



**FRESENIUS
MEDICAL CARE**

January 28, 2014

RECEIVED

JAN 30 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

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

Re: Final Cost Report. Section 1130.770
Project: #13-027, Fresenius Medical Care Glendale Heights
Permit Holder: WSKC Dialysis Services, Inc. and Fresenius Medical Care Holdings, Inc.
Permit Amount: \$5,335,975

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Glendale Heights, #13-027, along with a signed notarized cost report certification for the project as required pursuant to 7II. Adm. 1130.770.

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

Sincerely,

Lori Wright
Fresenius Medical Care
Senior CON Specialist

cc: Clare Ranalli

January 21, 2014

Final Cost Report, Section 1130.770 Fresenius Medical Care Glendale Heights

Project: #13-027, Fresenius Medical Care Glendale Heights

Permit Holder: WSKC Dialysis Services, Inc. and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$5,335,975

This report summarizes the final costs of the above-mentioned project. The development is located 130 E. Army Trail Road, Glendale Heights. There have been no changes to the scope and size of this project. The Permit amount is \$5,335,975. Final realized costs were \$4,421,707.

Key Milestones Completed:

Date Completed

- | | |
|---------------------------------------------------------|------------|
| • Project Obligation with Lease Execution | 06/26/2013 |
| • 1 st Patient Dialyzed | 09/04/2013 |
| • ESRD Federal Certification Survey | 11/27/2013 |
| • Project Complete with Receipt of Certification Letter | 01/15/2014 |

Sources and Uses of Funds

All Project financing to date has been funded from available cash and its equivalents as reported on the company's financial statements. The right to occupy the premises is being secured through a leasing arrangement. This leasing arrangement was utilized to obligate the project. None of the project costs have exceeded the approved permit amounts.

Project Costs and Sources of Funds

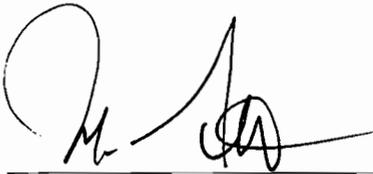
Line Item	Allowance/CON	Realized Costs
Preplanning Costs	N/A	N/A
Site Survey & Soil Investigation	N/A	N/A
Site Preparation	N/A	N/A
Off-site work	N/A	N/A
New Construction Contracts	N/A	N/A
Modernization	1,931,000	1,303,162
Contingencies	190,000	0
Architectural/Engineering	197,500	90,147
Consulting and other fees	N/A	N/A
Movable & Other Equipment	398,600	409,523
Bond Issuance Expense	N/A	N/A
Net Interest Expense during Construction	N/A	N/A
FMV of Leased Space & Equipment	2,618,875	2,618,875
Other Costs to be Capitalized	N/A	N/A
Acquisition of Building or other Property (excluding land)	N/A	N/A
Total Project Costs	5,335,975	
Realized Total Project Costs		4,421,707
Cash & Securities	2,409,600	1,495,332
Pledges	N/A	N/A
Gifts & Bequests	N/A	N/A
Bond Issues	N/A	N/A
Mortgages	N/A	N/A
Lease FMV	2,618,875	2,618,875
Gov. Approp	N/A	N/A
Grants	N/A	N/A
Other funds and Sources	307,500*	307,500*
Total funds	5,335,975	
Total Spent		4,421,707

*Total construction costs were \$1,303,162 however, the landlord is to contribute \$307,500 in tenant Improvement allowance to be paid back over the term of the lease, but it relates directly to the construction costs.

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

Certification Of Cost Report
Fresenius Medical Care Glendale Heights
Project # 13-027

WSKC Dialysis Services, Inc. certifies that pursuant to 7711. Adm. 1130.770,
that the final realized costs of Fresenius Medical Care Glendale Heights,
Project #13-027, are the total costs required to complete the project, and that there are no
additional or associated costs or capital expenditures related to the project which will be
submitted for reimbursement under Title XVIII or XIX.

