17-064

POLSINELLI

ORIGINAL

150 N. Riverside Plaza, Suite 3000, Chicago, IL 60606-1599 • 312.819.1900

November 3, 2017

Anne M. Cooper
(312) 873-3606
(312) 819-1910 fax
acooper@polsinelli.com

FEDERAL EXPRESS

Michael Constantino
Supervisor, Project Review Section
Illinois Department of Public Health
Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Application for Permit – Brickyard Dialysis

Dear Mr. Constantino:

I am writing on behalf of DaVita Inc. and Dunklinson Dialysis LLC (collectively, "DaVita") to submit the attached Application for Permit to establish a 12-station dialysis facility in Chicago, Illinois. For your review, I have attached an original and one copy of the following documents:

1. Check for $2,500 for the application processing fee;
2. Completed Application for Permit;
3. Copies of Certificate of Good Standing for the Applicants;
4. Authorization to Access Information; and
5. Physician Referral Letter.

Thank you for your time and consideration of DaVita's application for permit. If you have any questions or need any additional information to complete your review of the DaVita's application for permit, please feel free to contact me.

Sincerely,

A. M. Cooper

Anne M. Cooper

Attachments

17-064 [ORIGINAL

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD
APPLICATION FOR PERMIT

RECEIVED
NOV 06 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:	Brickyard Dialysis	
Street Address:	2640 North Narragansett Avenue	
City and Zip Code:	Chicago, Illinois 60639	
County: Cook	Health Service Area: 6	Health Planning Area: 6

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

Exact Legal Name:	DaVita Inc.
Street Address:	2000 16th Street
City and Zip Code:	Denver, CO 80202
Name of Registered Agent:	Illinois Corporation Service Company
Registered Agent Street Address:	801 Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16th Street
CEO City and Zip Code:	Denver, CO 80202
CEO Telephone Number:	(303) 405-2100

Type of Ownership of Applicants

- ☐ 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.

Primary Contact [Person to receive ALL correspondence or inquiries]

Name:	Tim Tincknell
Title:	Administrator
Company Name:	DaVita Inc.
Address:	2484 North Elston Avenue, Chicago, Illinois 60647
Telephone Number:	773-278-4403
E-mail Address:	timothy.tincknell@davita.com
Fax Number:	866-586-3214

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

Name:	Brent Habitz
Title:	Regional Operations Director
Company Name:	DaVita Inc.
Address:	1600 West 13th Street, Suite 3, Chicago, Illinois 60608
Telephone Number:	312-243-9286
E-mail Address:	brent.habitz@davita.com
Fax Number:	855-237-5324

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD APPLICATION FOR PERMIT

SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION

This Section must be completed for all projects.

Facility/Project Identification

Facility Name:	Brickyard Dialysis
Street Address:	2640 North Narragansett Avenue
City and Zip Code:	Chicago, Illinois 60639
County: Cook	Health Service Area: 6 Health Planning Area: 6

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

Exact Legal Name:	Dunklinson Dialysis LLC
Street Address:	2000 16th Street
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Registered Agent Street Address:	801 Stevenson Drive
Registered Agent City and Zip Code:	Springfield, Illinois 62703
Name of Chief Executive Officer:	Kent Thiry
CEO Street Address:	2000 16th Street
CEO City and Zip Code:	Denver, CO 80202
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Company Name:	DaVita Inc.
Address:	1600 West 13th Street, Suite 3, Chicago, Illinois 60608
Telephone Number:	312-243-9286
E-mail Address:	brent.habitz@davita.com
Fax Number:	855-237-5324

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:	Kara Friedman
Title:	Attorney
Company Name:	Polsinelli PC
Address:	150 North Riverside Plaza, Suite 3000, Chicago, Illinois 60606-1599
Telephone Number:	312-873-3639
E-mail Address:	kfriedman@polsinelli.com
Fax Number:	

Site Ownership

[Provide this information for each applicable site]

Exact Legal Name of Site Owner: RPAI Chicago Brickyard, LLC

Address of Site Owner: 2021 Spring Road, Suite 200, Oak Brook, Illinois 60523

Street Address or Legal Description of the Site: 2640 North Narragansett Avenue, Chicago, Illinois 60639

Legal Description

See Attachment – 2

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: Dunklinson Dialysis LLC

Address: 2000 16th Street, Denver, CO 80202

☐	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.**

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 ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Historic Resources Preservation Act Requirements

[Refer to application instructions.]

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

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

DESCRIPTION OF PROJECT

1. Project Classification

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

Part 1110 Classification:

☒ Substantive

☐ Non-substantive

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.

DaVita Inc. and Dunklinson Dialysis LLC (collectively, the "Applicants" or "DaVita") seek authority from the Illinois Health Facilities and Services Review Board (the "State Board") to establish a 12-station dialysis facility located at 2640 North Narragansett Avenue, Chicago, Illinois 60639. The proposed dialysis facility will include a total of approximately 4,365 gross square feet in clinical space and 2,373 gross square feet of non-clinical space for a total of 6,738 gross rentable square feet.

This project has been classified as substantive because it involves the establishment of a health care facility.

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			
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	$773,280	$420,387	$1,193,667
Contingencies	$77,327	$42,038	$119,365
Architectural/Engineering Fees	$91,000	$35,000	$126,000
Consulting and Other Fees	$80,000	$10,000	$90,000
Movable or Other Equipment (not in construction contracts)	$636,782	$89,782	$726,564
Bond Issuance Expense (project related)			
Net Interest Expense During Construction (project related)			
Fair Market Value of Leased Space or Equipment	$579,030	$314,786	$893,816
Other Costs To Be Capitalized			
Acquisition of Building or Other Property (excluding land)			
TOTAL USES OF FUNDS	**$2,237,419**	**$911,993**	**$3,149,412**
SOURCE OF FUNDS	**CLINICAL**	**NONCLINICAL**	**TOTAL**
Cash and Securities	$1,658,389	$597,207	$2,255,596
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)	$579,030	$314,786	$893,816
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	**$2,237,419**	**$911,993**	**$3,149,412**

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 $ 2,558,783 .

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): October 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							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							

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

Facility Bed Capacity and Utilization

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert the chart after this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which data is available. Include observation days in the patient day totals for each bed service.** Any bed capacity discrepancy from the Inventory will result in the application being deemed **incomplete**.

FACILITY NAME:		**CITY:**			
REPORTING PERIOD DATES:		**From:**		**to:**	
Category of Service	**Authorized Beds**	**Admissions**	**Patient Days**	**Bed Changes**	**Proposed Beds**
Medical/Surgical					
Obstetrics					
Pediatrics					
Intensive Care					
Comprehensive Physical Rehabilitation					
Acute/Chronic Mental Illness					
Neonatal Intensive Care					
General Long Term Care					
Specialized Long Term Care					
Long Term Acute Care					
Other ((identify)					
TOTALS:					

CERTIFICATION

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) 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 for Permit is filed on the behalf of DaVita 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 for permit on behalf of the applicant entity. The undersigned further certifies that the data and information provided herein, and appended hereto, are complete and correct to the best of his or her knowledge and belief. The undersigned also certifies that the permit application fee required for this application is sent herewith or will be paid upon request.

SIGNATURE

Arturo Sida

PRINTED NAME

Assistant Corporate Secretary

PRINTED TITLE

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

See Attached

Signature of Notary

Seal

SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer, Kidney Care

PRINTED TITLE

Notarization:
Subscribed and sworn to before me
this 27th day of October, 2017

Kelli Bodnar

Signature of Notary

Seal

KELLI BODNAR
Notary Public
State of Colorado
Notary ID 20144024644
My Commission Expires Jun 20, 2018

*Insert EXACT legal name of the applicant

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 25, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Dunklison Dialysis, LLC)

Document Date: October 25, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Dunklinson Dialysis, LLC
(Brickyard Dialysis)

CERTIFICATION

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

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SIGNATURE

Arturo Sida

PRINTED NAME

Secretary of Total Renal Care, Inc., Mng. Mbr. of Dunklinson Dialysis, LLC

PRINTED TITLE

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

See Attached

Signature of Notary

Seal

SIGNATURE

Michael D. Staffieri

PRINTED NAME

Chief Operating Officer of Total Renal Care, Inc., Mng. Mbr. of Dunklinson Dialysis, LLC

PRINTED TITLE

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Subscribed and sworn to before me
this 27th day of October, 2017

Kelli Bodnar

Signature of Notary

Seal

KELLI BODNAR
Notary Public
State of Colorado
Notary ID 20144024644
My Commission Expires Jun 20, 2018

*Insert EXACT legal name of the applicant

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WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

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Document Date: October 25, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Dunklinson Dialysis, LLC
(Brickyard Dialysis)

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:

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:

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]:**

$2,255,596	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: 1) the amount of cash and securities available for the project, including the identification of any security, its value and availability of such funds; and 2) interest to be earned on depreciation account funds or to be earned on any asset from the date of applicant's submission through project completion;
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table of gross receipts and related fundraising expenses, and a discussion of past fundraising experience.
_____	c)	Gifts and Bequests – verification of the dollar amount, identification of any conditions of use, and the estimated time table of receipts;
$893,816 (FMV of Lease)	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: 1) For general obligation bonds, proof of passage of the required referendum or evidence that the governmental unit has the authority to issue the bonds and evidence of the dollar amount of the issue, including any discounting anticipated; 2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate; 3) For mortgages, a letter from the prospective lender attesting to the expectation of making the loan in the amount and time indicated, including the anticipated interest rate and any conditions associated with the mortgage, such as, but not limited to, adjustable interest rates, balloon payments, etc.; 4) For any lease, a copy of the lease, including all the terms and conditions, including any purchase options, any capital improvements to the property and provision of capital equipment; 5) For any option to lease, a copy of the option, including all

	terms and conditions. e) Governmental Appropriations – a copy of the appropriation Act or ordinance accompanied by a statement of funding availability from an official of the governmental unit. If funds are to be made available from subsequent fiscal years, a copy of a resolution or other action of the governmental unit attesting to this intent; f) Grants – a letter from the granting agency as to the availability of funds in terms of the amount and time of receipt; g) All Other Funds and Sources – verification of the amount and type of any other funds that will be used for the project.
$3,149,412	**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				
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	Gross Sq. Ft. Circ.*	Gross Sq. Ft. Mod.	Gross Sq. Ft. Circ.*	Const. $ (A x C)	Mod. $ (B x E)	
Contingency									
TOTALS									

* Include the percentage (%) of space for circulation

D. Projected Operating Costs

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

E. Total Effect of the Project on Capital Costs

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

APPEND DOCUMENTATION AS ATTACHMENT 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 40.

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Charity (cost in dollars)			
Inpatient			
Outpatient			
Total			
MEDICAID			
Medicaid (# of patients)	**Year**	**Year**	**Year**
Inpatient			
Outpatient			
Total			
Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

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

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 41.

CHARITY CARE			
	Year	Year	Year
Net Patient Revenue			
Amount of Charity Care (charges)			
Cost of Charity Care			

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

Section I, Identification, General Information, and Certification
Applicants

Certificates of Good Standing for DaVita Inc. and Dunklinson Dialysis LLC (collectively, the "Applicants" or "DaVita") are attached at Attachment – 1. Dunklinson Dialysis LLC will be the operator of the proposed dialysis facility. Brickyard Dialysis is a trade name of Dunklinson Dialysis LLC. As the person with final control over the operator, DaVita Inc. is named as an applicant for this CON application. DaVita Inc. does not do business in the State of Illinois. A Certificate of Good Standing for DaVita Inc. from the state of its incorporation, Delaware, is attached.

Delaware

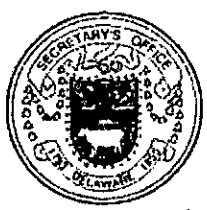
The First State

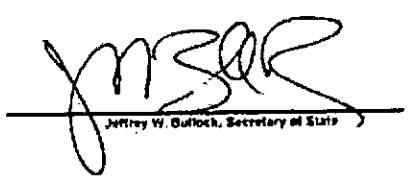
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA INC." WAS INCORPORATED ON THE FOURTH DAY OF APRIL, A.D. 1994.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





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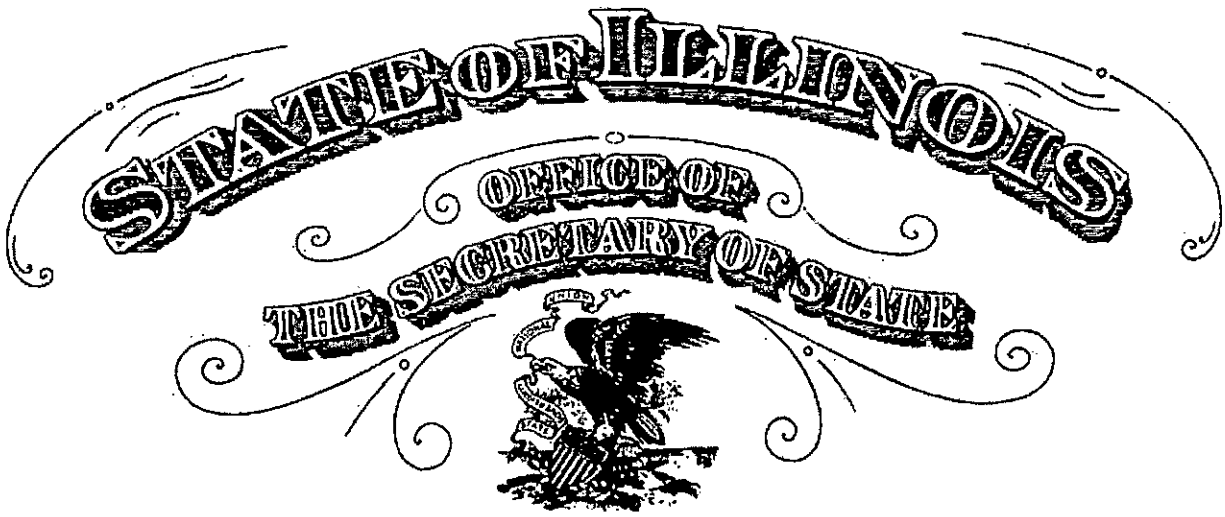
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202957561

Date: 09-08-16

Attachment – 1

File Number 0639070-6



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

DUNKLINSON DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 24, 2017, 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* 26TH *day of* OCTOBER *A.D.* 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1729902034 verifiable until 10/26/2018
Authenticate at: http://www.cyberdriveillinois.com

Attachment – 1

Section I, Identification, General Information, and Certification
Site Ownership

The letter of intent between the planned lessor, RPAI Chicago Brickyard, LLC and Dunklinson Dialysis LLC, as the proposed tenant to lease the premises located at 2640 North Narragansett Avenue, Chicago, Illinois 60639 is attached at Attachment – 2.

Attachment - 2

CUSHMAN & WAKEFIELD
225 West Wacker Drive, Suite 3000
Chicago, IL 60606
Web: www.cushmanwakefield.com

October 18, 2017

Mr. Brendan Reedy
Cushman & Wakefield Inc.
225 West Wacker Driver Suite 3000
Chicago, IL 60606

RE: LOI – 2640 N Narragansett Ave, Chicago, IL 60639

Mr. Reedy:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita HealthCare Partners, Inc. to assist in securing a lease requirement. DaVita HealthCare Partners, Inc. is a Fortune 200 company with revenues of approximately $13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	2640 N Narragansett Ave, Chicago, IL 60639
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	*RPAI Chicago Brickyard, L.L.C.*
SPACE REQUIREMENTS:	Unit 48 and a rear section of Unit 47 consisting of approximately 6,738 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards. Final premises rentable square footage to be mutually agreed upon by Tenant and Landlord prior to lease execution with approved floor plan and attached to lease as an exhibit, which is currently under review by Landlord and adjacent existing Tenant.
PRIMARY TERM:	10 years
BASE RENT:	*$ 19.00 psf NNN Y1-Y5;* *$ 20.90 psf NNN Y6-Y10.*
ADDITIONAL EXPENSES:	*Current estimated operating expenses are $15.16 psf:* *CAM = $5.42 psf (includes insurance)* *TAX = $9.74 psf* *6,800 / 261,369 = appraximately 2.6%* *Tenant will be responsible for all utilities that are separately metered with the exception of water which will be billed by Landlord to Tenant through sub meter based on estimated usage.*

Attachment – 2

CUSHMAN & WAKEFIELD

Landlord to limit the cumulative increase on non-controllable operating expense costs to no greater than 5% annually commencing in the second year.

LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 120 days from the later of lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM: Base lease form to most recent lease completed between Tenant and Landlord – Lakewood, WA. Lease will be modified to mutually agreeable form using the conforming lease document.

USE: The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose not in violation with any then existing prohibited or exclusive uses. Tenant will not operate in a manner which will cause conflict with any existing leases.

PARKING: As-Is. Parking is ample and readily available.

BUILDING SYSTEMS: Landlord shall warrant that the building's mechanical, electrical, plumbing, roof, and foundation are in good order and repair upon delivery of the premises. Landlord will be responsible for maintenance and repairs of roof and foundation. Furthermore, Landlord will remain

responsible for ensuring the parking and common areas are ADA compliant.

LANDLORD WORK:

Upon Landlord delivery of the Premises, Tenant will accept Possession of the Premises in its AS IS condition which shall be broom clean and ready for interior improvements by Tenant; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards. Notwithstanding to the above, Tenant will be responsible for all work necessary to open and operate out of the Premises.

Landlord will make reasonable efforts to coordinate tenant improvements with Tenant's construction team providing Tenant "Early Access" to Tenant's contractors in order begin Tenant's work prior to completion of Landlord's work (if any). Landlord and Tenant shall determine a mutually agreeable schedule to coordinate such work.

In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS:

Tenant shall be solely responsible for the construction of the improvements within the Premises which shall be reasonably approved by Landlord. Landlord and Tenant shall coordinate taking possession of the rear potion of the adjacent space (currently occupied by the Marines). Tenant shall be responsible for demising this portion of the Premises and all work within this area.

OPTION TO RENEW:

Tenant shall have three, five-year options to renew the lease provided Tenant is not in default beyond applicable cure period. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods. Tenant will notify Landlord in writing of their intent to exercise an option with no less than 180 days notice prior to the expiration of the then current term.

FAILURE TO DELIVER PREMISES:

If Landlord has not delivered the premises to Tenant with all Landlord Work items substantially completed (if applicable) within 120 days from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive one day of rent abatement for every day of delay beyond the 120 day delivery period. After 120 days, Landlord or Tenant may terminate the Lease.

HOLDING OVER:

Tenant shall be obligated to pay 150% of the then current rate.

TENANT SIGNAGE:	Tenant shall have the right to install building and two-sided pylon signage at the Premises (subject to ongoing availability) in a location mutually agreed upon between Landlord and Tenant, subject to compliance with all applicable laws and regulations. Landlord, at Tenant's expense, will furnish Tenant with directional signage at the Premises.
BUILDING HOURS:	Tenant requires building hours of 24 hours a day, seven days a week.
SUBLEASE/ASSIGNMENT:	Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Healthcare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.
ROOF RIGHTS:	Tenant shall have the right to place a satellite dish on the roof at no additional fee to be further defined in lease agreement with similar language to prior Lease form.
NON-COMPETE:	Provided Tenant is not in default beyond applicable cure periods and is operating as defined in the Lease, Landlord shall refrain from leasing other space in the Shopping Center for the following primary purposes: a business providing or offering any renal dialysis, renal dialysis home training, any aphaeresis service(s) or similar blood separation or cell collection procedures, except services involving the collection of blood or blood components from volunteer donors or blood collection involved with a typical doctor's office.
HVAC:	Tenant will be responsible for the installation, at no cost to the Landlord, of HVAC necessary to open and operate within the Premises.
DELIVERIES:	Rear man-door access.
GOVERNMENTAL COMPLIANCE:	Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Property, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).
CERTIFICATE OF NEED:	Tenant CON Obligation: Landlord and Tenant 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, the Tenant cannot

establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. 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 approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON 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 HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date 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.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar ($1.00) per square foot per lease term year, 50% shall be due upon the later of lease signatures or waiver of CON contingency, and 50% shall be due within thirty (30) days from the later of Tenant opening and payment of first month's rent.

CONTINGENCIES: In the event the Landlord is not successful in obtaining all necessary approvals for Tenant's use including, but not limited to OEAs, the Tenant shall have the right, but not the obligation to terminate the lease. In the event that Tenant is not successful in obtaining zoning approvals or applicable permits for Tenant's use with Landlord's assistance (if applicable), Tenant shall have the right, but not the obligation to terminate the lease.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit B. The information in this proposal is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich
CC: DaVita Regional Operational Leadership

CUSHMAN & WAKEFIELD

SIGNATURE PAGE

LETTER OF INTENT: **2640 N Narragansett Ave, Chicago, IL 60639**

AGREED TO AND ACCEPTED THIS 20th DAY OF OCTOBER 2017

By: _____

On behalf of Total Renal Care, Inc., a subsidiary of DaVita, Inc.
("Tenant")

AGREED TO AND ACCEPTED THIS 20th DAY OF OCTOBER 2017

By: _____

RPAI US Management LLC
("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELY ARE NEITHER AN OFFER WHICH BY AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR C&W) SHALL BE BOUND TO ENTER INTO ANY (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR C&W INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. C&W IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES C&W HAVE ANY AUTHORITY TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANY OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

CUSHMAN & WAKEFIELD

EXHIBIT B

POTENTIAL REFERAL SOURCE QUESTIONAIRRE

RE: 2640 N Narragansett Ave, Chicago, IL 60639

(i) Is Landlord an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

___ Yes ___X___ No

(ii) Is the immediate family member of the Landlord an individual involved in the healthcare business, or

___ Yes ___X___ No

(iii) Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

___ Yes ___X___ No

(iv) Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

___ Yes ___X___ No

RPAI US Management LLC
(Please add landlord or entity name)

By: Lynn Reisseweber
Print: LYNN Reisseweber
Its: Vice President-Asset Mgmt
Date: 10·20·17

Attachment – 2

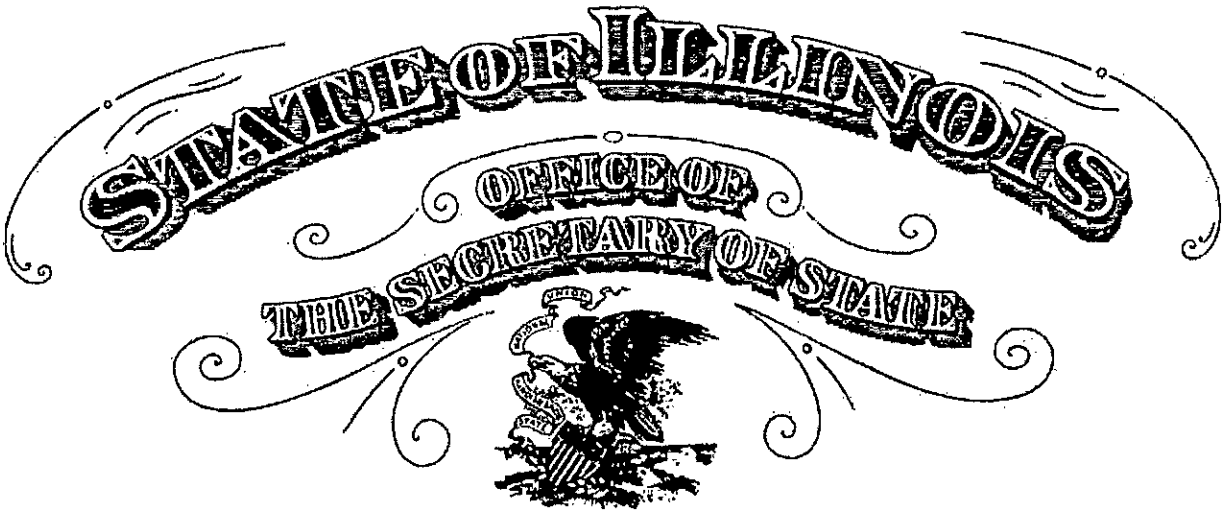
Section I, Identification, General Information, and Certification
Operating Entity/Licensee

The Illinois Certificate of Good Standing for Dunklinson Dialysis LLC is attached at Attachment – 3. The names and percentages ownership of all persons with a five percent or greater ownership in Dunklinson Dialysis, LLC is listed below.

Name	Address	Ownership Interest
Total Renal Care Inc.	2000 16th Street Denver, Colorado 80202	90%
Kidney and Hypertension Consultants, SC	7447 West Talcott Avenue, Suite 463, Chicago, Illinois 60631	10%

Attachment - 3

File Number 0639070-6



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

DUNKLINSON DIALYSIS, LLC, A DELAWARE LIMITED LIABILITY COMPANY HAVING OBTAINED ADMISSION TO TRANSACT BUSINESS IN ILLINOIS ON OCTOBER 24, 2017, 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* 26TH *day of* OCTOBER *A.D.* 2017 .

Jesse White

SECRETARY OF STATE

Authentication #: 1729902034 verifiable until 10/26/2018
Authenticate at: http://www.cyberdriveillinois.com

Attachment – 3

Section I, Identification, General Information, and Certification
Organizational Relationships

The organizational chart for DaVita Inc., and Dunklinson Dialysis LLC d/b/a Brickyard Dialysis is attached at Attachment – 4.

Attachment - 4

Brickyard Dialysis Organizational Chart

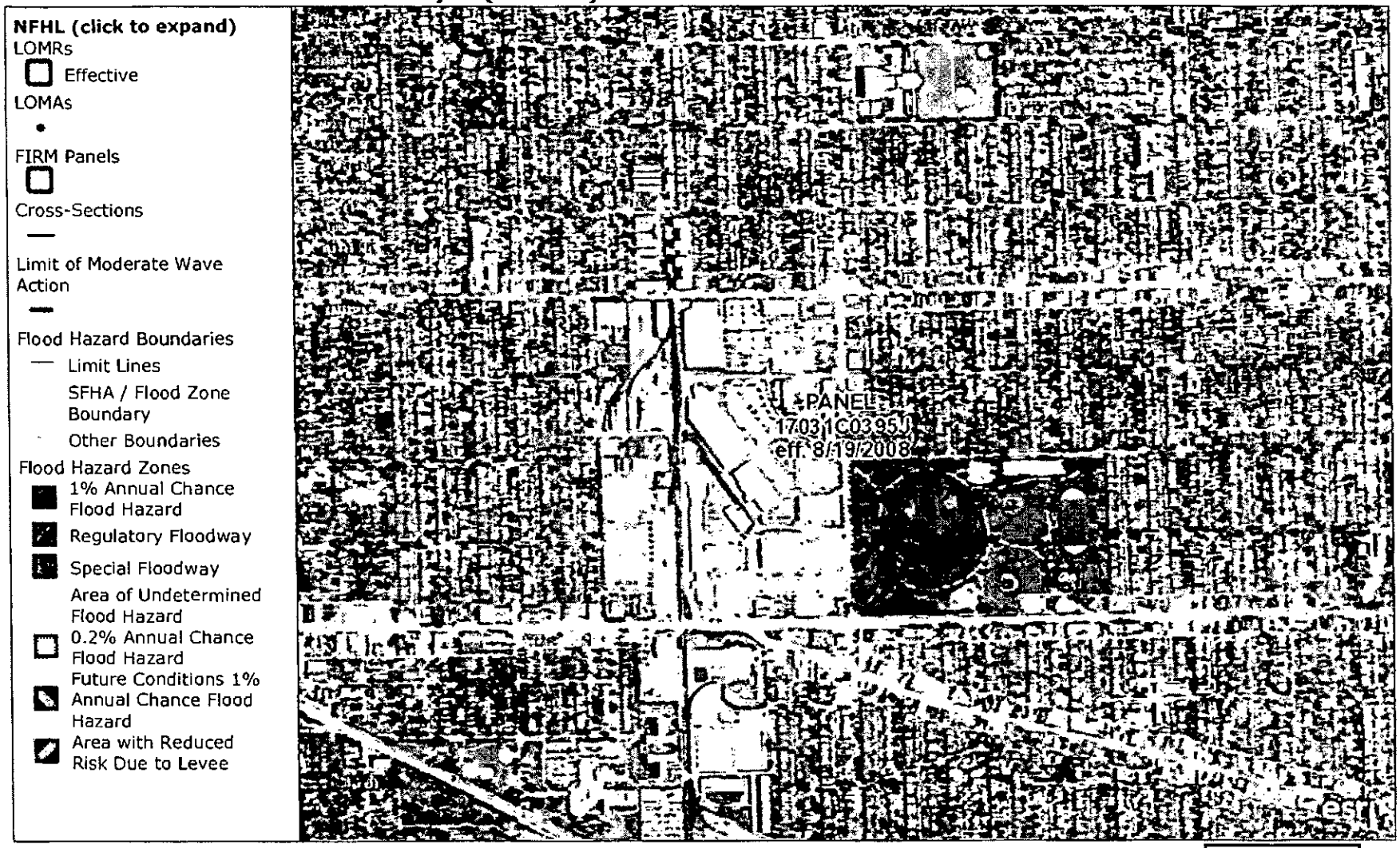
Attachment – 4

Section I, Identification, General Information, and Certification
Flood Plain Requirements

The site of the proposed dialysis facility complies with the requirements of Illinois Executive Order #2005-5. The proposed dialysis facility will be located at 2640 North Narragansett Avenue, Chicago, Illinois 60639. As shown in the documentation from the FEMA Flood Map Service Center attached at Attachment – 5. The interactive map for Panel 17031C0395J reveals that this area is not included in the flood plain.

Attachment - 5

FEMA's National Flood Hazard Layer (Official)



Data from Flood Insurance Rate Maps (FIRMs) where available digitally. New NFHL FIRMette Print app available: http://tinyurl.com/j4xwp5e

USGS The National Map: Orthoimagery | National Geospatial-Intelligence Agency (NGA); Delta State University; Esri | Print here instead: http://tinyurl.com/j4xwp5e Support: FEMAMapSpecialist@riskmapcds.com | USGS The National Map: Orthoimagery

Section I, Identification, General Information, and Certification
Historic Resources Preservation Act Requirements

The Historic Preservation Act determination from the Illinois Historic Preservation Agency is attached at Attachment – 6.

Attachment - 6

ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Bruce Rauner, Governor
Wayne A. Rosenthal, Director

FAX (217) 524-7525

Cook County
Chicago
CON - Lease to Establish a 12-Station Dialysis Facility
2640 N. Narragansett Ave.
SHPO Log #010100617

October 23, 2017

Timothy Tincknell
DaVita Healthcare Partners, Inc.
2484 N. Elston Ave.
Chicago, IL 60647

Dear Mr. Tincknell:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact David Halpin, Cultural Resources Manager, at 217/785-4998.

Sincerely,

Rachel Leibowitz, Ph.D.
Deputy State Historic
Preservation Officer

Attachment – 6

Section I, Identification, General Information, and Certification
Project Costs and Sources of Funds

Table 1120.110			
Project Cost	**Clinical**	**Non-Clinical**	**Total**
New Construction Contracts			
Modernization Contracts	$773,280	$420,387	$1,193,667
Contingencies	$77,327	$42,038	$119,365
Architectural/Engineering Fees	$91,000	$35,000	$126,000
Consulting and Other Fees	$80,000	$10,000	$90,000
Moveable and Other Equipment			
Communications	$142,242		$142,242
Water Treatment	$178,355		$178,355
Bio-Medical Equipment	$20,426		$20,426
Clinical Equipment	$265,522		$265,522
Clinical Furniture/Fixtures	$30,237		$30,237
Lounge Furniture/Fixtures		$3,855	$3,855
Storage Furniture/Fixtures		$6,862	$6,862
Business Office Fixtures		$33,265	$33,265
General Furniture/Fixtures		$31,000	$31,000
Signage		$14,800	$14,800
Total Moveable and Other Equipment	$636,782	$89,782	$726,564
Fair Market Value of Leased Space	$579,030	$314,786	$893,816
Total Project Costs	**$2,237,419**	**$911,993**	**$3,149,412**

Section I, Identification, General Information, and Certification
Project Status and Completion Schedules

The Applicants anticipate project completion within approximately **18** months of project approval.

Further, although the Letter of Intent attached at Attachment – 2 provides for project obligation to occur after permit issuance, the Applicants will begin negotiations on a definitive lease agreement for the facility, with the intent of lease commencement being contingent upon permit issuance.

Section I, Identification, General Information, and Certification
Current Projects

DaVita Current Projects			
Project Number	**Name**	**Project Type**	**Completion Date**
15-020	Calumet City Dialysis	Establishment	01/31/2018
15-025	South Holland Dialysis	Relocation	04/30/2018
15-048	Park Manor Dialysis	Establishment	02/28/2018
15-049	Huntley Dialysis	Establishment	02/28/2018
15-054	Washington Heights Dialysis	Establishment	03/31/2018
16-009	Collinsville Dialysis	Establishment	11/30/2017
16-015	Forest City Rockford	Establishment	06/30/2018
16-023	Irving Park Dialysis	Establishment	08/31/2018
16-033	Brighton Park Dialysis	Establishment	10/31/2018
16-036	Springfield Central Dialysis	Relocation	03/31/2019
16-037	Foxpoint Dialysis	Establishment	07/31/2018
16-040	Jerseyville Dialysis	Expansion	07/31/2018
16-041	Taylorville Dialysis	Expansion	07/31/2018
16-051	Whiteside Dialysis	Relocation	03/31/2019

Section I, Identification, General Information, and Certification
Cost Space Requirements

Cost Space Table							
		Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
Dept. / Area	**Cost**	**Existing**	**Proposed**	**New Const.**	**Modernized**	**As Is**	**Vacated Space**
CLINICAL							
ESRD	$2,237,419		4,365		4,365		
Total Clinical	**$2,237,419**		**4,365**		**4,365**		
NON REVIEWABLE							
Administrative	$911,993		2,373		2,373		
Total Non-Reviewable	**$911,993**		**2,373**		**2,373**		
TOTAL	**$3,149,412**		**6,738**		**6,738**		

Section III, Project Purpose, Background and Alternatives – Information Requirements
Criterion 1110.230(a), Project Purpose, Background and Alternatives

The Applicants are fit, willing and able, and have the qualifications, background and character to adequately provide a proper standard of health care services for the community. This project is for the establishment of Brickyard Dialysis, a 12-station in-center hemodialysis facility to be located at 2640 North Narragansett Avenue, Chicago, Illinois 60639.

DaVita Inc. is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and empowering patients, and community outreach. A copy of DaVita's 2016 Community Care report details DaVita's commitment to quality, patient centric focus and community outreach and was previously included in our Illini Renal Dialysis CON application (Proj. No. 17-032). Some key initiatives of DaVita which are covered in that report are also outlined below.

Kidney Disease Statistics

30 million or 15% of U.S. adults are estimated to have CKD.[1] Current data reveals troubling trends, which help explain the growing need for dialysis services:

- Between 1999-2002 and 2011-2014, the overall prevalence estimate for CKD rose from 13.9 to 14.8 percent. The largest relative increase, from 38.2 to 42.6 percent, was seen in those with cardiovascular disease.[2]
- Many studies now show that diabetes, hypertension, cardiovascular disease, higher body mass index, and advancing age are associated with the increasing prevalence of CKD.[3]
- Over six times the number of new patients began treatment for ESRD in 2014 (120,688) versus 1980 (approximately 20,000).[4]
- Over eleven times more patients are now being treated for ESRD than in 1980 (678,383 versus approximately 60,000).[5]
- Increasing prevalence in the diagnosis of diabetes and hypertension, the two major causes of CKD; 44% of new ESRD cases have a primary diagnosis of diabetes; 28% have a primary diagnosis of hypertension.[6]
- Lack of access to nephrology care for patients with CKD prior to reaching end stage kidney disease which requires renal replacement therapy continues to be a public health concern. Timely CKD care is imperative for patient morbidity and mortality. Beginning in 2005, CMS

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[1] Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

[2] US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016).

[3] Id.

[4] Id. at 215.

[5] Id. at 216.

