miles past S Lancaster Cir.

If you reach S IL Route 31 you've gone about 0.1 miles too far.

Then 1.88 miles — 3.74 total miles

3. Turn **left** onto Stearns Rd/IL-25/County Hwy-37. Continue to follow Stearns Rd.

Then 3.94 miles — 7.69 total miles

4. Turn **right** onto S State Route 59/IL-59. Continue to follow IL-59.

IL-59 is 0.1 miles past Sayer Rd.

If you are on W Stearns Rd and reach Braintree Ln you've gone about 0.1 miles too far.

Then 4.13 miles — 11.82 total miles

5. Make a **U-turn** at W North Ave onto N Neltnor Blvd/IL-59.

Then 0.09 miles — 11.91 total miles

6. 1859 N Neltnor Blvd, West Chicago, IL 60185-5900, 1859 N NELTNOR BLVD is on the **right**.

Your destination is just past IL-64.

If you reach Trent Way you've gone a little too far.

YOUR TRIP TO:

306 Randall Rd, Geneva, IL, 60134-4200

20 MIN | 9.5 MI

Est. fuel cost: $0.97

Trip time based on traffic conditions as of 12:45 PM on August 11, 2017. Current Traffic: Heavy

TO TRI-CITIES DIALYSIS

1. Start out going **south** on N McLean Blvd toward Sundown Rd.

Then 0.63 miles — 0.63 total miles

2. Take the 3rd **right** onto W Spring St.

W Spring St is 0.1 miles past Kane St.

If you are on S McLean Blvd and reach Sunbury Rd you've gone about 0.2 miles too far.

Then 0.61 miles — 1.24 total miles

3. W Spring St becomes Hopps Rd.

Then 0.51 miles — 1.75 total miles

4. Turn **slight left** onto Randall Rd.

Randall Rd is 0.1 miles past Walnut Creek Dr.

Then 7.76 miles — 9.51 total miles

5. 306 Randall Rd, Geneva, IL 60134-4200, 306 RANDALL RD is on the **right**.

Your destination is 0.4 miles past Williamsburg Ave.

If you reach Kaneville Rd you've gone a little too far.

YOUR TRIP TO:

Fresenius Kidney Care West Batavia

22 MIN | 11.5 MI

Est. fuel cost: $1.17

Trip time based on traffic conditions as of 12:47 PM on August 11, 2017. Current Traffic: Heavy

TO FKC WEST BATAVIA

1. Start out going **south** on N McLean Blvd toward Sundown Rd.

Then 0.63 miles — 0.63 total miles

2. Take the 3rd **right** onto W Spring St.

W Spring St is 0.1 miles past Kane St.

If you are on S McLean Blvd and reach Sunbury Rd you've gone about 0.2 miles too far.

Then 0.61 miles — 1.24 total miles

3. W Spring St becomes Hopps Rd.

Then 0.51 miles — 1.75 total miles

4. Turn **slight left** onto Randall Rd.

Randall Rd is 0.1 miles past Walnut Creek Dr.

Then 9.10 miles — 10.85 total miles

5. Turn **right** onto Fabyan Pkwy/County Hwy-8.

Fabyan Pkwy is 0.2 miles past Gleneagle Dr.

If you are on N Randall Rd and reach South Dr you've gone about 0.1 miles too far.

Then 0.61 miles — 11.47 total miles

6. Make a **U-turn** at Viking Dr onto Fabyan Pkwy/County Hwy-8.

If you reach Cambridge Dr you've gone about 0.2 miles too far.

Then 0.06 miles — 11.52 total miles

7. Fresenius Kidney Care West Batavia, 2580 W Fabyan Pkwy, Batavia, IL, 2580 W FABYAN PKWY is on the **right**.

If you reach Janet Ln you've gone about 0.1 miles too far.

YOUR TRIP TO:

33 W Higgins Rd

24 MIN | 13.0 MI

Est. fuel cost: $1.30

Trip time based on traffic conditions as of 1:07 PM on August 11, 2017. Current Traffic: Heavy

TO ARA SOUTH BARRINGTON

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

   Then 1.20 miles — 1.20 total miles

2. Merge onto US-20 E.

   If you reach Main Ln you've gone about 0.1 miles too far.

