AMBULATORY SURGICAL TREATMENT CENTER QUESTIONNAIRE FOR ~~2024~~

This is a formal request by IDPH for full, complete and accurate information as stated herein. This request is made under the authority of the Health Facilities Planning Act [20 ILCS 3960/]. Failure to respond may result in sanctions including the following:
"A person subject to this Act who fails to provide information requested by the State Board or State Agency within 30 days of a formal, written request shall be fined an amount not to exceed $1,000 for each 30-day period, or fraction thereof, that the information is not received by the State Board or State Agency." [20 ILCS 3960/14.1(b)(6)]

This questionnaire is divided into 2 sections:

Section I
Collects information on your facility and facility utilization.
This part must be reported for CALENDAR YEAR 2024.

Section II
Collects Financial and Capital Expenditure information for your facility.
This part must be reported for the MOST RECENT FISCAL YEAR AVAILABLE.

This survey must be completed and submitted by April 1, 2025.
No exceptions or extensions will be allowed.

Facilities failing to submit this questionnaire within the required time frame will be reported to the Illinois Health Facilities and Services Review Board for its consideration of the imposition of sanctions mandated by the Act.

If you have problems or questions concerning the survey, please contact this office via e-mail to DPH.FacilitySurvey@illinois.gov, or by telephone at 217-782-3516.

Please enter the following information on for your facility:

ASTC License	002579			
ASTC Name	Algonquin Road Surgery Center			
ASTC Address	2550 W Algonquin Road			
ASTC City	Lake in the Hills	**IL**	**Zip Code**	60156

Federal Employer Identification Number (FEIN) 364337493

Instructions for Completing and Submitting this Questionnaire
Fill in the questionnaire information.
Download and complete Patient Origin spreadsheet (optional).

Save completed questionnaire (and spreadsheet, if used) to your computer for your records and future reference, if follow-up is required.

Send Email, with completed file(s) attached, to DPH.FacilitySurvey@illinois.gov.
Please put "ASTC Questionnaire" in the subject line.

If you have any questions, please call 217/782-3516, or send email to DPH.FacilitySurvey@illinois.gov

Thank you

Section I - Facility Data

1. FACILITY OWNERSHIP INFORMATION

A. Indicate the type of ownership for your ASTC (Choose only one):

FOR PROFIT	NOT FOR PROFIT
○ **Sole Proprietorship**	○ **Church Related**
○ **Corporation (*RA)**	○ **State**
○ **Partnership (registered with county)**	○ **County**
○ **Limited Partnership (*RA)**	○ **City**
○ **Limited Liability Partnership (*RA)**	○ **Township**
◉ **Limited Liability Company (*RA)**	○ **Other Not for Profit (Specify below)**
○ **Other For Profit (specify below)**	

Other Ownership Type

*RA - Registered Agent Required

B. If your facility ownership requires a Registered Agent with the Illinois Secretary of State (marked *RA above), indicate the name, address and telephone number of this person or company (must be an Illinois resident or company).

Name of Registered Agent:	Judith Kazy-Garey
Address:	2550 W Algonquin Rd
City. State and Zip Code (plus Four):	Lake in the Hills, IL 60156
Telephone Number:	(847) 458-1246

C. Provide the name and relational interest of all organizations or entities that are legally, financially or otherwise related to the licensee (e.g., parent, subsidiary, affiliate, management agreement, etc.)

	Name	Relationship	Type of Interest
1	Northern Illinois Medical Center	Financial (Hospital)	Shareholder
2	Sherman Hospital	Financial (Hospital)	Shareholder
3	ARSC Physician Holdings	Financial (Physicians)	Shareholder
4			
5			

D. Indicate the name, address and telephone number of the legal owners/operators of the facility.
If you have more than 25 owners to report, please enter the information into an Excel spreadsheet using the format below and email with completed questionnaire to DPH.FacilitySurvey@illinois.gov

	Owner Name	Address	City, State Zip Code-Plus 4	Telephone Number (xxx) xxx-xxxx.xxxx)
1	Sherman Hospital	1425 N Randall Rd	Elgin, IL 60123	(847) 742-9800
2	Northwestern Medicine	4201 Medical Centre dr	McHenry, IL 60050	(815) 344-5000
3	ARSC Physician Holdings	2550 W Algonquin Rd	LITH, IL 60156	(847) 258-1426
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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17				
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23				
24				
25				

2. PROPERTY OWNERSHIP INFORMATION

If the facility property is not owned by the facility legal owner/operator, indicate the name, address (including Zip Code plus Four) and telephone number of the property owner:

	Property Owner	Address	City, State Zip Code-plus 4	Telephone (xxx) xxx-xxxx.xxxx)
1	ARSC Real Estate Holdi	4301 Medical Drive	McHenry, IL 60050	(815) 459-9414

3. CONTRACTUAL MANAGEMENT

If management of this facility is performed by independent contractor(s), not by an employee of the facility, list the individual name(s) and address(es) of each independent contractor. If management is NOT done by independent contractor(s), indicate by checking the box provided.

✓ **No Contractual Management**

	Contractor Name	Full Address
1		
2		
3		
4		
5		

4. FACILITY STAFFING

A. Indicate the number of hours in a work week for a full-time employee of your facility:

B. Staffing Patterns

Please indicate the number of Full-Time Equivalent employees (FTEs), paid directly by the facility, working at your facility during the first pay period of December, 2024.

The figure for TOTAL FACILITY PERSONNEL in green is automatically calculated. You cannot change this total.