[6] Id at 288.

began to collect CKD data on patients beginning dialysis. Based on that data, it appears that little progress has been made to improve access to pre-ESRD kidney care. For example, in 2014, 24% of newly diagnosed ESRD patients had not been treated by a nephrologist prior to beginning dialysis therapy. And among these patients who had not previously been followed by a nephrologist, 63% of those on hemodialysis began therapy with a catheter rather than a fistual. Comparatively, only 34% of those patients who had received a year or more of nephrology care prior to reaching ESRD initiated dialysis with a catheter instead of a fistula.[7]

DaVita's Quality Recognition and Initiatives

Awards and Recognition

- ESRD Seamless Care Organization ("ESCO"), On October 31, 2017, the Centers for Medicare and Medicaid Services ("CMS") announced results of the first performance year of in the first year of the CMS Comprehensive end stage renal disease ("ESRD") Care ("CEC") model as a ESCO. CMS recognizes ESRD patients benefit greatly from integrated care. The CEC model enables dialysis providers to partner with nephrologists to improve clinical outcomes through holistic care coordination. Overall, ESCOs achieved savings of $75 million during the first performance year of the pilot program, suggesting that the renal community is uniquely poised to deliver success on a large scale, which would positively benefit patients, the health care system and participating providers.

  DaVita and its partners currently participate in three ESCOs located in Arizona, Florida and New Jersey/Pennsylvania. DaVita's ESCO model of care leverages the 12-15 hours per week when patients are in a dialysis clinic to address their kidney and non-kidney health care needs. DaVita's in-person, direct patient engagement model of care is designed to yield the best quality and clinical outcomes over the long term.

  All of DaVita's ESCOs achieved the triple aim of improving clinical outcomes, enhancing patient experience and reducing costs. In the first performance year, DaVita's ESCOs provided integrated care and improved clinical outcomes for more than 5,000 patients*. This resulted in total average savings of $4,868 per patient. In the fourth quarter of 2016, when compared to the same timeframe in 2015, hospital readmissions were reduced by 13 percent, based on DaVita's internal data analysis. This resulted in patients being able to spend over 2,700 more days at home due to avoided hospitalizations, including Long-Term Acute Care Hospitals (LTACH) and Skilled Nursing Facilities (SNF). See Attachment – 11A.

- Disease Management Recertification. DaVita VillageHealth received a three-year recertification award from the National Committee for Quality Assurance ("NCQA") under the Disease Management Certification. The full recertification denotes that as a disease management program, DaVita VillageHealth has passed a voluntary, intense three-year review process where the NCQA examines member and practitioner services, coordination of care, program operations, evidence-based guidelines and measurement and quality improvement. The high standards encourage disease management organizations to continuously enhance the quality of services they deliver, while reducing patient risk. No other comparable evaluation exists for disease management programs. See Attachment – 11B.

- Quality Incentive Program. DaVita ranked first in outcomes for the fourth straight year in the CMS ESRD Quality Incentive Program. The ESRD QIP reduces payments to dialysis facilities that do not meet or exceed CMS-endorsed performance standards. DaVita outperformed the other ESRD providers in the industry combined with only 11 percent of facilities receiving adjustments versus 23 percent for the rest of the industry.

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[7] Id at 292-294.

- Coordination of Care. On June 29, 2017, CAPG, the leading association in the country representing physician organizations practicing capitated, coordinated care, awarded both of DaVita's medical groups - HealthCare Partners in California and The Everett Clinic in Washington - its Standards of Excellence™ Elite Awards. The CAPG's Standards of Excellence™ survey is the industry standard for assessing the delivery of accountable and value based care. Elite awards are achieved by excelling in six domains including Care Management Practices, Information Technology, Accountability and Transparency, Patient-Centered Care, Group Support of Advanced Primary Care and Administrative and Financial Capability.

- Joint Commission Accreditation. In August 2016, DaVita Hospital Services, the first inpatient kidney care service to receive Ambulatory Health Care Accreditation from the Joint Commission, was re-accredited for three years. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. For the past three years, DaVita identified key areas for improvement, created training presentations and documents, provided WebEx training sessions and coordinated 156 hospital site visits for The Joint Commission Surveyors and DaVita teammates. Accreditation allows DaVita to monitor and evaluate the safety of kidney care and apheresis therapies against ambulatory industry standards. The accreditation allows for increased focus on enhancing the quality and safety of patient care; improved clinical outcomes and performance metrics, risk management and survey preparedness. Having set standards in place can further allow DaVita to measure performance and become better aligned with its hospital partners.

- Military Friendly Employer Recognition. DaVita has been repeatedly recognized for its commitment to its employees, particularly its more than 1,700 teammates who are reservists, members of the National Guard, military veterans, and military spouses. Victory Media, publisher of GI Jobs® and *Military Spouse Magazine*, recently recognized DaVita as a 2017 Top Military Friendly Employer for the eighth consecutive year. Companies competed for the elite Military Friendly® Employer title by completing a data-driven survey. Criteria included a benchmark score across key programs and policies, such as the strength of company military recruiting efforts, percentage of new hires with prior military service, retention programs for veterans, and company policies on National Guard and Reserve service.

- Workplace Awards. In April 2017, DaVita was certified by WorldBlu as a "Freedom-Centered Workplace." For the tenth consecutive year, DaVita appeared on WorldBlu's list, formerly known as "most democratic" workplaces. WorldBlu surveys organizations' teammates to determine the level of democracy practiced. For the sixth consecutive year, DaVita was recognized as a Top Workplace by The Denver Post. In 2017, DaVita was recognized among *Training* magazine's Top 125 for its whole-person learning approach to training and development programs for the thirteenth year in a row. Finally, DaVita has been recognized as one of Fortune® Magazine's Most Admired Companies in 2017 – for the tenth consecutive year and eleventh year overall.

Quality Initiatives

DaVita has undertaken many initiatives to improve the lives of patients suffering from chronic kidney disease ("CKD") and ESRD. These programs include the Kidney Smart, IMPACT, CathAway, and transplant assistance programs. These programs and others are described below.

- On June 16, 2016, DaVita announced its partnership with Renal Physicians Association ("RPA") and the American Board of Internal Medicine ("ABIM") to allow DaVita-affiliated nephrologists to earn Maintenance of Certification ("MOC") credits for participating in dialysis unit quality improvement activities. MOC certification highlights nephrologists' knowledge and skill level for patients looking for high quality care.

- To improve access to kidney care services, DaVita and Northwell Health in New York have joint ventured to serve thousands of patients in Queens and Long Island with integrated kidney care. The joint venture will provide kidney care services in a multi-phased approach, including:

- Physician education and support
- Chronic kidney disease education
- Network of outpatient centers
- Hospital services
- Vascular access
- Integrated care
- Clinical research
- Transplant services

The joint venture will encourage patients to better utilize in-home treatment options.

- DaVita's Kidney Smart program helps to improve intervention and education for pre-ESRD patients. Adverse outcomes of CKD can often be prevented or delayed through early detection and treatment. Several studies have shown that early detection, intervention and care of CKD may improve patient outcomes and reduce ESRD as follows:

  (i) Reduced GFR is an independent risk factor for morbidity and mortality. A reduction in the rate of decline in kidney function upon nephrologists' referrals has been associated with prolonged survival of CKD patients,

  (ii) Late referral to a nephrologist has been correlated with lower survival during the first 90 days of dialysis, and

  (iii) Timely referral of CKD patients to a multidisciplinary clinical team may improve outcomes and reduce cost.

A care plan for patients with CKD includes strategies to slow the loss of kidney function, manage comorbidities, and prevent or treat cardiovascular disease and other complications of CKD, as well as ease the transition to kidney replacement therapy. Through the Kidney Smart program, DaVita offers educational services to CKD patients that can help patients reduce, delay, and prevent adverse outcomes of untreated CKD. DaVita's Kidney Smart program encourages CKD patients to take control of their health and make informed decisions about their dialysis care.

- DaVita's IMPACT program seeks to reduce patient mortality rates during the first 90-days of dialysis through patient intake, education and management, and reporting. Through IMPACT, DaVita's physician partners and clinical team have had proven positive results in addressing the critical issues of the incident dialysis patient. The program has helped improve DaVita's overall gross mortality rate, which has fallen 28% in the last 13 years.

- DaVita's CathAway program seeks to reduce the number of patients with central venous catheters ("CVC"). Instead patients receive arteriovenous fistula ("AV fistula") placement. AV fistulas have superior patency, lower complication rates, improved adequacy, lower cost to the healthcare system, and decreased risk of patient mortality compared to CVCs. In July 2003, the Centers for Medicare and Medicaid Services, the End Stage Renal Disease Networks and key providers jointly recommended adoption of a National Vascular Access Improvement Initiative ("NVAII') to increase the appropriate use of AV fistulas for hemodialysis. The CathAway program is designed to comply with NAVII through patient education outlining the benefits for AV fistula

placement and support through vessel mapping, fistula surgery and maturation, first cannulation and catheter removal.

- For more than a decade, DaVita has been investing and growing its integrated kidney care capabilities. Through Patient Pathways, DaVita partners with hospitals to provide faster, more accurate ESRD patient placement to reduce the length of hospital inpatient stays and readmissions. Importantly, Patient Pathways is not an intake program. An unbiased onsite liaison, specializing in ESRD patient care, meets with both newly diagnosed and existing ESRD patients to assess their current ESRD care and provides information about insurance, treatment modalities, outpatient care, financial obligations before discharge, and grants available to ESRD patients. Patients choose a provider/center that best meets their needs for insurance, preferred nephrologists, transportation, modality and treatment schedule.

  DaVita currently partners with over 250 hospitals nationwide through Patient Pathways. Patient Pathways has demonstrated benefits to hospitals, patients, physicians and dialysis centers. Since its creation in 2007, Patient Pathways has impacted over 130,000 patients. The Patient Pathways program reduced overall readmission rates by 18 percent, reduced average patient stay by a half-day, and reduced acute dialysis treatments per patient by 11 percent. Moreover, patients are better educated and arrive at the dialysis center more prepared and less stressed. They have a better understanding of their insurance coverage and are more engaged and satisfied with their choice of dialysis facility. As a result, patients have higher attendance rates, are more compliant with their dialysis care, and have fewer avoidable readmissions.

- Since 1996, Village Health has innovated to become the country's largest renal National Committee for Quality Assurance accredited disease management program. VillageHealth's Integrated Care Management ("ICM") services partners with patients, providers and care team members to focus on the root causes of unnecessary hospitalizations such as unplanned dialysis starts, infection, fluid overload and medication management.

  VillageHealth ICM services for payers and ACOs provide CKD and ESRD population health management delivered by a team of dedicated and highly skilled nurses who support patients both in the field and on the phone. Nurses use VillageHealth's industry-leading renal decision support and risk stratification software to manage a patient's coordinated needs. Improved clinical outcomes and reduced hospital readmission rates have contributed to improved quality of life for patients. As of 2014, VillageHealth ICM has delivered up to a 15 percent reduction in non-dialysis medical costs for ESRD patients, a 15 percent lower year-one mortality rate over a three-year period, and 27 percent fewer hospital readmissions compared to the Medicare benchmark. Applied to DaVita's managed ESRD population, this represents an annual savings of more than $30 million.

- Transplant Education. DaVita has long been committed to helping its patients receive a thorough kidney transplant education within 30 days of their first dialysis treatment. Patients are educated about the step-by-step transplant process and requirements, health benefits of a transplant and the transplant center options available to them. The social worker or designee obtains transplant center guidelines and criteria for selection of appropriate candidates and assists transplant candidates with factors that may affect their eligibility, such as severe obesity, adherence to prescribed medicine or therapy, and social/emotional/financial factors related to post-transplant functioning.

- Dialysis Quality Indicators. In an effort to better serve all kidney patients, DaVita believes in requiring that all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers: dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated

superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

- Pharmaceutical Compliance. DaVita Rx, the first and largest licensed, full-service U.S. renal pharmacy, focuses on the unique needs of dialysis patients. Since 2005, DaVita Rx has been helping improve outcomes by delivering medications to dialysis centers or to patients' homes, making it easier for patients to keep up with their drug regimens. DaVita Rx patients have medication adherence rates greater than 80%, almost double that of patients who fill their prescriptions elsewhere, and are correlated with 40% fewer hospitalizations.

Service to the Community

- DaVita consistently raises awareness of community needs and makes cash contributions to organizations aimed at improving access to kidney care. DaVita provides significant funding to kidney disease awareness organizations such as the Kidney TRUST, the National Kidney Foundation, the American Kidney Fund, and several other organizations. DaVita Way of Giving program donated $2.2 million in 2016 to locally based charities across the United States. Its own employees, or members of the "DaVita Village," assist in these initiatives. This year, more than 600 riders participated in Tour DaVita, DaVita's annual charity bike ride, which raised more $1.2 million to support Bridge of Life. Bridge of Life serves thousands of men, women and children around the world through kidney care, primary care, education and prevention and medically supported camps for kids. See Attachment – 11C. Since 2011, DaVita teammates have donated $9.1 million to thousands of organizations through DaVita Way of Giving.

- DaVita is committed to sustainability and reducing its carbon footprint. It is the only kidney care company recognized by the Environmental Protection Agency for its sustainability initiatives. In 2010, DaVita opened the first LEED-certified dialysis center in the U.S. Newsweek Green Rankings recognized DaVita as a 2015 Top Green Company in the United States, and it has appeared on the list every year since the inception of the program in 2009. Since 2013, DaVita has saved 645 million gallons of water through optimization projects. Through toner and cell phone recycling programs, more than $126,000 has been donated to Bridge of Life. In 2016, Village Green, DaVita's corporate sustainability program, launched a formal electronic waste program and recycled more than 113,000 pounds of e-waste.

- DaVita does not limit its community engagement to the U.S. alone. In 2006, Bridge of Life, the primary program of DaVita Village Trust, an independent 501(c)(3) nonprofit organization, completed more than 398 international and domestic medical missions and events in 25 countries.. More than 900 DaVita volunteers supported these missions, impacting more than 96,000 men, women and children.

Other Section 1110.230(a) Requirements.

Neither the Centers for Medicare and Medicaid Services nor the Illinois Department of Public Health ("IDPH") has taken any adverse action involving civil monetary penalties or restriction or termination of participation in the Medicare or Medicaid programs against any of the applicants, or against any Illinois health care facilities owned or operated by the Applicants, directly or indirectly, within three years preceding the filing of this application.

A list of health care facilities owned or operated by the Applicants in Illinois is attached at Attachment – 11D. Dialysis facilities are currently not subject to State Licensure in Illinois.

Certification that no adverse action has been taken against either of the Applicants or against any health care facilities owned or operated by the Applicants in Illinois within three years preceding the filing of this application is attached at Attachment – 11E.

An authorization permitting the Illinois Health Facilities and Services Review Board ("State Board") and IDPH access to any documents necessary to verify information submitted, including, but not limited to: official records of IDPH or other State agencies; and the records of nationally recognized accreditation organizations is attached at Attachment – 11E.

DaVita News

Integrated Care Improves Dialysis Patient Clinical Outcomes

Renal community delivers better patient experience and significant savings for the health care system

DENVER, Oct. 31, 2017 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA), a leading provider of kidney care services in the United States, today announced results of the first performance year in the Centers for Medicare and Medicaid Services (CMS) Comprehensive ESRD Care (CEC) Model as an ESRD Seamless Care Organization (ESCO).

CMS recognizes that end stage renal disease (ESRD) patients benefit greatly from integrated care. The CEC model enables dialysis providers like DaVita to partner with nephrologists to improve clinical outcomes through holistic care coordination. Overall, ESCOs achieved savings of $75 million during the first performance year of the pilot program, suggesting that the renal community is uniquely poised to deliver success on a large scale, which would positively benefit patients, the health care system and participating providers.

"DaVita is committed to partnering with CMS on the long-term vision of providing the gift of integrated care to all ESRD patients," said Javier Rodriguez, president and CEO of DaVita Kidney Care. "We're proud to be part of a disease-specific pilot that has shown great results for patients, is a win for the health care system and demonstrates that the renal community is ready to provide integrated care to all patients."

DaVita and its partners currently participate in three ESCOs located in Arizona, Florida and New Jersey/Pennsylvania. DaVita's ESCO model of care leverages the 12-15 hours per week when patients are in a dialysis clinic to address their kidney and non-kidney health care needs. DaVita's in-person, direct patient engagement model of care is designed to yield the best quality and clinical outcomes over the long term.

"DaVita's integrated care team regularly communicates with nephrologists to better address gaps in care that extend beyond dialysis," added Dr. Roy Marcus, medical director and participating ESCO nephrologist. "This frequent communication means I have the time and details I need to provide better, more holistic care to my patients."

All of DaVita's ESCOs achieved the triple aim of improving clinical outcomes, enhancing patient experience and reducing costs. In the first performance year, DaVita's ESCOs provided integrated care and improved clinical outcomes for more than 5,000 patients*. This resulted in total average savings of $4,868 per patient. In the fourth quarter of 2016, when compared to the same timeframe in 2015, hospital readmissions were reduced by 13 percent, based on DaVita's internal data analysis. This resulted in patients being able to spend over 2,700 more days at home due to avoided hospitalizations, including Long-Term Acute Care Hospitals (LTACH) and Skilled Nursing Facilities (SNF).

"DaVita and our nephrologist partners are investing resources in an in-person model of care because it leverages the time patients already have with their trusted care team at the dialysis center. This approach enables timely and effective management of patients' kidney disease, primary care and other comorbid conditions," stated Dr. Bryan Becker, MD, MMM, FACP, CPE, chief medical officer

of DaVita VillageHealth. "DaVita is prepared to expand its integrated care model to dialysis patients across the country so they can experience the benefits."

The ESCO pilot is an important step in the evolution to full risk models, but requires important modifications to enable scalability over an extended period of time. DaVita and its partners will continue to work with Center for Medicare & Medicaid Innovation (CMMI), CMS and Congress to create a model that could provide integrated care to all ESRD Medicare patients.

**Patients refers to number of beneficiary years. See CEC Model Performance Year 1 Results.*

About DaVita VillageHealth
As the country's largest NCQA-accredited renal provider, VillageHealth® is the integrated care division of DaVita Kidney Care. VillageHealth's 600 teammates serve more than 20,000 end-stage renal disease (ESRD) and late-stage chronic kidney disease (CKD) patients each month. By partnering with health plans, the government, health systems and nephrologists, VillageHealth measurably improves clinical outcomes, enhances patient experience, and reduces total cost of care for renal populations participating in its integrated care programs. VillageHealth's partnership models include traditional fee-for-service, shared savings, and fully-delegated risk arrangements. VillageHealth has been fully capitated in the industry's longest-running Medicare Advantage ESRD Chronic Condition Special Needs Plan (C-SNP) since 2011 and now operates twelve ESRD C-SNPs, three ESRD Seamless Care Organizations (ESCOs), as well as more than a dozen programs with commercial payors and health systems. For more information, please visit VillageHealth.com.

About DaVita Kidney Care
DaVita Kidney Care is a division of DaVita Inc., a Fortune 500® company, that through its operating divisions provides a variety of health care services to patient populations throughout the United States and abroad. A leading provider of dialysis services in the United States, DaVita Kidney Care treats patients with chronic kidney failure and end stage renal disease. DaVita Kidney Care strives to improve patients' quality of life by innovating clinical care, and by offering integrated treatment plans, personalized care teams, and convenient health-management services. As of June 30, 2017, DaVita Kidney Care operated or provided administrative services at 2,445 outpatient dialysis centers located in the United States serving approximately 194,600 patients. The company also operated 217 outpatient dialysis centers located in 11 countries outside the United States. DaVita Kidney Care supports numerous programs dedicated to creating positive, sustainable change in communities around the world. The company's leadership development initiatives and social responsibility efforts have been recognized by Fortune, Modern Healthcare, Newsweek, and WorldBlu. For more information, please visit DaVita.com.

Forward Looking Statements
This release contains or may contain statements that are forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended and Section 21E of the Securities Exchange Act of 1934, as amended. We intend these forward-looking statements to be covered by the safe harbor provisions for such statements. All statements that do not concern historical facts are forward-looking statements and include, among other things, statements about our expectations, beliefs, intentions and/or strategies for the future. These forward-looking statements include statements regarding anticipated benefits of integrated care to patient, tax payers and participating providers, scalability of ESCOs, improvement in clinical outcomes, enhancement in patient experience, reduction in costs, and ability to yield the best quality and clinical outcomes over the long term. These statements can sometimes be identified by the use of forward looking words such as "may," "believe," "will," "should," "could," "would," "expect," "project," "estimate," "anticipate,"

"plan," "continue," "seek," "forecast," or "intend" or other similar words or expressions of the negative thereof. These statements involve substantial known and unknown risks and uncertainties that could cause our actual results to differ materially from those described in the forward-looking statements, including, but not limited to the risk factors set forth in the Company's Annual Report on Form 10-K for the year ended December 31, 2016, and subsequent quarterly reports on Form 10-Q. These forward-looking statements should be considered in light of these risks and uncertainties. All forward-looking statements in this release are based on information available to us on the date of this release. We undertake no obligation to publicly update or revise any of these forward-looking statements, whether as a result of changed circumstances, new information, future events or otherwise.

Disclaimer
The statements contained in this document are solely those of the authors and do not necessarily reflect the views or policies of CMS. The authors assume responsibility for the accuracy and completeness of the information contained in this document

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SOURCE DaVita Kidney Care

http://pressreleases.davita.com/2017-10-31-Integrated-Care-Improves-Dialysis-Patient-Clinical-Outcomes

DaVita® Kidney Care

Attachment – 11A

DaVita News

More Than 600 Cyclists to Ride through Washington State in 11th Annual Tour DaVita

Riders Raise Funds and Awareness for Kidney Disease and Primary Health Care

SEATTLE, Oct. 3, 2017 /PRNewswire/ -- DaVita Inc. (NYSE: DVA), a leading independent medical group and a leading provider of kidney care services in the United States, announced that its 11th annual Tour DaVita will kick off October 8 in Monroe, Washington. More than 600 DaVita participants including teammates, family members, physicians and 15 patients will ride this year, making this the largest Tour DaVita to date.

Over three days, riders will cycle nearly 230 miles across Washington State to raise awareness for kidney disease and raise funds to help support medical missions in the United States and abroad through Bridge of Life, a nonprofit organization founded by DaVita. Bridge of Life strives to improve access to dialysis as well as primary care in underserved communities around the world. Bridge of Life also works to prevent kidney disease through early-detection testing and education for adults and children.

To participate in the event, riders each achieved a fundraising goal and paid their own travel expenses. Individual fundraising combined with donations from DaVita and other corporate sponsorships will contribute more than $1.2 million to Bridge of Life.

"For the past ten years, Tour DaVita riders have embraced the 'Spirit of the Ride' by pushing themselves to accomplish mileage they may not have thought possible, all while providing tremendous support and encouragement to one another," said Dave Hoerman, chief wisdom officer for DaVita. "This ride is designed to empower our teammates and patients to reach new heights, mentally and physically, while giving back to the health care community."

Oct. 8 - Sunday's ride begins in the Snoqualmie River Valley, east of Seattle. The route takes riders along quiet country roads in the foothills of the North Cascade Mountains and through rolling farmland, ending at Sky River Park. Participants can choose a 60 or 70-mile route.

Oct. 9 – On the second day, riders will cycle north from Snohomish County into the Skagit Valley. Riders can choose a 72 or 101-mile route.

Oct. 10 – On the third and final day, riders will cycle from Burlington through fields and forests and onto Samish Island, which offers views of the Puget Sound and the San Juan Islands. Riders will cover 58 miles.

To date, Tour DaVita has helped raise more than $9.8 million for nonprofits dedicated to raising awareness of kidney disease, providing kidney screenings and expanding access to dialysis care and primary care in developing countries.

Tour DaVita continues its 11 year partnership with Backroads, the "world's #1 active travel company™". Tour DaVita has previously taken place in Tennessee/Alabama (2007), Wisconsin

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(2008), Michigan (2009), Washington State (2010), Connecticut/New York/Massachusetts (2011), Iowa (2012), South Carolina (2013), Oregon (2014), North Carolina (2015) and Tennessee (2016).

Tour DaVita sponsors include ADI Construction of Virginia LLC, Amgen, ASD Healthcare, Baxter International Inc., Henry Schein Inc., Meridian, MUFG, NxStage Medical Inc., Pentec Health, Tata Consultancy Services and Wells Fargo.

Contact Information

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About DaVita Inc.

DaVita Inc., a Fortune 500® company, is the parent company of DaVita Kidney Care and DaVita Medical Group. DaVita Kidney Care is a leading provider of kidney care in the United States, delivering dialysis services to patients with chronic kidney failure and end stage renal disease. As of June 30, 2017, DaVita Kidney Care operated or provided administrative services at 2,445 outpatient dialysis centers located in the United States serving approximately 194,600 patients. The company also operated 217 outpatient dialysis centers located in 11 countries outside the United States. DaVita Medical Group manages and operates medical groups and affiliated physician networks in California, Colorado, Florida, Nevada, New Mexico, Pennsylvania and Washington in its pursuit to deliver excellent-quality health care in a dignified and compassionate manner. DaVita Medical Group's teammates, employed clinicians and affiliated clinicians provided care for approximately 1.7 million patients. For more information, please visit DaVita.com/About.

SOURCE DaVita Inc.

http://pressreleases.davita.com/2017-10-03-More-Than-600-Cyclists-to-Ride-through-Washington-State-in-11th-Annual-Tour-DaVita

Attachment – 11A

DaVita News

DaVita VillageHealth Receives Disease Management Recertification

Company recognized for exceptional care and service 15 years in a row

DENVER, Oct. 10, 2017 /PRNewswire/ -- DaVita Kidney Care, a division of DaVita Inc. (NYSE: DVA), a leading provider of kidney care services in the United States, today announced that DaVita VillageHealth received a three-year recertification award from the National Committee for Quality Assurance (NCQA) under the Disease Management Certification.

"NCQA's Disease Management Accreditation program is thorough and rigorous. It's designed to highlight only those programs that truly improve chronic care," said NCQA President Margaret E. O'Kane. "DaVita VillageHealth's unwavering commitment to improving care for renal patients is demonstrated by its high-quality services and continuous operational improvements, which have translated into notable positive outcomes for patients 15 years running."

The full recertification denotes that as a disease management program, DaVita VillageHealth has passed a voluntary, intense three-year review process where the NCQA examines member and practitioner services, coordination of care, program operations, evidence-based guidelines and measurement and quality improvement. The high standards encourage disease management organizations to continuously enhance the quality of services they deliver, while reducing patient risk. No other comparable evaluation exists for disease management programs.

"We have helped empower and support more than 64,000 patients through our integrated care programs," commented Todd Ezrine, general manager for DaVita VillageHealth. "The NCQA recognition reflects our continued performance in delivering high-quality, integrated care to help manage the unique and complex needs of our patients and achieve the triple aim working together with our partners."

Through collaborative care coordination and education, DaVita VillageHealth offers personalized care to help address the individual needs of every patient. This proven approach can result in an enhanced patient experience, a reduction in cost and an improvement in a patient's overall quality of health and life.

NCQA Accreditation standards are developed with input from researchers in the field, the Disease Management Advisory Council and standing committees, employers, both purchasers and operators of disease management programs, state and federal regulators and other experts.

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Attachment – 11B

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About NCQA
NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA is committed to providing health care quality information for consumers, purchasers, health care providers, and researchers. For more information, please visit NCQA.org.

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303-876-6626

SOURCE DaVita Kidney Care

http://pressreleases.davita.com/2017-10-10-DaVita-VillageHealth-Receives-Disease-Management-Recertification

Attachment – 11B

DaVita News

More Than 600 Cyclists to Ride through Washington State in 11th Annual Tour DaVita

Riders Raise Funds and Awareness for Kidney Disease and Primary Health Care

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Attachment – 11C

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Tour DaVita sponsors include ADI Construction of Virginia LLC, Amgen, ASD Healthcare, Baxter International Inc., Henry Schein Inc., Meridian, MUFG, NxStage Medical Inc., Pentec Health, Tata Consultancy Services and Wells Fargo.

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SOURCE DaVita Inc.

http://pressreleases.davita.com/2017-10-03-More-Than-600-Cyclists-to-Ride-through-Washington-State-in-11th-Annual-Tour-DaVita

Attachment – 11C

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Adams County Dialysis	436 N 10TH ST		QUINCY	ADAMS	IL	62301-4152	14-2711
Alton Dialysis	3511 COLLEGE AVE		ALTON	MADISON	IL	62002-5009	14-2619
Arlington Heights Renal Center	17 WEST GOLF ROAD		ARLINGTON HEIGHTS	COOK	IL	60005-3905	14-2628
Barrington Creek	28160 W. NORTHWEST HIGHWAY		LAKE BARRINGTON	LAKE	IL	60010	14-2736
Belvidere Dialysis	1755 BELOIT ROAD		BELVIDERE	BOONE	IL	61008	14-2795
Benton Dialysis	1151 ROUTE 14 W		BENTON	FRANKLIN	IL	62812-1500	14-2608
Beverly Dialysis	8109 SOUTH WESTERN AVE		CHICAGO	COOK	IL	60620-5939	14-2638
Big Oaks Dialysis	5623 W TOUHY AVE		NILES	COOK	IL	60714-4019	14-2712
Brighton Park Dialysis	4729 SOUTH CALIFORNIA AVE		CHICAGO	COOK	IL	60632	
Buffalo Grove Renal Center	1291 W. DUNDEE ROAD		BUFFALO GROVE	COOK	IL	60089-4009	14-2650
Calumet City Dialysis	1200 SIBLEY BOULEVARD		CALUMET CITY	COOK	IL	60409	
Carpentersville Dialysis	2203 RANDALL ROAD		CARPENTERSVILLE	KANE	IL	60110-3355	14-2598
Centralia Dialysis	1231 STATE ROUTE 161		CENTRALIA	MARION	IL	62801-6739	14-2609
Chicago Heights Dialysis	177 W JOE ORR RD	STE B	CHICAGO HEIGHTS	COOK	IL	60411-1733	14-2635
Chicago Ridge Dialysis	10S11 SOUTH HARLEM AVE		WORTH	COOK	IL	60482	14-2793
Churchview Dialysis	5970 CHURCHVIEW DR		ROCKFORD	WINNEBAGO	IL	61107-2574	14-2640
Cobblestone Dialysis	934 CENTER ST	STE A	ELGIN	KANE	IL	60120-2125	14-2715
Collinsville Dialysis	101 LANTER COURT	BLDG 2	COLLINSVILLE	MADISON	IL	62234	
Country Hills Dialysis	4215 W 167TH ST		COUNTRY CLUB HILLS	COOK	IL	60478-2017	14-2575
Crystal Springs Dialysis	720 COG CIRCLE		CRYSTAL LAKE	MCHENRY	IL	60014-7301	14-2716
Decatur East Wood Dialysis	794 E WOOD ST		DECATUR	MACON	IL	62S23-1155	14-2599
Dixon Kidney Center	1131 N GALENA AVE		DIXON	LEE	IL	61021-1015	14-26S1
Driftwood Dialysis	1808 SOUTH WEST AVE		FREEPORT	STEPHENSON	IL	61032-6712	14-2747
Edwardsville Dialysis	235 S BUCHANAN ST		EDWARDSVILLE	MADISON	IL	6202S-2108	14-2701
Effingham Dialysis	904 MEDICAL PARK DR	STE 1	EFFINGHAM	EFFINGHAM	IL	62401-2193	14-2580
Emerald Dialysis	710 W 43RD ST		CHICAGO	COOK	IL	60609-3435	14-2529
Evanston Renal Center	1715 CENTRAL STREET		EVANSTON	COOK	IL	60201-1507	14-2511
Forest City Rockford	4103 W STATE ST		ROCKFORD	WINNEBAGO	IL	61101	
Grand Crossing Dialysis	7319 S COTTAGE GROVE AVENUE		CHICAGO	COOK	IL	60619-1909	14-2728
Freeport Dialysis	1028 S KUNKLE BLVD		FREEPORT	STEPHENSON	IL	61032-6914	14-2642
Foxpoint Dialysis	1300 SCHAEFER ROAD		GRANITE CITY	MADISON	IL	62040	
Garfield Kidney Center	3250 WEST FRANKLIN BLVD		CHICAGO	COOK	IL	60624-1509	14-2777
Granite City Dialysis Center	9 AMERICAN VLG		GRANITE CITY	MADISON	IL	62040-3706	14-2537

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Harvey Dialysis	16641 S HALSTED ST		HARVEY	COOK	IL	60426-6174	14-2698
Hazel Crest Renal Center	3470 WEST 183rd STREET		HAZEL CREST	COOK	IL	60429-2428	14-2622
Huntley Dialysis	10350 HALIGUS ROAD		HUNTLEIY	MCHENRY	IL	60142	
Illini Renal Dialysis	507 E UNIVERSITY AVE		CHAMPAIGN	CHAMPAIGN	IL	61820-3828	14-2633
Irving Park Dialysis	4323 N PULASKI RD		CHICAGO	COOK	IL	60641	
Jacksonville Dialysis	1515 W WALNUT ST		JACKSONVILLE	MORGAN	IL	62650-1150	14-2581
Jerseyville Dialysis	917 S STATE ST		JERSEYVILLE	JERSEY	IL	62052-2344	14-2636
Kankakee County Dialysis	581 WILLIAM R LATHAM SR DR	STE 104	BOURBONNAIS	KANKAKEE	IL	60914-2439	14-2685
Kenwood Dialysis	4259 S COTTAGE GROVE AVENUE		CHICAGO	CODK	IL	60653	14-2717
Lake County Dialysis Services	565 LAKEVIEW PARKWAY	STE 176	VERNON HILLS	LAKE	IL	60061	14-2552
Lake Villa Dialysis	37809 N IL ROUTE 59		LAKE VILLA	LAKE	IL	60046-7332	14-2666
Lawndale Dialysis	3934 WEST 24TH ST		CHICAGO	COOK	IL	60623	14-2768
Lincoln Dialysis	2100 WEST FIFTH		LINCOLN	LOGAN	IL	62656-9115	14-2582
Lincoln Park Dialysis	2484 N ELSTON AVE		CHICAGO	COOK	IL	60647	14-2528
Litchfield Dialysis	915 ST FRANCES WAY		LITCHFIELD	MONTGOMERY	IL	62056-1775	14-2583
Little Village Dialysis	2335 W CERMAK RD		CHICAGO	COOK	IL	60608-3811	14-2668
Logan Square Dialysis	2838 NORTH KIMBALL AVE		CHICAGO	COOK	IL	60618	14-2534
Loop Renal Center	1101 SOUTH CANAL STREET		CHICAGO	COOK	IL	60607-4901	14-2505
Machesney Park Dialysis	7170 NORTH PERRYVILLE ROAD		MACHESNEY PARK	WINNEBAGO	IL	61115	14-2806
Macon County Dialysis	1090 W MCKINLEY AVE		DECATUR	MACON	IL	62526-3208	14-2584
Marengo City Dialysis	910 GREENLEE STREET	STE B	MARENGO	MCHENRY	IL	60152-8200	14-2643
Marion Dialysis	324 S 4TH ST		MARION	WILLIAMSON	IL	62959-1241	14-2570
Maryville Dialysis	2130 VADALABENE DR		MARYVILLE	MADISON	IL	62062-5632	14-2634
Mattoon Dialysis	6051 DEVELOPMENT DRIVE		CHARLESTON	COLES	IL	61938-4652	14-2585
Metro East Dialysis	5105 W MAIN ST		BELLEVILLE	SAINT CLAIR	IL	62226-4728	14-2527
Montclare Dialysis Center	7009 W BELMONT AVE		CHICAGO	COOK	IL	60634-4533	14-2649
Montgomery County Dialysis	1822 SENATOR MILLER DRIVE		HILLSBORO	MONTGOMERY	IL	62049	
Mount Vernon Dialysis	1800 JEFFERSON AVE		MOUNT VERNON	JEFFERSON	IL	62864-4300	14-2541
Mt. Greenwood Dialysis	3401 W 111TH ST		CHICAGO	COOK	IL	60655-3329	14-2660
O'Fallon Dialysis	1941 FRANK SCOTT PKWY E	STE B	O'FALLON	ST. CLAIR	IL	62269	
Olney Dialysis Center	117 N BOONE ST		OLNEY	RICHLAND	IL	62450-2109	14-2674
Olympia Fields Dialysis Center	4557B LINCOLN HWY	STE B	MATTESON	COOK	IL	60443-2318	14-2548

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Illinois Facilities							
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Palos Park Dialysis	13155 S LaGRANGE ROAD		ORLAND PARK	COOK	IL	60462-1162	14-2732
Park Manor Dialysis	95TH STREET & COLFAX AVENUE		CHICAGO	COOK	IL	60617	
Pittsfield Dialysis	640 W WASHINGTON ST		PITTSFIELD	PIKE	IL	62363-1350	14-2708
Red Bud Dialysis	LOT 4 IN 1ST ADDITION OF EAST INDUSTRIAL PARK		RED BUD	RANDOLPH	IL	62278	14-2772
Robinson Dialysis	1215 N ALLEN ST	STE B	ROBINSON	CRAWFORD	IL	62454-1100	14-2714
Rockford Dialysis	3339 N ROCKTON AVE		ROCKFORD	WINNEBAGO	IL	61103-2839	14-2647
Roxbury Dialysis Center	622 ROXBURY RD		ROCKFORO	WINNEBAGO	IL	61107-5089	14-2665
Rushville Dialysis	112 SULLIVAN DRIVE		RUSHVILLE	SCHUYLER	IL	62681-1293	14-2620
Sauget Dialysis	2061 GOOSE LAKE RD		SAUGET	SAINT CLAIR	IL	62206-2822	14-2561
Schaumburg Renal Center	1156 S ROSELLE ROAD		SCHAUMBURG	CODK	IL	60193-4072	14-26S4
Shiloh Dialysis	1095 NORTH GREEN MOUNT RO		SHILOH	ST CLAIR	IL	62269	14-2753
Silver Cross Renal Center - Morris	1551 CREEK DRIVE		MORRIS	GRUNDY	IL	60450	14-2740
Silver Cross Renal Center - New Lenox	1890 SILVER CROSS BOULEVARD		NEW LENOX	WILL	IL	60451	14-2741
Silver Cross Renal Center - West	1051 ESSINGTON ROAO		JOLIET	WILL	IL	60435	14-2742
South Holland Renal Center	16136 SOUTH PARK AVENUE		SOUTH HOLLAND	COOK	IL	60473-1511	14-2544
Springfield Central Dialysis	932 N RUTLEDGE ST		SPRINGFIELD	SANGAMON	IL	62702-3721	14-2586
Springfield Montvale Dialysis	2930 MONTVALE DR	STE A	SPRINGFIELD	SANGAMON	IL	62704-5376	14-2590
Springfield South	2930 SOUTH 6th STREET		SPRINGFIELD	SANGAMON	IL	62703	14-2733
Stonecrest Dialysis	1302 E STATE ST		ROCKFORD	WINNEBAGO	IL	61104-2228	14-2615
Stony Creek Dialysis	9115 S CICERO AVE		OAK LAWN	COOK	IL	60453-1895	14-2661
Stony Island Dialysis	8725 S STONY ISLAND AVE		CHICAGO	COOK	IL	60617-2709	14-2718
Sycamore Dialysis	2200 GATEWAY DR		SYCAMORE	DEKALB	IL	60178-3113	14-2639
Taylorville Dialysis	901 W SPRESSER ST		TAYLORVILLE	CHRISTIAN	IL	62568-1831	14-2587
Tazewell County Dialysis	1021 COURT STREET		PEKIN	TAZEWELL	IL	61554	14-2767
Timber Creek Dialysis	1001 S. ANNIE GLIDDEN ROAD		DEKALB	DEKALB	IL	60115	14-2763
Tinley Park Dialysis	16767 SOUTH 80TH AVENUE		TINLEY PARK	COOK	IL	60477	
TRC Children's Dialysis Center	2611 N HALSTED ST		CHICAGO	COOK	IL	60614-2301	14-2604

DaVita Inc.							
Illinois Facilities							
Regulatory Name	Address 1	Address 2	City	County	State	Zip	Medicare Certification Number
Vandalia Dialysis	301 MATTES AVE		VANDALIA	FAYETTE	IL	62471-2061	14-2693
Vermilion County Dialysis	22 WEST NEWELL ROAD		DANVILLE	VERMILION	IL	61834	
Washington Heights Dialysis	10620 SDUTH HALSTED STREET		CHICAGO	COOK	IL	60628 .	
Waukegan Renal Center	1616 NORTH GRAND AVENUE	STE C	Waukegan	CODK	IL	60085-3676	14-2577
Wayne County Dialysis	303 NW 11TH ST	STE 1	FAIRFIELD	WAYNE	IL	62837-1203	14-2688
West Lawn Dialysis	7000 S PULASKI RD		CHICAGO	COOK	IL	60629-5842	14-2719
West Side Dialysis	1600 W 13TH STREET		CHICAGO	COOK	IL	60608	14-2783
Whiteside Dialysis	2600 N LOCUST	STE D	STERLING	WHITESIDE	IL	61081-4602	14-2648
Woodlawn Dialysis	5060 S STATE ST		CHICAGO	COOK	IL	60609	14-2310

Attachment – 11D

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 that no adverse action as defined in 77 IAC 1130.140 has been taken against any in-center dialysis facility owned or operated by DaVita Inc. or Dunklinson Dialysis, LLC in the State of Illinois during the three year period prior to filing this application.