   Then 5.66 miles — 6.86 total miles

3. Take the **IL-59** exit toward **Barrington/West Chicago**.

   Then 0.24 miles — 7.10 total miles

4. Turn **left** onto IL-59/State Route 59. Continue to follow State Route 59.

   Then 0.84 miles — 7.95 total miles

5. State Route 59 becomes S Sutton Rd/IL-59.

   Then 3.91 miles — 11.86 total miles

6. Turn **right** onto W Higgins Rd/IL-72.

   W Higgins Rd is 0.3 miles past Hoffman Blvd.

   Then 1.19 miles — 13.05 total miles

7. 33 W Higgins Rd, South Barrington, IL 60010-9103, 33 W HIGGINS RD.

   Your destination is 0.1 miles past W Mundhank Rd.

YOUR TRIP TO:

3150 W Higgins Rd, Hoffman Estates, IL, 60169-2084

24 MIN | 14.0 MI

Est. fuel cost: $1.40

Trip time based on traffic conditions as of 1:09 PM on August 11, 2017. Current Traffic: Heavy

TO FKC HOFFMAN ESTATES

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

Then 1.20 miles — 1.20 total miles

2. Merge onto US-20 E.

If you reach Main Ln you've gone about 0.1 miles too far.

Then 5.66 miles — 6.86 total miles

3. Take the **IL-59** exit toward **Barrington/West Chicago**.

Then 0.24 miles — 7.10 total miles

4. Turn **left** onto IL-59/State Route 59. Continue to follow State Route 59.

Then 0.84 miles — 7.95 total miles

5. State Route 59 becomes S Sutton Rd/IL-59.

Then 1.91 miles — 9.86 total miles

6. Turn **right** onto Golf Rd/IL-58.

Golf Rd is 0.1 miles past Bode Rd.

If you are on Sutton Rd and reach Magnolia Ln you've gone about 0.4 miles too far.

Then 2.54 miles — 12.40 total miles

7. Turn **left** onto Barrington Rd.

If you reach N Knollwood Dr you've gone about 0.3 miles too far.

Then 0.97 miles — 13.37 total miles

8. Turn **left** onto W Higgins Rd/IL-72.

If you reach Hassell Rd you've gone about 0.1 miles too far.

Then 0.59 miles — 13.96 total miles

9. 3150 W Higgins Rd, Hoffman Estates, IL 60169-2084, 3150 W HIGGINS RD is on the **right**.

Your destination is just past Greenspoint Pkwy.

YOUR TRIP TO:

1156 S Roselle Rd, Schaumburg, IL, 60193-4072

26 MIN | 15.5 MI

Est. fuel cost: $1.55

Trip time based on traffic conditions as of 1:04 PM on August 11, 2017. Current Traffic: Moderate

TO DAVITA SCHAUMBURG

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

   Then 1.20 miles — 1.20 total miles

2. Merge onto US-20 E.

   If you reach Main Ln you've gone about 0.1 miles too far.

   Then 9.61 miles — 10.81 total miles

3. Merge onto IL-390 E/Elgin Ohare Expy E (Portions toll).

   Then 3.38 miles — 14.19 total miles

4. Take the **Roselle Rd** exit.

   Then 0.33 miles — 14.52 total miles

5. Turn **left** onto County Hwy-4/S Roselle Rd. Continue to follow S Roselle Rd.

   Then 0.92 miles — 15.44 total miles

6. Make a **U-turn** onto S Roselle Rd.

   If you reach Hartford Dr you've gone about 0.1 miles too far.

   Then 0.07 miles — 15.51 total miles

7. 1156 S Roselle Rd, Schaumburg, IL 60193-4072, 1156 S ROSELLE RD is on the **right**.

   If you reach W Wise Rd you've gone a little too far.

135

MapQuest Travel Times
APPENDIX - 1

YOUR TRIP TO:

815 W Wise Rd, Schaumburg, IL, 60193-3819

28 MIN | 13.0 MI

Est. fuel cost: $1.30

Trip time based on traffic conditions as of 1:18 PM on August 11, 2017. Current Traffic: Heavy

TO FKC SCHAUMBURG

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

Then 1.20 miles — 1.20 total miles

2. Merge onto US-20 E.

If you reach Main Ln you've gone about 0.1 miles too far.

Then 6.70 miles — 7.90 total miles

3. Turn **left** onto S Bartlett Rd.

S Bartlett Rd is 0.4 miles past Old Lake St.

If you reach N Oak Ave you've gone about 0.1 miles too far.

Then 0.66 miles — 8.56 total miles

4. Turn **right** onto E Irving Park Rd/IL-19.

E Irving Park Rd is 0.1 miles past Lasalle Rd.