Personnel	Full-Time Equivalents
Administrators	1.00
Physicians	0.00
Nurse Anesthetists	0.00
Director of Nursing	1.00
Registered Nurses	9.50
Certified Aides	0.00
Other Health Professionals	8.00
Other Non-Health Professionals	7.70
TOTAL FACILITY PERSONNEL	27.20

INFORMATION CONCERNING PATIENTS SERVED - CALENDAR YEAR 2024

5. Patients by Age Groups

Please indicate the number of patients during the calendar year 2024 by age and sex. If the patient was seen more than once, he/she should be counted for each new incident. Figures in green on the TOTAL line are automatically calculated and must match the green calculated figures in Question 6.

	Male	Female	
0-14 Years	58	66	
15-44 Years	273	338	
45-64 Years	624	830	
65-74 Years	334	533	TOTAL PATIENTS SERVED
75+ Years	185	336	
TOTALS	1,474	2,103	3,577

6. Source of Payment

Please indicate the numbers of patients your ASTC saw during calendar year 2024, by sex and PRIMARY PAYMENT SOURCE. If the patient was seen more than once, he/she should be counted for each new incident. Figures in green on the TOTAL line are automatically calculated and must match the corresponding green calculated totals in Question 5 above.

	Male	Female	
Medicaid	1	1	
Medicare	410	739	
Other Public*	5	15	
Private Insurance	1,019	1,309	
Private Payment	39	39	TOTAL PATIENTS SERVED
Charity Care*	0	0	
TOTALS	1,474	2,103	3,577

***Other Public** payment includes individuals whose primary payment source is Veterans Administration, County Boards, Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, excluding Medicare and Medicaid.

"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, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.

7. Patients by Place of Origin - Calendar Year 2024

Optional Reporting Method:

For your ease of reporting, we have supplied a Microsoft Excel worksheet for the entry of Patient Origin Data:

1. **CLICK HERE to ACCESS THE WORKSHEET.**
2. Save the worksheet to your computer.
3. Follow the directions on the worksheet to enter your data.
4. Email the completed spreadsheet to DPH.FacilitySurvey@illinois.gov
5. Retain a copy of the worksheet in case follow-up is required.

If you do not wish to use the Patient Origin worksheet, please use the spaces below to report the place of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area. 5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county name.

	Zip Code Area	County Name	Number of Patients
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

	Zip Code Area	County Name	Number of Patients
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			
41			
42			
43			
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50			

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
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65			
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72			
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74			
75			

	Zip Code Area	County Name	Number of Patients
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
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99			
100			

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			

	Zip Code Area	County Name	Number of Patients
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
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138			
139			
140			
141			
142			
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150			

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
151			
152			
153			
154			
155			
156			
157			
158			
159			
160			
161			
162			
163			
164			
165			
166			
167			
168			
169			
170			
171			
172			
173			
174			
175			

	Zip Code Area	County Name	Number of Patients
176			
177			
178			
179			
180			
181			
182			
183			
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185			
186			
187			
188			
189			
190			
191			
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200			

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
201			
202			
203			
204			
205			
206			
207			
208			
209			
210			
211			
212			
213			
214			
215			
216			
217			
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220			
221			
222			
223			
224			
225			

	Zip Code Area	County Name	Number of Patients
226			
227			
228			
229			
230			
231			
232			
233			
234			
235			
236			
237			
238			
239			
240			
241			
242			
243			
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248			
249			
250			

7. **Patients by Place of Origin (Continued)**
Please report the places of origin of the patients seen at your ASTC during Calendar Year 2024, and the number of patients from each area.
5-digit Zip Code areas are preferred; if Zip Code information is not available, please report by county of origin.

	Zip Code Area	County Name	Number of Patients
251			
252			
253			
254			
255			
256			
257			
258			
259			
260			
261			
262			
263			
264			
265			
266			
267			
268			
269			
270			
271			
272			
273			
274			
275			

	Zip Code Area	County Name	Number of Patients
276			
277			
278			
279			
280			
281			
282			
283			
284			
285			
286			
287			
288			
289			
290			
291			
292			
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299			
300			

If you had patients from more than 300 areas, please use the Microsoft Excel Patient Origin Spreadsheet, or record the extra information in your own Excel spreadsheet, using the format above, and email to DPH.FacilitySurvey@illinois.gov
Please enter "ASTC Patient Origin Data" into the subject line of the message.

FACILITY OPERATIONS

8. Please indicate the number of hours your ASTC is in operation on each day of the week: (for example, if the ASTC is open from 8 a.m. to 6 p.m., that is 10 hours of operation.) REPORT NUMBER OF HOURS, NOT OPENING AND/OR CLOSING TIMES.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	TOTAL HOURS
Hours Open	9	9	9	9	9	0	0	45

9. Treatment Rooms by Type

Please indicate the number of rooms and stations in use at your ASTC for each category listed below:

	Rooms/ Stations
a. Operating Rooms (Class C)*	3
b. Procedure (not operating) Rooms (Class B)*	1
c. Examination Rooms	0
d. Stage 1 - Post-Anesthesia Recovery Stations	6
e. Stage 2 - Step-down Ambulatory Recovery Stations	6

*Operating Room (Class C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.

Surgical Procedure Room (Class B): Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.

(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

10. Hospital Relationships

List all hospitals with which your ASTC has a contractual relationship, including transfer agreements.

	Hospital Name and City	Patient Transfers
1	ADVOCATE SHERMAN HOSPITAL, ELGIN	0
2	NORTHWESTERN, HUNTLEY	0
3		
4		
5		

11. SURGICAL UTILIZATION FOR CALENDAR YEAR 2024 - OPERATING ROOMS - CLASS C*

For each listed surgical category, indicate the number of surgical cases, the number of hours spent in setting up the surgery rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the surgery was completed. Round the time reported to the nearest quarter of an hour. For example, a total of 318 hours and 40 minutes would be rounded to 318.75 hours for reporting purposes.