Additionally, pursuant to 77 Ill. Admin. Code § 1110.1430(b)(3)(J) I hereby authorize the Health Facilities and Services Review Board ("HFSRB") and the Illinois Department of Public Health ("IDPH") access to any documents necessary to verify information submitted as part of this application for permit. I further authorize HFSRB and IDPH to obtain any additional information or documents from other government agencies which HFSRB or IDPH deem pertinent to process this application for permit.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing Member of Dunklinson Dialysis, LLC

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

Notary Public

2000 16th Street, Denver, CO 80202 | P (303) 876-6000 | F (310) 536-2675 | DaVita.com

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 25, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Dunklison Dialysis, LLC)

Document Date: October 25, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Dunklinson Dialysis, LLC
(Brickyard Dialysis)

Section III, Background, Purpose of the Project, and Alternatives – Information Requirements
Criterion 1110.230(b) – Background, Purpose of the Project, and Alternatives

Purpose of Project

1. There is a need for 87 dialysis stations in the City of Chicago, the highest demand for additional dialysis stations in the entire state. In fact, over half of the stations needed according to the most recent need determinations are in the City of Chicago. The purpose of the project is to meet this need and improve access to life sustaining dialysis services to the residents of the northwest side of Chicago. The patient service area of the proposed Brickyard Dialysis is an economically disadvantaged area whose residents are predominantly Hispanic. The community surrounding the proposed site of the dialysis facility is nearly 50% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Sixteen percent (16%) of the population of the service area is living below the Federal Poverty Level and 28% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). See Attachments – 12A & 12B. People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

   Related to the higher incidence CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[8]

   Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[9] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter

   Given these factors, readily accessible dialysis services are imperative for the health of the residents living on the northwest side of Chicago. There are 18 dialysis facilities within 30 minutes of the proposed Brickyard Dialysis (the "Brickyard GSA"). Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center), average utilization of area dialysis facilities is 83%, as of September 30, 2017, which exceeds the State Board's utilization standard of 80%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. This growth is anticipated to continue for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

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8 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem*, Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

9 Id.

Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[10] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[11] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Anna Beat Gopaniuk-Folga, M.D. with Kidney and Hypertension Associates, S.C. is currently treating 136 CKD patients, who reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes, all within 5 miles of 60639. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Gopaniuk anticipates that at least 65 of these 136 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Gopaniuk's projected ESRD patients and operate at the State Board's optimal rate of 80%.

Based on September 2017 data from the Renal Network, 2,166 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Brickyard Dialysis is needed to ensure ESRD patients on the northwest side of Chicago have adequate access to dialysis services that are essential to their well-being.

2. A map of the market area for the proposed facility is attached at Attachment – 12C. The market area encompasses an approximate 30 minute radius around the proposed facility. The boundaries of the market area are as follows:

- North approximately 30 minutes normal travel time to Skokie, IL.
- Northeast approximately 30 minutes normal travel time to North Center, Chicago, IL.
- East approximately 30 minutes normal travel time to DePaul University, Chicago, IL.
- Southeast approximately 30 minutes normal travel time to University of Illinois at Chicago.
- South approximately 30 minutes normal travel time to Cicero, IL.
- Southwest approximately 30 minutes normal travel time to Forest Park, IL.
- West approximately 30 minutes normal travel time to Franklin Park, IL.
- Northwest approximately 30 minutes normal travel time to Norridge, IL.

The purpose of this project is to improve access to life sustaining dialysis to residents of the northwest side of Chicago.

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[10] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[11] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

3. The minimum size of a GSA is 30 minutes and all of the projected patients reside within 30 minutes of the proposed facility, located on the northwest side of Chicago. Dr. Gopaniuk expects at least 65 of the current 136 selected CKD patients, all of whom reside within 5 miles of the proposed site, will require dialysis within 12 to 24 months of project completion.

4. Source Information

CENTERS FOR DISEASE CONTROL & PREVENTION, NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION, National Chronic Kidney Disease Fact Sheet, 2017 (2017) *available at* https://www.cdc.gov/diabetes/pubs/pdf/kidney_factsheet.pdf (last visited Jul. 20, 2017).

US Renal Data System, USRDS 2016 Annual Data Report: Epidemiology of Kidney Disease in the United States, National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 39 (2016) *available at* https://www.usrds.org/2016/view/Default.Aspx (last visited Jul. 20, 2017).

THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

5. The proposed facility will improve access to dialysis services to the residents of the northwest side of Chicago. Given the high concentration of ESRD and CKD in the GSA, this facility is necessary to ensure sufficient access to dialysis services in this community.

6. The Applicants anticipate the proposed facility will have quality outcomes comparable to its other facilities. Additionally, in an effort to better serve all kidney patients, DaVita believes in requiring all providers measure outcomes in the same way and report them in a timely and accurate basis or be subject to penalty. There are four key measures that are the most common indicators of quality care for dialysis providers - dialysis adequacy, fistula use rate, nutrition and bone and mineral metabolism. Adherence to these standard measures has been directly linked to 15-20% fewer hospitalizations. On each of these measures, DaVita has demonstrated superior clinical outcomes, which directly translated into 7% reduction in hospitalizations among DaVita patients.

Brickyard Dialysis Service Area Demographics

	60639	60641	60707	60647	60618	60634	60630	Total	%
White	6,089	27,106	22,301	34,824	43,609	41,699	32,052	207,680	40%
Hispanic	71,086	39,777	14,974	44,600	43,953	27,428	15,116	256,934	49%
African American	12,211	1,333	3,584	4,938	1,877	1,230	779	25,952	5%
Native American	71	8	32	155	78	31	146	521	0%
Paciific Islander	14	50	-	12	55	25	-	156	0%
Asian	866	2,835	1,570	2,161	5,312	3,085	7,079	22,908	4%
Other	1,042	1,479	544	1,579	2,440	595	1,481	9,160	2%
Total	**91,379**	**72,588**	**43,005**	**88,269**	**97,324**	**74,093**	**56,653**	**523,311**	**100%**

U.S. Census Bureau

AMERICAN FactFinder

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Tell us what you think. Provide feedback to help make American Community Survey data more useful for you.

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Subject	ZCTA5 60639			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	91,379	+/-2,151	91,379	(X)
Male	45,325	+/-1,222	49.6%	+/-0.9
Female	46,054	+/-1,524	50.4%	+/-0.9
Under 5 years	7,599	+/-638	8.3%	+/-0.7
5 to 9 years	8,300	+/-645	9.1%	+/-0.6
10 to 14 years	6,443	+/-645	7.1%	+/-0.6
15 to 19 years	6,944	+/-549	7.6%	+/-0.6
20 to 24 years	7,680	+/-644	8.4%	+/-0.7
25 to 34 years	13,723	+/-877	15.0%	+/-0.9
35 to 44 years	13,944	+/-952	15.3%	+/-0.9
45 to 54 years	11,013	+/-718	12.1%	+/-0.8
55 to 59 years	4,832	+/-420	5.3%	+/-0.5
60 to 64 years	3,880	+/-367	4.2%	+/-0.4
65 to 74 years	4,499	+/-411	4.9%	+/-0.5
75 to 84 years	1,834	+/-266	2.0%	+/-0.3
85 years and over	688	+/-176	0.8%	+/-0.2
Median age (years)	31.3	+/-0.7	(X)	(X)
18 years and over	64,847	+/-1,511	71.0%	+/-1.0
21 years and over	60,545	+/-1,410	66.3%	+/-1.0
62 years and over	9,102	+/-538	10.0%	+/-0.6
65 years and over	7,021	+/-490	7.7%	+/-0.6
18 years and over	64,847	+/-1,511	64,847	(X)
Male	32,130	+/-935	49.5%	+/-0.9
Female	32,717	+/-994	50.5%	+/-0.9
65 years and over	7,021	+/-490	7,021	(X)
Male	2,982	+/-324	42.5%	+/-3.0

Attachment – 12A

Subject	ZCTA5 60639			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	4,039	+/-316	57.5%	+/-3.0
RACE				
Total population	91,379	+/-2,151	91,379	(X)
One race	89,468	+/-2,164	97.9%	+/-0.5
Two or more races	1,911	+/-504	2.1%	+/-0.5
One race	89,468	+/-2,164	97.9%	+/-0.5
White	31,451	+/-2,238	34.4%	+/-2.3
Black or African American	12,896	+/-1,072	14.1%	+/-1.1
American Indian and Alaska Native	211	+/-110	0.2%	+/-0.1
Cherokee tribal grouping	0	+/-26	0.0%	+/-0.1
Chippewa tribal grouping	14	+/-20	0.0%	+/-0.1
Navajo tribal grouping	20	+/-32	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	948	+/-268	1.0%	+/-0.3
Asian Indian	11	+/-18	0.0%	+/-0.1
Chinese	5	+/-7	0.0%	+/-0.1
Filipino	664	+/-251	0.7%	+/-0.3
Japanese	40	+/-52	0.0%	+/-0.1
Korean	137	+/-110	0.1%	+/-0.1
Vietnamese	1	+/-2	0.0%	+/-0.1
Other Asian	90	+/-86	0.1%	+/-0.1
Native Hawaiian and Other Pacific Islander	34	+/-34	0.0%	+/-0.1
Native Hawaiian	0	+/-26	0.0%	+/-0.1
Guamanian or Chamorro	29	+/-32	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	5	+/-8	0.0%	+/-0.1
Some other race	43,928	+/-2,371	48.1%	+/-2.4
Two or more races	1,911	+/-504	2.1%	+/-0.5
White and Black or African American	299	+/-120	0.3%	+/-0.1
White and American Indian and Alaska Native	172	+/-106	0.2%	+/-0.1
White and Asian	232	+/-261	0.3%	+/-0.3
Black or African American and American Indian and Alaska Native	56	+/-62	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	91,379	+/-2,151	91,379	(X)
White	32,944	+/-2,346	36.1%	+/-2.4
Black or African American	13,608	+/-1,116	14.9%	+/-1.1
American Indian and Alaska Native	509	+/-192	0.6%	+/-0.2
Asian	1,249	+/-368	1.4%	+/-0.4
Native Hawaiian and Other Pacific Islander	102	+/-93	0.1%	+/-0.1
Some other race	44,972	+/-2,364	49.2%	+/-2.4
HISPANIC OR LATINO AND RACE				
Total population	91,379	+/-2,151	91,379	(X)
Hispanic or Latino (of any race)	71,086	+/-1,987	77.8%	+/-1.4
Mexican	45,970	+/-2,078	50.3%	+/-1.9
Puerto Rican	16,735	+/-1,308	18.3%	+/-1.4
Cuban	441	+/-189	0.5%	+/-0.2
Other Hispanic or Latino	7,940	+/-1,205	8.7%	+/-1.3
Not Hispanic or Latino	20,293	+/-1,406	22.2%	+/-1.4
White alone	6,089	+/-712	6.7%	+/-0.8
Black or African American alone	12,211	+/-1,035	13.4%	+/-1.0
American Indian and Alaska Native alone	71	+/-57	0.1%	+/-0.1
Asian alone	866	+/-273	0.9%	+/-0.3
Native Hawaiian and Other Pacific Islander alone	14	+/-22	0.0%	+/-0.1

Subject	ZCTA5 60639			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	354	+/-173	0.4%	+/-0.2
Two or more races	688	+/-294	0.8%	+/-0.3
Two races including Some other race	16	+/-22	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	672	+/-295	0.7%	+/-0.3
Total housing units	28,352	+/-263	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	45,270	+/-1,433	45,270	(X)
Male	21,725	+/-935	48.0%	+/-1.1
Female	23,545	+/-806	52.0%	+/-1.1

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.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2011-2015 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '***' entry in the margin of error column indicetes that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

U.S. Census Bureau

AMERICAN FactFinder

DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates tha official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	ZCTA5 60641			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	72,588	+/-1,633	72,588	(X)
Male	36,281	+/-1,011	50.0%	+/-0.9
Female	36,307	+/-1,085	50.0%	+/-0.9
Under 5 years	5,179	+/-533	7.1%	+/-0.7
5 to 9 years	4,489	+/-439	6.2%	+/-0.5
10 to 14 years	4,127	+/-342	5.7%	+/-0.5
15 to 19 years	4,410	+/-504	6.1%	+/-0.7
20 to 24 years	4,903	+/-523	6.8%	+/-0.7
25 to 34 years	12,225	+/-787	16.8%	+/-1.0
35 to 44 years	10,922	+/-678	15.0%	+/-0.9
45 to 54 years	10,139	+/-814	14.0%	+/-1.1
55 to 59 years	4,897	+/-484	6.7%	+/-0.6
60 to 64 years	4,076	+/-432	5.6%	+/-0.6
65 to 74 years	4,163	+/-385	5.7%	+/-0.6
75 to 84 years	2,104	+/-254	2.9%	+/-0.4
85 years and over	954	+/-192	1.3%	+/-0.3
Median age (years)	35.7	+/-0.6	(X)	(X)
18 years and over	56,060	+/-1,227	77.2%	+/-0.8
21 years and over	53,380	+/-1,095	73.5%	+/-0.9
62 years and over	9,629	+/-561	13.3%	+/-0.8
65 years and over	7,221	+/-457	9.9%	+/-0.7
18 years and over	56,060	+/-1,227	56,060	(X)
Male	27,445	+/-872	49.0%	+/-1.0
Female	28,615	+/-810	51.0%	+/-1.0
65 years and over	7,221	+/-457	7,221	(X)
Male	3,126	+/-265	43.3%	+/-3.1

Subject	ZCTA5 60641			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	4,095	+/-376	56.7%	+/-3.1
RACE				
Total population	72,588	+/-1,633	72,588	(X)
One race	69,872	+/-1,655	96.3%	+/-0.6
Two or more races	2,716	+/-460	3.7%	+/-0.6
One race	69,872	+/-1,655	96.3%	+/-0.6
White	47,855	+/-1,726	65.9%	+/-2.1
Black or African American	1,624	+/-402	2.2%	+/-0.6
American Indian and Alaska Native	151	+/-98	0.2%	+/-0.1
Cherokee tribal grouping	0	+/-26	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	2,957	+/-504	4.1%	+/-0.7
Asian Indian	371	+/-209	0.5%	+/-0.3
Chinese	215	+/-121	0.3%	+/-0.2
Filipino	1,614	+/-361	2.2%	+/-0.5
Japanese	123	+/-77	0.2%	+/-0.1
Korean	165	+/-71	0.2%	+/-0.1
Vietnamese	143	+/-128	0.2%	+/-0.2
Other Asian	326	+/-133	0.4%	+/-0.2
Native Hawaiian and Other Pacific Islander	129	+/-114	0.2%	+/-0.2
Native Hawaiian	50	+/-44	0.1%	+/-0.1
Guamanian or Chamorro	0	+/-26	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	79	+/-105	0.1%	+/-0.1
Some other race	17,156	+/-1,708	23.6%	+/-2.2
Two or more races	2,716	+/-460	3.7%	+/-0.6
White and Black or African American	374	+/-141	0.5%	+/-0.2
White and American Indian and Alaska Native	132	+/-71	0.2%	+/-0.1
White and Asian	582	+/-195	0.8%	+/-0.3
Black or African American and American Indian and Alaska Native	47	+/-56	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	72,588	+/-1,633	72,588	(X)
White	49,998	+/-1,760	68.9%	+/-2.1
Black or African American	2,515	+/-591	3.5%	+/-0.8
American Indian and Alaska Native	559	+/-215	0.8%	+/-0.3
Asian	3,709	+/-576	5.1%	+/-0.8
Native Hawaiian and Other Pacific Islander	332	+/-222	0.5%	+/-0.3
Some other race	18,349	+/-1,692	25.3%	+/-2.1
HISPANIC OR LATINO AND RACE				
Total population	72,588	+/-1,633	72,588	(X)
Hispanic or Latino (of any race)	39,777	+/-1,684	54.8%	+/-1.7
Mexican	23,053	+/-1,553	31.8%	+/-1.9
Puerto Rican	8,978	+/-1,125	12.4%	+/-1.5
Cuban	477	+/-196	0.7%	+/-0.3
Other Hispanic or Latino	7,269	+/-979	10.0%	+/-1.3
Not Hispanic or Latino	32,811	+/-1,229	45.2%	+/-1.7
White alone	27,106	+/-1,081	37.3%	+/-1.4
Black or African American alone	1,333	+/-382	1.8%	+/-0.5
American Indian and Alaska Native alone	8	+/-12	0.0%	+/-0.1
Asian alone	2,835	+/-499	3.9%	+/-0.7
Native Hawaiian and Other Pacific Islander alone	50	+/-44	0.1%	+/-0.1

Subject	ZCTA5 60641			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	92	+/-78	0.1%	+/-0.1
Two or more races	1,387	+/-367	1.9%	+/-0.5
Two races including Some other race	139	+/-143	0.2%	+/-0.2
Two races excluding Some other race, and Three or more races	1,248	+/-347	1.7%	+/-0.5
Total housing units	27,113	+/-331	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	42,585	+/-1,331	42,585	(X)
Male	20,419	+/-812	47.9%	+/-1.0
Female	22,166	+/-769	52.1%	+/-1.0

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Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60707			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	43,005	+/-1,045	43,005	(X)
Male	20,400	+/-665	47.4%	+/-1.3
Female	22,605	+/-867	52.6%	+/-1.3
Under 5 years	2,692	+/-418	6.3%	+/-0.9
5 to 9 years	2,978	+/-433	6.9%	+/-1.0
10 to 14 years	2,468	+/-318	5.7%	+/-0.7
15 to 19 years	2,306	+/-378	5.4%	+/-0.9
20 to 24 years	2,783	+/-303	6.5%	+/-0.7
25 to 34 years	6,359	+/-625	14.8%	+/-1.3
35 to 44 years	5,950	+/-596	13.8%	+/-1.4
45 to 54 years	6,177	+/-555	14.4%	+/-1.3
55 to 59 years	2,935	+/-403	6.8%	+/-0.9
60 to 64 years	2,489	+/-366	5.8%	+/-0.9
65 to 74 years	3,016	+/-367	7.0%	+/-0.9
75 to 84 years	2,124	+/-320	4.9%	+/-0.7
85 years and over	728	+/-159	1.7%	+/-0.4
Median age (years)	37.8	+/-1.7	(X)	(X)
18 years and over	33,331	+/-762	77.5%	+/-1.3
21 years and over	31,949	+/-768	74.3%	+/-1.4
62 years and over	7,309	+/-546	17.0%	+/-1.3
65 years and over	5,868	+/-512	13.6%	+/-1.2
18 years and over	33,331	+/-762	33,331	(X)
Male	15,357	+/-555	46.1%	+/-1.4
Female	17,974	+/-630	53.9%	+/-1.4
65 years and over	5,868	+/-512	5,868	(X)
Male	2,289	+/-299	39.0%	+/-3.2

Subject	ZCTA5 60707			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	3,579	+/-334	61.0%	+/-3.2
RACE				
Total population	43,005	+/-1,045	43,005	(X)
One race	41,960	+/-1,122	97.6%	+/-0.9
Two or more races	1,045	+/-388	2.4%	+/-0.9
One race	41,960	+/-1,122	97.6%	+/-0.9
White	30,772	+/-1,442	71.6%	+/-2.9
Black or African American	3,724	+/-525	8.7%	+/-1.2
American Indian and Alaska Native	181	+/-182	0.4%	+/-0.4
Cherokee tribal grouping	0	+/-23	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-23	0.0%	+/-0.1
Navajo tribal grouping	0	+/-23	0.0%	+/-0.1
Sioux tribal grouping	0	+/-23	0.0%	+/-0.1
Asian	1,570	+/-500	3.7%	+/-1.2
Asian Indian	207	+/-211	0.5%	+/-0.5
Chinese	172	+/-244	0.4%	+/-0.6
Filipino	888	+/-345	2.1%	+/-0.8
Japanese	89	+/-95	0.2%	+/-0.2
Korean	46	+/-44	0.1%	+/-0.1
Vietnamese	75	+/-73	0.2%	+/-0.2
Other Asian	93	+/-87	0.2%	+/-0.2
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	5,713	+/-1,084	13.3%	+/-2.5
Two or more races	1,045	+/-388	2.4%	+/-0.9
White and Black or African American	232	+/-170	0.5%	+/-0.4
White and American Indian and Alaska Native	27	+/-35	0.1%	+/-0.1
White and Asian	144	+/-125	0.3%	+/-0.3
Black or African American and American Indian and Alaska Native	37	+/-45	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	43,005	+/-1,045	43,005	(X)
White	31,584	+/-1,425	73.4%	+/-2.9
Black or African American	4,188	+/-589	9.7%	+/-1.3
American Indian and Alaska Native	351	+/-262	0.8%	+/-0.6
Asian	1,758	+/-556	4.1%	+/-1.3
Native Hawaiian and Other Pacific Islander	154	+/-188	0.4%	+/-0.4
Some other race	6,120	+/-1,047	14.2%	+/-2.4
HISPANIC OR LATINO AND RACE				
Total population	43,005	+/-1,045	43,005	(X)
Hispanic or Latino (of any race)	14,974	+/-1,198	34.8%	+/-2.4
Mexican	6,897	+/-1,075	16.0%	+/-2.4
Puerto Rican	5,940	+/-942	13.8%	+/-2.1
Cuban	231	+/-136	0.5%	+/-0.3
Other Hispanic or Latino	1,906	+/-526	4.4%	+/-1.2
Not Hispanic or Latino	28,031	+/-1,085	65.2%	+/-2.4
White alone	22,301	+/-1,053	51.9%	+/-2.3
Black or African American alone	3,584	+/-507	8.3%	+/-1.2
American Indian and Alaska Native alone	32	+/-34	0.1%	+/-0.1
Asian alone	1,570	+/-500	3.7%	+/-1.2
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0.0%	+/-0.1

Subject	ZCTA5 60707			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	33	+/-57	0.1%	+/-0.1
Two or more races	511	+/-274	1.2%	+/-0.6
Two races including Some other race	5	+/-8	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	506	+/-275	1.2%	+/-0.6
Total housing units	16,741	+/-417	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	28,577	+/-889	28,577	(X)
Male	13,179	+/-582	46.1%	+/-1.4
Female	15,398	+/-629	53.9%	+/-1.4

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Subject	ZCTA5 60647			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	88,269	+/-2,167	88,269	(X)
Male	44,814	+/-1,322	50.8%	+/-0.9
Female	43,455	+/-1,317	49.2%	+/-0.9
Under 5 years	6,175	+/-547	7.0%	+/-0.6
5 to 9 years	4,984	+/-495	5.6%	+/-0.5
10 to 14 years	4,490	+/-454	5.1%	+/-0.5
15 to 19 years	4,260	+/-429	4.8%	+/-0.4
20 to 24 years	7,810	+/-667	8.8%	+/-0.7
25 to 34 years	24,553	+/-970	27.8%	+/-1.0
35 to 44 years	14,683	+/-666	16.6%	+/-0.6
45 to 54 years	8,973	+/-469	10.2%	+/-0.5
55 to 59 years	3,546	+/-373	4.0%	+/-0.4
60 to 64 years	2,802	+/-308	3.2%	+/-0.4
65 to 74 years	3,645	+/-346	4.1%	+/-0.4
75 to 84 years	1,838	+/-303	2.1%	+/-0.3
85 years and over	510	+/-139	0.6%	+/-0.2
Median age (years)	31.4	+/-0.5	(X)	(X)
18 years and over	69,974	+/-1,613	79.3%	+/-1.0
21 years and over	67,463	+/-1,468	76.4%	+/-1.0
62 years and over	7,560	+/-529	8.6%	+/-0.6
65 years and over	5,993	+/-476	6.8%	+/-0.5
18 years and over	69,974	+/-1,613	69,974	(X)
Male	35,452	+/-1,079	50.7%	+/-0.9
Female	34,522	+/-952	49.3%	+/-0.9
65 years and over	5,993	+/-476	5,993	(X)
Male	2,672	+/-372	44.6%	+/-4.1

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Subject	ZCTA5 60647			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	3,321	+/-296	55.4%	+/-4.1
RACE				
Total population	88,269	+/-2,167	88,269	(X)
One race	85,506	+/-2,165	96.9%	+/-0.5
Two or more races	2,763	+/-427	3.1%	+/-0.5
One race	85,506	+/-2,165	96.9%	+/-0.5
White	67,413	+/-1,801	76.4%	+/-1.5
Black or African American	5,721	+/-911	8.5%	+/-1.0
American Indian and Alaska Native	309	+/-147	0.4%	+/-0.2
Cherokee tribal grouping	11	+/-17	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	2,356	+/-427	2.7%	+/-0.5
Asian Indian	287	+/-96	0.3%	+/-0.1
Chinese	559	+/-201	0.6%	+/-0.2
Filipino	615	+/-288	0.7%	+/-0.3
Japanese	155	+/-105	0.2%	+/-0.1
Korean	388	+/-159	0.4%	+/-0.2
Vietnamese	95	+/-58	0.1%	+/-0.1
Other Asian	257	+/-116	0.3%	+/-0.1
Native Hawaiian and Other Pacific Islander	12	+/-15	0.0%	+/-0.1
Native Hawaiian	12	+/-15	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	9,695	+/-1,039	11.0%	+/-1.1
Two or more races	2,763	+/-427	3.1%	+/-0.5
White and Black or African American	854	+/-220	1.0%	+/-0.2
White and American Indian and Alaska Native	374	+/-122	0.4%	+/-0.1
White and Asian	671	+/-169	0.6%	+/-0.2
Black or African American and American Indian and Alaska Native	25	+/-27	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	88,269	+/-2,167	88,269	(X)
White	69,732	+/-1,764	79.0%	+/-1.5
Black or African American	6,930	+/-925	7.9%	+/-1.0
American Indian and Alaska Native	872	+/-197	1.0%	+/-0.2
Asian	3,235	+/-467	3.7%	+/-0.5
Native Hawaiian and Other Pacific Islender	58	+/-52	0.1%	+/-0.1
Some other race	10,344	+/-1,082	11.7%	+/-1.1
HISPANIC OR LATINO AND RACE				
Total population	88,269	+/-2,167	88,269	(X)
Hispanic or Latino (of any race)	44,600	+/-2,007	50.5%	+/-1.6
Mexican	23,958	+/-1,950	27.1%	+/-1.9
Puerto Rican	14,293	+/-1,119	16.2%	+/-1.3
Cuban	869	+/-274	1.0%	+/-0.3
Other Hispanic or Latino	5,480	+/-749	6.2%	+/-0.8
Not Hispanic or Latino	43,669	+/-1,511	49.5%	+/-1.6
White alone	34,824	+/-1,177	39.5%	+/-1.4
Black or African American alone	4,938	+/-824	5.8%	+/-0.9
American Indian and Alaska Native alone	155	+/-127	0.2%	+/-0.1
Asian alone	2,161	+/-392	2.4%	+/-0.4
Native Hawaiian and Other Pacific Islander alone	12	+/-15	0.0%	+/-0.1

Subject	ZCTA5 60647			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	92	+/-76	0.1%	+/-0.1
Two or more races	1,487	+/-261	1.7%	+/-0.3
Two races including Some other race	34	+/-39	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	1,453	+/-254	1.6%	+/-0.3
Total housing units	37,909	+/-316	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	58,631	+/-1,308	58,631	(X)
Male	29,435	+/-923	50.2%	+/-1.0
Female	29,196	+/-842	49.8%	+/-1.0

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Subject	ZCTA5 60618			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	97,324	+/-2,437	97,324	(X)
Male	48,941	+/-1,624	50.3%	+/-0.9
Female	48,383	+/-1,314	49.7%	+/-0.9
Under 5 years	7,602	+/-653	7.8%	+/-0.6
5 to 9 years	6,330	+/-625	6.5%	+/-0.6
10 to 14 years	5,529	+/-571	5.7%	+/-0.6
15 to 19 years	3,977	+/-532	4.1%	+/-0.5
20 to 24 years	6,549	+/-671	6.7%	+/-0.7
25 to 34 years	21,737	+/-1,132	22.3%	+/-1.1
35 to 44 years	17,032	+/-1,023	17.5%	+/-0.9
45 to 54 years	11,796	+/-931	12.1%	+/-0.9
55 to 59 years	4,773	+/-450	4.9%	+/-0.4
60 to 64 years	3,539	+/-421	3.6%	+/-0.4
65 to 74 years	4,994	+/-494	5.1%	+/-0.5
75 to 84 years	2,349	+/-321	2.4%	+/-0.3
85 years and over	1,117	+/-261	1.1%	+/-0.3
Median age (years)	33.5	+/-0.6	(X)	(X)
18 years and over	75,512	+/-1,716	77.6%	+/-0.7
21 years and over	72,854	+/-1,657	74.9%	+/-0.8
62 years and over	10,365	+/-570	10.6%	+/-0.6
65 years and over	8,460	+/-546	8.7%	+/-0.6
18 years and over	75,512	+/-1,716	75,512	(X)
Male	38,489	+/-1,249	51.0%	+/-1.0
Female	37,023	+/-1,028	49.0%	+/-1.0
65 years and over	8,460	+/-546	8,460	(X)
Male	3,553	+/-354	42.0%	+/-3.1

Subject	ZCTA5 60618			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	4,907	+/-405	58.0%	+/-3.1
RACE				
Total population	97,324	+/-2,437	97,324	(X)
One race	94,222	+/-2,341	96.8%	+/-0.5
Two or more races	3,102	+/-510	3.2%	+/-0.5
One race	94,222	+/-2,341	96.8%	+/-0.5
White	76,374	+/-2,313	80.5%	+/-1.6
Black or African American	2,169	+/-416	2.2%	+/-0.4
American Indian and Alaska Native	342	+/-278	0.4%	+/-0.3
Cherokee tribal grouping	35	+/-47	0.0%	+/-0.1
Chippewa tribal grouping	6	+/-10	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	5,402	+/-603	5.6%	+/-0.6
Asian Indian	558	+/-205	0.6%	+/-0.2
Chinese	540	+/-201	0.6%	+/-0.2
Filipino	2,685	+/-475	2.8%	+/-0.5
Japanese	168	+/-80	0.2%	+/-0.1
Korean	167	+/-73	0.2%	+/-0.1
Vietnamese	282	+/-147	0.3%	+/-0.2
Other Asian	1,002	+/-345	1.0%	+/-0.4
Native Hawaiian and Other Pacific Islander	55	+/-51	0.1%	+/-0.1
Native Hawaiian	0	+/-26	0.0%	+/-0.1
Guamanian or Chamorro	28	+/-42	0.0%	+/-0.1
Samoan	13	+/-21	0.0%	+/-0.1
Other Pacific Islander	14	+/-23	0.0%	+/-0.1
Some other race	7,680	+/-1,249	8.1%	+/-1.2
Two or more races	3,102	+/-510	3.2%	+/-0.5
White and Black or African American	700	+/-283	0.7%	+/-0.3
White and American Indian and Alaska Native	411	+/-187	0.4%	+/-0.2
White and Asian	1,235	+/-391	1.3%	+/-0.4
Black or African American and American Indian and Alaska Native	105	+/-88	0.1%	+/-0.1
Race alone or in combination with one or more other races				
Total population	97,324	+/-2,437	97,324	(X)
White	81,149	+/-2,366	83.4%	+/-1.5
Black or African American	3,083	+/-557	3.2%	+/-0.6
American Indian and Alaska Native	981	+/-350	1.0%	+/-0.4
Asian	6,863	+/-785	7.1%	+/-0.8
Native Hawaiian and Other Pacific Islander	76	+/-63	0.1%	+/-0.1
Some other race	8,373	+/-1,297	8.6%	+/-1.3
HISPANIC OR LATINO AND RACE				
Total population	97,324	+/-2,437	97,324	(X)
Hispanic or Latino (of any race)	43,953	+/-2,238	45.2%	+/-1.6
Mexican	28,999	+/-2,242	29.8%	+/-1.9
Puerto Rican	5,225	+/-676	5.4%	+/-0.7
Cuban	734	+/-274	0.8%	+/-0.3
Other Hispanic or Latino	8,995	+/-1,168	9.2%	+/-1.2
Not Hispanic or Latino	53,371	+/-1,598	54.8%	+/-1.6
White alone	43,609	+/-1,300	44.8%	+/-1.4
Black or African American alone	1,877	+/-387	1.9%	+/-0.4
American Indian and Alaska Native alone	78	+/-51	0.1%	+/-0.1
Asian alone	5,312	+/-603	5.5%	+/-0.6
Native Hawaiian and Other Pacific Islander alone	55	+/-51	0.1%	+/-0.1