If you reach E Briarwood Dr you've gone about 0.1 miles too far.

Then 3.01 miles — 11.57 total miles

5. Turn **left** onto Wise Rd.

If you are on W Irving Park Rd and reach Mercury Dr you've gone about 0.1 miles too far.

Then 1.43 miles — 13.00 total miles

6. 815 W Wise Rd, Schaumburg, IL 60193-3819, 815 W WISE RD is on the **right**.

Your destination is 0.1 miles past Wright Blvd.

If you reach Aegean Dr you've gone a little too far.

OVER THIRTY MINUTES TRAVEL TIME ADJUSTED PER BOARD RULES

MapQuest Travel Times
APPENDIX - 1

136

YOUR TRIP TO:

mapquest

10350 Haligus Rd, Huntley, IL, 60142-9526

28 MIN | 15.2 MI

Est. fuel cost: $1.53

Trip time based on traffic conditions as of 1:51 PM on August 11, 2017. Current Traffic: Moderate

TO DAVITA HUNTLEY

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

Then 0.10 miles — 0.10 total miles

2. Take the 1st **left** onto Bowes Rd.

If you are on S McLean Blvd and reach Crispin Dr you've gone about 0.2 miles too far.

Then 1.08 miles — 1.18 total miles

3. Turn **right** onto S Randall Rd.

S Randall Rd is 0.1 miles past Umbdenstock Rd.

If you reach Shasta Daisy Dr you've gone about 0.1 miles too far.

Then 4.02 miles — 5.20 total miles

4. Turn **left** onto Big Timber Rd.

Big Timber Rd is 0.5 miles past Fletcher Dr.

Then 1.22 miles — 6.42 total miles

5. Turn **right** onto Tyrell Rd/County Hwy-59. Continue to follow Tyrell Rd.

Tyrell Rd is 0.3 miles past Madeline Ln.

If you reach Meadows Dr you've gone about 0.2 miles too far.

Then 3.34 miles — 9.76 total miles

6. Tyrell Rd becomes County Hwy-9/Galligan Rd.

Then 2.43 miles — 12.19 total miles

7. Turn **left** onto Huntley Rd.

Then 0.88 miles — 13.06 total miles

8. Huntley Rd becomes Dundee Rd/County Hwy-11.

Then 0.95 miles — 14.02 total miles

OVER THIRTY MINUTES TRAVEL TIME ADJUSTED PER BOARD RULES

MapQuest Travel Times
APPENDIX - 1

137

YOUR TRIP TO:

450 E Roosevelt Rd, West Chicago, IL, 60185-3905

27 MIN | 15.4 MI

Est. fuel cost: $1.54

Trip time based on traffic conditions as of 1:59 PM on August 11, 2017. Current Traffic: Moderate

TO FKC DUPAGE WEST

1. Start out going **south** on N McLean Blvd toward Sundown Rd.

Then 1.86 miles — 1.86 total miles

2. Turn **left** onto Stearns Rd/County Hwy-37.

Stearns Rd is 0.1 miles past S Lancaster Cir.

If you reach S IL Route 31 you've gone about 0.1 miles too far.

Then 1.88 miles — 3.74 total miles

3. Turn **left** onto Stearns Rd/IL-25/County Hwy-37.

Then 0.72 miles — 4.46 total miles

4. Turn **right** onto Dunham Rd.

Dunham Rd is 0.4 miles past S Gilbert St.

If you are on County Hwy-37 and reach Old Stearns Rd you've gone about 0.3 miles too far.

Then 2.53 miles — 6.99 total miles

5. Stay **straight** to go onto Kirk Rd.

Then 4.01 miles — 11.00 total miles

6. Turn **left** onto E State St/IL-38. Continue to follow IL-38.

IL-38 is just past Bank Ln.

Then 4.41 miles — 15.41 total miles

7. 450 E Roosevelt Rd, West Chicago, IL 60185-3905, 450 E ROOSEVELT RD is on the **right**.

Your destination is just past Bishop St.

If you reach Carriage Dr you've gone a little too far.

OVER THIRTY MINUTES TRAVEL TIME ADJUSTED PER BOARD RULES

MapQuest Travel Times
APPENDIX - 1

YOUR TRIP TO:

130 E Army Trail Rd, Glendale Heights, IL, 60108

29 MIN | 16.1 MI

Est. fuel cost: $1.60

Trip time based on traffic conditions as of 1:03 PM on August 11, 2017. Current Traffic: Heavy

TO FKC GLENDALE HEIGHTS

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

Then 1.20 miles — 1.20 total miles

2. Merge onto US-20 E.

If you reach Main Ln you've gone about 0.1 miles too far.