	Number of Cases	Surgery Room Set-Up Time (in Hours)	Actual Surgery Time (in Hours)	Surgery Room Clean-Up Time (in Hours)
Cardiovascular	0	0.00	0.00	0.00
Dermatology	0	0.00	0.00	0.00
General Surgery	0	0.00	0.00	0.00
Gastroenterology	0	0.00	0.00	0.00
Neurological	0	0.00	0.00	0.00
OB/Gynecology	117	17.55	36.82	17.55
Oral/Maxillofacial	5	0.75	1.12	0.75
Ophthalmology	658	98.70	164.39	98.70
Laser Eye Surgery	0	0.00	0.00	0.00
Orthopedic	1,087	163.05	584.26	163.05
Otolaryngology	121	18.15	57.52	18.15
Pain Management	0	0.00	0.00	0.00
Plastic	6	0.90	7.26	9.00
Podiatry	562	84.30	399.29	84.30
Thoracic	0	0.00	0.00	0.00
Urology	0	0.00	0.00	0.00
TOTALS	2,556	383.40	1,250.66	391.50

*Operating Room (Class C): Operating Room is defined as a setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions.
(Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

12. SURGICAL UTILIZATION FOR CALENDAR YEAR 2024 - PROCEDURE ROOMS (Class B)*

For each listed surgical procedure category, indicate the number of dedicated procedure (non-operating) rooms, the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Round the time reported to the nearest quarter of an hour. For example, a total of 318 hours and 40 minutes would be rounded to 318.75 hours for reporting purposes.

If your facility performs other, unlisted non-operating room procedures, use lines e. - h. to report these procedures. Indicate the type(s) of procedure(s), the number of surgical cases, the number of hours spent in setting up the procedure rooms for use, the hours of actual surgical time, and the number of hours spent in clean-up after the procedure was completed. Total multi-purpose procedure rooms are to be reported in the line below the table.

NOTE - For reporting purposes, a case is defined as a **PATIENT TREATED.** If a patient has 3 procedures performed, that is counted as **1 CASE. TOTAL PROCEDURE ROOMS** must equal Procedure Rooms reported on line b., Question 9. Total Procedure Room Cases shown here plus Total Operating Room Cases from Question 11 on Page 9 must equal Total Patients Served reported in Questions 5 and 6.

The green figures on the last three lines are automatically calculated. You cannot change these figures.

Dedicated Procedure Rooms (Class B)*	Rooms	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
a. Dedicated Gastro-Intestinal Procedures					
b. Dedicated Laser Eye Procedures					
c. Dedicated Pain Management Procedures					
d. Cardiac Catheterization Procedures					

	Multipurpose Rooms (Specify Procedure)	Cases	Procedure Room Set-Up Time	Actual Surgery Time	Procedure Room Clean-Up Time
e.	GI	1,021	153.15	311.58	153.15
f.					
g.					
h.					

Total Multi-Purpose Procedure Rooms					
TOTALS - PROCEDURE ROOMS	0	1,021	153.15	311.58	153.15

TOTAL CASES Questions 11 and 12 TOTAL	3,577	These two figures must match.
PATIENTS Reported on Page 6	3,577	

*Surgical Procedure Room (Class B): Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs. (Source: Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Section II - Fiscal Year Financial and Capital Expenditures Data

The data requested in this questionnaire are authorized
pursuant to the Illinois Health Facilities Planning Act [20 ILCS 3960/5.3]

This information must be taken from your MOST RECENT ANNUAL FINANCIAL STATEMENTS, which include your INCOME STATEMENT and BALANCE SHEET. Allowable sources of financial information include AUDITED FINANCIAL STATEMENTS, REVIEW OR COMPILATION FINANCIAL STATEMENTS, or TAX RETURN for the MOST RECENT FISCAL YEAR AVAILABLE.
This part of the survey collects Financial and Capital Expenditure information for your facility. This part MUST BE REPORTED FOR THE MOST RECENT FISCAL YEAR AVAILABLE.

If you have problems providing the information requested, contact this office via email at DPH.FacilitySurvey@illinois.gov or by telephone at 217-782-3516.

Indicate the Starting and Ending Dates of Your MOST RECENT FISCAL YEAR (mm/dd/yyyy)

Starting Date	01/01/2024
Ending Date	12/31/2024

Use this drop-down list to select the source of the Financial Information Reported in this Section:

Tax Return

A. CAPITAL EXPENDITURES

Report the TOTAL of ALL CAPITAL EXPENDITURES for your reported Fiscal Year:

TOTAL CAPITAL EXPENDITURES FOR YOUR REPORTED FISCAL YEAR $ 487,214

Provide the following information for ONLY projects/capital expenditures in excess of $350,000 obligated by or on behalf of the health care facility for your reported Fiscal Year (click the link below the table for definitions of terms):

	Description of Project/ Capital Expenditure	Amount Obligated	Method of Financing	CON Project Number (if reviewed)
1	Orthoscan mini c-arm	$ 72,500	Everbank 60 month	
2	Olymbus GI scopes & equipment purchase	$ 288,988	Olympus 48 months	
3	Getinge Steam Sterilizer purchase	$ 125,726	none	
4				
5				
6				
7				
8				
9				
10				

B. NET REVENUE BY PAYMENT SOURCE - REPORTED FISCAL YEAR

Please indicate your Net Revenue during your reported Fiscal Year, by payment source. If you reported any patients for a given payment source in Question 6 on Page 6, but do not have matching Net Revenue to report for that payment source, please provide a brief explanation in the Comments box on Page 14.