Subject	ZCTA5 60618			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	104	+/-57	0.1%	+/-0.1
Two or more races	2,336	+/-496	2.4%	+/-0.5
Two races including Some other race	96	+/-119	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	2,240	+/-480	2.3%	+/-0.5
Total housing units	39,537	+/-423	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	58,250	+/-1,283	58,250	(X)
Male	28,965	+/-967	49.7%	+/-1.1
Female	29,285	+/-830	50.3%	+/-1.1

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Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

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U.S. Census Bureau

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DP05 | ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60634			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	74,093	+/-2,038	74,093	(X)
Male	36,305	+/-1,328	49.0%	+/-1.0
Female	37,788	+/-1,228	51.0%	+/-1.0
Under 5 years	5,088	+/-582	6.9%	+/-0.7
5 to 9 years	4,320	+/-422	5.8%	+/-0.5
10 to 14 years	4,164	+/-479	5.6%	+/-0.6
15 to 19 years	4,226	+/-463	5.7%	+/-0.6
20 to 24 years	4,225	+/-488	5.7%	+/-0.6
25 to 34 years	11,859	+/-846	16.0%	+/-1.0
35 to 44 years	9,693	+/-617	13.1%	+/-0.7
45 to 54 years	10,384	+/-697	14.0%	+/-0.9
55 to 59 years	5,660	+/-489	7.6%	+/-0.7
60 to 64 years	4,516	+/-405	6.1%	+/-0.6
65 to 74 years	5,558	+/-446	7.5%	+/-0.6
75 to 84 years	2,977	+/-341	4.0%	+/-0.5
85 years and over	1,423	+/-203	1.9%	+/-0.3
Median age (years)	39.0	+/-0.9	(X)	(X)
18 years and over	58,018	+/-1,518	78.3%	+/-1.1
21 years and over	55,619	+/-1,448	75.1%	+/-1.1
62 years and over	12,632	+/-542	17.0%	+/-0.8
65 years and over	9,958	+/-490	13.4%	+/-0.7
18 years and over	58,018	+/-1,518	58,018	(X)
Male	28,393	+/-911	48.9%	+/-1.0
Female	29,625	+/-985	51.1%	+/-1.0
65 years and over	9,958	+/-490	9,958	(X)
Male	4,274	+/-305	42.9%	+/-2.3

Subject	ZCTA5 60634			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	5,684	+/-371	57.1%	+/-2.3
RACE				
Total population	74,093	+/-2,038	74,093	(X)
One race	72,664	+/-2,007	98.1%	+/-0.4
Two or more races	1,429	+/-289	1.9%	+/-0.4
One race	72,664	+/-2,007	98.1%	+/-0.4
White	57,984	+/-2,139	78.3%	+/-2.1
Black or African American	1,351	+/-565	1.8%	+/-0.8
American Indian and Alaska Native	109	+/-73	0.1%	+/-0.1
Cherokee tribal grouping	16	+/-25	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	3,157	+/-519	4.3%	+/-0.7
Asian Indian	133	+/-132	0.2%	+/-0.2
Chinese	190	+/-135	0.3%	+/-0.2
Filipino	2,034	+/-428	2.7%	+/-0.6
Japanese	59	+/-36	0.1%	+/-0.1
Korean	139	+/-104	0.2%	+/-0.1
Vietnamese	40	+/-44	0.1%	+/-0.1
Other Asian	562	+/-321	0.8%	+/-0.4
Native Hawaiian and Other Pacific Islander	30	+/-46	0.0%	+/-0.1
Native Hawaiian	0	+/-26	0.0%	+/-0.1
Guamanian or Chamorro	5	+/-8	0.0%	+/-0.1
Samoan	0	+/-26	0.0%	+/-0.1
Other Pacific Islander	25	+/-45	0.0%	+/-0.1
Some other race	10,033	+/-1,428	13.5%	+/-1.8
Two or more races	1,429	+/-289	1.9%	+/-0.4
White and Black or African American	202	+/-99	0.3%	+/-0.1
White and American Indian and Alaska Native	83	+/-51	0.1%	+/-0.1
White and Asian	632	+/-207	0.9%	+/-0.3
Black or African American and American Indian and Alaska Native	0	+/-26	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	74,093	+/-2,038	74,093	(X)
White	59,141	+/-2,144	79.8%	+/-2.1
Black or African American	1,736	+/-613	2.3%	+/-0.8
American Indian and Alaska Native	202	+/-96	0.3%	+/-0.1
Asian	3,902	+/-595	5.3%	+/-0.8
Native Hawaiian and Other Pacific Islander	38	+/-48	0.1%	+/-0.1
Some other race	10,513	+/-1,479	14.2%	+/-1.9
HISPANIC OR LATINO AND RACE				
Total population	74,093	+/-2,038	74,093	(X)
Hispanic or Latino (of any race)	27,428	+/-1,938	37.0%	+/-2.2
Mexican	16,747	+/-1,557	22.6%	+/-1.9
Puerto Rican	6,688	+/-1,281	9.0%	+/-1.7
Cuban	481	+/-413	0.6%	+/-0.8
Other Hispanic or Latino	3,532	+/-597	4.8%	+/-0.8
Not Hispanic or Latino	46,865	+/-1,777	63.0%	+/-2.2
White alone	41,699	+/-1,752	56.3%	+/-2.1
Black or African American alone	1,230	+/-581	1.7%	+/-0.8
American Indian and Alaska Native alone	31	+/-36	0.0%	+/-0.1
Asian alone	3,085	+/-507	4.2%	+/-0.7
Native Hawaiian and Other Pacific Islander alone	25	+/-45	0.0%	+/-0.1

Subject	ZCTA5 60634			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	26	+/-31	0.0%	+/-0.1
Two or more races	569	+/-160	0.8%	+/-0.2
Two races including Some other race	0	+/-26	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	569	+/-160	0.8%	+/-0.2
Total housing units	27,892	+/-238	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	46,825	+/-1,749	46,825	(X)
Male	22,685	+/-969	48.4%	+/-1.2
Female	24,140	+/-1,119	51.6%	+/-1.2

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ACS DEMOGRAPHIC AND HOUSING ESTIMATES

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Subject	ZCTA5 60630			
	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	56,653	+/-1,961	56,653	(X)
Male	27,854	+/-1,190	49.2%	+/-1.1
Female	28,799	+/-1,106	50.8%	+/-1.1
Under 5 years	3,585	+/-446	6.3%	+/-0.7
5 to 9 years	3,235	+/-406	5.7%	+/-0.7
10 to 14 years	3,055	+/-427	5.4%	+/-0.7
15 to 19 years	3,121	+/-451	5.5%	+/-0.7
20 to 24 years	3,212	+/-349	5.7%	+/-0.6
25 to 34 years	8,293	+/-713	14.6%	+/-1.1
35 to 44 years	8,500	+/-560	15.0%	+/-0.8
45 to 54 years	8,738	+/-562	15.4%	+/-1.0
55 to 59 years	4,024	+/-500	7.1%	+/-0.9
60 to 64 years	3,188	+/-386	5.6%	+/-0.7
65 to 74 years	3,991	+/-324	7.0%	+/-0.6
75 to 84 years	2,481	+/-338	4.4%	+/-0.6
85 years and over	1,230	+/-229	2.2%	+/-0.4
Median age (years)	39.3	+/-1.2	(X)	(X)
18 years and over	44,725	+/-1,351	78.9%	+/-1.4
21 years and over	43,060	+/-1,288	76.0%	+/-1.5
62 years and over	9,561	+/-529	16.9%	+/-1.0
65 years and over	7,702	+/-449	13.6%	+/-0.8
18 years and over	44,725	+/-1,351	44,725	(X)
Male	21,352	+/-654	47.7%	+/-1.1
Female	23,373	+/-628	52.3%	+/-1.1
65 years and over	7,702	+/-449	7,702	(X)
Male	2,904	+/-260	37.7%	+/-2.7

Subject	ZCTA5 80630			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Female	4,798	+/-364	62.3%	+/-2.7
RACE				
Total population	56,653	+/-1,961	56,653	(X)
One race	53,954	+/-2,013	95.2%	+/-0.8
Two or more races	2,699	+/-451	4.8%	+/-0.8
One race	53,954	+/-2,013	95.2%	+/-0.8
White	40,682	+/-1,754	71.8%	+/-2.7
Black or African American	779	+/-255	1.4%	+/-0.5
American Indian and Alaska Native	158	+/-107	0.3%	+/-0.2
Cherokee tribal grouping	10	+/-16	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-26	0.0%	+/-0.1
Navajo tribal grouping	0	+/-26	0.0%	+/-0.1
Sioux tribal grouping	0	+/-26	0.0%	+/-0.1
Asian	7,127	+/-1,053	12.6%	+/-1.8
Asian Indian	1,218	+/-518	2.1%	+/-0.9
Chinese	396	+/-223	0.7%	+/-0.4
Filipino	2,514	+/-812	4.4%	+/-1.4
Japanese	85	+/-63	0.2%	+/-0.1
Korean	378	+/-160	0.7%	+/-0.3
Vietnamese	1,068	+/-525	1.9%	+/-0.9
Other Asian	1,468	+/-576	2.6%	+/-1.0
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	5,208	+/-1,268	9.2%	+/-2.1
Two or more races	2,699	+/-451	4.8%	+/-0.8
White and Black or African American	305	+/-178	0.5%	+/-0.3
White and American Indian and Alaska Native	361	+/-182	0.6%	+/-0.3
White and Asian	901	+/-292	1.6%	+/-0.5
Black or African American and American Indian and Alaska Native	18	+/-28	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	56,653	+/-1,961	56,653	(X)
White	42,949	+/-1,714	75.8%	+/-2.6
Black or African American	1,355	+/-318	2.4%	+/-0.6
American Indian and Alaska Native	671	+/-255	1.2%	+/-0.5
Asian	8,225	+/-1,175	14.5%	+/-2.0
Native Hawaiian and Other Pacific Islander	101	+/-78	0.2%	+/-0.1
Some other race	6,196	+/-1,307	10.9%	+/-2.2
HISPANIC OR LATINO AND RACE				
Total population	56,653	+/-1,961	56,653	(X)
Hispanic or Latino (of any race)	15,116	+/-1,613	26.7%	+/-2.4
Mexican	7,612	+/-1,196	13.4%	+/-1.9
Puerto Rican	3,271	+/-769	5.8%	+/-1.4
Cuban	221	+/-130	0.4%	+/-0.2
Other Hispanic or Latino	4,012	+/-1,082	7.1%	+/-1.8
Not Hispanic or Latino	41,537	+/-1,597	73.3%	+/-2.4
White alone	32,052	+/-1,400	56.6%	+/-2.4
Black or African American alone	779	+/-255	1.4%	+/-0.5
American Indian and Alaska Native alone	146	+/-101	0.3%	+/-0.2
Asian alone	7,079	+/-1,049	12.5%	+/-1.7
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0.0%	+/-0.1

Subject	ZCTA5 60630			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Some other race alone	30	+/-28	0.1%	+/-0.1
Two or more races	1,451	+/-310	2.6%	+/-0.5
Two races including Some other race	43	+/-38	0.1%	+/-0.1
Two races excluding Some other race, and Three or more races	1,408	+/-302	2.5%	+/-0.5
Total housing units	22,164	+/-326	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	38,759	+/-1,185	38,759	(X)
Male	18,419	+/-791	47.5%	+/-1.3
Female	20,340	+/-740	52.5%	+/-1.3

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Attachment – 12A

Brickyard Dialysis Service Area Poverty Analysis

	60639	60641	60707	60647	60618	60634	60630	Total	%
Below FPL	22,883	10,451	5,222	17,447	13,742	8,424	6,324	84,493	16%
50% FPL	7,377	4,201	2,289	7,012	5,198	3,178	2,098	31,353	6%
125% FPL	30,683	14,338	7,251	23,600	20,219	10,501	8,834	115,426	22%
150% FPL	37,400	19,582	9,653	28,051	26,038	15,521	10,839	147,084	28%
185% FPL	46,774	25,354	12,759	34,332	33,140	21,094	14,830	188,283	36%
200% FPL	50,163	27,221	14,091	36,493	35,347	23,655	16,344	203,314	39%
300% FPL	68,837	40,055	21,477	50,650	52,379	37,895	25,093	296,386	57%
400% FPL	79,893	51,385	28,115	59,633	62,617	49,554	33,149	364,346	70%
500% FPL	84,661	58,044	32,655	66,226	70,848	58,075	39,497	410,006	79%
Population for Whom Poverty Status is Determined	**90,852**	**72,258**	**42,671**	**87,811**	**96,763**	**73,817**	**56,416**	**520,588**	**100%**

Attachment – 12B

U.S. Census Bureau

AMERICAN FactFinder

S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60639				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	90,852	+/-2,169	22,883	+/-1,948	25.2%
AGE					
Under 18 years	26,258	+/-1,283	9,795	+/-1,079	37.3%
Under 5 years	7,512	+/-643	2,895	+/-465	38.5%
5 to 17 years	18,746	+/-1,047	6,900	+/-868	36.8%
Related children of householder under 18 years	26,163	+/-1,281	9,713	+/-1,074	37.1%
18 to 64 years	57,655	+/-1,495	11,888	+/-1,074	20.6%
18 to 34 years	24,146	+/-1,111	5,145	+/-592	21.3%
35 to 64 years	33,509	+/-1,158	6,743	+/-720	20.1%
60 years and over	10,788	+/-604	1,884	+/-293	17.5%
65 years and over	6,939	+/-484	1,200	+/-236	17.3%
SEX					
Male	45,036	+/-1,239	10,092	+/-1,001	22.4%
Female	45,816	+/-1,515	12,791	+/-1,138	27.9%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	31,188	+/-2,233	6,503	+/-1,175	20.9%
Black or African American alone	12,742	+/-1,046	3,517	+/-820	27.6%
American Indian and Alaska Native alone	211	+/-110	65	+/-60	30.8%
Asian alone	948	+/-268	126	+/-104	13.3%
Native Hawaiian and Other Pacific Islander alone	34	+/-34	20	+/-27	58.8%
Some other race alone	43,842	+/-2,374	11,946	+/-1,551	27.2%
Two or more races	1,887	+/-505	706	+/-361	37.4%
Hispanic or Latino origin (of any race)	70,863	+/-2,000	17,977	+/-1,843	25.4%
White alone, not Hispanic or Latino	5,948	+/-710	1,100	+/-414	18.5%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	54,160	+/-1,299	10,866	+/-919	20.1%
Less than high school graduate	21,531	+/-948	5,279	+/-649	24.5%

Subject	ZCTA5 60639				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	15,723	+/-908	3,085	+/-428	19.6%
Some college, associate's degree	11,501	+/-751	2,010	+/-331	17.5%
Bachelor's degree or higher	5,405	+/-471	492	+/-166	9.1%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	45,408	+/-1,336	6,908	+/-732	15.2%
Employed	39,513	+/-1,225	5,051	+/-564	12.8%
Male	22,215	+/-836	2,628	+/-378	11.8%
Female	17,298	+/-891	2,423	+/-386	14.0%
Unemployed	5,895	+/-632	1,857	+/-372	31.5%
Male	3,007	+/-440	757	+/-226	25.2%
Female	2,888	+/-412	1,100	+/-238	38.1%
WORK EXPERIENCE					
Population 16 years and over	67,491	+/-1,604	13,984	+/-1,225	20.7%
Worked full-time, year-round in the past 12 months	27,204	+/-1,151	2,070	+/-357	7.6%
Worked part-time or part-year in the past 12 months	16,071	+/-947	3,883	+/-538	24.2%
Did not work	24,216	+/-1,127	8,031	+/-838	33.2%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	7,377	+/-1,165	(X)	(X)	(X)
125 percent of poverty level	30,683	+/-2,092	(X)	(X)	(X)
150 percent of poverty level	37,400	+/-2,252	(X)	(X)	(X)
185 percent of poverty level	46,774	+/-2,402	(X)	(X)	(X)
200 percent of poverty level	50,153	+/-2,551	(X)	(X)	(X)
300 percent of poverty level	68,837	+/-2,453	(X)	(X)	(X)
400 percent of poverty level	79,893	+/-2,237	(X)	(X)	(X)
500 percent of poverty level	84,661	+/-2,230	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	11,067	+/-875	3,917	+/-391	35.4%
Male	5,375	+/-560	1,225	+/-232	22.8%
Female	5,692	+/-525	2,692	+/-326	47.3%
15 years	8	+/-12	8	+/-12	100.0%
16 to 17 years	65	+/-54	65	+/-54	100.0%
18 to 24 years	857	+/-269	402	+/-137	46.9%
25 to 34 years	2,621	+/-369	769	+/-214	29.3%
35 to 44 years	2,285	+/-435	735	+/-202	32.2%
45 to 54 years	1,658	+/-260	633	+/-149	38.2%
55 to 64 years	1,710	+/-314	649	+/-162	38.0%
65 to 74 years	1,107	+/-203	287	+/-129	25.9%
75 years and over	756	+/-144	369	+/-102	48.8%
Mean income deficit for unrelated individuals (dollars)	6,961	+/-403	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	4,665	+/-599	175	+/-81	3.8%
Worked less than full-time, year-round in the past 12 months	2,455	+/-327	1,092	+/-226	44.5%
Did not work	3,947	+/-416	2,650	+/-370	67.1%

Attachment – 12B

Subject	ZCTA5 60639 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-1.9
AGE	
Under 18 years	+/-3.1
Under 5 years	+/-4.3
5 to 17 years	+/-3.5
Related children of householder under 18 years	+/-3.1
18 to 64 years	+/-1.8
18 to 34 years	+/-2.3
35 to 64 years	+/-2.0
60 years and over	+/-2.4
65 years and over	+/-2.9
SEX	
Male	+/-2.0
Female	+/-2.2
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-3.4
Black or African American alone	+/-5.2
American Indian and Alaska Native alone	+/-23.2
Asian alone	+/-11.1
Native Hawaiian and Other Pacific Islander alone	+/-52.6
Some other race alone	+/-3.2
Two or more races	+/-13.3
Hispanic or Latino origin (of any race)	+/-2.3
White alone, not Hispanic or Latino	+/-6.5
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.6
Less than high school graduate	+/-2.6
High school graduate (includes equivalency)	+/-2.5
Some college, associate's degree	+/-2.5
Bachelor's degree or higher	+/-2.9
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.6
Employed	+/-1.4
Male	+/-1.7
Female	+/-2.1
Unemployed	+/-4.8
Male	+/-5.7
Female	+/-6.7
WORK EXPERIENCE	
Population 16 years and over	+/-1.7
Worked full-time, year-round in the past 12 months	+/-1.3
Worked part-time or part-year in the past 12 months	+/-2.8
Did not work	+/-2.7
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60639
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-3.1
Male	+/-3.8
Female	+/-4.4
15 years	+/-96.4
16 to 17 years	+/-33.0
18 to 24 years	+/-12.9
25 to 34 years	+/-7.3
35 to 44 years	+/-7.2
45 to 54 years	+/-7.6
55 to 64 years	+/-7.5
65 to 74 years	+/-9.2
75 years and over	+/-10.8
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.7
Worked less than full-time, year-round in the past 12 months	+/-7.1
Did not work	+/-4.4

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.

While the 2011-2015 American Community Survey (ACS) data generally reflect the February 2013 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

1. An '**' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
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U.S. Census Bureau

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S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

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Subject	ZCTA5 60641				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	72,258	+/-1,600	10,451	+/-1,152	14.5%
AGE					
Under 16 years	16,404	+/-780	3,555	+/-467	21.7%
Under 5 years	5,165	+/-532	1,049	+/-262	20.3%
5 to 17 years	11,239	+/-616	2,506	+/-365	22.3%
Related children of householder under 18 years	16,342	+/-776	3,493	+/-464	21.4%
18 to 64 years	46,769	+/-1,343	6,091	+/-707	12.5%
18 to 34 years	18,805	+/-873	2,515	+/-392	13.4%
35 to 64 years	29,964	+/-967	3,576	+/-440	11.9%
60 years and over	11,135	+/-654	1,331	+/-261	12.0%
65 years and over	7,085	+/-457	805	+/-199	11.4%
SEX					
Male	36,136	+/-996	5,060	+/-632	14.0%
Female	36,122	+/-1,066	5,391	+/-662	14.9%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	47,663	+/-1,727	6,294	+/-878	13.2%
Black or African American alone	1,524	+/-392	414	+/-229	27.2%
American Indian and Alaska Native alone	151	+/-98	28	+/-24	18.5%
Asian alone	2,957	+/-504	303	+/-155	10.2%
Native Hawaiian and Other Pacific Islander alone	129	+/-114	42	+/-64	32.6%
Some other race alone	17,128	+/-1,707	2,927	+/-682	17.1%
Two or more races	2,686	+/-454	443	+/-181	16.5%
Hispanic or Latino origin (of any race)	39,714	+/-1,684	6,500	+/-930	16.4%
White alone, not Hispanic or Latino	26,956	+/-1,083	3,059	+/-537	11.3%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	49,274	+/-963	5,679	+/-609	11.9%
Less than high school graduate	11,068	+/-767	2,075	+/-379	18.7%

Subject	ZCTA5 60641				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	13,346	+/-798	1,773	+/-285	13.3%
Some college, associate's degree	12,356	+/-703	1,176	+/-219	9.5%
Bachelor's degree or higher	12,482	+/-677	855	+/-230	6.8%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	41,301	+/-1,260	3,698	+/-515	9.0%
Employed	37,639	+/-1,251	2,552	+/-375	6.8%
Male	20,068	+/-832	1,390	+/-267	6.9%
Female	17,571	+/-763	1,162	+/-238	6.6%
Unemployed	3,662	+/-466	1,146	+/-299	31.3%
Male	1,895	+/-307	560	+/-177	29.6%
Female	1,767	+/-280	586	+/-202	33.2%
WORK EXPERIENCE					
Population 16 years and over	57,701	+/-1,284	7,316	+/-822	12.7%
Worked full-time, year-round in the past 12 months	26,607	+/-913	901	+/-193	3.4%
Worked part-time or part-year in the past 12 months	13,941	+/-883	2,247	+/-376	16.1%
Did not work	17,153	+/-934	4,168	+/-516	24.3%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	4,201	+/-775	(X)	(X)	(X)
125 percent of poverty level	14,336	+/-1,214	(X)	(X)	(X)
150 percent of poverty level	19,582	+/-1,569	(X)	(X)	(X)
185 percent of poverty level	25,354	+/-1,781	(X)	(X)	(X)
200 percent of poverty level	27,221	+/-1,776	(X)	(X)	(X)
300 percent of poverty level	40,055	+/-2,038	(X)	(X)	(X)
400 percent of poverty level	51,385	+/-2,033	(X)	(X)	(X)
500 percent of poverty level	58,044	+/-2,006	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	12,292	+/-661	2,857	+/-350	23.2%
Male	6,448	+/-500	1,418	+/-248	22.0%
Female	5,846	+/-390	1,441	+/-229	24.6%
15 years	15	+/-20	15	+/-20	100.0%
16 to 17 years	47	+/-36	47	+/-38	100.0%
18 to 24 years	676	+/-190	290	+/-115	42.9%
25 to 34 years	3,178	+/-384	541	+/-140	17.0%
35 to 44 years	2,271	+/-323	557	+/-195	24.5%
45 to 54 years	1,755	+/-259	383	+/-121	21.8%
55 to 64 years	1,970	+/-288	519	+/-146	26.3%
65 to 74 years	1,343	+/-227	249	+/-80	18.5%
75 years and over	1,037	+/-161	256	+/-97	24.7%
Mean income deficit for unrelated individuals (dollars)	7,113	+/-596	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	6,139	+/-472	226	+/-121	3.7%
Worked less than full-time, year-round in the past 12 months	2,548	+/-337	793	+/-167	31.1%
Did not work	3,607	+/-393	1,836	+/-267	51.0%

Subject	ZCTA5 60641 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-1.6
AGE	
Under 18 years	+/-2.6
Under 5 years	+/-4.4
5 to 17 years	+/-2.7
Related children of householder under 18 years	+/-2.6
18 to 64 years	+/-1.5
18 to 34 years	+/-2.1
35 to 64 years	+/-1.5
60 years and over	+/-2.3
65 years and over	+/-2.6
SEX	
Male	+/-1.7
Female	+/-1.8
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.8
Black or African American alone	+/-11.5
American Indian and Alaska Native alone	+/-14.4
Asian alone	+/-4.9
Native Hawaiian and Other Pacific Islander alone	+/-35.2
Some other race alone	+/-3.8
Two or more races	+/-5.9
Hispanic or Latino origin (of any race)	+/-2.2
White alone, not Hispanic or Latino	+/-1.9
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.3
Less than high school graduate	+/-3.3
High school graduate (includes equivalency)	+/-2.0
Some college, associate's degree	+/-1.7
Bachelor's degree or higher	+/-1.9
EMPLOYMENT STATUS	
Civilian labor force 18 years and over	+/-1.3
Employed	+/-1.0
Male	+/-1.3
Female	+/-1.4
Unemployed	+/-6.3
Male	+/-7.9
Female	+/-8.9
WORK EXPERIENCE	
Population 16 years and over	+/-1.4
Worked full-time, year-round in the past 12 months	+/-0.7
Worked part-time or part-year in the past 12 months	+/-2.6
Did not work	+/-2.6
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60641
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-2.4
Male	+/-3.2
Female	+/-3.3
15 years	+/-70.4
16 to 17 years	+/-39.8
18 to 24 years	+/-12.7
25 to 34 years	+/-3.9
35 to 44 years	+/-7.4
45 to 54 years	+/-6.0
55 to 64 years	+/-5.9
65 to 74 years	+/-6.5
75 years and over	+/-7.2
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.9
Worked less than full-time, year-round in the past 12 months	+/-5.6
Did not work	+/-4.9

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Subject	ZCTA5 60707				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	42,671	+/-1,066	5,222	+/-927	12.2%
AGE					
Under 18 years	9,537	+/-695	1,520	+/-429	15.9%
Under 5 years	2,654	+/-426	323	+/-155	12.2%
5 to 17 years	6,883	+/-567	1,197	+/-372	17.4%
Related children of householder under 18 years	9,492	+/-688	1,496	+/-426	15.8%
18 to 64 years	27,384	+/-805	2,952	+/-556	10.8%
18 to 34 years	9,912	+/-698	1,094	+/-310	11.0%
35 to 64 years	17,472	+/-698	1,858	+/-420	10.6%
60 years and over	8,229	+/-609	989	+/-229	12.0%
65 years and over	5,750	+/-511	750	+/-221	13.0%
SEX					
Male	20,287	+/-676	2,094	+/-434	10.3%
Female	22,384	+/-868	3,128	+/-606	14.0%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	30,547	+/-1,456	3,658	+/-767	12.0%
Black or African American alone	3,657	+/-519	583	+/-359	15.9%
American Indian and Alaska Native alone	181	+/-182	0	+/-23	0.0%
Asian alone	1,560	+/-501	201	+/-140	12.9%
Native Hawaiian and Other Pacific Islander alone	0	+/-23	0	+/-23	-
Some other race alone	5,689	+/-1,076	641	+/-379	11.3%
Two or more races	1,037	+/-389	139	+/-177	13.4%
Hispanic or Latino origin (of any race)	14,875	+/-1,202	2,342	+/-662	15.7%
White alone, not Hispanic or Latino	22,143	+/-1,060	1,983	+/-537	9.0%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	29,581	+/-668	3,354	+/-557	11.3%
Less than high school graduate	4,518	+/-508	1,014	+/-272	22.4%

Subject	ZCTA5 50707				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	8,847	+/-534	1,257	+/-326	14.2%
Some college, associate's degree	8,432	+/-609	728	+/-219	8.6%
Bachelor's degree or higher	7,784	+/-531	355	+/-120	4.6%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	22,495	+/-730	1,709	+/-365	7.6%
Employed	20,037	+/-743	1,052	+/-291	5.3%
Male	10,039	+/-539	494	+/-198	4.9%
Female	9,998	+/-521	558	+/-190	5.6%
Unemployed	2,458	+/-405	657	+/-243	26.7%
Male	1,298	+/-255	304	+/-134	23.4%
Female	1,160	+/-279	353	+/-184	30.4%
WORK EXPERIENCE					
Population 16 years and over	34,087	+/-812	3,948	+/-857	11.8%
Worked full-time, year-round in the past 12 months	14,021	+/-659	294	+/-142	2.1%
Worked part-time or part-year in the past 12 months	8,029	+/-640	1,123	+/-340	14.0%
Did not work	12,037	+/-707	2,531	+/-446	21.0%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	2,289	+/-614	(X)	(X)	(X)
125 percent of poverty level	7,251	+/-1,068	(X)	(X)	(X)
150 percent of poverty level	9,653	+/-1,260	(X)	(X)	(X)
185 percent of poverty level	12,759	+/-1,445	(X)	(X)	(X)
200 percent of poverty level	14,091	+/-1,499	(X)	(X)	(X)
300 percent of poverty level	21,477	+/-1,571	(X)	(X)	(X)
400 percent of poverty level	28,115	+/-1,373	(X)	(X)	(X)
500 percent of poverty level	32,655	+/-1,465	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	6,736	+/-667	1,372	+/-278	20.4%
Male	2,905	+/-397	543	+/-175	18.7%
Female	3,833	+/-424	829	+/-176	21.6%
15 years	24	+/-36	24	+/-36	100.0%
16 to 17 years	0	+/-23	0	+/-23	-
18 to 24 years	147	+/-104	31	+/-30	21.1%
25 to 34 years	1,041	+/-270	239	+/-121	23.0%
35 to 44 years	1,064	+/-287	121	+/-61	11.4%
45 to 54 years	1,164	+/-245	268	+/-147	23.0%
55 to 64 years	1,153	+/-278	205	+/-96	17.8%
65 to 74 years	955	+/-254	126	+/-74	13.2%
75 years and over	1,190	+/-218	358	+/-131	30.1%
Mean income deficit for unrelated individuals (dollars)	6,967	+/-845	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	2,720	+/-384	37	+/-27	1.4%
Worked less than full-time, year-round in the past 12 months	1,339	+/-284	325	+/-146	24.3%
Did not work	2,679	+/-404	1,010	+/-249	37.7%

Subject	ZCTA5 60707 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-2.1
AGE	
Under 18 years	+/-4.3
Under 5 years	+/-5.7
5 to 17 years	+/-4.8
Related children of householder under 18 years	+/-4.3
18 to 64 years	+/-2.0
18 to 34 years	+/-3.1
35 to 64 years	+/-2.3
60 years and over	+/-2.4
65 years and over	+/-3.3
SEX	
Male	+/-2.0
Female	+/-2.6
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-2.3
Black or African American alone	+/-9.3
American Indian and Alaska Native alone	+/-14.1
Asian alone	+/-9.0
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-6.0
Two or more races	+/-15.4
Hispanic or Latino origin (of any race)	+/-4.2
White alone, not Hispanic or Latino	+/-2.3
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.8
Less than high school graduate	+/-5.4
High school graduate (includes equivalency)	+/-3.3
Some college, associate's degree	+/-2.6
Bachelor's degree or higher	+/-1.5
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.6
Employed	+/-1.4
Male	+/-1.9
Female	+/-1.9
Unemployed	+/-7.4
Male	+/-9.0
Female	+/-11.6
WORK EXPERIENCE	
Population 16 years and over	+/-1.9
Worked full-time, year-round in the past 12 months	+/-1.0
Worked part-time or part-year in the past 12 months	+/-4.2
Did not work	+/-3.3
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60707
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-3.7
Male	+/-5.4
Female	+/-4.3
15 years	+/-55.7
16 to 17 years	**
18 to 24 years	+/-15.1
25 to 34 years	+/-10.5
35 to 44 years	+/-5.8
45 to 54 years	+/-11.0
55 to 64 years	+/-8.3
65 to 74 years	+/-7.3
75 years and over	+/-8.7
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.0
Worked less than full-time, year-round in the past 12 months	+/-8.6
Did not work	+/-6.5

Data are based on a sample and are subject to sampling variability. The degree of uncerteinty 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 estimatea 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.