Then 13.27 miles — 14.47 total miles

3. Turn **right** onto S Bloomingdale Rd/County Hwy-4.

S Bloomingdale Rd is just past 3rd St.

If you are on E Lake St and reach 1st St you've gone a little too far.

Then 1.42 miles — 15.89 total miles

4. Turn **right** onto E Army Trail Rd.

E Army Trail Rd is 0.1 miles past Greenway Dr.

If you are on Bloomingdale Rd and reach Gladstone Dr you've gone about 0.2 miles too far.

Then 0.17 miles — 16.05 total miles

5. 130 E Army Trail Rd, Glendale Heights, IL 60108, 130 E ARMY TRAIL RD is on the **right**.

If you reach Gladstone Ct you've gone a little too far.

OVER THIRTY MINUTES TRAVEL TIME ADJUSTED PER BOARD RULES

MapQuest Travel Times
APPENDIX - 1

YOUR TRIP TO:

6298 Northwest Hwy

31 MIN | 17.8 MI

Est. fuel cost: $1.81

Trip time based on traffic conditions as of 12:52 PM on August 11, 2017. Current Traffic: Heavy

TO ARA CRYSTAL LAKE

1. Start out going **north** on N McLean Blvd toward Bowes Rd.

Then 0.10 miles — 0.10 total miles

2. Take the 1st **left** onto Bowes Rd.

If you are on S McLean Blvd and reach Crispin Dr you've gone about 0.2 miles too far.

Then 1.08 miles — 1.18 total miles

3. Turn **right** onto S Randall Rd.

S Randall Rd is 0.1 miles past Umbdenstock Rd.

If you reach Shasta Daisy Dr you've gone about 0.1 miles too far.

Then 13.77 miles — 14.95 total miles

4. S Randall Rd becomes James R Rakow Rd.

Then 1.20 miles — 16.15 total miles

5. Turn **left** onto Pyott Rd.

Then 0.47 miles — 16.62 total miles

6. Turn **left** onto Virginia Rd.

Virginia Rd is 0.3 miles past Jennings Dr.

If you are on S Main St and reach Berkshire Dr you've gone about 0.1 miles too far.

Then 0.85 miles — 17.47 total miles

7. Turn **right** onto Northwest Hwy/US-14 E.

Northwest Hwy is 0.1 miles past Darlington Ln.

If you are on US-14 E and reach Devonshire Ln you've gone about 0.1 miles too far.

Then 0.30 miles — 17.77 total miles

8. 6298 Northwest Hwy, Crystal Lake, IL 60014-7935, 6298 NORTHWEST HWY is on the **left**.

OVER THIRTY MINUTES TRAVEL TIME ADJUSTED PER BOARD RULES

If you reach Teckler Blvd you've gone a little too far.

MapQuest Travel Times
APPENDIX - 1

140

NANI
Nephrology Associates of
Northern Illinois and Indiana

Nephrology Associates

390 Congress Parkway Ste. C Crystal Lake, Il 60014 • Phone 815-301-1001 • Fax 815-301-1002

August 15, 2017

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

Dear Ms. Avery:

My name is Karol Rosner, M.D. and I am writing to express my support for the proposed Fresenius Kidney Care (FKC) dialysis facility in South Elgin. For the past fourteen years I have been practicing nephrology in the area and serve as Medical Director of the Fresenius McHenry facility. I will also be the Medical Director for the new location in South Elgin. Because both the Fresenius and DaVita Elgin facilities are full, as is nearby DaVita Carpentersville, access to dialysis services is severely restricted in the Elgin market. I am pleased to see that a new clinic is being proposed here to meet the need for additional services.

In this tri-county market (Kane, McHenry & Cook Counties), my partners and I at Nephrology Associates of Northern Illinois (NANI) have referred 182 new patients for hemodialysis services over the past twelve months. We were treating 201 hemodialysis patients at the end of 2014, 201 at the end of 2015, 276 at the end of 2016 and as of June 30, 2017 we were treating 343 hemodialysis patients. We have 109 Pre-ESRD patients living in the Elgin/South Elgin area that I expect would begin dialysis in the first two years after the new clinic opens. This does not include the many number of patients who, having no prior renal care, present in the emergency room in complete kidney failure requiring immediate dialysis treatment.