	Net Revenue (in Dollars)
Medicaid	$ 23,281
Medicare	$ 1,945,895
Other Public*	$ 235,151
Private Insurance	$ 6,906,939
Private Payment	$ 25,993
Total Revenue	$ 9,137,259

***Other Public** payment includes individuals whose primary payment source is Veterans Administration, County Boards, Community Aid Agencies, grants, CHAMPUS, CHAMP-VA, and other government-sponsored programs, excluding Medicare and Medicaid.

C. TOTAL ACTUAL COST OF SERVICES PROVIDED TO CHARITY CARE* CASES DURING THE REPORTED FISCAL YEAR

	Amount (in Dollars)
Total Actual Cost of Services Provided to Charity Care* Cases	$ 0

**"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, Section 3] Charity care does not include bad debt or the unreimbursed cost of Medicare, Medicaid, and other federal, State, or local indigent health care programs, eligibility for which is based on financial need.*

Term	Definition	Reference
Adult cardiac catheterization	Cardiac catheterization of patients 15 years of age and older	According to Administrative rule 1110.1320
By or On Behalf of a Health Care facility	Any transactions undertaken by the facility or by any other entity other than the facility which results in construction or modification of the facility and directly or indirectly results in the facility billing or receiving reimbursement, or in participating or assuming responsibility for the retirement of debt or the provision of any services associated with the transaction.	
Case	Case is defined as a patient encountered in an inpatient or outpatient setting. For example, if 3 surgical procedures are performed on an individual, only 1 case is counted.	
Cardiac Catheterization Labs	Includes labs that are dedicated as well as non dedicated cardiac labs for diagnostic, interventional and electrophysiology procedures. Total cardiac labs will be more than or equal to the sum of dedicated cardiac labs.	
Cardiovascular Intervention or Treatment	All interventional cardiac procedures performed on a patient during one session in the laboratory (one patient visit equals one intervention regardless of number of procedures performed).	
Capital Expenditure	Any expenditure: (A) made by or on behalf of a health care facility . . . and (B) which under generally accepted accounting principles is not properly chargeable as an expense of operation and maintenance, or is made to obtain by lease or comparable arrangement any facility or part thereof or any equipment for a facility or part . . . and includes the cost of any studies, surveys, designs, plans, working drawings, specification and other activities essential to the acquisition, improvement, expansion or replacement of any plant or equipment with respect to which an expenditure is made . . . and includes donations of equipment or facilities or a transfer of equipment or facilities at fair market value.	
Charity Care	Care for which the provider does not expect to receive payment from the patient or a third party payor. Charity care does not include bad debt or the un-reimbursed cost of Medicare, Medicaid, and other Federal, State, or local indigent health care programs, eligibility for which is based on financial need. In reporting charity care, the reporting entity must report the actual cost of services provided, based on the total cost to charge ratio derived from the hospital's Medicare cost report (see Reference), and not the actual charges for the services.	CMS 2552-96 Worksheet C, Part 1 PPS, Inpatient Ratios

Term	Definition	Reference
Construction or Modification	The establishment, erection, building, alteration, reconstruction, modernization, improvement, extension, discontinuation, change of ownership, of or by a health care facility, or the purchase or acquisition by or through a health care facility of equipment or service for diagnostic or therapeutic purpose or for facility administration or operation, or any capital expenditures made by or on behalf of a health care facility....	
Diagnostic Cardiac Catheterization (DCC)	Performance of Catheterization procedures associated with determining the blockage of blood vessels and the diagnosis of cardiac diseases that are performed in a cardiac catheterization lab or special procedures lab with cardiac catheterization capabilities.	
Full Time Equivalent	A unit of measurement which is equal to one filled, full time, annual-salaried position.	
Interventional Cardiac Catheterization (ICC)	Treatment of cardiac diseases associated with the blockage or narrowing of the blood vessels and diseases of the heart by the performance of percutaneous coronary intervention or similar procedures in a cardiac catheterization lab or special procedures lab with cardiac catheterization capabilities. Cardiovascular interventions include but not limited to Percutaneous Transluminal Coronary Angioplasty (PTCA), rotational atherectomy, directional atherectomy, extraction atherectomy, laser angioplasty, implantation of intracoronary stents and other catheter devices for treating coronary atherosclerosis.	
Method of Financing	The source of funds required to undertake the project or capital expenditure. Forms of financing include equity (cash and securities), lease, mortgages, general obligation bonds, revenue bonds, appropriations and gifts/donations/bequests.	
Net Revenue	Net Revenue is the result of gross revenue less provision for contractual adjustments from third party payers.	American Institute of Certified Public Accountants (AICPA)
Other Public Payment	Includes all forms of direct public payment excluding Medicare and Medicaid. DMH/DD and Veterans' Administration funds and other funds paid directly to a facility.	
Operating Room (Class C)	A setting designed and equipped for major surgical procedures that require general or regional block anesthesia and support of vital bodily functions	Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Term	Definition	Reference
Obligation	The commitment of funds directly or indirectly through the execution of construction or other contracts, purchase order, lease agreements of other means for any construction or modification project. NOTE: Funds obligated in a given year should not be carried forward to subsequent years due to phased or periodic payouts. For example, a facility signs a $2 million contract in 2019 for construction of a new bed wing. Construction takes approximately three years with payments being made to the contractor during 2020, 2021 and 2024. The entire $2 million would be listed once as an obligation for 2019 and would not be listed in subsequent years.	
Patients Served by payment source	Include number of inpatients and outpatients served by their payment type.	Payment sources are defined within the questionnaire.
Project	Any proposed construction or modification of a health care facility or any proposed acquisition of equipment undertaken by or on behalf of a health care facility regardless of whether or not the transaction required a certificate of need. Components of construction or modification, which are interdependent, must be grouped together for reporting purposes. Interdependence occurs when components of construction or modification are architecturally and/or programmatically interrelated to the extent that undertaking one or more of the components compels the other components to be undertaken. If components of construction or modification are undertaken by means of a single construction contract, those components must be grouped together. Projects involving acquisition of equipment, which are linked with construction for the provision of a service cannot be segmented. When a project or any component of a project is to be accomplished by lease, donation, gift or any other means, the fair market value or dollar value, which would have been required for purchase, construction or acquisition, is considered a capital expenditure.	
Pediatric cardiac Catheterization	Cardiac Catheterization of patients 0-14 years.	According to Administrative rule 1110.1320
Private Pay	Private pay includes money from a private account (for example, a medical savings account) and any government funding made out and paid to the resident which is then transferred to the facility to pay for services. It also includes all the Self pay payments.	
Revenue by payment source	Revenue by payment source: Include the amount of net revenue of the facility during the fiscal year for the patients served by the payment type.	