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Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

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7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
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U.S. Census Bureau

AMERICAN FactFinder

S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60647				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	87,811	+/-2,126	17,447	+/-1,307	19.9%
AGE					
Under 18 years	18,074	+/-1,105	5,364	+/-703	29.7%
Under 5 years	6,088	+/-540	1,552	+/-293	25.5%
5 to 17 years	11,986	+/-893	3,812	+/-597	31.8%
Related children of householder under 18 years	18,021	+/-1,105	5,328	+/-698	29.6%
18 to 64 years	63,862	+/-1,538	10,692	+/-790	16.7%
18 to 34 years	33,949	+/-1,269	5,957	+/-582	17.5%
35 to 64 years	29,913	+/-947	4,735	+/-462	15.8%
60 years and over	8,651	+/-524	1,898	+/-286	21.9%
65 years and over	5,875	+/-459	1,391	+/-217	23.7%
SEX					
Male	44,652	+/-1,311	8,613	+/-733	19.3%
Female	43,159	+/-1,277	8,834	+/-779	20.5%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	67,142	+/-1,796	12,168	+/-1,198	18.1%
Black or African American alone	5,573	+/-896	1,957	+/-492	35.1%
American Indian and Alaska Native alone	302	+/-143	60	+/-48	19.9%
Asian alone	2,346	+/-427	427	+/-181	18.2%
Native Hawaiian and Other Pacific Islander alone	12	+/-15	0	+/-26	0.0%
Some other race alone	9,679	+/-1,040	2,475	+/-629	25.6%
Two or more races	2,757	+/-427	360	+/-167	13.1%
Hispanic or Latino origin (of any race)	44,389	+/-1,979	11,801	+/-1,309	26.6%
White alone, not Hispanic or Latino	34,703	+/-1,165	3,341	+/-439	9.6%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	60,339	+/-1,327	9,399	+/-680	15.6%
Less than high school graduate	9,146	+/-626	2,896	+/-374	31.7%

Subject	ZCTA5 60647				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	13,082	+/-898	3,289	+/-419	25.1%
Some college, associate's degree	11,401	+/-675	1,813	+/-296	15.9%
Bachelor's degree or higher	26,710	+/-943	1,401	+/-243	5.2%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	52,897	+/-1,434	5,795	+/-533	11.0%
Employed	49,217	+/-1,408	4,438	+/-452	9.0%
Male	26,597	+/-1,023	2,371	+/-354	8.9%
Female	22,620	+/-750	2,067	+/-253	9.1%
Unemployed	3,680	+/-402	1,357	+/-285	36.9%
Male	2,022	+/-250	675	+/-158	33.4%
Female	1,658	+/-266	682	+/-200	41.1%
WORK EXPERIENCE					
Population 16 years and over	71,486	+/-1,625	12,580	+/-899	17.6%
Worked full-time, year-round in the past 12 months	37,165	+/-1,249	1,571	+/-245	4.2%
Worked part-time or part-year in the past 12 months	15,607	+/-716	3,973	+/-410	25.5%
Did not work	18,714	+/-915	7,036	+/-667	37.6%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	7,012	+/-910	(X)	(X)	(X)
125 percent of poverty level	23,600	+/-1,482	(X)	(X)	(X)
150 percent of poverty level	28,051	+/-1,590	(X)	(X)	(X)
185 percent of poverty level	34,332	+/-1,582	(X)	(X)	(X)
200 percent of poverty level	36,493	+/-1,545	(X)	(X)	(X)
300 percent of poverty level	50,650	+/-2,028	(X)	(X)	(X)
400 percent of poverty level	59,633	+/-2,264	(X)	(X)	(X)
500 percent of poverty level	66,226	+/-2,335	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	27,805	+/-1,056	5,784	+/-506	20.8%
Male	14,985	+/-888	2,917	+/-359	19.5%
Female	12,820	+/-604	2,867	+/-306	22.4%
15 years	5	+/-8	5	+/-8	100.0%
16 to 17 years	48	+/-38	31	+/-26	64.6%
18 to 24 years	3,714	+/-553	1,365	+/-290	36.8%
25 to 34 years	12,732	+/-693	1,556	+/-246	12.2%
35 to 44 years	4,599	+/-384	647	+/-143	14.1%
45 to 54 years	2,671	+/-355	623	+/-154	23.3%
55 to 64 years	1,736	+/-252	570	+/-155	32.8%
65 to 74 years	1,359	+/-204	529	+/-142	38.9%
75 years and over	941	+/-156	456	+/-107	48.5%
Mean income deficit for unrelated individuals (dollars)	5,708	+/-344	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	16,727	+/-881	676	+/-178	4.0%
Worked less than full-time, year-round in the past 12 months	6,977	+/-457	2,526	+/-327	36.2%
Did not work	4,101	+/-348	2,582	+/-273	63.0%

Subject	ZCTA5 60647
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-1.4
AGE	
Under 18 years	+/-3.1
Under 5 years	+/-3.9
5 to 17 years	+/-4.0
Related children of householder under 18 years	+/-3.1
18 to 64 years	+/-1.2
18 to 34 years	+/-1.5
35 to 64 years	+/-1.4
60 years and over	+/-3.1
65 years and over	+/-3.6
SEX	
Male	+/-1.5
Female	+/-1.6
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.8
Black or African American alone	+/-6.2
American Indian and Alaska Native alone	+/-15.7
Asian alone	+/-6.8
Native Hawaiian and Other Pacific Islander alone	+/-78.7
Some other race alone	+/-6.0
Two or more races	+/-5.7
Hispanic or Latino origin (of any race)	+/-2.5
White alone, not Hispanic or Latino	+/-1.2
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.1
Less than high school graduate	+/-3.8
High school graduate (includes equivalency)	+/-2.8
Some college, associate's degree	+/-2.3
Bachelor's degree or higher	+/-0.9
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.0
Employed	+/-0.9
Male	+/-1.3
Female	+/-1.1
Unemployed	+/-5.6
Male	+/-8.1
Female	+/-8.5
WORK EXPERIENCE	
Population 16 years and over	+/-1.2
Worked full-time, year-round in the past 12 months	+/-0.6
Worked part-time or part-year in the past 12 months	+/-2.4
Did not work	+/-3.0
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60647
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-1.6
Male	+/-2.2
Female	+/-2.1
15 years	+/-100.0
16 to 17 years	+/-43.6
18 to 24 years	+/-5.8
25 to 34 years	+/-1.8
35 to 44 years	+/-2.8
45 to 54 years	+/-4.6
55 to 64 years	+/-6.9
65 to 74 years	+/-8.2
75 years and over	+/-7.9
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.0
Worked less than full-time, year-round in the past 12 months	+/-3.8
Did not work	+/-3.8

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S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

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Subject	ZCTA5 60618				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	96,763	+/-2,407	13,742	+/-1,666	14.2%
AGE					
Under 18 years	21,462	+/-1,005	3,837	+/-759	17.9%
Under 5 years	7,516	+/-645	1,148	+/-297	15.3%
5 to 17 years	13,946	+/-831	2,689	+/-588	19.3%
Related children of householder under 18 years	21,425	+/-1,006	3,800	+/-752	17.7%
18 to 64 years	66,935	+/-1,744	8,736	+/-1,059	13.1%
18 to 34 years	29,892	+/-1,212	4,492	+/-654	15.0%
35 to 64 years	37,043	+/-1,470	4,244	+/-672	11.5%
60 years and over	11,882	+/-662	1,714	+/-339	14.4%
65 years and over	8,366	+/-553	1,169	+/-261	14.0%
SEX					
Male	48,663	+/-1,612	6,247	+/-831	12.8%
Female	48,100	+/-1,295	7,495	+/-992	15.6%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	77,971	+/-2,299	11,492	+/-1,495	14.7%
Black or African American alone	2,029	+/-392	272	+/-127	13.4%
American Indian and Alaska Native alone	342	+/-278	50	+/-53	14.6%
Asian alone	5,402	+/-603	332	+/-116	6.1%
Native Hawaiian and Other Pacific Islander alone	55	+/-51	0	+/-26	0.0%
Some other race alone	7,867	+/-1,244	1,140	+/-489	14.5%
Two or more races	3,097	+/-510	456	+/-279	14.7%
Hispanic or Latino origin (of any race)	43,766	+/-2,194	8,503	+/-1,563	19.4%
White alone, not Hispanic or Latino	43,379	+/-1,317	4,267	+/-491	9.8%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	67,139	+/-1,655	7,986	+/-885	11.9%
Less than high school graduate	13,573	+/-1,181	2,818	+/-535	20.8%

Subject	ZCTA5 60618				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	13,558	+/-917	2,507	+/-434	18.5%
Some college, associate's degree	12,905	+/-830	1,504	+/-285	11.7%
Bachelor's degree or higher	27,103	+/-977	1,157	+/-197	4.3%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	55,974	+/-1,581	4,417	+/-591	7.9%
Employed	52,335	+/-1,481	3,222	+/-478	6.2%
Male	29,200	+/-1,179	1,868	+/-348	6.4%
Female	23,135	+/-906	1,354	+/-263	5.9%
Unemployed	3,639	+/-445	1,195	+/-292	32.8%
Male	1,985	+/-281	636	+/-194	32.0%
Female	1,654	+/-294	559	+/-166	33.8%
WORK EXPERIENCE					
Population 16 years and over	76,701	+/-1,730	10,363	+/-1,211	13.5%
Worked full-time, year-round in the past 12 months	38,808	+/-1,404	1,176	+/-269	3.0%
Worked part-time or part-year in the past 12 months	17,221	+/-926	2,986	+/-560	17.3%
Did not work	20,672	+/-1,009	6,201	+/-812	30.0%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	5,198	+/-841	(X)	(X)	(X)
125 percent of poverty level	20,219	+/-1,996	(X)	(X)	(X)
150 percent of poverty level	28,038	+/-2,161	(X)	(X)	(X)
185 percent of poverty level	33,140	+/-2,300	(X)	(X)	(X)
200 percent of poverty level	35,347	+/-2,430	(X)	(X)	(X)
300 percent of poverty level	52,379	+/-2,298	(X)	(X)	(X)
400 percent of poverty level	62,617	+/-2,198	(X)	(X)	(X)
500 percent of poverty level	70,848	+/-2,219	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	23,024	+/-993	4,450	+/-475	19.3%
Male	12,564	+/-843	2,093	+/-370	16.7%
Female	10,460	+/-614	2,357	+/-296	22.5%
15 years	8	+/-13	8	+/-13	100.0%
16 to 17 years	29	+/-48	29	+/-48	100.0%
18 to 24 years	2,140	+/-371	759	+/-238	35.5%
25 to 34 years	9,079	+/-743	1,296	+/-242	14.3%
35 to 44 years	3,992	+/-404	641	+/-204	16.1%
45 to 54 years	2,886	+/-385	552	+/-177	19.1%
55 to 64 years	2,159	+/-370	451	+/-137	20.9%
65 to 74 years	1,491	+/-296	476	+/-169	31.9%
75 years and over	1,240	+/-219	238	+/-96	19.2%
Mean income deficit for unrelated individuals (dollars)	7,173	+/-392	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	12,933	+/-729	311	+/-108	2.4%
Worked less than full-time, year-round in the past 12 months	5,330	+/-534	1,491	+/-287	28.0%
Did not work	4,761	+/-498	2,648	+/-414	55.6%

Attachment – 12B

Subject	ZCTA5 60618 Percent below poverty level Margin of Error
Population for whom poverty status is determined	+/-1.7
AGE	
Under 18 years	+/-3.3
Under 5 years	+/-3.7
5 to 17 years	+/-3.9
Related children of householder under 18 years	+/-3.3
18 to 64 years	+/-1.6
18 to 34 years	+/-2.0
35 to 64 years	+/-1.8
60 years and over	+/-2.6
65 years and over	+/-3.0
SEX	
Male	+/-1.7
Female	+/-2.0
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.8
Black or African American alone	+/-5.9
American Indian and Alaska Native alone	+/-19.4
Asian alone	+/-2.3
Native Hawaiian and Other Pacific Islander alone	+/-36.7
Some other race alone	+/-6.3
Two or more races	+/-8.4
Hispanic or Latino origin (of any race)	+/-3.5
White alone, not Hispanic or Latino	+/-1.1
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.3
Less than high school graduate	+/-3.6
High school graduate (includes equivalency)	+/-3.1
Some college, associate's degree	+/-2.0
Bachelor's degree or higher	+/-0.7
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.1
Employed	+/-0.9
Male	+/-1.2
Female	+/-1.1
Unemployed	+/-6.3
Male	+/-7.7
Female	+/-8.0
WORK EXPERIENCE	
Population 16 years and over	+/-1.5
Worked full-time, year-round in the past 12 months	+/-0.7
Worked part-time or part-year in the past 12 months	+/-2.8
Did not work	+/-3.1
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60618 Percent below poverty level Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-1.8
Male	+/-2.6
Female	+/-2.5
15 years	+/-96.4
16 to 17 years	+/-50.7
18 to 24 years	+/-8.7
25 to 34 years	+/-2.3
35 to 44 years	+/-4.6
45 to 54 years	+/-5.3
55 to 64 years	+/-6.2
65 to 74 years	+/-8.6
75 years and over	+/-6.3
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-0.8
Worked less than full-time, year-round in the past 12 months	+/-4.4
Did not work	+/-5.1

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Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

Explanation of Symbols:

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U.S. Census Bureau

AMERICAN FactFinder

S1701 | POVERTY STATUS IN THE PAST 12 MONTHS

2011-2015 American Community Survey 5-Year Estimates

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Subject	ZCTA5 60634				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	73,817	+/-2,039	8,424	+/-1,038	11.4%
AGE					
Under 18 years	16,000	+/-1,029	2,466	+/-621	15.4%
Under 5 years	5,049	+/-578	923	+/-296	18.3%
5 to 17 years	10,951	+/-743	1,543	+/-472	14.1%
Related children of householder under 18 years	15,945	+/-1,038	2,450	+/-623	15.4%
18 to 64 years	47,902	+/-1,468	4,886	+/-545	10.2%
18 to 34 years	17,746	+/-1,073	2,033	+/-354	11.5%
35 to 64 years	30,156	+/-904	2,853	+/-387	9.5%
60 years and over	14,404	+/-567	1,708	+/-305	11.9%
65 years and over	9,915	+/-495	1,072	+/-207	10.8%
SEX					
Male	36,165	+/-1,311	3,929	+/-582	10.9%
Female	37,652	+/-1,235	4,495	+/-594	11.9%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	57,855	+/-2,149	6,151	+/-897	10.6%
Black or African American alone	1,268	+/-545	315	+/-187	24.8%
American Indian and Alaska Native alone	109	+/-73	16	+/-25	14.7%
Asian alone	3,148	+/-518	332	+/-253	10.5%
Native Hawaiian and Other Pacific Islander alone	30	+/-46	0	+/-26	0.0%
Some other race alone	9,978	+/-1,418	1,472	+/-641	14.8%
Two or more races	1,429	+/-289	138	+/-103	9.7%
Hispanic or Latino origin (of any race)	27,365	+/-1,931	3,349	+/-880	12.2%
White alone, not Hispanic or Latino	41,578	+/-1,763	4,370	+/-661	10.5%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	51,884	+/-1,323	5,041	+/-493	9.7%
Less than high school graduate	8,317	+/-695	1,291	+/-279	15.5%

Subject	ZCTA5 60634				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	17,357	+/-932	1,835	+/-345	10.6%
Some college, associate's degree	15,143	+/-960	1,105	+/-223	7.3%
Bachelor's degree or higher	11,067	+/-650	810	+/-234	7.3%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	40,052	+/-1,325	2,999	+/-472	7.5%
Employed	36,703	+/-1,244	1,994	+/-348	5.4%
Male	19,826	+/-831	1,023	+/-223	5.2%
Female	16,877	+/-819	971	+/-245	5.8%
Unemployed	3,349	+/-392	1,005	+/-218	30.0%
Male	1,717	+/-291	480	+/-153	28.0%
Female	1,632	+/-286	525	+/-168	32.2%
WORK EXPERIENCE					
Population 16 years and over	59,407	+/-1,554	6,099	+/-616	10.3%
Worked full-time, year-round in the past 12 months	25,656	+/-1,088	551	+/-169	2.1%
Worked part-time or part-year in the past 12 months	13,926	+/-941	2,060	+/-355	14.8%
Did not work	19,625	+/-922	3,488	+/-372	17.6%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	3,178	+/-628	(X)	(X)	(X)
125 percent of poverty level	10,501	+/-1,107	(X)	(X)	(X)
150 percent of poverty level	15,521	+/-1,491	(X)	(X)	(X)
185 percent of poverty level	21,094	+/-1,342	(X)	(X)	(X)
200 percent of poverty level	23,655	+/-1,489	(X)	(X)	(X)
300 percent of poverty level	37,895	+/-1,815	(X)	(X)	(X)
400 percent of poverty level	49,554	+/-2,331	(X)	(X)	(X)
500 percent of poverty level	58,075	+/-2,290	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	11,158	+/-735	2,579	+/-375	23.1%
Male	5,452	+/-570	1,101	+/-233	20.2%
Female	5,706	+/-474	1,476	+/-293	25.9%
15 years	0	+/-26	0	+/-26	-
16 to 17 years	16	+/-19	16	+/-19	100.0%
18 to 24 years	667	+/-219	328	+/-135	49.2%
25 to 34 years	1,933	+/-324	401	+/-187	20.7%
35 to 44 years	1,479	+/-275	312	+/-125	21.1%
45 to 54 years	2,077	+/-341	338	+/-115	16.3%
55 to 64 years	2,198	+/-371	661	+/-194	30.1%
65 to 74 years	1,302	+/-220	231	+/-89	17.7%
75 years and over	1,486	+/-178	292	+/-90	19.7%
Mean income deficit for unrelated individuals (dollars)	6,626	+/-556	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	5,024	+/-503	125	+/-84	2.5%
Worked less than full-time, year-round in the past 12 months	2,287	+/-361	887	+/-245	38.8%
Did not work	3,847	+/-364	1,567	+/-257	40.7%

Subject	ZCTA5 60634
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-1.4
AGE	
Under 18 years	+/-3.6
Under 5 years	+/-5.1
5 to 17 years	+/-4.1
Related children of householder under 18 years	+/-3.6
18 to 64 years	+/-1.1
18 to 34 years	+/-1.9
35 to 64 years	+/-1.3
60 years and over	+/-2.1
65 years and over	+/-2.0
SEX	
Male	+/-1.6
Female	+/-1.6
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.5
Black or African American alone	+/-11.8
American Indian and Alaska Native alone	+/-22.1
Asian alone	+/-7.5
Native Hawaiian and Other Pacific Islander alone	+/-49.8
Some other race alone	+/-6.1
Two or more races	+/-7.3
Hispanic or Latino origin (of any race)	+/-3.1
White alone, not Hispanic or Latino	+/-1.6
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.0
Less than high school graduate	+/-3.1
High school graduate (includes equivalency)	+/-2.1
Some college, associate's degree	+/-1.4
Bachelor's degree or higher	+/-2.0
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.1
Employed	+/-0.9
Male	+/-1.1
Female	+/-1.4
Unemployed	+/-5.3
Male	+/-7.6
Female	+/-8.1
WORK EXPERIENCE	
Population 16 years and over	+/-1.1
Worked full-time, year-round in the past 12 months	+/-0.7
Worked part-time or part-year in the past 12 months	+/-2.3
Did not work	+/-1.9
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60634
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-2.8
Male	+/-3.7
Female	+/-4.3
15 years	**
16 to 17 years	+/-68.2
18 to 24 years	+/-14.2
25 to 34 years	+/-8.9
35 to 44 years	+/-7.3
45 to 54 years	+/-5.4
55 to 64 years	+/-6.4
65 to 74 years	+/-6.6
75 years and over	+/-5.6
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.7
Worked less than full-time, year-round in the past 12 months	+/-7.8
Did not work	+/-4.7

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Subject	ZCTA5 60630				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
Population for whom poverty status is determined	56,416	+/-1,949	6,324	+/-1,014	11.2%
AGE					
Under 18 years	11,865	+/-1,028	1,978	+/-497	16.7%
Under 5 years	3,584	+/-446	609	+/-234	17.0%
5 to 17 years	8,281	+/-810	1,369	+/-364	16.5%
Related children of householder under 18 years	11,828	+/-1,035	1,941	+/-508	16.4%
18 to 64 years	36,990	+/-1,262	3,736	+/-550	10.1%
18 to 34 years	12,571	+/-849	1,606	+/-377	12.8%
35 to 64 years	24,419	+/-868	2,130	+/-362	8.7%
60 years and over	10,741	+/-575	836	+/-241	7.8%
65 years and over	7,561	+/-437	610	+/-207	8.1%
SEX					
Male	27,763	+/-1,179	3,124	+/-653	11.3%
Female	28,653	+/-1,097	3,200	+/-514	11.2%
RACE AND HISPANIC OR LATINO ORIGIN					
White alone	40,505	+/-1,731	3,871	+/-750	9.6%
Black or African American alone	751	+/-251	200	+/-161	26.6%
American Indian and Alaska Native alone	158	+/-107	0	+/-26	0.0%
Asian alone	7,097	+/-1,055	818	+/-359	11.5%
Native Hawaiian and Other Pacific Islander alone	0	+/-26	0	+/-26	-
Some other race alone	5,206	+/-1,268	961	+/-479	18.5%
Two or more races	2,699	+/-451	474	+/-267	17.6%
Hispanic or Latino origin (of any race)	15,088	+/-1,610	2,219	+/-676	14.7%
White alone, not Hispanic or Latino	31,901	+/-1,385	2,769	+/-531	8.7%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	40,273	+/-1,220	3,694	+/-562	9.2%
Less than high school graduate	5,021	+/-506	791	+/-231	15.8%

Subject	ZCTA5 60630				
	Total		Below poverty level		Percent below poverty level
	Estimate	Margin of Error	Estimate	Margin of Error	Estimate
High school graduate (includes equivalency)	11,405	+/-715	1,239	+/-335	10.9%
Some college, associate's degree	10,908	+/-776	893	+/-224	8.2%
Bachelor's degree or higher	12,939	+/-790	771	+/-223	6.0%
EMPLOYMENT STATUS					
Civilian labor force 16 years and over	31,501	+/-1,194	2,333	+/-450	7.4%
Employed	28,499	+/-1,139	1,541	+/-310	5.4%
Male	14,825	+/-682	815	+/-213	5.5%
Female	13,674	+/-691	726	+/-174	5.3%
Unemployed	3,002	+/-468	792	+/-286	26.4%
Male	1,661	+/-354	382	+/-169	23.0%
Female	1,341	+/-285	410	+/-178	30.6%
WORK EXPERIENCE					
Population 16 years and over	45,963	+/-1,464	4,502	+/-854	9.8%
Worked full-time, year-round in the past 12 months	20,467	+/-873	520	+/-176	2.5%
Worked part-time or part-year in the past 12 months	10,415	+/-721	1,225	+/-248	11.8%
Did not work	15,081	+/-962	2,757	+/-499	18.3%
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS					
50 percent of poverty level	2,098	+/-511	(X)	(X)	(X)
125 percent of poverty level	8,834	+/-1,283	(X)	(X)	(X)
150 percent of poverty level	10,839	+/-1,380	(X)	(X)	(X)
185 percent of poverty level	14,830	+/-1,672	(X)	(X)	(X)
200 percent of poverty level	16,344	+/-1,728	(X)	(X)	(X)
300 percent of poverty level	25,093	+/-1,954	(X)	(X)	(X)
400 percent of poverty level	33,149	+/-2,205	(X)	(X)	(X)
500 percent of poverty level	39,497	+/-2,217	(X)	(X)	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	9,722	+/-797	1,826	+/-303	18.8%
Male	4,626	+/-515	776	+/-184	16.8%
Female	5,094	+/-548	1,050	+/-256	20.6%
15 years	21	+/-31	21	+/-31	100.0%
16 to 17 years	16	+/-25	16	+/-25	100.0%
18 to 24 years	513	+/-208	264	+/-109	51.5%
25 to 34 years	1,855	+/-330	374	+/-153	20.2%
35 to 44 years	1,233	+/-269	229	+/-95	18.6%
45 to 54 years	1,701	+/-298	160	+/-78	10.8%
55 to 64 years	1,852	+/-316	393	+/-134	21.2%
65 to 74 years	1,089	+/-212	107	+/-74	9.8%
75 years and over	1,442	+/-219	242	+/-116	16.8%
Mean income deficit for unrelated individuals (dollars)	6,427	+/-676	(X)	(X)	(X)
Worked full-time, year-round in the past 12 months	4,723	+/-584	153	+/-76	3.2%
Worked less than full-time, year-round in the past 12 months	1,701	+/-272	497	+/-151	29.2%
Did not work	3,298	+/-393	1,176	+/-266	35.7%

Subject	ZCTA5 60630
	Percent below poverty level
	Margin of Error
Population for whom poverty status is determined	+/-1.7
AGE	
Under 18 years	+/-3.4
Under 5 years	+/-5.6
5 to 17 years	+/-3.7
Related children of householder under 18 years	+/-3.5
18 to 64 years	+/-1.5
18 to 34 years	+/-2.8
35 to 64 years	+/-1.5
60 years and over	+/-2.2
65 years and over	+/-2.6
SEX	
Male	+/-2.2
Female	+/-1.7
RACE AND HISPANIC OR LATINO ORIGIN	
White alone	+/-1.7
Black or African American alone	+/-18.7
American Indian and Alaska Native alone	+/-15.9
Asian alone	+/-4.5
Native Hawaiian and Other Pacific Islander alone	**
Some other race alone	+/-7.3
Two or more races	+/-9.1
Hispanic or Latino origin (of any race)	+/-3.9
White alone, not Hispanic or Latino	+/-1.6
EDUCATIONAL ATTAINMENT	
Population 25 years and over	+/-1.4
Less than high school graduate	+/-4.5
High school graduate (includes equivalency)	+/-2.8
Some college, associate's degree	+/-1.9
Bachelor's degree or higher	+/-1.7
EMPLOYMENT STATUS	
Civilian labor force 16 years and over	+/-1.4
Employed	+/-1.1
Male	+/-1.4
Female	+/-1.2
Unemployed	+/-7.6
Male	+/-8.7
Female	+/-9.8
WORK EXPERIENCE	
Population 16 years and over	+/-1.4
Worked full-time, year-round in the past 12 months	+/-0.9
Worked part-time or part-year in the past 12 months	+/-2.3
Did not work	+/-2.8
ALL INDIVIDUALS WITH INCOME BELOW THE FOLLOWING POVERTY RATIOS	
50 percent of poverty level	(X)
125 percent of poverty level	(X)
150 percent of poverty level	(X)
185 percent of poverty level	(X)
200 percent of poverty level	(X)

Subject	ZCTA5 60630
	Percent below poverty level
	Margin of Error
300 percent of poverty level	(X)
400 percent of poverty level	(X)
500 percent of poverty level	(X)
UNRELATED INDIVIDUALS FOR WHOM POVERTY STATUS IS DETERMINED	+/-2.8
Male	+/-3.5
Female	+/-4.5
15 years	+/-59.5
16 to 17 years	+/-68.2
18 to 24 years	+/-21.5
25 to 34 years	+/-7.2
35 to 44 years	+/-6.6
45 to 54 years	+/-4.7
55 to 64 years	+/-6.2
65 to 74 years	+/-6.3
75 years and over	+/-7.1
Mean income deficit for unrelated individuals (dollars)	(X)
Worked full-time, year-round in the past 12 months	+/-1.6
Worked less than full-time, year-round in the past 12 months	+/-7.5
Did not work	+/-5.6

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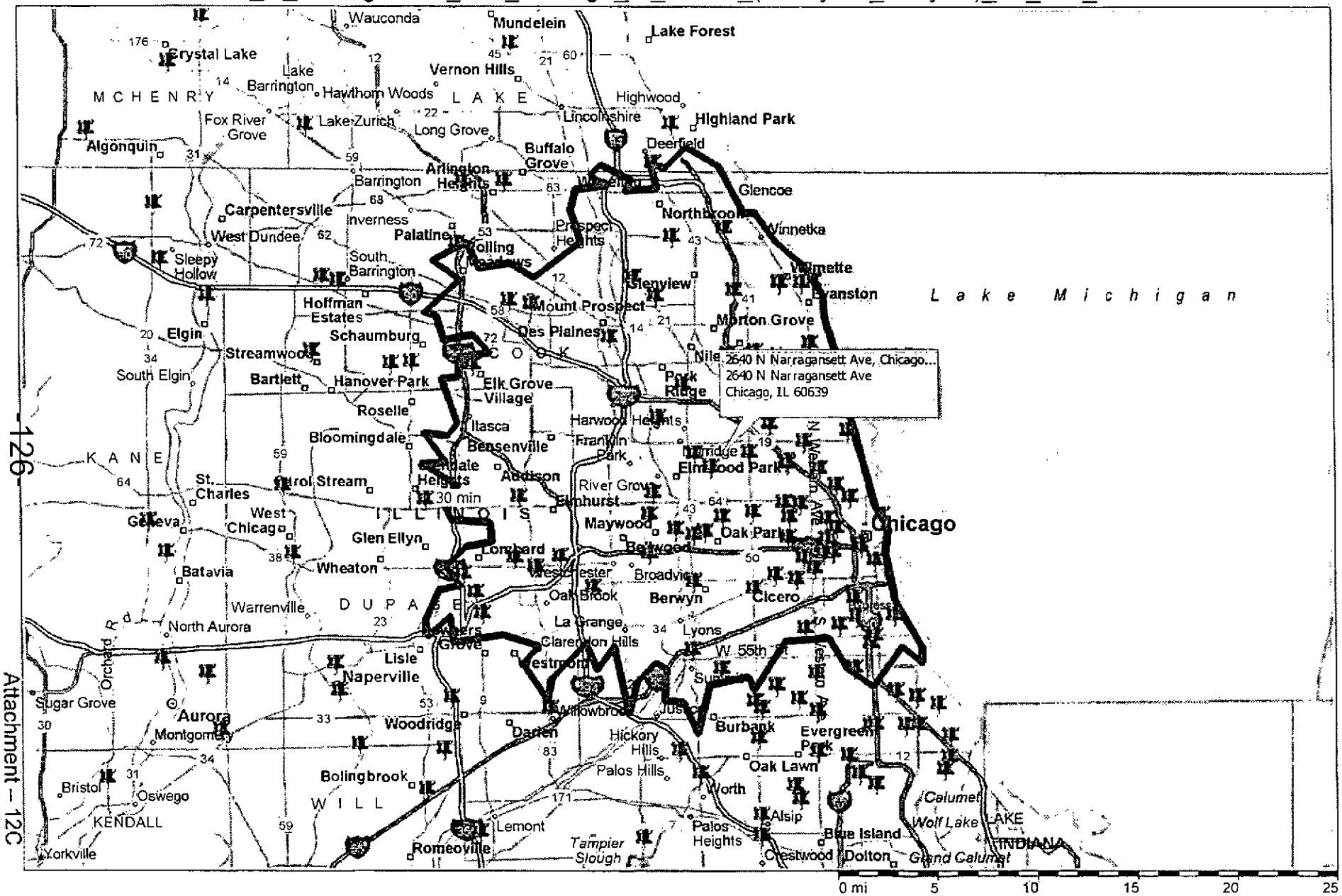
6. An '*****' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

2640_N_Narragansett_Ave_Chicago_IL_60639_(Brickyard_Dialysis)_30_Min_GSA



Section III, Background, Purpose of the Project, and Alternatives
Criterion 1110.230(c) – Background, Purpose of the Project, and Alternatives

Alternatives

The Applicants considered three options prior to determining to establish a 12-station dialysis facility. The options considered are as follows:

1. Maintain the Status Quo/Do Nothing

2. Utilize Existing Facilities.

3. Establish a new facility.

After exploring these options, which are discussed in more detail below, the Applicants determined to establish a 12-station dialysis facility. A review of each of the options considered and the reasons they were rejected follows.

Maintain the Status Quo/Do Nothing

The purpose of the project is to meet this need and improve access to life sustaining dialysis services to the residents of the northwest side of Chicago. The patient service area of the proposed Brickyard Dialysis is an economically disadvantaged area whose residents are predominantly Hispanic. The community surrounding the proposed site of the dialysis facility is nearly 50% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Sixteen percent (16%) of the population of the service area is living below the Federal Poverty Level and 28% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[12]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[13] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter

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12 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem*, Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

13 Id.

Given these factors, readily accessible dialysis services are imperative for the health of the residents living on the northwest side of Chicago. There are 18 dialysis facilities within the Brickyard GSA. Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center), average utilization of area dialysis facilities is 83%, as of September 30, 2017, which exceeds the State Board's utilization standard of 80%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. This growth is anticipated to continue for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[14] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[15] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Anna Beat Gopaniuk-Folga, M.D. with Kidney and Hypertension Associates, S.C. is currently treating 136 CKD patients, who reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes, all within 5 miles of 60639. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Gopaniuk anticipates that at least 65 of these 136 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Gopaniuk's projected ESRD patients and operate at the State Board's optimal rate of 80%.

There is no capital cost with this alternative.

Utilize Existing Facilities

There are 18 dialysis facilities within the Brickyard GSA. Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center), average utilization of area dialysis facilities is 83%, as of September 30, 2017, which exceeds the State Board's utilization standard of 80%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. This growth is anticipated to continue for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[16] and

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[14] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[15] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

[16] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE

1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[17] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, Dr. Gopaniuk is currently treating 136 CKD patients, who reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes, all within 5 miles of 60639. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Gopaniuk anticipates that at least 65 of these 136 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Gopaniuk's projected ESRD patients and operate at the State Board's optimal capacity..

Finally, September 2017 data from the Renal Network supports the need for additional stations in Chicago. According to the Renal Network data 2,166 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. These facilities will not have adequate capacity to treat Dr. Gopaniuk's projected patients and operate at the State Board's optimal capacity.. As a result, DaVita rejected this option.

There is no capital cost with this alternative.

Establish a New Facility

There is a need for 87 dialysis stations in the City of Chicago, the highest demand for additional dialysis stations in the entire state. In fact, over half of the stations needed according to the most recent need determinations are in the City of Chicago. The purpose of the project is to meet this need and improve access to life sustaining dialysis services to the residents of the northwest side of Chicago. The patient service area of the proposed Brickyard Dialysis is an economically disadvantaged area whose residents are predominantly Hispanic. The community surrounding the proposed site of the dialysis facility is nearly 50% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Sixteen percent (16%) of the population of the service area is living below the Federal Poverty Level and 28% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is higher than in the general population. The ESRD incident rate among the

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ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[17] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[18]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[19] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter

Given these factors, readily accessible dialysis services are imperative for the health of the residents living on the northwest side of Chicago. There are 18 dialysis facilities within the Brickyard GSA. Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center), average utilization of area dialysis facilities is 83%, as of September 30, 2017, which exceeds the State Board's utilization standard of 80%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. This growth is anticipated to continue for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[20] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[21] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Dr. Gopaniuk is currently treating 136 CKD patients, who reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes, all within 5 miles of 60639. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Gopaniuk anticipates that at least 65 of these 136 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical

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18 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem,* Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

19 Id.

20 According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

21 In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Gopaniuk's projected ESRD patients and operate at the State Board's optimal rate of 80%.

Based on September 2017 data from the Renal Network, 2,166 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Brickyard Dialysis is needed to ensure ESRD patients on the northwest side of Chicago have adequate access to dialysis services that are essential to their well-being. As a result, DaVita chose this option.

The cost of this alternative is **$3,149,412**.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(a), Size of the Project

The Applicants propose to establish a 12-station dialysis facility. Pursuant to Section 1110, Appendix B of the HFSRB's rules, the State standard is 360-520 gross square feet per dialysis station for a total of 4,320 – 6,240 gross square feet for 12 dialysis stations. The total gross square footage of the clinical space of the proposed Brickyard Dialysis is 4,365 of clinical gross square feet (or 363.75 GSF per station). Accordingly, the proposed facility meets the State standard per station.

SIZE OF PROJECT				
DEPARTMENT/SERVICE	**PROPOSED BGSF/DGSF**	**STATE STANDARD**	**DIFFERENCE**	**MET STANDARD?**
ESRD	4,365	4,320 – 6,240	N/A	Meets State Standard

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(b), Project Services Utilization

By the second year of operation, annual utilization at the proposed facility shall exceed HFSRB's utilization standard of 80%. Pursuant to Section 1100.1430 of the HFSRB's rules, facilities providing in-center hemodialysis should operate their dialysis stations at or above an annual utilization rate of 80%, assuming three patient shifts per day per dialysis station, operating six days per week. The practice of Dr. Gopaniuk is currently treating 136 selected CKD patients who all reside within 5 miles of the proposed Brickyard Dialysis, and whose condition is advancing to ESRD. See Appendix - 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation of patients outside the Brickyard GSA, it is estimated that 65 of these patients will initiate in-center hemodialysis within 12 to 24 months following project completion.

Table 1110.234(b)
Utilization

	Dept./ Service	Historical Utilization (Treatments)	Projected Utilization	State Standard	Met Standard?
Year 2	ESRD	N/A	10,140	8,986	Yes

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(c), Unfinished or Shell Space

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section IV, Project Scope, Utilization, and Unfinished/Shell Space
Criterion 1110.234(d), Assurances

This project will not include unfinished space designed to meet an anticipated future demand for service. Accordingly, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430, In-Center Hemodialysis Projects – Review Criteria

1. Planning Area Need

There is a need for 87 dialysis stations in the City of Chicago, the highest demand for additional dialysis stations in the entire state. In fact, over half of the stations needed according to the most recent need determinations are in the City of Chicago. The purpose of the project is to meet this need and improve access to life sustaining dialysis services to the residents of the northwest side of Chicago. The patient service area of the proposed Brickyard Dialysis is an economically disadvantaged area whose residents are predominantly Hispanic. The community surrounding the proposed site of the dialysis facility is nearly 50% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Sixteen percent (16%) of the population of the service area is living below the Federal Poverty Level and 28% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[22]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[23] By adulthood, health disparities related to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter

Given these factors, readily accessible dialysis services are imperative for the health of the residents living on the northwest side of Chicago. There are 18 dialysis facilities within the Brickyard GSA. Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center), average utilization of area dialysis facilities is 83%, as of September 30, 2017, which exceeds the State Board's utilization standard of 80%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. This growth is anticipated to continue for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families

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22 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem*, Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

23 Id.

obtain health insurance through the Affordable Care Act[24] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[25] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Dr. Gopaniuk is currently treating 136 CKD patients, who reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes, all within 5 miles of 60639. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Gopaniuk anticipates that at least 65 of these 136 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Gopaniuk's projected ESRD patients and operate at the State Board's optimal rate of 80%.

Based on September 2017 data from the Renal Network, 2,166 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Brickyard Dialysis is needed to ensure ESRD patients on the northwest side of Chicago have adequate access to dialysis services that are essential to their well-being.

2. Service to Planning Area Residents

The primary purpose of the proposed project is to improve access to life-sustaining dialysis services to the residents of the northwest side of Chicago, Illinois. As evidenced in the physician referral letter attached at Appendix - 1, 136 pre-ESRD patients reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes. All 136 pre-ESRD patients reside within 5 miles of the proposed facility.

3. Service Demand

Attached at Appendix - 1 is a physician referral letter from Dr. Gopaniuk and a schedule of pre-ESRD and current patients by zip code. A summary of CKD patients projected to be referred to the proposed dialysis facility within the first two years after project completion is provided in Table 1110.1430(b)(3)(B) on the following page.

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[24] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[25] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Table 1110.1430(c)(3)(B) Projected Pre-ESRD Patient Referrals by Zip Code	
Zip Code	**Total Patients**
60639	12
60641	14
60707	9
60647	2
60618	5
60634	57
60630	37
Total	**136**

4. Service Accessibility

As set forth throughout this application, the proposed facility is needed to maintain access to life-sustaining dialysis for residents of the northwest side of Chicago. The patient service area of the proposed Brickyard Dialysis is an economically disadvantaged area whose residents are predominantly Hispanic. The community surrounding the proposed site of the dialysis facility is nearly 50% Hispanic. This minority population has a higher incidence and prevalence of kidney disease than the general population. Further, the patient service area is an area with many low-income residents. Sixteen percent (16%) of the population of the service area is living below the Federal Poverty Level and 28% of the population lives below 150% of the Federal Poverty Level (138% of the Federal Poverty Level is the income eligibility limit for the Medicaid program in Illinois). People with low socioeconomic status experience higher rates of death across the spectrum of causes. They experience premature chronic morbidity and disability including the onset of hypertension at an earlier age, diabetes, cardiovascular disease, obesity, osteoarthritis, depression, many cancers and cardiovascular disease.

