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December 26, 2024

VIA EMAIL

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: Final Cost Report – Project # 24-004 Dialysis Care Center Oak Lawn

Dear Mr. Kniery:

We represent Dialysis Care Center Holdings, LLC and Dialysis Care Center Oak Lawn, LLC (the “Permit Holder”) with regard to Permit #24-004. On March 12, 2024, the Illinois Health Facilities and Services Review Board (“HFSRB”) approved Project #24-004, an application to establish a 14 station End Stage Renal Disease facility that will provide in-center hemodialysis services. We are happy to report that the project is complete, and we request that you accept this letter as our final cost report consistent with 77 Ill. Admin. Code Section 1130.770

Enclosed you will find an itemization of the final realized costs, and the Permit Holders certify that the final realized costs, as itemized are the total costs required to complete the project and that there are no additional costs or associated costs, or capital expenditures related to the project. The project was completed according to the terms of the permit letter issued by the Board.

If you should have any questions or need any additional information regarding the project, please do not hesitate to contact me at 312-212-4967 or via email at JMorado@beneschlaw.com. You can also contact my colleague Mark J. Silberman at 312-212-4952 or via email at MSilberman@beneschlaw.com.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

A handwritten signature in black ink, appearing to read 'Juan Morado, Jr.', with a stylized flourish at the end.

Juan Morado, Jr.

**State of Illinois
County of Cook**

Verification Statement

I, Babajide Salako, M.D., being first duly sworn, on oath, depose and state as follows:

1. I serve as Chief Executive Officer for Dialysis Care Center Oak Lawn, LLC (“DCC”). LLC.
2. We filed Certificate of Need application to establish a 14-station end stage renal disease facility to be located at 4425 Southwest Highway, Oak Lawn, IL.
3. That application was approved by the Health Facilities and Services Review Board as Project #24-004.
4. The project was completed, and the Village of Oak Lawn scheduled and performed an inspection and issued a certificate of occupancy. The Illinois Department of Public Health scheduled a survey, and the stations obtained certification with the Medicare program.
5. I certify that the final realized costs, are the total costs required to complete the project and that there are no additional associated costs or capital expenditures related to the project.
6. The final realized costs for the project equaled \$5,363,927 which was lower than that approved project costs originally included in the application approved by the Board.
7. The source of funds for the project remained consistent with the total project costs listed in the approved permit application.
8. The graph on the next page accurately reflects a detailed itemization of all project costs and sources of funds.

Project Costs and Sources of Funds			
USE OF FUNDS	Approved Amount	Actual Amount Spent	Difference
Preplanning Costs	-	-	-
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	\$1,750,000	\$1,750,000	-
Modernization Contracts	-	-	-
Contingencies	\$175,000	-	-\$175,000
Architectural/Engineering Fees	\$95,000	\$95,000	-
Consulting and Other Fees	\$85,000	\$72,000	-\$13,000
Movable or Other Equipment (not in construction contracts)	\$452,000	\$600,000	\$148,000
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	-	-	-
Fair Market Value of Leased Space or Equipment	\$2,846,927	\$2,846,927	-
Other Costs to Be Capitalized	-	-	-
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	\$5,403,927	\$5,363,927	-\$40,000
SOURCE OF FUNDS	Approved Amount	Actual Amount Spent	Difference
Cash and Securities	\$2,557,000	\$2,517,000	-\$40,000
Mortgages	-	-	-
Leases (fair market value)	\$2,846,927	\$2,846,927	-
TOTAL SOURCES OF FUNDS	\$5,402,927	\$5,363,927	-\$40,000

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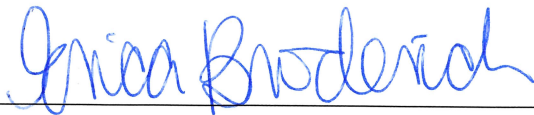
Under penalties as provided by law pursuant to § 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.



_____(signature)

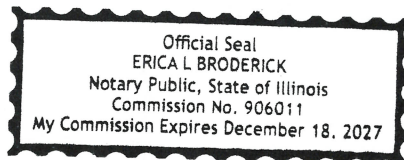
____December 26, 2024_____(date)

On this 26th day of December 2024, before me the undersigned notary public, personally appeared Babajide Salako, M.D., personally known or proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he signed it voluntarily for its stated purposed.



_____(Signature of Notary)

Seal



Official Seal
JACKLYN ALICEA-MALDONADO
Notary Public, State of Illinois
Commission No. 798047
My Commission Expires June 3, 2028
SEAL