Term	Definition	Reference
Stage 1 and Stage 2 Recovery Stations	Stations/units within the room providing post operative/post anesthetic care soon after surgery. Stage 1 recovery is used for patients who received intensive anesthesia for major surgical procedures which would take more time to recuperate, while Stage 2 are used for less intensive procedures which involve less anesthesia there by need less time to recuperate.	American College of Anesthesiologists (ACOA).
Surgical Procedure Room (Class B)	Surgical Procedure room is defined as a setting designed and equipped for major or minor surgical procedures performed in conjunction with oral, parenteral, or intravenous sedation or under analgesic or dissociative drugs.	Guidelines for Optimal Ambulatory Surgical Care and Office-based Surgery, third edition, American College of Surgeons)

Step 1. Click on the space below and use the dropdown control to select your facility from the list (use up and down arrow keys to scroll):

Algonquin Road Survery Center, LLC;2550 West Algonquin Road ;Lake in the Hills;7002579

Step 2. Enter your patient totals by zip code area or county of residence, as shown in the examples:

Step 3. Save completed Patient Origin Report to your computer system.

Step 4. Please email a copy of your completed report to DPH.FacilitySurvey@illinois.gov. Please put the subject 'ASTC Patient Origin' on your message.

	Zip Code	County	Patients	Total Patients Reported
Examples	62701		30	The total below should equal the total patients served reported on page 5 of the ASTC questionnaire.
	61801		5	
		Tazewell	6	3577
1				
2				
3				
4				
5				
6				
7	60068	COOK	2	
8	53181	KENOSHA	1	
9	8007	CAMDEN	1	
10	29229	RICHLAND	1	
11	30081	COBB	1	
12	33904	LEE	1	
13	39645	AMITE	1	
14	53005	WAUKESHA	1	
15	53074	OZAUKEE	1	
16	53115	WALWORTH	1	
17	53118	WAUKESHA	1	
18	53121	WALWORTH	2	
19	53125	WALWORTH	4	
20	53128	WALWORTH	5	
21	53147	WALWORTH	4	
22	53150	WAUKESHA	2	
23	53151	WAUKESHA	1	
24	53167	RACINE	2	
25	53184	WALWORTH	2	
26	53191	WALWORTH	1	
27	53235	MILWAUKEE	1	
28	54665	VERNON	1	
29	54901	WINNEBAGO	1	
30	54914	OUTAGAMIE	1	
31	54937	FOND DU LAC	1	
32	60002	LAKE	4	
33	60004	COOK	6	
34	60005	COOK	3	
35	60007	COOK	8	
36	60008	COOK	1	
37	60010	LAKE AND COOK	68	
38	60011	COOK	1	
39	60012	MCHENRY	87	
40	60013	MCHENRY	141	
41	60014	MCHENRY	419	
42	60016	COOK	2	
43	60020	LAKE	12	
44	60021	MCHENRY	25	
45	60022	COOK	2	
46	60025	COOK	1	

47	60030	LAKE	5
48	60031	LAKE	1
49	60033	MCHENRY	23
50	60034	MCHENRY	7
51	60035	LAKE	3
52	60039	MCHENRY	4
53	60041	LAKE	16
54	60042	LAKE AND MCHENRY	21
55	60045	LAKE	1
56	60046	LAKE	7
57	60047	LAKE	30
58	60048	LAKE	1
59	60050	MCHENRY	152
60	60051	MCHENRY	88
61	60056	COOK	12
62	60060	LAKE	1
63	60067	COOK	14
64	60071	MCHENRY	15
65	60072	MCHENRY	6
66	60073	LAKE	11
67	60074	COOK	8
68	60076	COOK	1
69	60077	COOK	1
70	60081	MCHENRY	30
71	60084	LAKE	22
72	60089	LAKE AND COOK	3
73	60090	COOK	1
74	60097	MCHENRY	62
75	60098	MCHENRY	175
76	60099	LAKE	1
77	60102	MCHENRY	317
78	60103	DUPAGE AND COOK	16
79	60107	COOK	15
80	60108	DUPAGE	1
81	60109	KANE	1
82	60110	KANE	143
83	60115	DEKALB	2
84	60118	KANE	96
85	60119	KANE	3
86	60120	KANE	91
87	60123	KANE	119
88	60124	KANE	9
89	60126	DUPAGE	1
90	60133	COOK AND DUPAGE	3
91	60134	KANE	6
92	60135	DEKALB	8
93	60136	KANE	38
94	60139	DUPAGE	2
95	60140	KANE	131
96	60142	MCHENRY	402
97	60145	DEKALB	1
98	60148	DUPAGE	2
99	60151	KANE	2
100	60152	MCHENRY	68
101	60153	COOK	1