Related to the higher incidence CKD in the Hispanic population, the incidence of ESRD in the Hispanic population is higher than in the general population. The ESRD incident rate among the Hispanic population is 1.5 times greater than the non-Hispanic population. Likely contributing factors to this burden of disease include diabetes and metabolic syndrome, both are common among Hispanic individuals.[26]

Health is unevenly distributed across socioeconomic status. Persons of lower income, education or occupational status experience worse health and die earlier than do better-off counterparts. There are also insidious consequences of residential segregation and concentrated poverty. Other factors for these groups that contribute to a higher disease burden are family history, impaired glucose tolerance, diabetes during pregnancy, hyperinsulinemia and insulin resistance, obesity and physical inactivity. Access to health care, the quality of care received, and barriers due to language, and health literacy also play a role in the higher incident rates.[27] By adulthood, health disparities related

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26 Claudia M. Lora, M.D. et al, *Chronic Kidney Disease in United States Hispanics: A Growing Public Health Problem*, Ethnicity Dis. 19(4), 466-72 (2009) *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3587111/ (last visited Sep. 29, 2017).

27 Id.

to socioeconomic status are striking. Compared with persons who have a college education, those with less than a high school education have life expectancies that are six years shorter

Given these factors, readily accessible dialysis services are imperative for the health of the residents living on the northwest side of Chicago. There are 18 dialysis facilities within the Brickyard GSA. Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center), average utilization of area dialysis facilities is 83%, as of September 30, 2017, which exceeds the State Board's utilization standard of 80%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. This growth is anticipated to continue for the foreseeable future due to the demographics of the community. The U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[28] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[29] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Dr. Gopaniuk is currently treating 136 CKD patients, who reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes, all within 5 miles of 60639. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Gopaniuk anticipates that at least 65 of these 136 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Based upon historical utilization trends, the existing facilities will not have sufficient capacity to accommodate Dr. Gopaniuk's projected ESRD patients and operate at the State Board's optimal rate of 80%.

Based on September 2017 data from the Renal Network, 2,166 ESRD patients live within 30 minutes of the proposed facility and this number is expected to grow. As noted above, additional stations either recently came online or are projected to come online in the next year; however, these stations are dedicated to different patient bases, and the facilities anticipate achieving 80% utilization within two years of project completion. The proposed Brickyard Dialysis is needed to ensure ESRD patients on the northwest side of Chicago have adequate access to dialysis services that are essential to their well-being.

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[28] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[29] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(c), Unnecessary Duplication/Maldistribution

1. Unnecessary Duplication of Services

a. The proposed dialysis facility will be located at 2640 North Narragansett Avenue, Chicago, Illinois 60639. A map of the proposed facility's market area is attached at Attachment – 24A. A list of all zip codes located, in total or in part, within 30 minutes normal travel time of the site of the proposed dialysis facility as well as 2010 census figures for each zip code is provided in Table 1110.1430(d)(1)(A).

Table 1110.1430(d)(1)(A)
Population of Zip Codes within
30 Minutes of Proposed Facility

ZIP Code	City	Population
60165	STONE PARK	4,946
60160	MELROSE PARK	25,432
60153	MAYWOOD	24,106
60305	RIVER FOREST	11,172
60707	ELMWOOD PARK	42,920
60176	SCHILLER PARK	11,795
60171	RIVER GROVE	10,246
60634	CHICAGO	74,298
60706	HARWOOD HEIGHTS	23,134
60656	CHICAGO	27,613
60304	OAK PARK	17,231
60301	OAK PARK	2,539
60302	OAK PARK	32,108
60804	CICERO	84,573
60644	CHICAGO	48,648
60639	CHICAGO	90,407
60651	CHICAGO	64,267
60624	CHICAGO	38,105
60641	CHICAGO	71,663
60630	CHICAGO	54,093
60646	CHICAGO	27,177
60712	LINCOLNWOOD	12,590
60647	CHICAGO	87,291
60622	CHICAGO	52,548
60618	CHICAGO	92,084
60659	CHICAGO	38,104
Total		**1,069,090**

Source: U.S. Census Bureau, Census 2010, American Factfinder *available at* http://factfinder2.census.gov/faces/tableservices/jsf/

pages/productview.xhtml?src=bkmk (last visited October 13, 2017).

b. A list of existing and approved dialysis facilities located within 30 minutes normal travel time of the proposed dialysis facility is provided at Attachment – 24B.

2. Maldistribution of Services

The proposed dialysis facility will not result in a maldistribution of services. A maldistribution exists when an identified area has an excess supply of facilities, stations, and services characterized by such factors as, but not limited to: (1) ratio of stations to population exceeds one and one-half times the State Average; (2) historical utilization for existing facilities and services is below the State Board's utilization standard; or (3) insufficient population to provide the volume or caseload necessary to utilize the services proposed by the project at or above utilization standards. As discussed more fully below, the average utilization of existing dialysis facilities that have been operational for at least 2 years within the GSA is 83% as of September 30, 2017, which exceeds the State Board's utilization standard of 80%. Sufficient population exists to achieve target utilization. Accordingly, the proposed dialysis facility will not result in a maldistribution of services.

a. Ratio of Stations to Population

As shown in Table 1110.1430(c)(2)(A), the ratio of stations to population is 93.92% of the State Average.

Table 1110.1430(c)(2)(A)
Ratio of Stations to Population

	Population	Dialysis Stations	Stations to Population	Standard Met?
Geographic Service Area	1,069,090	361	1:2,961	Yes
State	12,830,632	4,613	1:2,781	

b. Historic Utilization of Existing Facilities

There are 18 dialysis facilities within the Brickyard GSA. Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center), average utilization of area dialysis facilities is 83%, as of September 30,, 2017, which exceeds the State Board's utilization standard of 80%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[30] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid

[30] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

managed care,[31] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

c. Sufficient Population to Achieve Target Utilization

The Applicants propose to establish a 12-station dialysis facility. To achieve the HFSRB's 80% utilization standard within the first two years after project completion, the Applicants would need 58 patient referrals. Dr. Gopaniuk is currently treating 136 CKD patients, who reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes, all within 5 miles of 60639. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Gopaniuk anticipates that at least 65 of these 136 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Accordingly, there is sufficient population to achieve target utilization.

3. Impact to Other Providers

a. The proposed dialysis facility will not have an adverse impact on existing facilities in the Brickyard GSA. There are 18 dialysis facilities within the Brickyard GSA. Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center), average utilization of area dialysis facilities is 83%, as of September 30,, 2017, which exceeds the State Board's utilization standard of 80%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. This growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[32] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[33] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative

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[31] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

[32] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[33] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, the in-center hemodialysis facilities approved by the State Board within the last 3 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater Chicago area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Brickyard Dialysis will not adversely impact existing facilities in the Brickyard GSA.

b. The proposed dialysis facility will not lower, to a further extent, the utilization of other area facilities that are currently operating below HFSRB standards. As noted above, there are 18 dialysis facilities within the Brickyard GSA. Excluding the two recently approved dialysis facilities which are being developed to serve distinct groups of patients, as well as one non-reporting facility (Resurrection Medical Center) a, average utilization of area dialysis facilities is 83%, as of September 30, 2017, which exceeds the State Board's utilization standard of 80%. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD. Unfortunately, kidney disease is often undetectable by the patient until the late stages when it is often too late to stop or slow the disease progression. As more working families obtain health insurance through the Affordable Care Act[34] and 1.5 million Medicaid beneficiaries transition from traditional fee for service Medicaid to Medicaid managed care,[35] more individuals in high risk groups now have better access to primary care and kidney screening. As a result of these health care reform initiatives, DaVita anticipates continued increases in newly diagnosed cases of CKD in the years ahead. However, once diagnosed, many of these patients will be further along in the progression of CKD due to the lack of nephrologist care prior to diagnosis. It is imperative that enough dialysis stations are available to treat this new influx of ESRD patients who will require dialysis in the next two years.

Further, the in-center hemodialysis facilities approved by the State Board within the last 3 years are either in development or operational less than two years. Each facility will serve a distinct patient base within the greater Chicago area. As stated in the physician referral letters for these facilities, each physician projects to refer a sufficient number of patients to achieve 80% utilization by the second year after project completion. Accordingly, the proposed Brickyard Dialysis will not lower, to a further extent, the utilization of other area facilities that are currently operating below HFSRB standards.

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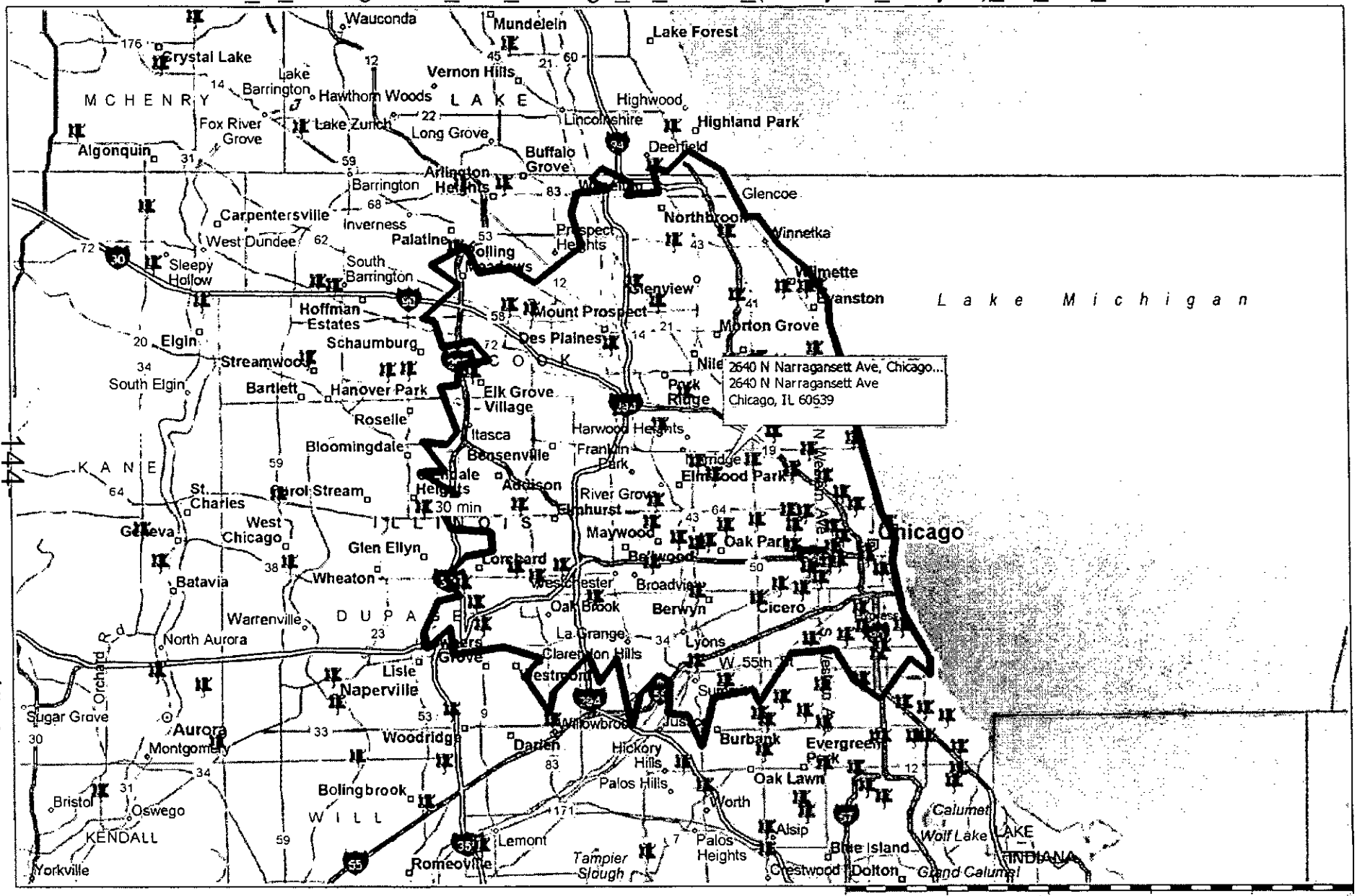
[34] According to data from the Kaiser Family Foundation 356,403 Illinois residents enrolled in a health insurance program through the ACA (THE HENRY J. KAISER FAMILY FOUNDATION, TOTAL MARKETPLACE ENROLLMENT *available at* http://www.kff.org/health-reform/state-indicator/total-marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D (last visited Jul. 24, 2017)).

[35] In January 2011, the Illinois General Assembly passed legislation mandating 50% of the Medicaid population to be covered by a managed care program by 2015.

2640_N_Narragansett_Ave_Chicago_IL_60639_(Brickyard_Dialysis)_30_Min_GSA



Utilization of Existing and Approved Facilities
Brickyard GSA
Septebmer 30, 2017

Facility	Ownership	Address	City	HSA	Distance	Drive Time	Adjusted Drive Time	09-30-2017 Stations	09-30-2017 Patients	09-30-2017 Utilization
Monteclare Dialysis Center	DaVita	7009 West Belmont Avenue	Chicago	6	1.9	7	9	16	92	95.83%
Fresenius Medical Care West Belmont	Fresenius	4848 West Belmont	Chicago	6	2.9	11	14	17	94	92.16%
North Avenue Dialysis Center	Fresenius	719 West North Avenue	Melrose Park	7	4.4	15	19	24	120	83.33%
West Suburban Hosp. Dialysis Unit	Fresenius	518 N. Austin Blvd., Ste. 5000	Oak Park	7	3.1	17	21	46	245	88.77%
Maple Avenue Kidney Center	Renal Therapies	610 South Maple Avenue	Oak Park	7	4.8	18	23	18	73	67.59%
Fresnius Medical Care Northwest	Fresenius	4701 North Cumberland Rd.	Norridge	7	5.0	18	23	16	77	80.21%
Resurrection Medical Center[1]		7435 West Talcott Ave.	Chicago	6	5.1	18	23	14	0	0.00%
Fresenius Medical Care Melrose Park	Fresenius	1111 Superior Street	Melrose Park	7	5.8	18	23	18	75	69.44%
Fresenius Medical Care River Forest	Fresenius	103 Forest Ave.	River Forest	7	5.3	19	24	22	87	65.91%
Oak Park Dialysis Center	Fresenius	733 West Madison Street	Oak Park	7	4.2	20	25	12	66	91.67%
FMC Humboldt Park[2]	Fresenius	3500 West Grand Avenue	Chicago	6	4.6	20	25	14	2	2.38%
FMC - Logan Square	Fresenius	2721 N Spaulding Avenue	Chicago	6	4.2	21	26	12	59	81.94%
Logan Square Dialysis	DaVita	2838 N Kimball Ave	Chicago	6	4.2	21	26	28	146	86.90%
Irving Park Dialysis[2]	DaVita	4343 North Elston Avenue	Chicago	6	5.6	23	29	12	0	0.00%
FMC - West Metro	Fresenius	1044 West Mozart, 3rd Floor	Chicago	6	5.5	24	30	32	182	94.79%
Fresenius Medical Care North Kilpatrick	Fresenius	4800 North Kilpatrick Avenue	Chicago	6	6.0	24	30	28	139	82.74%
Fresenius Medical Care Northcenter	Fresenius	2620 W. Addison	Chicago	6	6.0	24	30	16	55	57.29%
Nephron Dialysis Ctr Swedish Covenant		5140 North California Ave. #510	Chicago	6	7.6	24	30	16	90	93.75%
Total								**361**	**1,602**	**73.96%**
Less: Facilities Operational Less than Two Years and Non-Operational Facility								**321**	**1,600**	**83.07%**

[1]Non-Operational
[2]Operational Less than Two Years

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(e), Staffing

1. The proposed facility will be staffed in accordance with all State and Medicare staffing requirements.

   a. Medical Director: Anna Beata Gopaniuk-Folga, M.D. will serve as the Medical Director for the proposed facility. A copy of Dr. Gopnaiuk's curriculum vitae is attached at Attachment – 24C.

   b. Other Clinical Staff: Initial staffing for the proposed facility will be as follows:

      Administrator (1.02 FTE)
      Registered Nurse (4.24 FTE)
      Patient Care Technician (4.00 FTE)
      Biomedical Technician (0.34 FTE)
      Social Worker (0.55 FTE)
      Registered Dietitian (0.56 FTE)
      Administrative Assistant (0.80 FTE)

      As patient volume increases, nursing and patient care technician staffing will increase accordingly to maintain a ratio of at least one direct patient care provider for every 4 ESRD patients. At least one registered nurse will be on duty while the facility is in operation.

   c. All staff will be training under the direction of the proposed facility's Governing Body, utilizing DaVita's comprehensive training program. DaVita's training program meets all State and Medicare requirements. The training program includes introduction to the dialysis machine, components of the hemodialysis system, infection control, anticoagulation, patient assessment/data collection, vascular access, kidney failure, documentation, complications of dialysis, laboratory draws, and miscellaneous testing devices used. In addition, it includes in-depth theory on the structure and function of the kidneys; including, homeostasis, renal failure, ARF/CRF, uremia, osteodystrophy and anemia, principles of dialysis; components of hemodialysis system; water treatment; dialyzer reprocessing; hemodialysis treatment; fluid management; nutrition; laboratory; adequacy; pharmacology; patient education, and service excellence. A summary of the training program is attached at Attachment – 24D.

   d. As set forth in the letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Dunklinson Dialysis LLC, attached at Attachment – 24E, Brickyard Dialysis will maintain an open medical staff.

CURRICULUM VITAE

NAME	**Anna Beata Gopaniuk-Folga, MD**
OFFICE ADDRESS	Kidney and Hypertension Consultants, SC 7447 West Talcott Ave, Suite 463 Chicago, IL 60631 Phone 773/763-8400 Fax 773/774-8085
EDUCATION	Medical Academy of Bialystok Bialystok, Poland 1988 MD (attended 1982 – 1988)
POSTDOCTORAL TRAINING	Residency – Internal Medicine St Joseph Hospital Chicago, Illinois July 1991 – June 1994 Fellowship – Nephrology University of Illinois Hospital Chicago, Illinois October 1994 – September 1996
LICENSURE	State of Illinois 1991
CERTIFICATION	ECFMG passed July 1990 American Board of Internal Medicine Certified 1994 Recertified 2004, 2014 American Board of Internal Medicine Subspecialty – Nephrology Certified 1997 Recertified 2007

PROFESSIONAL EXPERIENCE	Kidney and Hypertension Consultants S.C. 7447 West Talcott Ave, Suite 463 Chicago, Illinois 60631 August 2002 – present
HOSPITAL AFFILIATION	Presence Resurrection Medical Center (Chicago, IL) Presence Holy Family Medical Center (Des Plaines, IL) Community First Medical Center (Chicago, IL) Thorek Memorial Hospital (Chicago, IL) Advocate Illinois Masonic (Chicago, IL) Advocate Lutheran General (Park Ridge, IL)
LANGUAGES SPOKEN	Polish

TITLE: BASIC TRAINING IN-CENTER HEMODIALYSIS PROGRAM OVERVIEW

Mission
DaVita's Basic Training Program for In-center Hemodialysis provides the instructional preparation and the tools to enable teammates to deliver quality patient care. Our core values of *service excellence, integrity, team, continuous improvement, accountability, fulfillment and fun* provide the framework for the Program. Compliance with State and Federal Regulations and the inclusion of DaVita's Policies and Procedures (P&P) were instrumental in the development of the program.

Explanation of Content
Two education programs for the new nurse or patient care technician (PCT) are detailed in this section. These include the training of new DaVita teammates **without** previous dialysis experience and the training of the new teammates **with** previous dialysis experience. A program description including specific objectives and content requirements is included.

This section is designed to provide a *quick reference* to program content and to provide access to key documents and forms.

The **Table of Contents** is as follows:

Orig. 1995
Review
Revision Mar 2014, Sep 2015, Feb 2017

TITLE: BASIC TRAINING FOR IN-CENTER HEMODIALYSIS PROGRAM DESCRIPTION

Introduction to Program

The Basic Training Program for In-center Hemodialysis is grounded in DaVita's Core Values. These core values include a commitment to providing *service excellence*, promoting *integrity*, practicing a *team* approach, systematically striving for *continuous improvement*, practicing *accountability*, and experiencing *fulfillment* and *fun*.

The Basic Training Program for In-center Hemodialysis is designed to provide the new teammate with the theoretical background and clinical skills necessary to function as a competent hemodialysis patient care provider.

DaVita hires both non-experienced and experienced teammates. Newly hired teammates must meet all applicable State requirements for education, training, credentialing, competency, standards of practice, certification, and licensure in the State in which he or she is employed. For individuals with experience in the armed forces of the United States, or in the national guard or in a reserve component, DaVita will review the individual's military education and skills training, determine whether any of the military education or skills training is substantially equivalent to the Basic Training curriculum and award credit to the individual for any substantially equivalent military education or skills training.

A **non-experienced teammate** is defined as:

- A newly hired patient care teammate without prior in-center hemodialysis experience.
- A rehired patient care teammate who left prior to completing the initial training.
- A newly hired or rehired patient care teammate with previous incenter hemodialysis experience who has not provided at least 3 months of hands on dialysis care to patients within the past 12 months.
- A DaVita patient care teammate with experience in a different treatment modality who transfers to in-center hemodialysis. Examples of different treatment modalities include acute dialysis, home hemodialysis, peritoneal dialysis, and pediatric dialysis.

An **experienced teammate** is defined as:

- A newly hired or rehired teammate who is either certified in hemodialysis under a State certification program or a national commercially available certification program, or can show proof of completing an in-center hemodialysis training program,
- And has provided at least 3 months of hands on in-center hemodialysis care to patients within the past 12 months.

Note:

Experienced teammates who are rehired outside of a 90 day window must complete the required training as outlined in this policy.

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The curriculum of the Basic Training Program for In-center Hemodialysis is modeled after Federal Law and State Boards of Nursing requirements, the American Nephrology Nurses Association Core Curriculum for Nephrology Nursing, and the Board of Nephrology Examiners Nursing and Technology guidelines. The program also incorporates the policies, procedures, and guidelines of DaVita HealthCare Partners Inc.

"Day in the Life" is DaVita's learning portal with videos for RNs, LPN/LVNs and patient care technicians. The portal shows common tasks that are done throughout the workday and provides links to policies and procedures and other educational materials associated with these tasks thus increasing teammates' knowledge of all aspects of dialysis. It is designed to be used in conjunction with the "Basic Training Workbook."

Program Description

The education program for the newly hired patient care provider teammate **without prior dialysis experience** is composed of at least (1) 120 hours didactic instruction and a minimum of (2) 240 hours clinical practicum, unless otherwise specified by individual state regulations.

The **didactic phase** consists of instruction including but not limited to lectures, readings, self-study materials, on-line learning activities, specifically designed in-center hemodialysis workbooks for the teammate, demonstrations, and observations. This education may be coordinated by the Clinical Services Specialist (CSS), a nurse educator, the administrator, or the preceptor.

Within the clinic setting this training includes

- Principles of dialysis
- Water treatment and dialysate preparation
- Introduction to the dialysis delivery system and its components
- Care of patients with kidney failure, including assessment, data collection and interpersonal skills
- Dialysis procedures and documentation, including initiation, monitoring, and termination of dialysis
- Vascular access care including proper cannulation techniques
- Medication preparation and administration
- Laboratory specimen collection and processing
- Possible complications of dialysis
- Infection control and safety
- Dialyzer reprocessing, if applicable

The program also introduces the new teammate to DaVita Policies and Procedures (P&P), and the Core Curriculum for Dialysis Technicians.

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The **didactic phase** also includes classroom training with the CSS or nurse educator. Class builds upon the theory learned in the Workbooks and introduces the students to more advanced topics. These include:

- Acute Kidney Injury vs. Chronic Renal Failure
- Adequacy of Hemodialysis
- Complications of Hemodialysis
- Conflict Resolution
- Data Collection and Assessment
- Documentation & Flow Sheet Review
- Fluid Management
- Importance of P&P
- Infection Control
- Laboratory
- Manifestations of Chronic Renal Failure
- Motivational Interviewing
- Normal Kidney Function vs. Hemodialysis
- Patient Self-management
- Pharmacology
- Renal Nutrition
- Role of the Renal Social Worker
- Survey Savvy for Teammates
- The DaVita Quality Index
- The Hemodialysis Delivery System
- Vascular Access
- Water Treatment

Also included are workshops, role play, and instructional videos. Additional topics are included as per specific state regulations.

Theory class concludes with the *DaVita Basic Training Final Exam.* A comprehensive examination score of 80% (unless state requires a higher score) must be obtained to successfully complete this portion of the didactic phase.

The *DaVita Basic Training Final Exam* can be administered as a paper-based exam by the instructor in a classroom setting, or be completed online (DVU2069-EXAM) either in the classroom or in the facility. If the exam is completed in the facility, the new teammate's preceptor will proctor the online exam.

If a score of less than 80% is attained, the teammate will receive additional appropriate remediation and a second exam will be given. The second exam may be administered by the instructor in the classroom setting, or be completed online.

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Only the new teammate's manager will be able to enroll the new teammate in the online exam. The CSS or RN Trainer responsible for teaching Basic Training Class will communicate to the teammate's FA to enroll the teammate in DVU2069-EXAM. To protect the integrity of the online exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored

Note:

- FA teammate enrollment in DVU2069-EXAM is limited to one time.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. The enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

Also included in the **didactic phase** is additional classroom training covering Health and Safety Training, systems/applications training, One For All orientation training, Compliance training, Diversity training, mandatory water classes, emergency procedures specific to facility, location of disaster supplies, and orientation to the facility.

The **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate a progression of skills required to perform the in-center hemodialysis procedures in a safe and effective manner. A *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training. The Basic Training Workbook for In-center Hemodialysis will also be utilized for this training and must be completed to the satisfaction of the preceptor and the registered nurse.

Those teammates who will be responsible for the Water Treatment System within the facility are required to complete the Mandatory Educational Water courses and the corresponding skills checklists.

Both the didactic phase and/or the clinical practicum phase will be successfully completed, along with completed and signed skills checklists, prior to the new teammate receiving an independent assignment. The new teammate is expected to attend all training sessions and complete all assignments and workbooks.

The education program for the newly hired patient care provider teammate **with previous dialysis experience** is individually tailored based on the identified learning needs. The initial orientation to the *Health Prevention and Safety Training* will be successfully completed prior to the new teammate working/receiving training in the clinical area. The new teammate will utilize the Basic

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Training Workbook for In-center Hemodialysis and progress at his/her own pace under the guidance of the facility's preceptor. This workbook should be completed within a timely manner as to also demonstrate acceptable skill-level.

As with new teammates without previous experience, the **clinical practicum phase** consists of supervised clinical instruction provided by the facility preceptor, and/or a registered nurse. During this phase the teammate will demonstrate the skills required to perform the in-center hemodialysis procedures in a safe and effective manner and a *Procedural Skills Verification Checklist* will be completed to the satisfaction of the preceptor, and a registered nurse overseeing the training.

Ideally teammates with previous experience will also attend Basic Training Class, however, they may opt-out of class by successfully passing the *DaVita Basic Training Final Exam* with a score of 80% or higher. The new experienced teammate should complete all segments of the workbook including the recommended resources reading assignments to prepare for taking the *DaVita Basic Training Final Exam* as questions not only assess common knowledge related to the in-center hemodialysis treatment but also knowledge related to specific DaVita P&P, treatment outcome goals based on clinical initiatives and patient involvement in their care.

After the new teammate with experience has sufficiently prepared for the *DaVita Basic Training Final Exam,* the teammate's manager will enroll him/her in the online exam. To protect the integrity of the exam, the FA must enroll the teammate the same day he/she sits for the test and the exam must be proctored by the preceptor.

If the new teammate with experience receives a score of less than 80% on the *DaVita Basic Training Final Exam,* this teammate will be required to attend Basic Training Class. After conclusion of class, the teammate will then receive a second attempt to pass the Final Exam either as a paper-based exam or online as chosen by the Basic Training instructor and outlined in the section for inexperienced teammates of this policy.

If the new teammate receives a score of less than 80% on the second attempt, this teammate will be evaluated by the administrator, preceptor, and educator to determine if completion of formal training is appropriate. If it is decided that the teammate should be allowed a third attempt to pass the exam, the teammate should receive appropriate remediation prior to enrollment in the online exam. This enrollment will be done by the Clinical Education and Training Team after submission of the completed form TR1-01-02C DVU2069-EXAM Enrollment Request. Enrollment will be communicated to the FA and the teammate should sit for the exam on the same day he/she is enrolled. The facility preceptor must proctor the exam.

The **didactic phase** for nurses regardless of previous experience includes three days of additional classroom training and covers the following topics:

- Nephrology Nursing, Scope of Practice, Delegation and Supervision, Practicing according to P&P

- Nephrology Nurse Leadership
- Impact – Role of the Nurse
- Care Planning including developing a POC exercise
- Achieving Adequacy with focus on assessment, intervention, available tools
- Interpreting laboratory Values and the role of the nurse
- Hepatitis B – surveillance, lab interpretation, follow up, vaccination schedules
- TB Infection Control for Nurses
- Anemia Management – ESA Hyporesponse: a StarLearning Course
- Survey Readiness
- CKD-MBD – Relationship with the Renal Dietitian
- Pharmacology for Nurses – video
- Workshop
    - Culture of Safety, Conducting a Homeroom Meeting
    - Nurse Responsibilities, Time Management
    - Communication – Meetings, SBAR (Situation, Background, Assessment, Recommendation)
    - Surfing the VillageWeb – Important sites and departments, finding information

Independent Care Assignments
Prior to the new teammate receiving an independent patient-care assignment, the Procedural Skills Verification Checklist must be completed and signed and a passing score of the DaVita Basic Training Final Exam must be achieved.
Note:
Completion of the skills checklist is indicated by the new teammate in the LMS (RN: SKLINV1000, PCT: SKLINV2000) and then verified by the FA.

Following completion of the training, a *Verification of Competency* form will be completed (see forms TR1-01-05, TR1-01-06). In addition to the above, further training and/or certification will be incorporated as applicable by state law.

The goal of the program is for the trainee to successfully meet all training requirements. Failure to meet this goal is cause for dismissal from the training program and subsequent termination by the facility.

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Process of Program Evaluation

The In-center Hemodialysis Education Program utilizes various evaluation tools to verify program effectiveness and completeness. Key evaluation tools include the DaVita Basic Training Class Evaluation (TR1-01-08A) and Basic Training Nursing Fundamentals Evaluation (TR1-0108B), the New Teammate Satisfaction Survey and random surveys of facility administrators to determine satisfaction of the training program. To assure continuous improvement within the education program, evaluation data is reviewed for trends, and program content is enhanced when applicable to meet specific needs.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(f), Support Services

Attached at Attachment – 24E is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. and Dunklinson Dialysis LLC attesting that the proposed facility will participate in a dialysis data system, will make support services available to patients, and will provide training for self-care dialysis, self-care instruction, home and home-assisted dialysis, and home training.

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Certification of Support Services

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1110.1430(g) that Brickyard Dialysis will maintain an open medical staff.

I also certify the following with regard to needed support services:

- DaVita utilizes an electronic dialysis data system;
- Brickyard Dialysis will have available all needed support services required by CMS which may consist of clinical laboratory services, blood bank, nutrition, rehabilitation, psychiatric services, and social services; and
- Patients, either directly or through other area DaVita facilities, will have access to training for self-care dialysis, self-care instruction, and home hemodialysis and peritoneal dialysis.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing
Member of Dunklinson Dialysis, LLC

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 25, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Dunklison Dialysis, LLC)

Document Date: October 25, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Dunklinson Dialysis, LLC
(Brickyard Dialysis)

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(g), Minimum Number of Stations

The proposed dialysis facility will be located in the Chicago-Joliet-Naperville metropolitan statistical area ("MSA"). A dialysis facility located within an MSA must have a minimum of eight dialysis stations. The Applicants propose to establish a 12-station dialysis facility. Accordingly, this criterion is met.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(h), Continuity of Care

DaVita Inc. has an agreement with Community First Medical Center to provide inpatient care and other hospital services. Attached at Attachment – 24F is a copy of the service agreement with this area hospital.

PATIENT TRANSFER AGREEMENT

THIS PATIENT TRANSFER AGREEMENT (this "Agreement") is made and entered into as of this 12 day of October, 2017 by and between Community First Healthcare of Illinois, Inc. dba Community First Medical Center, an Illinois benefit corporation located at 5645 West Addison Street, Chicago, Illinois 60634 ("Hospital") and Total Renal Care, Inc., a subsidiary of DaVita Inc., located at Elmwood Park Dialysis, 2640 N. Narragansett Avenue Chicago, Illinois 60639 ("Facility").

WITNESSETH

WHEREAS, both parties hereto desire to assure continuity of care and treatment appropriate to the needs of medically unstable patients requiring specialized care and treatment not otherwise available at the Facility; and

WHEREAS, both parties will cooperate to achieve this purpose.

NOW THEREFORE, Hospital and the Facility hereby covenant and agree as follows:

1. **Patient Transfer**.

   a. When the Facility has determined that a patient is medically unstable, and requires stabilizing care and treatment unavailable at the Facility and thereby requires admission to Hospital, and when a physician of Hospital accepts the transfer of the Facility's patient requiring such care and treatment, then Hospital agrees to admit such a patient as promptly as possible provided transfer and admission requirements are met and adequate staff, equipment, bed space and capacity to provide medically specialized care and treatment for such patient is available at Hospital.

   b. The parties hereto agree that the referring physician of the Facility, in consultation with the receiving physician at Hospital, should determine the method of transport and the appropriate personnel, if any, to accompany the patient during any transfer to Hospital. The Facility agrees that it will send with each patient at the time of transfer, any transfer form(s) and medical records necessary to ensure continuity of care following the transfer.

   c. The Facility and Hospital shall each designate a representative who shall meet as often as necessary to discuss quality improvement measures related to patient stabilization, and/or treatment prior to and subsequent to the transfer and patient outcome. The parties agree to reasonably cooperate with each other to oversee performance improvement and patient safety applicable to the activities under this Agreement to the extent permissible under applicable laws. All information obtained and any materials prepared pursuant to this section and used in the course of internal quality control or for the purpose of reducing morbidity and mortality, or for improving patient care, shall be privileged and strictly confidential for use in the evaluation and improvement of patient care according to 735 ILCS 5/8-2101 et seq., as may be amended from time to time.

d. Procedures for effecting the transfer of patients and their personal effects and valuables shall be developed and adhered to by both parties. These procedures will include, but are not limited to, the provision of information concerning such valuables, money and personal effects transferred with the patient so that a receipt may be given and received for same.

2. **HIPAA**. The parties hereto acknowledge that they are each "Covered Entities," as that term is defined by the Health Insurance Portability and Accountability Act ("HIPAA"), and each party agrees to comply with all applicable requirements of the HIPAA Privacy and Security Rules and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 C.F.R. Part 160, 162 and 164, Subparts A and E.

3. **Compliance**. The parties hereto acknowledge and agree to comply with applicable federal and state laws and regulations, CMS Conditions of Participation and the standards of The Joint Commission. The parties agree to comply with Title VI of the Civil Rights Act of 1964, all requirements imposed by regulations issued pursuant to that title, section 504 of the Rehabilitation Act of 1973, and all related regulations, to insure that neither party shall discriminate against any recipient of services hereunder on the basis of race, color, sex, creed, national origin, age handicap, under any program or activity receiving Federal financial assistance.

4. **Use of Name**. Neither party shall use the name of the other party in any promotional or advertising material unless review and written approval of such intended uses is first obtained from the party whose name is to be used.

5. **Expenses**. The parties hereto agree that charges for care and services performed in connection with this Agreement shall be collected by the party rendering such care and services directly from the patient, third party payor or other sources normally billed by the institution and neither party shall have any liability to the other party for such charges.

6. **Exclusivity**. Each party acknowledges the non-exclusive nature of this Agreement. It is the parties' intention that the relationship between Hospital and the Facility be that of independent contractors. The governing body of each shall have exclusive control of policies, management, assets and affairs of its respective institution.