BY: 

Mark Fawcett
Vice President & Treasurer

ITS: _____

BY: 

Bryan Mello
Assistant Treasurer

ITS: _____

Subscribed and Sworn to
Before me this _____ day of _____, 2014

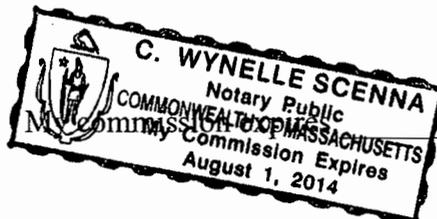
Subscribed and Sworn to
Before me this 21 day of Jan, 2014

Notary Public

C Wynelle Scenna

Notary Public

My commission expires: 08-01-2014



Certification Of Cost Report
Fresenius Medical Care Glendale Heights
Project # 13-027

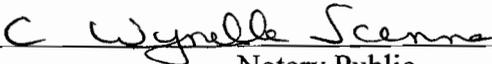
Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Glendale Heights, Project #13-027, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY: 
ITS: Mark Fawcett
Vice President & Treasurer

BY: 
ITS: Bryan Mello
Assistant Treasurer

Subscribed and Sworn to
Before me this day of , 2014

Subscribed and Sworn to
Before me this 24 day of Jan, 2014


Notary Public

Notary Public

My commission expires:

My commission expires: 08-01-2014



APPLICATION AND CERTIFICATION FOR PAYMENT
 AIA DOCUMENT G702/CMA

CONSTRUCTION MANAGER-ADVISER EDITION

TO CONTRACTOR:

Dinaso & Sons Construction Co., Inc.
 4931 W. 171st Street, Unit E
 Country Club Hills, IL 60478

PROJECT:

Glendale Heights
 130 E. Army Trail Road
 Glendale Heights, IL 60139
 Project: 3033-2-RL-NC-BO-13

FROM SUBCONTRACTOR:

Dinaso & Sons Construction Co., Inc.
 4931 W. 171st Street, Unit E
 Country Club Hills, IL 60478

OWNER:

WSKC Dialysis Services, Inc.
 c/o Fresenius Medical Care NC
 1909 Tyler Street, 8th Floor
 Hollywood, FL 33020

CONTRACT FOR:

General Construction

CONTRACTOR'S APPLICATION FOR PAYMENT

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

1. ORIGINAL CONTRACT SUM	\$	1,290,000.00
2. Net change by Change Orders	\$	13,161.86
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$	1,303,161.86
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	1,303,161.86

5. RETAINAGE:

a. <u>0</u> % of Completed Work (Column D + E on G703)	\$	0.00
b. <u>10</u> % of Stored Material (Column F on G703)	\$	0.00

Total Retainage (Lines 5a + 5b or Total in Column I of G703)

6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$	0.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	1,161,000.00
8. CURRENT PAYMENT DUE (Line 3 less Line 6)	\$	142,161.86
9. BALANCE TO FINISH, INCLUDING RETAINAGE	\$	0.00

CHANGE ORDER SUMMARY

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$0.00	\$0.00
Total approved this Month	\$13,161.86	\$0.00
TOTALS	\$13,161.86	\$0.00
NET CHANGES by Change Order	\$13,161.86	

APPLICATION NO: FINAL

Distribution to:

PERIOD TO: November 8, 2013

OWNER

ARCHITECT

PROJECT NOS: 3033-2-RL-NC-BO-13

CONTRACTOR

CONTRACT DATE: July 2, 2013

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

CONTRACTOR: Dinaso & Sons Construction Co., Inc.

By:

Charles R. De...

Date: January 14, 2014

State of: Illinois
 Subscribed and sworn to before me this 14th day of January, 2014
 Notary Public: *Christine A. Hassel*
 My Commission expires: *7-5-2018*

CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.
 AMOUNT CERTIFIED: \$ 142,161.86
 (Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)
 CONSTRUCTION MANAGER:

By: _____ Date: _____
 ARCHITECT:

By: _____ Date: _____

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