102	60156	MCHENRY	331
103	60169	COOK	5
104	60171	COOK	1
105	60172	DUPAGE	3
106	60173	COOK	1
107	60174	KANE AND DUPAGE	3
108	60175	KANE	19
109	60177	KANE	40
110	60178	DEKALB	9
111	60180	MCHENRY	7
112	60184	DUPAGE	1
113	60188	DUPAGE	1
114	60189	DUPAGE	1
115	60192	COOK	6
116	60193	COOK	5
117	60194	COOK	4
118	60195	COOK	3
119	60440	WILL AND DUPAGE	2
120	60463	COOK	1
121	60491	WILL	1
122	60502	DUPAGE	2
123	60505	KANE	1
124	60506	KANE	2
125	60510	KANE	4
126	60516	DUPAGE	4
127	60517	DUPAGE	1
128	60532	DUPAGE	1
129	60540	DUPAGE	1
130	60542	KANE	1
131	60543	KENDALL	1
132	60554	KANE	1
133	60558	COOK	1
134	60560	KENDALL	2
135	60607	COOK	2
136	60612	COOK	1
137	60614	COOK	1
138	60618	COOK	2
139	60625	COOK	1
140	60628	COOK	1
141	60630	COOK	1
142	60657	COOK	2
143	60706	COOK	2
144	60708	COOK	1
145	60712	COOK	1
146	61008	BOONE	19
147	61010	OGLE	1
148	61011	BOONE	3
149	61012	BOONE	2
150	61016	WINNEBAGO	1
151	61020	OGLE	1
152	61032	STEPHENSON	2
153	61038	BOONE	1
154	61065	BOONE	3
155	61072	WINNEBAGO	1
156	61073	WINNEBAGO	2

157	61088	WINNEBAGO	2
158	61101	WINNEBAGO	1
159	61102	WINNEBAGO	5
160	61103	WINNEBAGO	2
161	61107	WINNEBAGO	3
162	61108	WINNEBAGO	1
163	61109	WINNEBAGO	2
164	61111	WINNEBAGO	3
165	61114	WINNEBAGO	4
166	61115	WINNEBAGO	2
167	61333	LIVINGSTON	1
168	61348	LASALLE	1
169	61349	BUREAU	1
170	61350	LASALLE	5
171	61356	BUREAU	2
172	61364	LASALLE	1
173	61373	LASALLE	1
174	62902	JACKSON	1
175	63368	ST CHARLES	1
176	84098	SUMMIT	1
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ALGONQUIN ROAD SURGERY CENTER, LLC

FINANCIAL STATEMENTS AND

SUPPLEMENTARY INFORMATION

ACCRUAL BASIS

1 Month and 12 Months Ended

December 31, 2024

Prepared by

PBC Advisors, LLC

Accountant's Compilation Report

The Board of Directors
ALGONQUIN ROAD SURGERY CENTER, LLC
2550 WEST ALGONQUIN ROAD
Lake in the Hills, IL 60156

Management is responsible for the accompanying financial statements of ALGONQUIN ROAD SURGERY CENTER, LLC (a limited liability company), which comprise the Statements of Assets, Liabilities, and Members' Equity- Accrual Basis as of December 31, 2024 and 2023, and the related Statements of Revenues, Expenses, and Changes in Members' Equity- Accrual Basis for the 1 month and 12 Months then ended, and for determining that the Accrual Basis of accounting is an acceptable financial reporting framework. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Management has elected to omit substantially all the disclosures ordinarily included in financial statements prepared in accordance with the modified accrual basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, equity, revenues, and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

Supplementary Information

The supplementary information is presented for purposes of additional analysis and is not a required part of the basic financial statements. This information is the representation of management. The information was subject to our compilation engagement, however, we have not audited or reviewed the supplementary information and, accordingly, do not express an opinion, a conclusion, nor provide any form of assurance on such supplementary information.

We are not independent with respect to ALGONQUIN ROAD SURGERY CENTER, LLC.

PBC Advisors, LLC

January 15, 2025

ALGONQUIN ROAD SURGERY CENTER, LLC
Comparative Balance Sheet
December 31, 2024 ,
November 30, 2024 and
December 31, 2023

ASSETS

	December 31, 2024	November 30, 2024	December 31, 2023
Current Assets			
Cash	$ 1,811,497.60	$ 1,143,951.33	$ 1,895,462.73
Accounts Receivable-Net	5,780,148.23	6,435,847.84	8,288,702.25
Inventory, At Cost	306,845.61	321,559.96	370,523.48
Prepaid Expenses	94,862.41	99,397.75	96,871.55
Other Receivable	0.00	0.00	67,330.57
Due from ARSC Holdings	0.00	0.00	350.00
Total Current Assets	7,993,353.85	8,000,756.88	10,719,240.58
Property and Equipment			
Fixed Assets	3,783,241.91	3,710,741.91	3,183,988.75
Less Accumulated Depreciation	(2,852,030.65)	(2,820,185.30)	(2,655,661.66)
Net Property and Equipment	931,211.26	890,556.61	528,327.09
Total Assets	$ 8,924,565.11	$ 8,891,313.49	$ 11,247,567.67

