



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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DOCKET NO: H-02	BOARD MEETING: November 5, 2020	PROJECT NO: 20-034	PROJECT COST: Original: \$4,980,149
FACILITY NAME: UroPartners Prostate Center at the Glenn		CITY: Glenview	
TYPE OF PROJECT: Non-Substantive			HSA: VII

PROJECT DESCRIPTION: The Applicant (UroPartners, LLC) is proposing to modernize space in an existing medical office building to house a new linear accelerator. The proposed project will entail 1,350 GSF of existing space located at 2634 Patriot Boulevard, Glenview. Project cost: \$4,980,149. The completion date as stated in the application for permit is July 2, 2021.

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Applicant (UroPartners, LLC) is proposing to modernize/build out space in an existing Medical Office Building, occupied by UroPartners, located at 2634 Patriot Boulevard, Unit J, Glenview, at a cost of \$4,980,149. The completion date as stated in the application for permit is July 2, 2021
- The proposed project seeks to provide treatment of conditions related to prostate cancer, which entails the acquisition of a linear accelerator and construction of a vault.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project exceeds the Capital Expenditure Threshold of \$3,698,185.

BACKGROUND:

- UroPartners is the largest urology group in the Midwest, consisting of over 54 Urology specialists. The Applicant operates an ASTC, 3 Prostate Centers, and dozens of physicians' offices throughout the metropolitan Chicago area.
- UroPartners maintains its own laboratory and has pathologists on staff to provide rapid test results to patients undergoing treatment and testing/evaluation for cancer or other urologic-related issues.
- UroPartners, founded in February 2005, is an Illinois limited liability company (LLC) that is wholly owned by 46 physicians who are active members of the practice (application, pg. 29), holding equal shares (2.174%) of the practice.

PURPOSE:

- According to the Applicant, *"This project involves the acquisition of major medical equipment, a linear accelerator, to be installed in an existing physician office. This project proposes to address the regular deterioration of existing equipment and allow the patients served by the largest urology practice in the Midwest to continue to benefit from the care available in response to the acquisition of a new state-of-the-art linear accelerator. This will allow the practice to continue performing lifesaving procedures for their patients suffering from prostate cancer and other urological conditions. As described in this application, the Applicant has an ample patient population that will benefit from this new equipment. The existing equipment is over 11 years old and the typical life cycle of with regular maintenance of these machines is just over 10-12 years, according to the study conducted by the Sarah Cannon Cancer Institute of HCA Healthcare. While the existing machine has received regular maintenance since initial use, over time there have been several developments in linear accelerator technology that would benefit UroPartner's patients in the market area."*

PUBLIC HEARING/COMMENT:

- No public hearing was requested in regard to the proposed project, and no letters of opposition or support were received.

SUMMARY:

- The State Board Staff reviewed the Application for Permit and the Applicants have not met the following criteria:

Criteria	Finding:
1120.130 Financial Viability	The Applicant provided substandard historical viability ratios for the 2019 Current Ratio, and the 2017, 2018, and 2019 Days Cash on Hand. Additionally, no audited financial statements have been provided as required.
1120.140(c) Reasonableness of Project Costs	<p>The Applicants report Modernization and Moveable Equipment costs in excess of the State standard.</p> <p>Board Staff Notes: <i>The cost overages for modernization costs and moveable equipment are inherently high for this type of project, due to its limited size (vault construction/modernization), and the cost of the linear accelerator. The vault requires significant amounts of concrete fabrication and employee protective media, while the linear accelerator has a cost premium based on the advanced technology associated with this equipment. Regardless, a negative finding results for this criterion.</i></p>

STATE BOARD STAFF REPORT
Project #20-034
UroPartners Prostate Center at the Glenn

APPLICATION SUMMARY/CHRONOLOGY	
Applicants	UroPartners, LLC
Facility Name	UroPartners Prostate Center at the Glenn
Location	2634 Patriot Boulevard, Unit J, Glenview
Application Received	July 16, 2020
Application Deemed Complete	July 20, 2020
Review Period Ends	September 18, 2020
Permit Holder	UroPartners, LLC
Operating Entity	UroPartners, LLC
Owner of the Site	UroPartners Investments, LLC
Project Financial Commitment Date	July 2, 2021
Departmental Gross Square Footage	1,350 GSF (modernized)
Project Completion Date	July 2, 2021
Expedited Review	No
Can Applicants Request a Deferral?	Yes
Has the Application been extended by the State Board?	No

I. The Proposed Project

The Applicant (UroPartners, LLC) is proposing to acquire a new linear accelerator for UroPartners, LLC, an existing physician's office, located at 2634 Patriots Boulevard, Unit J, in Glenview. The anticipated completion date as stated in the application for permit is July 2, 2021.

II. Summary of Findings

- A. The State Board Staff finds the proposed project is in conformance with the provisions of Part 1110.
- B. The State Board Staff finds the proposed project is **not** in conformance with the provisions of Part 1120.

