FRESENIUS KIDNEY CARE

Fresenius Kidney Care
3500 Lacey Road, Downers Grove, IL 60515
T 630-960-6807 F 630-960-6812
Email: lori.wright@fmc-na.com

December 8, 2016

RECEIVED
DEC 09 2016
HEALTH FACILITIES & SERVICES REVIEW BOARD

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

Re: Final Cost Report. Section 1130.770
Project #13-040, Fresenius Medical Care Lemont
Permit Holder: Fresenius Medical Care Lemont, LLC, and Fresenius Medical Care Holdings, Inc.

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care Lemont, #13-040, along with a signed notarized cost report certification for the project as required pursuant to 7Il. Adm. 1130.770.

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

Sincerely,

Lori Wright

Lori Wright
Senior CON Specialist

cc: Clare Ranalli

FRESENIUS
KIDNEY CARE

Final Cost Report, Section 1130.770 Fresenius Medical Care Lemont

Project #13-040, Fresenius Medical Care Lemont
Permit Holder: Fresenius Medical Care Lemont, LLC, and Fresenius Medical Care Holdings, Inc.

This project was originally for the establishment of a 12-station ESRD facility in 9,965 GSF with a permit amount of $4,735,282. On April 21, 2015 an alteration was approved to decrease the project size to 8,732 GSF and a permit cost of $4,283,096. The project was obligated with the execution of the lease on March 10, 2015. Facility construction is complete and the first patient was treated on July 6, 2016. The project was complete upon receipt of the certification letter November 17, 2016. The Permit amount is $4,283,096. Final realized costs were $3,658,862.

Project Costs and Sources of Funds

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

Project Costs	Allowance/CON	Realized
Modernization	1,405,852	1,003,839
Contingencies	139,712	0
Architectural/Engineering	152,000	78,912
Movable & Other Equipment	320,000	337,638
FMV of Leased Space/Equipment	2,265,532	2,265,532
Total Committed for the Project	$4,283,096	
Spent		**$3,658,862**

Application and Certificate for Payment (AIA G702)

Final G-702 is attached.

FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Medical Care Lemont
Project #13-040

Fresenius Medical Care Lemont, LLC certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Lemont, Project #13-040, 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: Coleen Muldoon/Regional Vice President

Subscribed and Sworn to
Before me this 26th day of Oct, 2016

Candace M. Turoski
Notary Public

My commission expires: 12-9-2017

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

FRESENIUS KIDNEY CARE

Certification Of Cost Report
Fresenius Medical Care Lemont
Project #13-040

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care Summit, Project #13-040, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.

BY:_____

ITS: Maria T. C. Notar
Assistant Treasurer

Subscribed and Sworn to
Before me this____day of_____, 2016

_____
Notary Public

My commission expires:_____

BY:_____

ITS: Bryan Mello
Assistant Treasurer

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

Subscribed and Sworn to
Before me this 14 day of Oct, 2016

C Wynelle Scenna
Notary Public

My commission expires: 6/25/2021

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702 REPLICA

To Owner:
Fresenius Medical Care
1909 Tyler Street, 8th fl
Hollywood Fl 33020

Project:
Fresenius Medical Care Lemont LLC
16177 West 127th St
Lemont, IL 60439

Application No: 4

Period to: May 31, 2016

Contract for: General Requirements

Project No: 9463-1-DN-W-GU-13

Work Category: Construction

Distribution to :

Owner: ☐
Architect: ☐
Contractor ☐
Field: ☐

M. MERCIK
FMS PM
AUG 1 9 16
RECS - North
RECEIVED

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

VIA Architect:
Christopher Kidd & Associates
N48W16550 Lisbon Road
Menomonee Falls WI 53051

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.....	$	920,000.00
2. Net change by Change Orders.....	$	2,991.37
3. CONTRACT SUM TO DATE(Line 1+2).....	$	922,991.37
4. TOTAL COMPLETED & STORED TO DATE..... Column G on G703	$	922,991.37
5. RETAINAGE :		
a. 10% of Completed Work (Column D+E on G703)	$	-
b. % of Stored Material (Column F on G703)	$	-
Total Retainage (Line 5a+5B or Total in Column I of G703	$	-
6. TOTAL EARNED LESS RETAINAGE..... (Line 4 less line 5 Total)		$922,991.37
7. LESS PREVIOUS CERTIFICATES FOR PAYMENTS (Line 6 from prior Certificate).....	$	722,782.69
8. CURRENT PAYMENT DUE.....	$	200,208.68
9. BALANCE TO FINISH, PLUS RETAINAGE (Line 3 less Line 6)	$	-

CHANGE ORDERS SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	$827.75	$0.00
Total approved this Month	$2,163.62	$0.00
TOTALS	$2,991.37	$0.00
NET CHANGES by Change Order	$2,991.37	

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

BY: Debra H Wagner DATE: 6/24/2016
Debra H Wagner
Director of Accounting

Subscribed and sworn to me before me this 24 day of August 2016
State of: Ill
County of: Cook
Notary Public: Amy E Rodgers
My commission expires: 1/12/2019

OFFICIAL SEAL
AMY E. RODGERS
Notary Public, State of Illinois
My Commission Expires 01/12/2019

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observation and the data above comprising the above application, the Architect certifies to the Owner that to the best of Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED..... **$ 200,208.68**

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

ARCHITECT :

By :_____ Date :_____

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

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

TO (OWNER):	Fresenius Medical Care	PROJECT:	Lemont,IL FMC 9463 1	APPLICATION NO:	3	Distribution to:
				PERIOD TO:	3/28/2016	OWNER: ☐
FROM (CONTR.)	Cohen Architectural Woodworking	VIA (ARCHITECT):		CONTRACTOR'S		ARCHITECT ☐
				PROJECT NO:		CONTRACTOR ☐
CONTRACT FOR:	Millwork & Installation			CONTRACT DATE:		☐

CONTRACTOR'S APPLICATION FOR PAYMENT

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

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

CONTRACTOR:

By: _____ Date: 3/30/16

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

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

1. ORIGINAL CONTRACT SUM	$ 80,848.00
2. Net change by Change Orders	$ -
3. CONTRACT SUM TO DATE (Line 1 + 2)	$ 80,848.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	$ 80,848.00
5. RETAINAGE:	
a. 10 % of Completed Work (Columns D + E on G703)	
b. 100 % of Stored Material (Column F on G703)	
Total Retainage (Line 5a + 5b or Total in Column I of G703)	$ -
6. TOTAL EARNED LESS RETAINAGE (Line 4 less Line 5 Total)	$ 80,848.00
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	$ 72,763.20
8. CURRENT PAYMENT DUE	$ 8,084.80
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	$ -

State of: Missouri County of: Crawford
Subscribed and sworn to before me this 30 day of March 2016
Notary Public: Ann Gillenwater
My Commission expires: June 17, 2017

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progresssed as indicated the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED
(Attach explanation if amount certified differs from the amount applied for.)
ARCHITECT:

By: _____ Date: _____

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

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