7. **Insurance**. Each party will maintain such insurance as will fully protect it from any and all claims of any nature for damage to property or from personal injury including death, made by anyone which may arise from operations carried on by either party under this Agreement.

8. **Term and Termination**. The term of this Agreement shall begin on the date set forth above and continue through for one (1) year ("Initial Term") and shall, thereafter, **AUTOMATICALLY RENEW ON AN ANNUAL BASIS ("RENEWAL TERM") ABSENT WRITTEN NOTICE OF NON-RENEWAL BY EITHER PARTY THIRTY (30) DAYS PRIOR TO THE EXPIRATION OF THE INITIAL TERM OR ANY RENEWAL TERM.** Either party hereto may terminate this Agreement at any time, without cause upon providing ninety (90) days advance written notice. This Agreement shall

automatically terminate without regard to notice in the event either party hereto: a) ceases to have a valid provider agreement with the Secretary of the Department of Health and Human Services; or b) fails to renew, has suspended or revoked its license or registration issued by the State to operate as an acute care Hospital. If this Agreement is terminated for any reason within one (1) year of the Effective Date of this Agreement, then the parties hereto shall not enter into a similar agreement with each other for the services covered hereunder before the first anniversary of the Effective Date.

9. **Notices**. All notices which either party is required to give to the other under or in conjunction with this Agreement shall be in writing, and shall be given by addressing the same to such other party at the address indicated below, and by depositing the same so addressed, certified mail, postage prepaid, in the United States mail, or by delivering the same personally to such other party. Any notice mailed or telegraphed shall be deemed to have been given two (2) United States Post Office delivery days following the date of mailing or on the date of delivery to the telegraph company.

Any notice provided to Hospital shall be directed to:

Community First Healthcare of Illinois, Inc.
dba Community First Medical Center
5645 West Addison Street
Chicago, Illinois 60634
Attn: CEO

With copies to:

Foley & Lardner LLP
321 North Clark Street, Suite 2800
Chicago, Illinois 60654
Attn: Edward J. Green

Any notice provided to the Facility shall be directed to:

Total Renal Care, Inc.
c/o: DaVita Inc.
5200 Virginia Way
Brentwood, TN 37027
Attention: Group General Counsel

With copies to:

Elmwood Park Dialysis
c/o: DaVita Inc.
12640 N. Narragansett Avenue
Chicago, IL 60639
Attention: Facility Administrator

10. **Assignment**. Neither party to this Agreement may assign any of the rights or obligation under this Agreement without the express written consent of the other party. Any attempt to assign this Agreement without consent shall be void.

11. **No Referrals**. Neither party is under any obligation to refer or transfer patients to the other party and neither party will receive any payment for any patient referred or transferred to the other party. A party may refer or transfer patients to any facility based on the professional judgment of the treating physician and the individual needs and wishes of the patient.

12. **Independent Contractor**. The parties acknowledge and agree that, in performing their respective obligations under this Agreement, each is acting as an independent contractor. The Facility and Hospital are not and shall not be considered joint venturers or partners, and nothing herein shall be construed to authorize either party to act as general agent for the other. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or legal nature incurred by the other party.

13. **Governing Law**. This Agreement shall be interpreted and governed by the substantive and procedural laws of the State of Illinois. The parties hereto both consent to the jurisdiction of Illinois courts to resolve any dispute arising from this Agreement.

14. **Entire Agreement**. This Agreement constitutes the entire understanding between the parties with respect to its subject matter and constitutes and supersedes all prior agreements, representations and understandings of the parties, whether written or oral.

15. **Counterparts**. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute one and the same instrument.

[Signatures on Following Page]

IN WITNESS WHEREOF, we the undersigned, duly authorized representatives have executed and delivered this Agreement without reservation and having read the terms contained herein.

Hospital

COMMUNITY FIRST HEALTHCARE OF ILLINOIS, INC.
DBA COMMUNITY FIRST MEDICAL CENTER

DocuSigned by:
Mitul Patel
By: Mitul Patel
Its: Director of Nursing
Date: October 12, 2017

Facility

TOTAL RENAL CARE, INC.

DocuSigned by:
Brent Habitz
By: Brent Habitz
Its: Regional Operations Director
Date: October 16, 2017

APPROVED AS TO FORM ONLY:

DaVita, Inc.

DocuSigned by:
Kanika M. Rankin
By: Kanika M. Rankin
Its: Senior Corporate Counsel – Operations

DocuSign SECURED

Certificate Of Completion

Envelope Id: E2FE8E63855E430282DED55406F8DAA7
Status: Completed
Subject: Please DocuSign: Patient Transfer Agreement (CFMC and Elmwood Park Total Renal Care).pdf
Source Envelope:
Document Pages: 5
Certificate Pages: 5
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-08:00) Pacific Time (US & Canada)

Signatures: 3
Initials: 0

Envelope Originator:
Jennifer Schroeder
2000 16th Street
Denver, CO 80202
jennifer.schroeder@davita.com
IP Address: 70.231.38.98

Record Tracking

Status: Original
10/11/2017 2:17:28 PM

Holder: Jennifer Schroeder
jennifer.schroeder@davita.com

Location: DocuSign

Signer Events	Signature	Timestamp
Mitul Patel mpatel@cfmedicalcenter.com Director of Nursing Security Level: Email, Account Authentication (None)	DocuSigned by: Mitul Patel Using IP Address: 107.0.43.250	Sent: 10/11/2017 2:26:16 PM Viewed: 10/12/2017 6:30:09 AM Signed: 10/12/2017 6:31:23 AM
Electronic Record and Signature Disclosure: Accepted: 10/12/2017 8:30:09 AM ID: a2ebe02f-b927-41d1-b478-00ecd9076381		
Brent Habitz Brent.Habitz@davita.com Regional Operations Director Security Level: Email, Account Authentication (None)	DocuSigned by: Brent Habitz Using IP Address: 73.50.217.34	Sent: 10/12/2017 6:31:25 AM Resent: 10/13/2017 10:45:05 AM Viewed: 10/16/2017 5:46:28 AM Signed: 10/16/2017 5:47:05 AM
Electronic Record and Signature Disclosure: Accepted: 10/16/2017 5:46:28 AM ID: 4b26da2a-520d-404f-a43b-40e70660a0e1		
Kanika M. Rankin Kanika.Rankin@davita.com Senior Corporate Counsel Security Level: Email, Account Authentication (None)	DocuSigned by: Kanika M. Rankin Using IP Address: 174.195.145.112 Signed using mobile	Sent: 10/16/2017 5:47:06 AM Viewed: 10/16/2017 6:31:50 AM Signed: 10/16/2017 6:32:01 AM
Electronic Record and Signature Disclosure: Accepted: 10/16/2017 6:31:50 AM ID: 5b9b4ce1-be28-4691-abd3-0257e6988c76		
In Person Signer Events	**Signature**	**Timestamp**
Editor Delivery Events	**Status**	**Timestamp**
Agent Delivery Events	**Status**	**Timestamp**
Intermediary Delivery Events	**Status**	**Timestamp**
Certified Delivery Events	**Status**	**Timestamp**
Carbon Copy Events	**Status**	**Timestamp**

Notary Events	Signature	Timestamp
Envelope Summary Events	**Status**	**Timestamps**
Envelope Sent	Hashed/Encrypted	10/16/2017 5:47:06 AM
Certified Delivered	Security Checked	10/16/2017 6:31:50 AM
Signing Complete	Security Checked	10/16/2017 6:32:01 AM
Completed	Security Checked	10/16/2017 6:32:01 AM
Payment Events	**Status**	**Timestamps**

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DaVita (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact DaVita:
You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: emily.briggs@davita.com

To advise DaVita of your new e-mail address
To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at jennifer.vanhyning@davita.com and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..
In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from DaVita
To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with DaVita
To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
ii. send us an e-mail to emily.briggs@davita.com and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	•Allow per session cookies •Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically
To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.
By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and

- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and

- Until or unless I notify DaVita as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by DaVita during the course of my relationship with you.

DaVita.

October 17, 2017

Community First Healthcare of Illinois, Inc.
DBA Community First Medical Center
5645 W. Addison Street
Chicago, Illinois 60634
ATTENTION: CEO

Re: Change of Address/Name for Patient Transfer Agreement between Community First Healthcare of Illinois, Inc. dba Community First Medical Center and Total Renal Care, Inc./Elmwood Park Dialysis

To Whom It May Concern:

As of October 17, 2017 the name for the Elmwood Park Dialysis has been changed to Brickyard Dialysis and the notice address should be 2640 N Narragansett Avenue.

Please make sure that all future notices are mailed out to the correct address. If you have any questions or concerns, please call me at 312-327-5033.

Sincerely,

Brent Habitz
Regional Operations Director

Attachment – 24F

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(i), Relocation of Facilities

The Applicants propose the establishment of a 12-station dialysis facility. Thus, this criterion is not applicable.

Section VII, Service Specific Review Criteria
In-Center Hemodialysis
Criterion 1110.1430(j), Assurances

Attached at Attachment – 24G is a letter from Arturo Sida, Assistant Corporate Secretary, DaVita Inc. certifying that the proposed facility will achieve target utilization by the second year of operation.

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: In-Center Hemodialysis Assurances

Dear Chair Olson:

Pursuant to 77 Ill. Admin. Code § 1110.1430(k), I hereby certify the following:

- By the second year after project completion, Brickyard Dialysis expects to achieve and maintain 80% target utilization; and
- Brickyard Dialysis also expects hemodialysis outcome measures will be achieved and maintained at the following minimums:
  - ≥ 85% of hemodialysis patient population achieves urea reduction ratio (URR) ≥ 65% and
  - ≥ 85% of hemodialysis patient population achieves Kt/V Daugirdas II .1.2

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing Member of Dunklinson Dialysis, LLC

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 25, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public - California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Dunklison Dialysis, LLC)

Document Date: October 25, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Dunklinson Dialysis, LLC
(Brickyard Dialysis)

Section VIII, Financial Feasibility
Criterion 1120.120 Availability of Funds

The project will be funded entirely with cash and cash equivalents, and a lease with RPAI Chicago Brickyard LLC. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017. A letter of intent to lease the facility is attached at Attachment – 34.

Attachment – 34

CUSHMAN & WAKEFIELD
225 West Wacker Drive, Suite 3000
Chicago, IL 60606
Web: www.cushmanwakefield.com

October 18, 2017

Mr. Brendan Reedy
Cushman & Wakefield Inc.
225 West Wacker Driver Suite 3000
Chicago, IL 60606

RE: LOI – 2640 N Narragansett Ave, Chicago, IL 60639

Mr. Reedy:

Cushman & Wakefield ("C&W") has been authorized by Total Renal Care, Inc. a subsidiary of DaVita HealthCare Partners, Inc. to assist in securing a lease requirement. DaVita HealthCare Partners, Inc. is a Fortune 200 company with revenues of approximately $13 billion. They operate 2,278 outpatient dialysis centers across the US and 124 in 10 countries outside the US. Below is the proposal outlining the terms and conditions wherein the Tenant is willing to lease the subject premises:

PREMISES:	2640 N Narragansett Ave, Chicago, IL 60639
TENANT:	Total Renal Care, Inc. or related entity to be named
LANDLORD:	*RPAI Chicago Brickyard, L.L.C.*
SPACE REQUIREMENTS:	Unit 48 and a rear section of Unit 47 consisting of approximately 6,738 SF of contiguous rentable square feet. Tenant shall have the right to measure space based on most recent BOMA standards. Final premises rentable square footage to be mutually agreed upon by Tenant and Landlord prior to lease execution with approved floor plan and attached to lease as an exhibit, which is currently under review by Landlord and adjacent existing Tenant.
PRIMARY TERM:	10 years
BASE RENT:	*$ 19.00 psf NNN Y1-Y5;* *$ 20.90 psf NNN Y6-Y10.*
ADDITIONAL EXPENSES:	*Current estimated operating expenses are $15.16 psf:* *CAM = $5.42 psf (includes insurance)* *TAX = $9.74 psf* *6,800 / 261,369 = approximately 2.6%* *Tenant will be responsible for all utilities that are separately metered with the exception of water which will be billed by Landlord to Tenant through sub meter based on estimated usage.*

Landlord to limit the cumulative increase on non-controllable operating expense costs to no greater than 5% annually commencing in the second year.

LANDLORD'S MAINTENANCE: Landlord, at its sole cost and expense, shall be responsible for the structural and capitalized items (per GAAP standards) for the Property.

POSSESSION AND RENT COMMENCEMENT: Landlord shall deliver Possession of the Premises to the Tenant with Landlord's Work complete (if any) within 120 days from the later of lease execution or waiver of CON contingency. Rent Commencement shall be the earlier of six (6) months from Possession or the date each of the following conditions have occurred:

a. Construction improvements within the Premises have been completed in accordance with the final construction documents (except for nominal punch list items); and

b. A certificate of occupancy for the Premises has been obtained from the city or county; and

c. Tenant has obtained all necessary licenses and permits to operate its business.

LEASE FORM: Base lease form to most recent lease completed between Tenant and Landlord – Lakewood, WA. Lease will be modified to mutually agreeable form using the conforming lease document.

USE: The operation of an outpatient renal dialysis clinic, renal dialysis home training, aphaeresis services and similar blood separation and cell collection procedures, general medical offices, clinical laboratory, including all incidental, related and necessary elements and functions of other recognized dialysis disciplines which may be necessary or desirable to render a complete program of treatment to patients of Tenant and related office and administrative uses or for any other lawful purpose not in violation with any then existing prohibited or exclusive uses. Tenant will not operate in a manner which will cause conflict with any existing leases.

PARKING: As-Is. Parking is ample and readily available.

BUILDING SYSTEMS: Landlord shall warrant that the building's mechanical, electrical, plumbing, roof, and foundation are in good order and repair upon delivery of the premises. Landlord will be responsible for maintenance and repairs of roof and foundation. Furthermore, Landlord will remain

responsible for ensuring the parking and common areas are ADA compliant.

LANDLORD WORK: Upon Landlord delivery of the Premises, Tenant will accept Possession of the Premises in its AS IS condition which shall be broom clean and ready for interior improvements by Tenant; free and clear of any components, asbestos or material that is in violation of any EPA standards of acceptance and local hazardous material jurisdiction standards. Notwithstanding to the above, Tenant will be responsible for all work necessary to open and operate out of the Premises.

Landlord will make reasonable efforts to coordinate tenant improvements with Tenant's construction team providing Tenant "Early Access" to Tenant's contractors in order begin Tenant's work prior to completion of Landlord's work (if any). Landlord and Tenant shall determine a mutually agreeable schedule to coordinate such work.

In addition, Landlord shall deliver the building structure and main utility lines serving the building in good working order and shape. If any defects in the structure including the exterior walls, lintels, floor and roof framing or utility lines are found, prior to or during Tenant construction (which are not the fault of the Tenant), repairs will be made by Landlord at its sole cost and expense. Any repairs shall meet all applicable federal, state and local laws, ordinances and regulations and approved a Structural Engineer and Tenant.

TENANT IMPROVEMENTS: Tenant shall be solely responsible for the construction of the improvements within the Premises which shall be reasonably approved by Landlord. Landlord and Tenant shall coordinate taking possession of the rear potion of the adjacent space (currently occupied by the Marines). Tenant shall be responsible for demising this portion of the Premises and all work within this area.

OPTION TO RENEW: Tenant shall have three, five-year options to renew the lease provided Tenant is not in default beyond applicable cure period. Option rent shall be increased by 10% after Year 10 of the initial term and following each successive five-year option periods. Tenant will notify Landlord in writing of their intent to exercise an option with no less than 180 days notice prior to the expiration of the then current term.

FAILURE TO DELIVER PREMISES: If Landlord has not delivered the premises to Tenant with all Landlord Work items substantially completed (if applicable) within 120 days from the later of lease execution or waiver of CON contingency, Tenant may elect to a) terminate the lease by written notice to Landlord or b) elect to receive one day of rent abatement for every day of delay beyond the 120 day delivery period. After 120 days, Landlord or Tenant may terminate the Lease.

HOLDING OVER: Tenant shall be obligated to pay 150% of the then current rate.

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TENANT SIGNAGE:	Tenant shall have the right to install building and two-sided pylon signage at the Premises (subject to ongoing availability) in a location mutually agreed upon between Landlord and Tenant, subject to compliance with all applicable laws and regulations. Landlord, at Tenant's expense, will furnish Tenant with directional signage at the Premises.
BUILDING HOURS:	Tenant requires building hours of 24 hours a day, seven days a week.
SUBLEASE/ASSIGNMENT:	Tenant will have the right at any time to sublease or assign its interest in this Lease to any majority owned subsidiaries or related entities of DaVita Healthcare Partners, Inc. without the consent of the Landlord, or to unrelated entities with Landlord reasonable approval.
ROOF RIGHTS:	Tenant shall have the right to place a satellite dish on the roof at no additional fee to be further defined in lease agreement with similar language to prior Lease form.
NON-COMPETE:	Provided Tenant is not in default beyond applicable cure periods and is operating as defined in the Lease, Landlord shall refrain from leasing other space in the Shopping Center for the following primary purposes: a business providing or offering any renal dialysis, renal dialysis home training, any aphaeresis service(s) or similar blood separation or cell collection procedures, except services involving the collection of blood or blood components from volunteer donors or blood collection involved with a typical doctor's office.
HVAC:	Tenant will be responsible for the installation, at no cost to the Landlord, of HVAC necessary to open and operate within the Premises.
DELIVERIES:	Rear man-door access.
GOVERNMENTAL COMPLIANCE:	Landlord shall represent and warrant to Tenant that Landlord, at Landlord's sole expense, will cause the Property, common areas, the building and parking facilities to be in full compliance with any governmental laws, ordinances, regulations or orders relating to, but not limited to, compliance with the Americans with Disabilities Act (ADA), and environmental conditions relating to the existence of asbestos and/or other hazardous materials, or soil and ground water conditions, and shall indemnify and hold Tenant harmless from any claims, liabilities and cost arising from environmental conditions not caused by Tenant(s).
CERTIFICATE OF NEED:	Tenant CON Obligation: Landlord and Tenant 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, the Tenant cannot

establish a dialysis facility on the Premises or execute a binding real estate lease in connection therewith unless Tenant obtains a Certificate of Need (CON) permit from the Illinois Health Facilities and Services Review Board (HFSRB). Based on the length of the HFSRB review process, Tenant does not expect to receive a CON permit prior to seven (7) months from the latter of an executed LOI or subsequent filing date. 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 approval of the CON permit and the lease agreement shall contain a contingency clause indicating that the lease agreement is not effective prior to CON permit approval. Assuming CON 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 HFSRB does not award Tenant a CON permit to establish a dialysis center on the Premises within seven (7) months from the latter of an executed LOI or subsequent filing date 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.

BROKERAGE FEE: Landlord recognizes C&W as the Tenant's sole representative and shall pay a brokerage fee equal to one dollar ($1.00) per square foot per lease term year, 50% shall be due upon the later of lease signatures or waiver of CON contingency, and 50% shall be due within thirty (30) days from the later of Tenant opening and payment of first month's rent.

CONTINGENCIES: In the event the Landlord is not successful in obtaining all necessary approvals for Tenant's use including, but not limited to OEAs, the Tenant shall have the right, but not the obligation to terminate the lease. In the event that Tenant is not successful in obtaining zoning approvals or applicable permits for Tenant's use with Landlord's assistance (if applicable), Tenant shall have the right, but not the obligation to terminate the lease.

It should be understood that this proposal is subject to the terms of Exhibit A attached hereto. Please complete and return the Potential Referral Source Questionnaire in Exhibit B. The information in this proposal is confidential and may be legally privileged. It is intended solely for the addressee. Access to this information by anyone but addressee is unauthorized. Thank you for your time and consideration to partner with DaVita.

Sincerely,

Matthew Gramlich
CC: DaVita Regional Operational Leadership

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SIGNATURE PAGE

LETTER OF INTENT: **2640 N Narragansett Ave, Chicago, IL 60639**

AGREED TO AND ACCEPTED THIS 20th DAY OF OCTOBER 2017

By: _____

On behalf of Total Renal Care, Inc., a subsidiary of DaVita, Inc.
("Tenant")

AGREED TO AND ACCEPTED THIS 20th DAY OF OCTOBER 2017

By: Lynn Bussenius

RPAI US Management LLC
("Landlord")

CUSHMAN & WAKEFIELD

EXHIBIT A

NON-BINDING NOTICE

NOTICE: THE PROVISONS CONTAINED IN THIS LETTER OF INTENT ARE AN EXPRESSION OF THE PARTIES' INTEREST ONLY. SAID PROVISIONS TAKEN TOGETHER OR SEPERATELV ARE NEITHER AN OFFER WHICH BV AN "ACCEPTANCE" CAN BECOME A CONTRACT, NOR A CONTRACT. BY ISSUING THIS LETTER OF INTENT NEITHER TENANT NOR LANDLORD (OR C&W) SHALL BE BOUND TO ENTER INTO ANV (GOOD FAITH OR OTHERWISE) NEGOTIATIONS OF ANY KIND WHATSOEVER. TENANT RESERVES THE RIGHT TO NEGOTIATE WITH OTHER PARTIES. NEITHER TENANT, LANDLORD OR C&W INTENDS ON THE PROVISIONS CONTAINED IN THIS LETTER OF INTENT TO BE BINDING IN ANY MANNER, AS THE ANALYSIS FOR AN ACCEPTABLE TRANSACTION WILL INVOLVE ADDITIONAL MATTERS NOT ADDRESSED IN THIS LETTER, INCLUDING, WITHOUT LIMITATION, THE TERMS OF ANY COMPETING PROJECTS, OVERALL ECONOMIC AND LIABILITY PROVISIONS CONTAINED IN ANY LEASE DOCUMENT AND INTERNAL APPROVAL PROCESSES AND PROCEDURES. THE PARTIES UNDERSTAND AND AGREE THAT A CONTRACT WITH RESPECT TO THE PROVISIONS IN THIS LETTER OF INTENT WILL NOT EXIST UNLESS AND UNTIL THE PARTIES HAVE EXECUTED A FORMAL, WRITTEN LEASE AGREEMENT APPROVED IN WRITING BY THEIR RESPECTIVE COUNSEL. C&W IS ACTING SOLELY IN THE CAPACITY OF SOLICITING, PROVIDING AND RECEIVING INFORMATION AND PROPOSALS AND NEGOTIATING THE SAME ON BEHALF OF OUR CLIENTS. UNDER NO CIRCUMSTANCES WHATSOEVER DOES C&W HAVE ANY AUTHORITV TO BIND OUR CLIENTS TO ANY ITEM, TERM OR COMBINATION OF TERMS CONTAINED HEREIN. THIS LETTER OF INTENT IS SUBMITTED SUBJECT TO ERRORS, OMISSIONS, CHANGE OF PRICE, RENTAL OR OTHER TERMS; ANY SPECIAL CONDITIONS IMPOSED BY OUR CLIENTS; AND WITHDRAWAL WITHOUT NOTICE. WE RESERVE THE RIGHT TO CONTINUE SIMULTANEOUS NEGOTIATIONS WITH OTHER PARTIES ON BEHALF OF OUR CLIENT. NO PARTY SHALL HAVE ANY LEGAL RIGHTS OR OBLIGATIONS WITH RESPECT TO ANV OTHER PARTY, AND NO PARTY SHOULD TAKE ANY ACTION OR FAIL TO TAKE ANY ACTION IN DETRIMENTAL RELIANCE ON THIS OR ANY OTHER DOCUMENT OR COMMUNICATION UNTIL AND UNLESS A DEFINITIVE WRITTEN LEASE AGREEMENT IS PREPARED AND SIGNED BY TENANT AND LANDLORD.

CUSHMAN & WAKEFIELD

EXHIBIT B

POTENTIAL REFERAL SOURCE QUESTIONAIRRE

RE: 2640 N Narragansett Ave, Chicago, IL 60639

(i) Is Landlord an individual or entity in any way involved in the healthcare business, including, but not limited to, a physician; physician group; hospital; nursing home; home health agency; or manufacturer, distributor or supplier of healthcare products or pharmaceuticals;

___ Yes ___X___ No

(ii) Is the immediate family member of the Landlord an individual involved in the healthcare business, or

___ Yes ___X___ No

(iii) Is the Landlord an individual or entity that directly or indirectly owns or is owned by a healthcare-related entity; or

___ Yes ___X___ No

(iv) Is the Landlord an entity directly or indirectly owned by an individual in the healthcare business or an immediate family member of such an individual?

___ Yes ___X___ No

RPAI US Management LLC
(Please add landlord or entity name)

By: Lynn Reisseweber
Print: LYNN Reisseweber
Its: Vice President-Asset Mgmt
Date: 10·20·17

Section IX, Financial Feasibility

Criterion 1120.130 – Financial Viability Waiver

The project will be funded entirely with cash. A copy of DaVita's 2016 10-K Statement evidencing sufficient internal resources to fund the project was previously submitted on March 27, 2017.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(a), Reasonableness of Financing Arrangements

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the total estimated project costs will be funded entirely with cash.

Attachment – 37A

Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Reasonableness of Financing Arrangements

Dear Chair Olson:

I hereby certify under penalty of perjury as provided in § 1-109 of the Illinois Code of Civil Procedure, 735 ILCS 5/1-109 and pursuant to 77 Ill. Admin. Code § 1120.140(a) that the total estimated project costs and related costs will be funded in total with cash and cash equivalents.

Further, the project involves the leasing of a facility. The expenses incurred with leasing the facility are less costly than constructing a new facility.

Sincerely,

Print Name: Arturo Sida
Its: Assistant Corporate Secretary, DaVita Inc.
Secretary of Total Renal Care, Inc., Managing
Member of Dunklinson Dialysis, LLC

Subscribed and sworn to me
This ___ day of _____, 2017

See Attached

Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

On October 25, 2017 before me, Kimberly Ann K. Burgo, Notary Public,
(here insert name and title of the officer)

personally appeared *** Arturo Sida ***

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

KIMBERLY ANN K. BURGO
Comm. #2055858
Notary Public · California
Los Angeles County
Comm. Expires Jan 25, 2018

OPTIONAL INFORMATION

Law does not require the information below. This information could be of great value to any person(s) relying on this document and could prevent fraudulent and/or the reattachment of this document to an unauthorized document(s)

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: IL CON Application (DaVita Inc. / Total Renal Care, Inc. - Dunklison Dialysis, LLC)

Document Date: October 25, 2017 Number of Pages: 1 (one)

Signer(s) if Different Than Above: _____

Other Information: _____

CAPACITY(IES) CLAIMED BY SIGNER(S)

Signer's Name(s):

☐ Individual

☒ Corporate Officer Assistant Corporate Secretary / Secretary
(Title(s))

☐ Partner
☐ Attorney-in-Fact
☐ Trustee
☐ Guardian/Conservator
☐ Other: _____

SIGNER IS REPRESENTING: Name of Person or Entity DaVita Inc. / Total Renal Care, Inc. / Dunklinson Dialysis, LLC
(Brickyard Dialysis)

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(b), Conditions of Debt Financing

Attached at Attachment – 37A is a letter from Arturo Sida, Assistant Corporate Secretary of DaVita Inc. attesting that the project involves the leasing of facilities and that the expenses incurred with leasing a facility is less costly than constructing a new facility.

Section X, Economic Feasibility Review Criteria
Criterion 1120.140(c), Reasonableness of Project and Related Costs

1. The Cost and Gross Square Feet by Department is provided in the table below.

COST AND GROSS SQUARE FEET BY DEPARTMENT OR SERVICE									
Department (list below) CLINICAL	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New	Mod.	Gross Sq. Ft. New Circ.*		Gross Sq. Ft. Mod. Circ.*		Const. $ (A x C)	Mod. $ (B x E)	
CLINICAL									
ESRD		$177.15			4,365		$773,280		$773,280
Contingency		$17.72			4,365		$77,327		$77,327
TOTAL CLINICAL		**$194.87**			**4,365**		**$850,607**		**$850,607**
NON-CLINICAL									
Admin		$177.15			2,373		$420,387		$420,387
Contingency		$17.72			2,373		$42,038		$42,038
TOTAL NON-CLINICAL		**$194.87**			**2,373**		**$462,425**		**$462,425**
TOTAL		**$194.87**			**6,738**		**$1,313,033**		**$1,313,032**
* Include the percentage (%) of space for circulation									

2. As shown in Table 1120.310(c) below, the project costs are below the State Standard.

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
Modernization Construction Contracts & Contingencies	$850,607	$194.87 x 4,365 GSF = $850,607	Meets State Standard
Contingencies	$77,327	10% - 15% of Modernization Construction Contracts 10% - 15% x $773,280 = $77,328 - $115,992	Below State Standard
Architectural/Engineering Fees	$91,000	7.18% - 10.78% of Modernization Construction Contracts + Contingencies) = 7.18% - 10.78% x ($773,280 + $77,327) =	Meets State Standard

Table 1120.310(c)			
	Proposed Project	**State Standard**	**Above/Below State Standard**
		7.18% - 10.78% x $850,607 = $61,073 - $91,695	
Consulting and Other Fees	$80,000	No State Standard	No State Standard
Moveable Equipment	$636,782	$53,682.74 per station x 12 stations $53,682.74 x 12 = $644,192	Meets State Standard
Fair Market Value of Leased Space or Equipment	$579,030	No State Standard	No State Standard

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(d), Projected Operating Costs

Operating Expenses: $2,558,783

Treatments: 10,140

Operating Expense per Treatment: $252.35

Section X, Economic Feasibility Review Criteria
Criterion 1120.310(e), Total Effect of Project on Capital Costs

Capital Costs:

Depreciation:	$206,162
Amortization:	$10,684
Total Capital Costs:	$216,846

Treatments: 10,140

Capital Costs per Treatment: $21.39

Section XI, Safety Net Impact Statement

1. This criterion is required for all substantive and discontinuation projects. DaVita Inc. and its affiliates are safety net providers of dialysis services to residents of the State of Illinois. DaVita is a leading provider of dialysis services in the United States and is committed to innovation, improving clinical outcomes, compassionate care, education and Kidney Smarting patients, and community outreach. A copy of DaVita's 2016 Community Care report, which details DaVita's commitment to quality, patient centric focus and community outreach, was included as part of our Illini Renal CON application (Proj. No. 17-032). As referenced in the report, DaVita led the industry in quality, with twice as many Four- and Five-Star centers than other major dialysis providers. DaVita also led the industry in Medicare's Quality Incentive Program, ranking No. 1 in three out of four clinical measures and receiving the fewest penalties. DaVita has taken on many initiatives to improve the lives of patients suffering from CKD and ESRD. These programs include Kidney Smart, IMPACT, CathAway, and transplant assistance programs. Furthermore, DaVita is an industry leader in the rate of fistula use and has the lowest day-90 catheter rates among large dialysis providers. During 2000 - 2014, DaVita improved its fistula adoption rate by 103 percent. Its commitment to improving clinical outcomes directly translated into 7% reduction in hospitalizations among DaVita patients.

   DaVita accepts and dialyzes patients with renal failure needing a regular course of hemodialysis without regard to race, color, national origin, gender, sexual orientation, age, religion, disability or ability to pay. Because of the life sustaining nature of dialysis, federal government guidelines define renal failure as a condition that qualifies an individual for Medicare benefits eligibility regardless of their age and subject to having met certain minimum eligibility requirements including having earned the necessary number of work credits. Indigent ESRD patients who are not eligible for Medicare and who are not covered by commercial insurance are eligible for Medicaid benefits. If there are gaps in coverage under these programs during coordination of benefits periods or prior to having qualified for program benefits, grants are available to these patients from both the American Kidney Foundation and the National Kidney Foundation. If none of these reimbursement mechanisms are available for a period of dialysis, financially needy patients may qualify for assistance from DaVita in the form of free care.

2. The proposed Brickyard Dialysis will not impact the ability of other health care providers or health care systems to cross-subsidize safety net services. The utilization of existing dialysis facilities within the proposed Brickyard Dialysis GSA that have been operational for at least 2 years is 83%. For the three year period ending September 30, 2017, patient census in the Brickyard GSA has increased 3% annually or 8% over the three year period. Patient growth is anticipated to continue to increase for the foreseeable future due to the demographics of the community and U.S. Centers for Disease Control and Prevention estimates that 15% of American adults suffer from CKD.

   Dr. Gopaniuk is currently treating 136 CKD patients, who reside within either the ZIP code of the proposed Brickyard Dialysis (60639) or 6 other nearby ZIP codes, all within 5 miles of 60639. See Appendix – 1. Conservatively, based upon attrition due to patient death, transplant, stable disease, or relocation away from the area and in consideration of other treatment modalities (HHD and peritoneal dialysis), Dr. Gopaniuk anticipates that at least 65 of these 136 patients will initiate in-center hemodialysis within 12 to 24 months following project completion. Further, no patients are expected to transfer to Brickyard Dialysis for existing facilities. Accordingly, the proposed Brickyard Dialysis facility will not impact other general health care providers' ability to cross-subsidize safety net services.

3. The proposed project is for the establishment of Brickyard Dialysis. As such, this criterion is not applicable.

4. A table showing the charity care and Medicaid care provided by the Applicants for the most recent three calendar years is provided below.

Safety Net Information per PA 96-0031			
CHARITY CARE			
	2014	2015	2016
Charity (# of patients)	146	109	110
Charity (cost in dollars)	$2,477,363	$2,791,566	$2,400,299
MEDICAID			
	2014	2015	2016
Medicaid (# of patients)	708	422	297
Medicaid (revenue)	$8,603,971	$7,381,390	$4,692,716

Section XII, Charity Care Information

The table below provides charity care information for all dialysis facilities located in the State of Illinois that are owned or operated by the Applicants.

CHARITY CARE			
	2014	2015	2016
Net Patient Revenue	**$266,319,949**	**$311,351,089**	**$353,226,322**
Amount of Charity Care (charges)	$2,477,363	$2,791,566	$2,400,299
Cost of Charity Care	$2,477,363	$2,791,566	$2,400,299

Appendix I – Physician Referral Letter

Attached as Appendix 1 is the physician referral letter from Dr. Anna Beata Gopaniuk-Folga projecting 65 pre-ESRD patients will initiate dialysis within 12 to 24 months of project completion.

Anna Beata Gopaniuk-Folga, M.D.
Kidney and Hypertension Consultants, SC
7447 West Talcott Avenue, Suite 463
Chicago, Illinois 60631

Kathryn J. Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Dear Chair Olson:

I am a nephrologist in practice with Kidney and Hypertension Consultants, SC. I am writing on behalf of Kidney and Hypertension Consultants, SC in support of DaVita's establishment of Brickyard Dialysis, for which I will be the medical director. The proposed 12-station chronic renal dialysis facility, to be located in Chicago, Illinois 60639 will directly benefit our patients.

DaVita's proposed facility will improve access to necessary dialysis services on the west side of Chicago. DaVita is well-positioned to provide these services, as it delivers life sustaining dialysis for residents of similar communities throughout the country and abroad. It has also invested in many quality initiatives to improve its patients' health and outcomes.

The site of the proposed facility is close to Interstates 90, 290, and 294 (I-90, I-290, and I-294) and will provide better access to patients residing on the west side of Chicago. Utilization of facilities in operation for more than two years within the 30 minute Geographic Service Area of the proposed facility was 73.73%, according to June 30, 2017 reported census data.

I have identified 136 patients from my practice who are suffering from CKD, who all reside within either the ZIP code of the proposed facility (60639) or 6 other nearby ZIP codes, all under 5 miles of 60639. Conservatively, I predict at least 65 of the 136 CKD patients will progress to dialysis within 12 to 24 months of completion of Brickyard Dialysis. My large patient base and the significant utilization at nearby facilities demonstrate considerable demand for this facility.

A list of patients who have received care at existing facilities in the area over the past 3 years and most recent quarter is provided at Attachment – 1. A list of new patients my practice has referred for in-center hemodialysis for the past year and most recent quarter is provided at Attachment – 2. The list of zip codes for the 136 pre-ESRD patients previously referenced is provided at Attachment – 3.

These patient referrals have not been used to support another pending or approved certificate of need application. The information in this letter is true and correct to the best of my knowledge.

DaVita is a leading provider of dialysis services in the United States and I support the proposed establishment of Brickyard Dialysis.