To reduce over-utilization and to keep dialysis access available to this growing ESRD population, I ask the Board to please vote in favor of the Fresenius Kidney Care South Elgin clinic to maintain access for my patients in the Elgin area. Thank you for your consideration.

NANI
Nephrology Associates of
Northern Illinois and Indiana

Nephrology Associates

390 Congress Parkway Ste. C Crystal Lake, Il 60014 • Phone 815-301-1001 • Fax 815-301-1002

I attest to the fact that to the best of my knowledge, all the information contained in this letter is true and correct and that the projected referrals in this document were not used to support any other CON application.

Sincerely,

Karol Rosner, M.D.

Notarization:
Subscribed and sworn to before me
this 17th day of Aug, 2017

Candace M. Turoski
Signature of Notary
(Seal)

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

NANI
Nephrology Associates of
Northern Illinois and Indiana

Nephrology Associates
390 Congress Parkway Ste. C Crystal Lake, Il 60014 • Phone 815-301-1001 • Fax 815-301-1002

PRE-ESRD PATIENTS EXPECTED TO BE REFERRED TO THE SOUTH ELGIN FACILITY IN THE 1ST 2 YEARS AFTER PROJECT COMPLETION

City	Zip Code	Pre-ESRD
Bartlett	60103	39
Elgin (East Side)	60120	13
Elgin	60123	22
Hampton, Burlington	60140	6
St. Charles	60174	14
Campton Hills	60175	6
South Elgin	60177	6
Wayne	60184	3
Total		**109**

After accounting for patient attrition and removing patients identified for #14-041 (FKC Elgin expansion) and #15-049 (DaVita Huntley) there are 109 patients I expect could be referred to the South Elgin facility in the first two years of its operation.

NANI
Nephrology Associates of
Northern Illinois and Indiana

Nephrology Associates

390 Congress Parkway Ste. C Crystal Lake, Il 60014 • Phone 815-301-1001 • Fax 815-301-1002

NEW REFERRALS OF NANI FOR THE PAST TWELVE MONTHS
07/01/2016 THROUGH 06/30/2017

Zip Code	Fresenius Kidney Care			ARA	DaVita Dialysis							Total
	Elgin	Hoffman Estates	McHenry	Barrington	Barrington Creek	Carpentersville	Cobblestone (Elgin)	Crystal Springs	Marengo	Sycamore	Timber Creek	
60012					1			1				2
60013					1	1						2
60014			1		1			2				4
60033									6			6
60042			1		1							2
60047				1								1
60050			1									1
60051			3		1							4
60071			2									2
60089					1							1
60097			1									1
60098			1					1				2
60102						6		1				7
60107							1					1
60110	3			1		14	5					23
60112										1		1
60113											1	1
60115										1	3	4
60118	1					3						4
60120	3			3		2	16					24
60123	15					9	14					38
60124						2	1					3
60135									1	2		3
60136						2						2
60140	2					2			1	1		6
60142						7		2	3			12
60145										2		2
60152									3			3
60156						2						2
60174							1					1
60177	1					3	3					7
60178										3	1	4
60192		1										1
60440						1						1
60623	1											1
60641								1				1
61008									1			1
61071									1			1
Total	26	1	10	5	6	54	41	8	16	10	5	182

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PATIENTS OF NANI AS OF DECEMBER 31, 2014

	Fresenius Kidney Care			American Renal Associates			DaVita Dialysis								
Zip Code	Elgin	Round Lake	McHenry	McHenry	Barrington	Crystal Lake	Barrington Creek	Carpentersville	Cobblestone (Elgin)	Crystal Springs	Lake Villa	Marengo	Sycamore	Timber Creek	Total
60002			1												1
60004									1						1
60010							5								5
60012						1				5					6
60013										3					3
60014			2			4	1			11					18
60020											1				1
60021							1								1
60033			1			1	2					4			8
60042			1												1
60047			1												1
60050			14	2						1					17
60051			5												5
60071			1												1
60072			1												1
60073		1													1
60081			1												1
60084			1				1								2
60097			4												4
60098			6	1						9		1			17
60102			1					4		5					10
60110	2							2	3						7
60115													5	8	13
60118									1						1
60120	3							1	14						18
60123	5							1	13						19
60124	1														1
60133									1						1
60135													1		1
60136	1														1
60137															0
60140															0
60142	4					1						2			7
60146								1							1
60151													1		1
60152												1			1
60156	1					1				5					7
60175	1														1
60177					1				2						3
60178													7		7
60180															0
60550													1	2	3
60556													1		1
60632									1						1
61108						1									1
Total	18	1	40	3	1	9	10	9	36	39	1	8	16	10	201