LIABILITIES AND MEMBERS' EQUITY

Current Liabilities			
Accounts Payable	$ 306,484.62	$ 303,871.85	$ 255,622.48
Credit Card Payable	30,676.39	224,002.42	0.00
BCBS Liability	144,569.94	378,939.26	2,580,740.65
Accrued Expenses	287,043.57	231,846.85	302,538.48
Total Current Liabilities	768,774.52	1,138,660.38	3,138,901.61
Long-Term Liabilities			
Capital Lease	326,920.25	261,757.90	0.00
Total Long-Term Liabilities	326,920.25	261,757.90	0.00
Total Liabilities	1,095,694.77	1,400,418.28	3,138,901.61
Members' Equity			
Member's Equity	8,108,666.06	8,108,666.06	7,114,665.61
Member's Distributions	(1,950,000.00)	(1,950,000.00)	(1,560,000.00)
Net Income or (Loss)	1,670,204.28	1,332,229.15	2,554,049.96
Total Members' Equity	7,828,870.34	7,490,895.21	8,108,715.57
Total Liabilities and Members' Equity	$ 8,924,565.11	$ 8,891,313.49	$ 11,247,617.18

ALGONQUIN ROAD SURGERY CENTER, LLC
INCOME STATEMENT
For the Month Ended December 31, 2024

	December 31, 2024		
	ACTUAL	BUDGET	VARIANCE
Volume	338	325	13
Average Charge Per Case	$ 12,627	$ 9,808	$ 2,819
Net Revenue Per Case	$ 3,535	$ 2,748	$ 787
PROFESSIONAL INCOME			
Gross Revenue	$ 4,267,849.60	$ 3,187,654.56	$ 1,080,195.04
Estimated Contractual & Bad Debt Adjustments	(3,072,851.72)	(2,294,403.95)	(778,447.77)
Total Professional Income	$ 1,194,997.88	$ 893,250.61	$ 301,747.27
VARIABLE EXPENSES			
Clinical Salaries & Wages	148,193.78	124,102.61	(24,091.17)
Clinical Employee Taxes & Benefits	21,869.97	19,591.01	(2,278.96)
Medical Supplies	156,022.31	155,761.51	(260.80)
Implants	250,440.41	140,854.39	(109,586.02)
Purchased Services	13,126.37	13,396.71	270.34
Anesthesia Services	99,093.22	100,000.00	906.78
Postage and Printing	553.89	1,835.05	1,281.16
Medical Equipment Rental	3,899.88	8,834.19	4,934.31
Miscellaneous-Variable	1,271.01	524.12	(746.89)
Total Variable Expenses	$ 694,470.84	$ 564,899.59	$ (129,571.25)
FIXED EXPENSES			
Administrative Salaries & Wages	45,545.55	42,515.27	(3,030.28)
Admin. Employee Taxes & Benefits	7,792.27	13,059.04	5,266.77
Other Personnel Expenses	(4,598.98)	1,794.50	6,393.48
Equipment Lease	(865.09)	0.00	865.09
Facility Costs	42,898.55	52,026.79	9,128.24
Professional Fees	2,246.00	8,037.32	5,791.32
Maintenance Service Contracts	14,070.94	15,679.32	1,608.38
Insurance	7,007.09	6,178.99	(828.10)
Marketing	185.73	296.19	110.46
Telephone & Long Distance	301.64	1,670.44	1,368.80
Taxes	6,817.00	11,168.70	4,351.70
Miscellaneous-Fixed	9,916.23	20,385.63	10,469.40
Total Fixed Expenses	$ 131,316.93	$ 172,812.19	$ 41,495.26
TOTAL EXPENSES	$ 825,787.77	$ 737,711.78	$ (88,075.99)
EBITDA BEFORE OTHER INCOME AND EXPENSE	$ 369,210.11	$ 155,538.83	$ 213,671.28
Interest Income	$ 2,166.40	$ 29.98	$ (2,136.42)
Other Income	1,000.00	6,240.28	5,240.28
EBITDA	$ 372,376.51	$ 161,809.09	$ 210,567.42
Depreciation & Amortization Expense	(31,845.35)	(12,657.68)	(19,187.67)
Interest Expense	(2,556.03)		(2,556.03)
NET INCOME OR (LOSS)	$ 337,975.13	$ 149,151.41	$ 188,823.72
Estimated Write-offs as a % of Gross Revenue	72.0%	72.0%	0.0%
Variable Costs Per Case	$ 2,054.65	$ 1,738.15	$ (316.50)
Fixed Costs Per Case	$ 388.51	$ 531.73	$ 143.22
Total Costs Per Case	$ 2,537.38	$ 2,308.83	$ (228.55)
Net Income/(Loss) Per Case	$ 999.93	$ 458.93	$ 541.00
Clinical Salaries, Benefits and Taxes as a % of Net Revenue	14.2%	16.1%	1.9%
Total Salaries, Benefits and Taxes as a % of Net Revenue	18.7%	22.3%	3.6%
Medical Supplies as a % of Net Revenue	34.0%	33.2%	-0.8%
Total Expenses as a % of Net Revenue	71.8%	84.0%	12.2%

ALGONQUIN ROAD SURGERY CENTER, LLC
COMPARATIVE STATEMENT OF REVENUES AND EXPENSES
For the 12 Months Ended December 31, 2024 and 2023