Sincerely,

Anna Gopaniuk-Folga

Anna Beata Gopaniuk-Folga, M.D.
Nephrologist
Kidney and Hypertension Consultants, SC
7447 West Talcott Avenue, Suite 463
Chicago, Illinois 60631

OFFICIAL SEAL
MELISSA BOLWIN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 06/15/19

Subscribed and sworn to me
This 20 day of October, 2017

Notary Public: Melissa B

Attachment 1
Historical Patient Utilization

Montclare Dialysis							
2014		2015		2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60641	6	60641	4	60641	1	60641	2
60647	1	60651	2	60651	3	60706	4
60707	2	60634	5	60647	1	60630	1
60639	4	60647	1	60706	2	60634	9
60656	1	60706	2	60639	5	60647	1
60634	6	60639	4	60634	5	60707	2
60706	1	60707	1	60707	1	60651	2
60651	1	60656	1	60641	1	60639	4
60644	1	60644	1	60656	1	60656	1
				60130	1	60130	1
				60104	1	60654	1
				60624	1	60631	1
				60644	1	60644	1

Appendix - 1

Attachment 1
Historical Patient Utilization

Big Oaks Dialysis							
2014		2015		2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60068	3	60630	8	60016	2	60630	5
60077	2	60068	2	60646	5	60016	3
60630	5	60018	1	60068	2	60646	5
60712	1	60712	1	60077	3	60068	5
60640	1	60640	1	60659	1	60631	10
60646	4	60645	1	60631	1	60077	4
60660	1	60646	4	60645	2	60714	2
60634	1	60660	1	60714	1	60645	2
60025	1	60077	2	60660	1	60656	2
60631	1	60634	1	60025	1	60641	2
60625	2	60631	1	60634	1	60660	1
		60625	2	60630	3	60634	1
				60586	1	60586	1
				60625	1	60625	1

Attachment 1
Historical Patient Utilization

Logan Square Dialysis							
2014		2015		2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60618	1	60639	3	60641	1	60641	1
60651	2	60618	3	60639	3	60639	3
60639	2	60651	1	60618	3	60618	3
60402	1	60402	1	60651	2	60651	2
		60651	1	60402	1	60634	1
						60402	1
						60633	1
						60631	3

Appendix - 1

Attachment 1
Historical Patient Utilization

Lincoln Park Dialysis							
2014		2015		2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count	Zip Code	Pt Count
60657	1	60657	1	60657	1	60657	1
60610	1	60610	1	60610	1	60707	1
60690	1	60601	1	60690	1	60690	1
60601	1	60656	1	60601	1	60068	1
60656	1	60613	2	60656	1	60601	1
60613	1	60641	1			60610	1
						60656	1
						60630	1
						60706	1

Appendix - 1

Attachment 2
New Patients

Montclare Dialysis			
2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60651	2	60706	2
60634	2	60630	1
60608	1	60641	1
60104	1	60634	4
60171	1	60639	1
60130	1	60656	2
60639	1	60631	2
60624	1	60707	1

Attachment 2
New Patients

Big Oaks Dialysis			
2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60016	2	60630	2
60646	1	60068	3
60077	2	60016	1
60659	1	60631	7
60714	1	60714	3
60025	1	60656	2
60645	1	60641	2
60586	1	60077	1

Attachment 2
New Patients

Logan Square Dialysis			
2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60641	1	60634	2
60639	1	60631	5
		60016	1
		60633	1
		60641	1

Attachment 2
New Patients

Lincoln Park Dialysis			
2016		Q2 (6/30)	2017
Zip Code	Pt Count	Zip Code	Pt Count
60690	1	60707	1
		60634	1
		60656	2
		60068	1
		60630	1
		60706	1

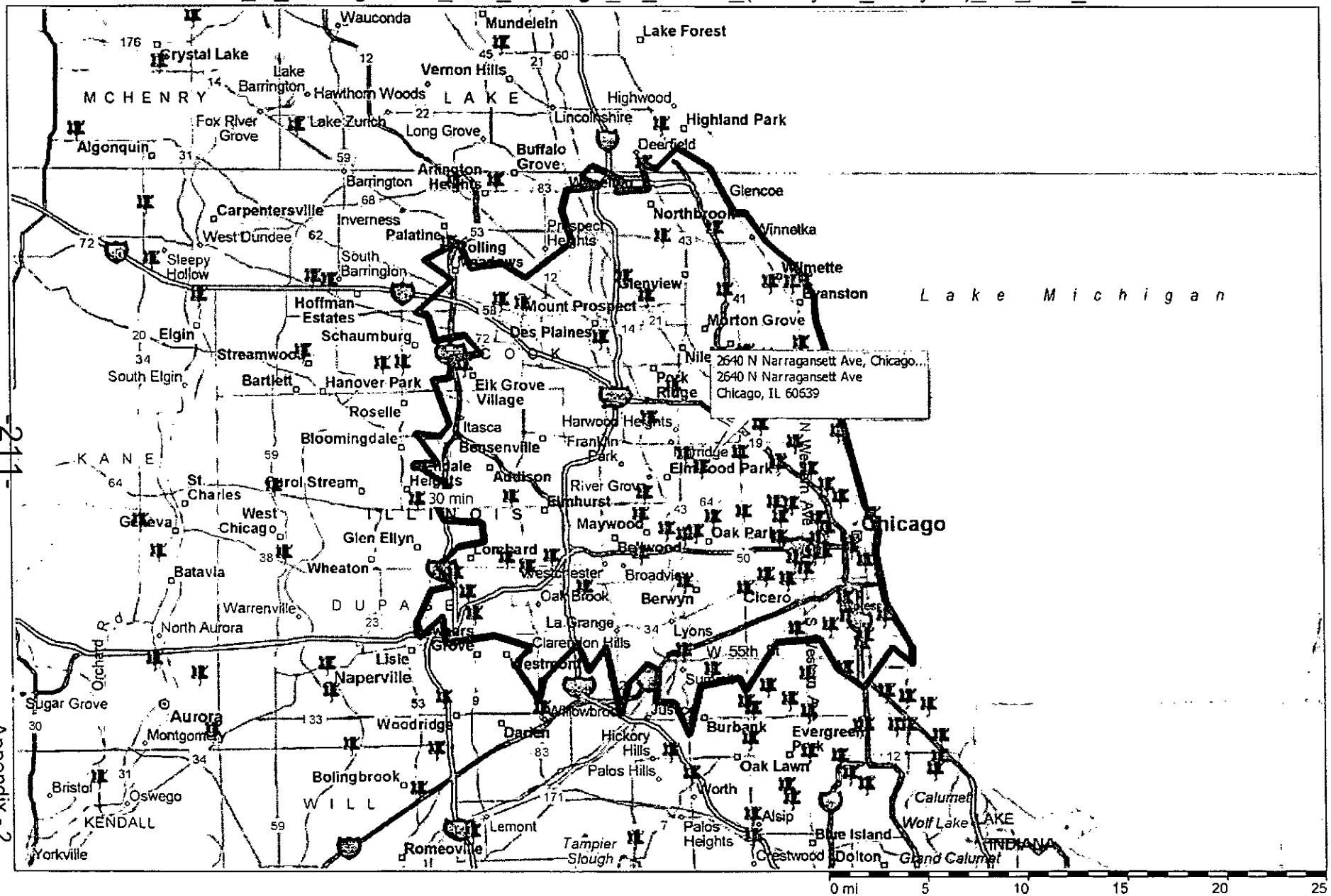
Attachment 3
Pre-ESRD Patients

Zip Code	Total
60639	12
60641	14
60707	9
60647	2
60618	5
60634	57
60630	37
Total	**136**

Appendix 2 – Time & Distance Determination

Attached as Appendix 2 are the distance and normal travel time from all existing dialysis facilities in the GSA to the proposed facility, as determined by MapQuest.

2640_N_Narragansett_Ave_Chicago_IL_60639_(Brickyard_Dialysis)_30_Min_GSA



YOUR TRIP TO:

7009 W Belmont Ave

7 MIN | 1.9 MI

Est. fuel cost: $0.21

Trip time based on traffic conditions as of 3:04 PM on October 6, 2017. Current Traffic: Heavy

Montecliare Dialysis Center

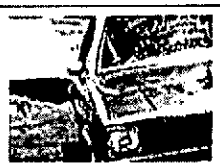
1. Start out going **south** on N Narragansett Ave
   Then 0.22 miles — 0.22 total miles

2. Turn **left**.
   0.1 miles past W Wrightwood Ave.
   If you reach W Fullerton Ave you've gone about 0.1 miles too far.
   Then 0.01 miles — 0.22 total miles

3. Turn **left** onto N Narragansett Ave
   Then 0.87 miles — 1.09 total miles

4. Turn **left** onto W Belmont Ave.
   W Belmont Ave is just past W Fletcher St.
   If you reach W Melrose St you've gone a little too far.
   Then 0.81 miles — 1.90 total miles

5. 7009 W Belmont Ave, Chicago, IL 60634-4533, 7009 W BELMONT AVE is on the **left**.
   Your destination is just past N Sayre Ave.
   If you reach N Nordica Ave you've gone a little too far.



YOUR TRIP TO:

mapquest

Fresenius Kidney Care West Belmont

11 MIN | 2.8 MI

Est. fuel cost: $0.32

Trip time based on traffic conditions as of 3:07 PM on October 6, 2017. Current Traffic: Heavy

Fresenius Medical Care West Belmont

1. Start out going south on N Narragansett Ave.
Then 0.22 miles ..... 0.22 total miles

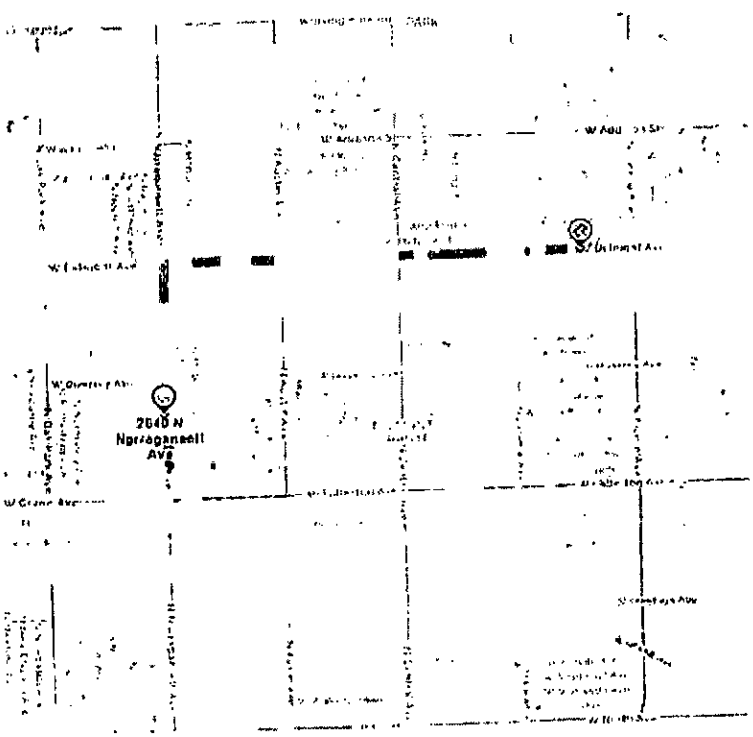
2. Turn left.
0.1 miles past W Wrightwood Ave.
If you reach W Fullerton Ave you've gone about 0.1 miles too far.
Then 0.01 miles ..... 0.23 total miles

3. Turn left onto N Narragansett Ave.
Then 0.64 miles ..... 0.87 total miles

4. Turn right onto W Belmont Ave.
W Belmont Ave is just past W Fletcher St.
Then 1.68 miles ..... 2.55 total miles

5. Fresenius Kidney Care West Belmont, 4943 W BELMONT AVE is on the right.
Your destination is just past N Lavergne Ave.
If you reach N Lemon Ave you've gone a little too far.

Use of directions and maps is subject to our Terms of Use. We don't guarantee accuracy, route conditions or validity. You assume all risk of use.



YOUR TRIP TO:

mapquest

719 W North Ave

15 MIN | 4.4 MI

Est. fuel cost: $0.49

Trip time based on traffic conditions as of 2:50 PM on October 6, 2017. Current Traffic: Heavy

North Avenue Dialysis Center

1. Start out going **north.** Then 0.02 miles	0.02 total miles
2. Turn **right.** Then 0.05 miles	0.06 total miles
3. Turn **slight left.** Then 0.06 miles	0.12 total miles
4. Turn **right** onto N Narragansett Ave. *If you are on W Schubert Ave and reach N Mulligan Ave you've gone a little too far.* Then 1.38 miles	1.50 total miles
5. Turn **right** onto North Ave/IL-64. *North Ave is 0.1 miles past W Webensia Ave.* Then 2.90 miles	4.40 total miles
6. 719 W North Ave, Melrose Park, IL 60160-1612, 719 W NORTH AVE is on the **right.** *Your destination is just past N 5th Ave.* *If you reach Riverwoods Dr you've gone a little too far.*	

YOUR TRIP TO:

518 N Austin Blvd, Oak Park, IL, 60302-2947

17 MIN | 3.1 MI

Est. fuel cost: $0.35

Trip time based on traffic conditions as of 3:52 PM on October 6, 2017. Current Traffic: Heavy

West Suburban Hosp. Dialysis Unit

1. Start out going north. Then 0.02 miles	0.02 total miles
2. Turn right. Then 0.04 miles	0.06 total miles
3. Turn slight left. Then 0.06 miles	0.12 total miles
4. Turn right onto N Narragansett Ave *If you are on W Schubert Ave and reach N Mulligan Ave you've gone a little too far.* Then 0.45 miles	0.57 total miles
5. Turn left onto W Grand Ave. *W Grand Ave is just past W Fullerton Ave.* *If you reach W Belden Ave you've gone a little too far.* Then 0.53 miles	1.10 total miles
6. Turn right onto N Austin Ave. *N Austin Ave is just past N McVicker Ave.* *If you reach N Mason Ave you've gone a little too far.* Then 0.79 miles	1.89 total miles
7. N Austin Ave becomes N Austin Blvd. Then 1.24 miles	3.12 total miles
8. 518 N Austin Blvd, Oak Park, IL 60302-2947, 518 N AUSTIN BLVD is on the right. *Your destination is just past Erie Ct.* *If you reach W Ohio St you've gone a little too far.*	

YOUR TRIP TO:

610 S Maple Ave

18 MIN | 4.8 MI

Est. fuel cost: $0.53

Trip time based on traffic conditions as of 2:49 PM on October 6, 2017. Current Traffic: Heavy

Maple Avenue Kidney Center

1. Start out going **north**.

Then 0.02 miles ---------- 0.02 total miles

2. Turn **right**.

Then 0.06 miles ---------- 0.08 total miles

3. Turn **slight left**.

Then 0.06 miles ---------- 0.12 total miles

4. Turn **right** onto N Narregansett Ave.

If you are on W Schubert Ave and reach N Mulligan Ave you've gone a little too far.

Then 0.38 miles ---------- 0.49 total miles

5. Turn **right** onto W Fullerton Ave.

W Fullerton Ave is 0.2 miles past W Wrightwood Ave.

If you are on N Narragansett Ave and reach W Grand Ave you've gone a little too far.

Then 0.17 miles ---------- 0.66 total miles

6. W Fullerton Ave becomes W Grand Ave.

Then 0.91 miles ---------- 1.57 total miles

7. Turn **left** onto N Harlem Ave/IL-43.

N Harlem Ave is just past N Neva Ave.

If you reach N 73rd Ave you've gone about 0.1 miles too far.

Then 3.07 miles ---------- 4.64 total miles

8. Turn **left** onto Madison St.

Madison St is 0.1 miles past Washington Blvd.

If you are on IL-43 and reach Monroe St you've gone about 0.1 miles too far.

Then 0.05 miles ---------- 4.69 total miles

9. Take the 1st **right** onto S Maple Ave.

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

Then 0.12 miles 4.80 total miles

10. 610 S Maple Ave, Oak Park, IL 60304-1003, 810 S MAPLE AVE is on the **left**.

Your destination is just past Monroe St.

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

YOUR TRIP TO:

4701 N Cumberland Ave

18 MIN | 5.0 MI

Est. fuel cost: $0.55

Trip time based on traffic conditions as of 2:51 PM on October 6, 2017. Current Traffic: Heavy

Fresenius Medical Care Northwest

1. **Start out going north.**

Then 0.02 miles — 0.02 total miles

2. **Turn left.**

Then 0.15 miles — 0.17 total miles

3. **Turn right.**

Then 0.13 miles — 0.30 total miles

4. **Turn left onto W Diversey Ave.**

Then 0.26 miles — 0.56 total miles

5. Turn right onto N Oak Park Ave.

N Oak Park Ave is just past N Rutherford Ave.

If you reach N Newcastle Ave you've gone a little too far

Then 0.50 miles — 1.06 total miles

6. Turn left onto W Belmont Ave

W Belmont Ave is 0.1 miles past W Barry Ave.

If you reach W School St you've gone about 0.1 miles too far

Then 2.08 miles — 3.14 total miles

7. **Turn right onto N Cumberland Ave/IL-171.**

N Cumberland Ave is just past N Pontiac Ave.

Then 1.89 miles — 5.02 total miles

8. **4701 N Cumberland Ave, Norridge, IL 60706-2905, 4701 N CUMBERLAND AVE is on the right.**

Your destination is 0.1 miles past W Coral Dr.

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

YOUR TRIP TO:

7435 W Talcott Ave

18 MIN | 5.1 MI

Est. fuel cost: $0.66

Trip time based on traffic conditions as of 2:52 PM on October 6, 2017. Current Traffic: Heavy

Resurrection Medical Center

1. **Start out going north.**

Then 0.02 miles — 0.02 total miles

2. **Turn right.**

Then 0.05 miles — 0.08 total miles

3. **Turn slight left.**

Then 0.05 miles — 0.13 total miles

4. **Turn left onto N Narragansett Ave.**

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

Then 2.36 miles — 2.49 total miles

5. [illegible] straight to go onto N Nagle Ave

Then 0.90 miles — 3.39 total miles

6. **Turn left onto W Higgins Ave.**

W Higgins Ave is just past W Foster Ave.

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

[illegible] — [illegible] total miles

7. Turn right onto N Harlem Ave/IL-43.

N Harlem Ave is just past N Neva Ave.

If you are on IL-72 and reach N Octavia Ave you've gone a little too far.

Then 0.38 miles — 4.76 total miles

8. **Turn left onto W Talcott Ave.**

W Talcott Ave is 0.1 miles past W Seminole St.

If you reach W Thorndale Ave you've gone about 0.1 miles too far.

Then 0.34 miles — 5.11 total miles

9. 7435 W Talcott Ave, Chicago, IL 60631-3707, 7435 W TALCOTT AVE is on the left.

If you reach N Oriole Ave you've gone about 0.2 miles too far.

YOUR TRIP TO:

1111 Superior St, Melrose Park, IL, 60160-4137

18 MIN | 6.8 MI

Est. fuel cost: $0.64

Trip time based on traffic conditions as of 2:47 PM on October 6, 2017. Current Traffic: Heavy

Fresenius Medical Care Melrose Park

1. Start out going **north**.

Then 0.02 miles — 0.02 total miles

2. Turn **right**.

Then 0.05 miles — 0.07 total miles

3. Turn **slight left**.

Then 0.08 miles — 0.14 total miles

4. Turn **right** onto N Narragansett Ave.

If you are on W Schubert Ave and reach N Mulligan Ave you've gone a little too far.

Then 1.36 miles — 1.50 total miles

5. Turn **right** onto North Ave/IL-64.

North Ave is 0.1 miles past W Wabansia Ave.

Then 2.58 miles — 4.08 total miles

6. Turn **left** onto N 1st Ave/IL-171.

N 1st Ave is 0.5 miles past N Thatcher Ave.

Then 1.03 miles — 5.11 total miles

7. Turn **right** onto Chicago Ave.

Chicago Ave is 0.4 miles past Silver Ln.

If you reach Superior St you've gone a little too far

Then 0.64 miles — 5.75 total miles

8. Turn **left** onto N 11th Ave.

N 11th Ave is 0.1 miles past N 9th Ave.

If you reach N 12th Ave you've gone a little too far.

Then 0.06 miles — 5.81 total miles

9. Turn right onto Superior St.
If you reach W Lake St you've gone a little too far.

Then 0.02 miles 5.83 total miles

10. 1111 Superior St, Melrose Park, IL 60160-4137, 1111 SUPERIOR ST is on the right.
If you reach N 12th Ave you've gone a little too far.

YOUR TRIP TO:

103 Forest Ave, River Forest, IL, 60305-2003

19 MIN | 5.3 MI

Est. fuel cost: $0.59

Trip time based on traffic conditions as of 2:50 PM on October 6, 2017. Current Traffic: Heavy

Fresenius Medical Care River Forest

1. **Start out going north.**

Then 0.02 miles ..... 0.02 total miles

2. **Turn right.**

Then 0.06 miles ..... 0.08 total miles

3. **Turn slight left.**

Then 0.06 miles ..... 0.12 total miles

4. **Turn right onto N Narragansett Ave.**

If you are on W Schubert Ave and reach N Mulligan Ave you've gone a little too far.

Then 0.38 miles ..... 0.49 total miles

5. **Turn right onto W Fullerton Ave.**

W Fullerton Ave is 0.2 miles past W Wrightwood Ave.

If you are on N Narragansett Ave and reach W Grand Ave you've gone a little too far.

Then 0.17 miles ..... 0.66 total miles

6. **W Fullerton Ave becomes W Grand Ave.**

Then 0.91 miles ..... 1.57 total miles

7. **Turn left onto N Harlem Ave/IL-43.**

N Harlem Ave is just past N Neva Ave.

If you reach N 73rd Ave you've gone about 0.1 miles too far.

Then 2.82 miles ..... 4.39 total miles

8. Turn right onto Randolph St

Randolph St is just past Dixon St.

If you reach Washington Blvd you've gone about 0.1 miles too far.

Then 0.50 miles ..... 4.89 total miles

9. Randolph St becomes Washington Blvd

Then 0.35 miles 5.24 total miles

10. Turn left onto Forest Ave.

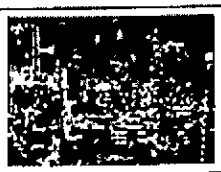
Forest Ave is just past Park Ave.

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

Then 0.09 miles 5.33 total miles

11. 103 Forest Ave, River Forest, IL 60305-2003, 103 FOREST AVE is on the left.

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



YOUR TRIP TO:

mapquest

733 Madison St, Oak Park, IL, 60302-4419

20 MIN | 4.2 MI

Est. fuel cost: $0.44

Trip time based on traffic conditions as of 4:54 PM on October 6, 2017. Current Traffic: Heavy

Oak Park Dialysis

1. Start out going **north**.

Then 0.02 miles ..... 0.02 total miles

2. Turn **right**.

Then 0.06 miles ..... 0.08 total miles

3. Turn **slight left**.

Then 0.06 miles ..... 0.12 total miles

4. Turn **right** onto N Narragansett Ave.

If you are on W Schubert Ave and reach N Mulligan Ave you've gone a little too far.

Then 1.38 miles ..... 1.50 total miles

5. Turn **left** onto North Ave/IL-64.

Then 0.09 miles ..... 1.59 total miles

6. Turn **right** onto N Ridgeland Ave.

If you are on IL-64 and reach N Harvey Ave you've gone a little too far.

Then 0.48 miles ..... 2.07 total miles

7. Turn **right** onto Division St.

Division St is 0.1 miles past Berkshire St.

Then 0.05 miles ..... 2.12 total miles

8. Turn **left** onto N Ridgeland Ave.

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

Then 1.39 miles ..... 3.52 total miles

9. Turn **right** onto Washington Blvd.

Washington Blvd is 0.1 miles past Randolph St.

If you reach Madison St you've gone about 0.1 miles too far.

Then 0.51 miles ..... 4.02 total miles

10. Turn left onto S Oak Park Ave.
S Oak Park Ave is just past S Euclid Ave.

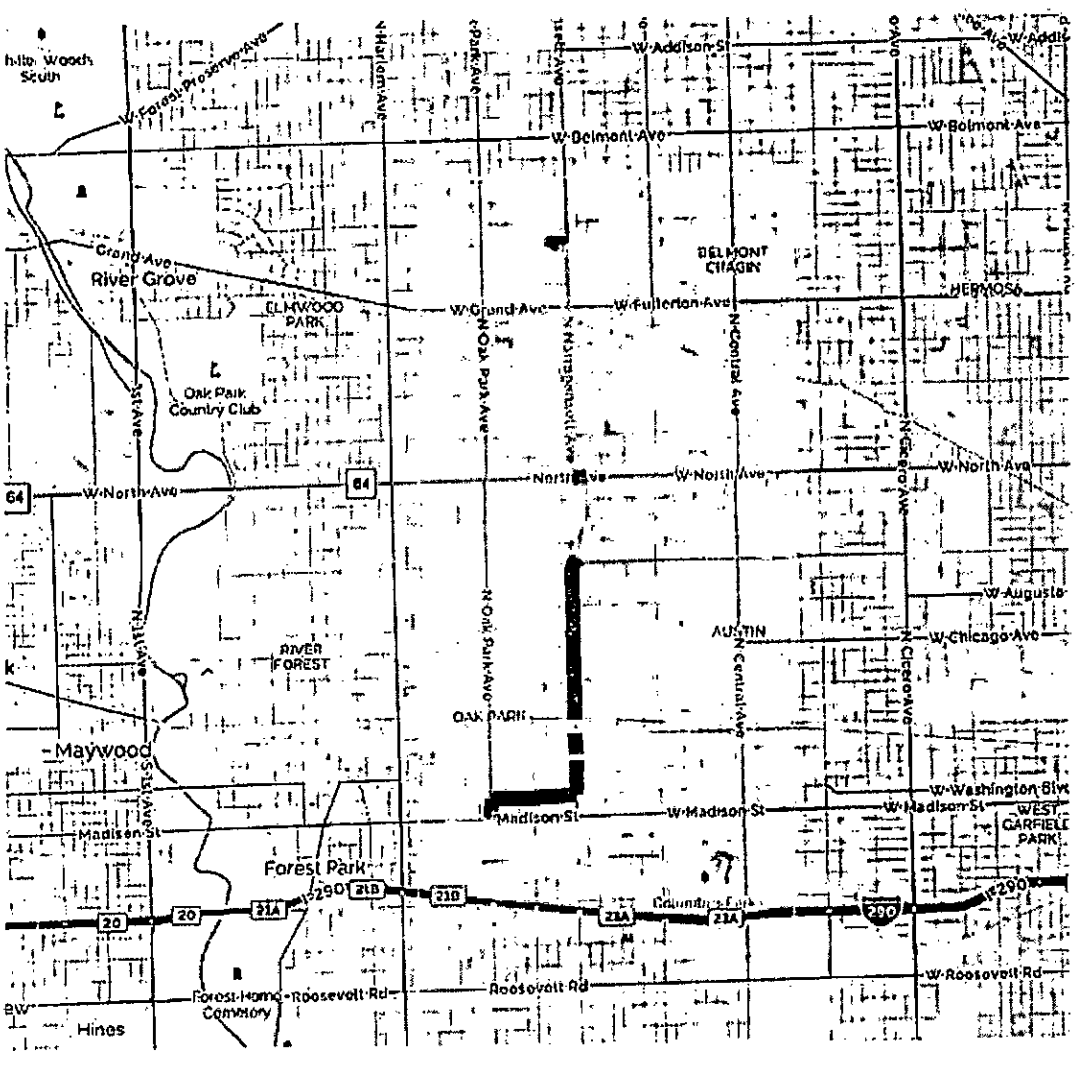
If you reach S Grove Ave you've gone a little too far.

Then 0.13 miles — 4.15 total miles

11. Turn left onto Madison St.
If you reach Adams St you've gone about 0.1 miles too far.

Then 0.04 miles — 4.19 total miles

12. 733 Madison St, Oak Park, IL 60302-4419, 733 MADISON ST is on the right.
If you reach S Euclid Ave you've gone a little too far.



Appendix - 2

mapquest

YOUR TRIP TO:

3500 W Grand Ave

20 MIN | 4.6 MI

Est. fuel cost: $0.50

Trip time based on traffic conditions as of 3:25 PM on October 6, 2017. Current Traffic: Heavy

FMC Humboldt Park

1. Start out going north.
   Then 0.02 miles — 0.02 total miles
2. Turn right.
   Then 0.04 miles — 0.06 total miles
3. Turn slight left.
   Then 0.06 miles — 0.12 total miles
4. Turn right onto N Narragansett Ave.
   If you are on W Schubert Ave and reach N Mulligan Ave you've gone a little too far.
   Then 0.45 miles — 0.57 total miles
5. Turn left onto W Grand Ave.
   W Grand Ave is just past W Fullerton Ave.
   If you reach W Belden Ave you've gone a little too far.
   Then 3.99 miles — 4.56 total miles
6. 3500 W Grand Ave, Chicago, IL 60651-4009, 3500 W GRAND AVE is on the left.
   Your destination is just past N Drake Ave.
   If you reach W Thomas St you've gone a little too far.

YOUR TRIP TO:

Logan Square Dialysis Service

21 MIN | 4.2 MI

Est. fuel cost: $0.47

Trip time based on traffic conditions as of 5:34 PM on October 6, 2017. Current Traffic: Heavy

Logan Square Dialysis

1. Start out going north.
   Then 0.02 miles — 0.02 total miles
2. Turn right.
   Then 0.04 miles — 0.06 total miles
3. Turn slight left.
   Then 0.06 miles — 0.13 total miles
4. Turn left onto N Narragansett Ave.
   If you reach N Mulligan Ave you've gone a little too far.
   Then 0.13 miles — 0.25 total miles
5. Take the 1st right onto W Diversey Ave.
   If you reach W George St you've gone about 0.1 miles too far.
   Then 3.78 miles — 4.03 total miles
6. Turn slight right onto N Milwaukee Ave.
   N Milwaukee Ave is 0.1 miles past N Saint Louis Ave.
   If you reach N Christiana Ave you've gone a little too far.
   Then 0.21 miles — 4.25 total miles
7. Logan Square Dialysis Service, 2659 N MILWAUKEE AVE is on the left.
   If you reach N Kedzie Ave you've gone about 0.1 miles too far.

YOUR TRIP TO:

2721 N Spaulding Ave

21 MIN | 4.2 MI

Est. fuel cost: $0.47

Trip time based on traffic conditions as of 3:34 PM on October 6, 2017. Current Traffic: Heavy

Fresenius Medical Care Logan Square

1. Start out going north. Then 0.02 miles	0.02 total miles
2. Turn right. Then 0.04 miles	0.06 total miles
3. Turn slight left. Then 0.08 miles	0.13 total miles
4. Turn left onto N Narragansett Ave. *If you reach N Mulligan Ave you've gone a little too far.* Then 0.13 miles	0.25 total miles
5. Take the 1st right onto W Diversey Ave. *If you reach W George St you've gone about 0.1 miles too far.* Then 3.90 miles	4.16 total miles
6. Turn right onto N Spaulding Ave. *N Spaulding Ave is just past N Christiana Ave.* *If you reach N Sawyer Ave you've gone a little too far.* Then 0.08 miles	4.24 total miles
7. 2721 N Spaulding Ave, Chicago, IL 60647-1338, 2721 N SPAULDING AVE is on the left. *If you reach N Milwaukee Ave you've gone a little too far.*	

YOUR TRIP TO:

4343 N Elston Ave

23 MIN | 5.6 MI

Est. fuel cost: $0.61

Trip time based on traffic conditions as of 3:08 PM on October 6, 2017. Current Traffic: Heavy

Irving Park Dialysis

1. Start out going south on N Narragansett Ave.

Then 0.22 miles — 0.22 total miles

2. Turn **left**.
0.1 miles past W Wrightwood Ave.

If you reach W Fullerton Ave you've gone about 0.1 miles too far.

Then 0.01 miles — **0.22 total miles**

3. Turn **left** onto N Narragansett Ave

Then 1.88 miles — 2.10 total miles

4. Turn **right** onto W Irving Park Rd/IL-19.
W Irving Park Rd is just past W Dakin St.

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

Then 3.04 miles — **5.14 total miles**

5. Turn **left** onto N Pulaski Rd.
N Pulaski Rd is just past N Keystone Ave.

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

Then 0.42 miles — **5.56 total miles**

6. Turn **sharp right** onto N Elston Ave.
N Elston Ave is just past W Cullom Ave.

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

Then 0.02 miles — 5.57 total miles

7. 4343 N Elston Ave, Chicago, IL 60641-2145, 4343 N ELSTON AVE is on the **left**.
If you reach N Harding Ave you've gone a little too far.

YOUR TRIP TO:

1044 N Mozart St

24 MIN | 5.5 MI

Est. fuel cost: $0.61

Trip time based on traffic conditions as of 3:26 PM on October 6, 2017. Current Traffic: Heavy

West Metro Dialysis Center

1. Start out going north.
   Then 0.02 miles — 0.02 total miles

2. Turn right.
   Then 0.04 miles — 0.06 total miles

3. Turn slight left.
   Then 0.06 miles — 0.12 total miles

4. Turn right onto N Narragansett Ave.
   If you are on W Schubert Ave and reach N Mulligan Ave you've gone a little too far.
   Then 0.45 miles — 0.57 total miles

5. Turn left onto W Grand Ave.
   W Grand Ave is just past W Fullerton Ave.
   If you reach W Belden Ave you've gone a little too far.
   Then 3.79 miles — 4.36 total miles

6. Turn slight left onto W Division St.
   W Division St is 0.1 miles past N Lawndale Ave.
   Then 1.01 miles — 5.37 total miles

7. Turn right onto N Mozart St.
   N Mozart St is just past N Francisco Ave.
   If you reach N California Ave you've gone a little too far.
   Then 0.16 miles — 5.53 total miles

8. 1044 N Mozart St, Chicago, IL 60622-2759, 1044 N MOZART ST is on the right.
   Your destination is just past W Thomas St.
   If you reach W Cortez St you've gone a little too far.

YOUR TRIP TO:

4800 N Kilpatrick Ave

24 MIN | 6.0 MI

Est. fuel cost: $0.66

Trip time based on traffic conditions as of 3:08 PM on October 8, 2017. Current Traffic: Heavy

Fresenius Medical Care North Kilpatrick

1. **Start out going south** on N Narragansett Ave.

Then 0.22 miles — 0.22 total miles

2. **Turn left.**

0.1 miles past W Wrightwood Ave.

If you reach W Fullerton Ave you've gone about 0.1 miles too far.

Then 0.01 miles — 0.22 total miles

3. **Turn left onto** N Narragansett Ave.

Then 1.38 miles — 1.60 total miles

4. **Turn right onto** W Addison St.

W Addison St is just past W Eddy St.

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

Then 2.03 miles — 3.63 total miles

5. **Turn left onto** N Cicero Ave/IL-50.

N Cicero Ave is 0.1 miles past N Lemon Ave.

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

Then 1.87 miles — 5.49 total miles

6. **Turn sharp right onto** N Elston Ave.

N Elston Ave is just past W Winnemac Ave.

If you reach W Foster Ave you've gone about 0.1 miles too far.

Then 0.29 miles — 5.78 total miles

7. **Turn right onto** N Kilpatrick Ave.

N Kilpatrick Ave is just past N Kolmar Ave.

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

Then 0.18 miles — 5.96 total miles

B. 4800 N Kilpetrick Ave, Chicago, IL 60630-4028, 4800 N KILPATRICK AVE is on the **right.**

If you reech W Lawrence Ave you've gone a little too far.

YOUR TRIP TO:

2620 W Addison St

24 MIN | 6.0 MI

Est. fuel cost: $0.66

Trip time based on traffic conditions as of 3:35 PM on October 6, 2017. Current Traffic: Heavy

Fresenius Medical Care Northcenter

1. Start out going north.
   Then 0.02 miles — 0.02 total miles
2. Turn right.
   Then 0.04 miles — 0.06 total miles
3. Turn slight left.
   Then 0.06 miles — 0.13 total miles
4. Turn left onto N Narragansett Ave.
   If you reach N Mulligan Ave you've gone a little too far.
   Then 1.14 miles — 1.27 total miles
5. Turn right onto W Addison St.
   W Addison St is just past W Eddy St.
   If you reach W Patterson Ave you've gone a little too far.
   Then 4.74 miles — 6.01 total miles
6. 2620 W Addison St, Chicago, IL 60618-5805, 2620 W ADDISON ST is on the left.
   Your destination is just past N Talman Ave.
   If you reach N Rockwell St you've gone a little too far.

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

INDEX OF ATTACHMENTS