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PATIENTS OF NANI AS OF DECEMBER 31, 2015

Zip Code	Fresenius Kidney Care			American Renal Associates			DaVita Dialysis								Total
	Elgin	Round Lake	McHenry	McHenry	Barrington	Crystal Lake	Barrington Creek	Carpentersville	Cobblestone (Elgin)	Crystal Springs	Lake Villa	Marengo	Sycamore	Timber Creek	
60010							7								7
60012										5					5
60013							2			2					4
60014						2				17					19
60020											1				1
60033			1									5			6
60034			1												1
60047			1				2								3
60050			13	3						2					18
60051			5												5
60072			1												1
60073		1													1
60081			1												1
60084							2								2
60085			1												1
60097			2												2
60098			5	1						9		1			16
60102							2	3		3					8
60107					1										2
60110	1					1		6	3						12
60112													1		1
60115													4	10	14
60118								1	1						2
60120	2								12						14
60123	3							1	9	2					17
60124								1							1
60133									1						1
60135													1		1
60140															1
60142	3							3				1			8
60146								1							1
60152												4			4
60156						1				4					6
60177					1				2						3
60178													6		6
60193									1						1
60195							1								1
60550														1	1
60556													1		1
60632									1						1
61068													1		1
Total	9	1	31	4	2	4	16	16	30	45	1	11	14	11	201

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PATIENTS OF NANI AS OF DECEMBER 31, 2016

Zip Code	Fresenius Kidney Care		American Renal Associates			DaVita Dialysis							Total
	Elgin	McHenry	McHenry	Barrington	Crystal Lake	Barrington Creek	Carpentersville	Cobblestone (Elgin)	Crystal Springs	Marengo	Sycamore	Timber Creek	
60010						5							5
60012						1			3				4
60013						2	1		3				6
60014					2	1			13				16
60020		1											1
60033		1								4			5
60034		1											1
60042		2											2
60047		1		1		2							4
60050		10	3						1				14
60051		6	1										7
60071		1											1
60072		1											1
60081		1											1
60084		1											1
60090								1					1
60097		1											1
60098		6	1						7	1			15
60102							7		5				12
60103							1						1
60107								1					1
60110	4			1	1		18	7					31
60112											2		2
60115											5	9	14
60118	1						2	1					4
60120	5			2			2	18					27
60123	11						8	14					33
60124	1						2						3
60135										1	2		3
60136							3						3
60140	1						2			1	1		5
60141								1					1
60142	2						13	1	1	1			18
60145											2		2
60152										2			2
60156		2					1		2				5
60177	2			1			3	3					9
60178											7		7
60193								1					1
60440							1						1
60550												1	1
60556											1		1
60632								1					1
61008										1			1
61068											1		1
Total	27	35	5	5	3	11	64	49	35	11	21	10	276

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PATIENTS OF NANI AS OF JUNE 30, 2017

Zip Code	Fresenius Kidney Care		American Renal Associates			DaVita Dialysis							Total
	Elgin	McHenry	McHenry	Barrington	Crystal Lake	Barrington Creek	Carpentersville	Cobblestone	Crystal Springs	Marengo	Sycamore	Timber Creek	
60010						6							6
60012									4				4
60013						1	1		1				3
60014				1	1				13				15
60020		1											1
60033		1								9			10
60034		1								1			2
60042		2											2
60047		1		1		1							3
60050		12	2						1				15
60051		6	1										7
60071		2											2
60074						1							1
60081		1											1
60084		4				1							5
60085	1												1
60089						2							2
60090								1					1
60097		2											2
60098		5	1			1			10	2			19
60102							8		4				12
60103							1						1
60110	4			1	1		20	13					39
60112											2		2
60115											6	7	13
60118	1						2						3
60120	7			3			2	27					39
60123	21						7	20					48
60124	3						3						6
60135										1	3		4
60136							4						4
60140	2						3			1	1		7
60141								1					1
60142	3						14	2	2	4			25
60143							1						1
60145											2		2
60152										5			5
60156							2		3				5
60177	2			1			3	2					8
60178											7		7
60193										1			1
60550												2	2
60556											1		1
60632								1					1
60644												1	1
61008										1			1
61068											1		1
61071										1			1
Total	44	38	4	7	2	13	71	67	38	26	23	10	343