	December 31, 2024			12 Months Ended
	ACTUAL	BUDGET	VARIANCE	December 31, 2023
Volume	3,552	3,626	(74)	3,603
Average Charge Per Case	$ 10,485	$ 10,549	$ (64)	$ 10,669
Net Revenue Per Case	$ 2,978	$ 2,956	$ 22	$ 3,030
PROFESSIONAL INCOME				
Gross Revenue	$ 37,241,856.58	$ 38,251,854.72	$ (1,009,998.14)	$ 38,439,603.36
Estimated Contractual & Bad Debt Adjustments	(26,664,576.93)	(27,532,847.40)	868,270.47	(27,521,414.46)
Total Professional Income	$ 10,577,279.65	$ 10,719,007.32	$ (141,727.67)	$ 10,918,188.90
VARIABLE EXPENSES				
Clinical Salaries & Wages	1,669,517.31	1,489,231.32	(180,285.99)	1,519,618.38
Clinical Employee Taxes & Benefits	267,957.78	235,092.12	(32,865.66)	244,905.75
Medical Supplies	1,492,952.07	1,869,138.12	376,186.05	1,777,992.00
Implants	2,248,121.75	1,690,252.68	(557,869.07)	1,961,388.36
Purchased Services	157,691.80	160,760.52	3,068.72	163,174.78
Anesthesia Services	1,103,246.74	1,200,000.00	96,753.26	377,015.18
Postage and Printing	13,528.57	22,020.60	8,492.03	22,993.92
Medical Equipment Repairs/Maint	0.00	0.00		(1,002.50)
Medical Equipment Rental	98,838.04	106,010.28	7,172.24	118,448.43
Miscellaneous-Variable	8,930.50	6,289.44	(2,641.06)	9,522.33
Total Variable Expenses	$ 7,060,784.56	$ 6,778,795.08	$ (281,989.48)	$ 6,194,056.63
FIXED EXPENSES				
Administrative Salaries & Wages	419,692.12	510,183.24	90,491.12	483,373.53
Admin. Employee Taxes & Benefits	95,110.67	156,708.48	61,597.81	149,059.90
Other Personnel Expenses	29,457.18	21,534.00	(7,923.18)	43,555.13
Equipment Lease	6,644.57	0.00	(6,644.57)	1,169.00
Facility Costs	582,817.29	624,321.48	41,504.19	619,310.25
Professional Fees	34,572.43	96,447.84	61,875.41	147,695.32
Maintenance Service Contracts	185,886.43	188,151.84	2,265.41	180,411.51
Insurance	86,102.18	74,147.88	(11,954.30)	71,771.17
Marketing	2,968.40	3,554.28	585.88	2,196.29
Telephone & Long Distance	10,696.57	20,045.28	9,348.71	19,596.62
Taxes	72,969.80	134,024.40	61,054.60	89,827.02
Miscellaneous-Fixed	190,425.57	244,627.56	54,201.99	247,932.25
Total Fixed Expenses	$ 1,717,343.21	$ 2,073,746.28	$ 356,403.07	$ 2,055,897.99
TOTAL EXPENSES	$ 8,778,127.77	$ 8,852,541.36	$ 74,413.59	$ 8,249,954.62
EBITDA BEFORE OTHER INCOME AND EXPENSE	$ 1,799,151.88	$ 1,866,465.96	$ (67,314.08)	$ 2,668,234.28
Interest Income	$ 32,768.70	$ 359.76	$ 32,408.94	$ 353.82
Other Income	43,728.65	74,883.36	(31,154.71)	50,781.95
EBITDA	$ 1,875,649.23	$ 1,941,709.08	$ (66,059.85)	$ 2,719,370.05
Depreciation & Amortization Expense	(196,368.99)	(151,892.16)	(44,476.83)	(165,320.09)
Interest Expense	(9,075.96)		(9,075.96)	(49.51)
NET INCOME OR (LOSS)	$ 1,670,204.28	$ 1,789,816.92	$ (119,612.64)	$ 2,554,000.45
Estimated Write-offs as a % of Gross Revenue	71.6%	72.0%	0.4%	71.6%
Variable Costs Per Case	$ 1,987.83	$ 1,869.50	$ (118.33)	$ 1,719.14
Fixed Costs Per Case	$ 483.49	$ 571.91	$ 88.42	$ 570.61
Total Costs Per Case	$ 2,526.60	$ 2,483.30	$ (43.30)	$ 2,335.63
Net Income/(Loss) Per Case	$ 470.22	$ 493.61	$ (23.39)	$ 708.85
Clinical Salaries, Benefits and Taxes as a % of Net Revenue	18.3%	16.1%	-2.2%	16.2%
Total Salaries, Benefits and Taxes as a % of Net Revenue	23.2%	22.3%	-0.9%	22.0%
Medical Supplies as a % of Net Revenue	35.4%	33.2%	-2.2%	34.2%
Total Expenses as a % of Net Revenue	84.8%	84.0%	-0.8%	77.1%

ALGONQUIN ROAD SURGERY CENTER, LLC
STATEMENT OF CASH FLOWS
For the 12 Months Ended December 31, 2024

	For the 12 Months Ended December 31, 2024
CASH FLOWS FROM OPERATING ACTIVITIES	
Net Income (Loss)	$ 1,670,204.28
Adjustments to reconcile net income (loss) to net cash provided by (used in) operating activities:	
Depreciation and Amortization	196,368.99
Increase (Decrease) in Operating Assets:	
Accounts Receivable	2,508,554.02
Inventory	63,677.87
Prepaid Expenses	2,009.14
Other	67,680.57
Increase (Decrease) in Operating Liabilities:	
Other	(2,370,127.09)
Total Adjustments	468,163.50
Net Cash Provided By (Used In) Operating Activities	2,138,367.78
CASH FLOWS FROM INVESTING ACTIVITIES	
Acquisition of Fixed Assets	(599,253.16)
Net Cash Provided By (Used In) Investing Activities	(599,253.16)
CASH FLOWS FROM FINANCING ACTIVITIES	
Notes Payable Borrowings	337,887.03
Notes Payable Repayments	(10,966.78)
Distributions Paid	(1,950,000.00)
Net Cash Provided By (Used In) Financing Activities	(1,623,079.75)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(83,965.13)
CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD	1,895,462.73
CASH AND CASH EQUIVALENTS AT END OF PERIOD	$ 1,811,497.60

SUPPLEMENTAL DISCLOSURES