III. General Information

The Applicant is UroPartners, LLC. The Applicant is a limited liability corporation consisting of 46 member-physicians holding equal shares (2.174%), practicing through UroPartners Physician Group. The owners of UroPartners, LLC maintain identical ownership interest in UroPartners Investments, LLC, which is sole owner of UroPartners Surgery Center, LLC, in Des Plaines. UroPartners is the largest urology group in the Midwest and provides advanced care to its patient base through 1 existing ASTC, 3 Prostate Centers, and dozens of physicians' offices in the metropolitan Chicago area.

The existing physician's office is in 1,350 GSF of space, located at 2634 Patriot Boulevard, Unit J, Glenview, in the HSA VII Health Service Area and the A-08 Hospital Planning

Area. HSA VII includes suburban Cook and DuPage counties in Illinois. The A-08 Hospital Planning Area includes the Cook County townships of Northfield, New Trier, Niles, and Evanston, and the Chicago communities of Rogers Park, and West Ridge. There are four (4) hospitals in the A-08 Hospital Planning Area

TABLE ONE
Hospitals in the A-08 Hospital Planning Area

Hospitals	City	Beds ⁽¹⁾
Evanston Hospital	Evanston	174
Glenbrook Hospital	Glenview	152
Presence St. Francis Hospital	Evanston	162
Skokie Hospital	Skokie	111
1. Information from 2018 Hospital Profiles		

This is a non-substantive project subject to a Part 1110 and Part 1120 review. Financial commitment will occur after permit issuance. A non-substantive project is all projects not classified as substantive or emergency projects.

IV. Project Details

The Applicant (UroPartners LLC) is proposing to replace an existing linear accelerator located in an UroPartners, LLC, an existing physician's office located at 2634 Patriots Boulevard in Glenview. The facility provides treatments for various urological conditions, with emphasis on conditions related to prostate cancer. The project will also involve the destruction and reconstruction of a vault to house the new linear accelerator, and both components of the project result in project costs in excess of the capital expenditure.

Linear accelerators have a limited life cycle of 10-12 years. The current unit is approaching 12 years of age. While it is still maintained and functional, newer models are in operation that produce more radiation per unit and focus the radiation in more precise locations. The existing accelerator is facing obsolescence. The Applicant notes the replacement appliance will provide its therapeutics in a manner that preserves the safety of both staff and the patient. The vault will be built in accordance with the required parameters of the new accelerator.

V. Project Uses and Sources of Funds

The Applicant is funding this project with cash/securities totaling \$510,149, mortgages totaling \$4,100,000, and the fair market value of leases totaling \$370,000. The entirety of the project costs is classified as clinical, and based on the financing instruments utilized, the project is not internally funded.

TABLE TWO		
Project Uses and Sources of Funds		
Project Uses	Total	% of Total
Modernization Contracts	\$2,215,149	44.5%
Contingencies	\$220,000	4.4%
Architectural & Engineering Fees	\$200,000	4%
Consulting and Other Fees	\$200,000	4%
Movable or Other Equipment	\$1,700,000	34.2%
Net Interest Expense During Construction	\$75,000	1.5%
Fair Market Value Leased Space/Equipment	\$370,000	7.4%
Total Uses of Funds	\$4,980,149	100.00%
Project Sources of Funds	Total	% of Total
Cash/Securities	\$510,149	10.3%
Mortgages	\$4,100,000	82.3%
Fair Market Value of Leases	\$370,000	7.4%
Total Sources of Funds	\$4,980,149	100.00%

VI. Costs Space Requirements

The Applicant is proposing to renovate/modernize 1,350 GSF for reviewable space, and notes there is no non-clinical/reviewable space.

TABLE THREE				
Cost/Space Requirements for Modernization				
Reviewable	Cost	Proposed	Modernized Space	% of Total
Diagnostic Radiology/ Linear Accelerator	\$4,980,149	1,350	1,350	100%
Clinical Subtotal	\$4,980,149	1,350	1,350	100%
Non-Clinical Subtotal	\$0	0	0	0%
GRAND TOTAL	\$4,980,149	1,350	1,350	100.00%

VII. Background of the Applicants

A) Criterion 1110.110 (a)(1) to (3) – Background of the Applicants

To demonstrate compliance with this criterion, the Applicants must provide

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. "Adverse Action" means a disciplinary action taken by IDPH, CMMS, or any other State or federal agency against a person or entity that owns or operates or owns and operates a licensed or Medicare or Medicaid certified healthcare facility in the State of Illinois. These actions include, but are not limited to, all Type "A" and Type "AA" violations.
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1. The Applicant provided a listing with license and certification data of all health care facilities owned or operated by the Applicant at pages 39-41 of the application for permit.
 2. No adverse actions have been taken against any facility owned and/or operated by the Applicant. [Application for Permit page 42]
 3. Authorization permitting HFSRB and DPH access to any documents necessary to verify information submitted has been provided at Application for Permit page 42.
 4. UroPartners, LLC, organized in February 2005, is in Good Standing as a limited liability company in the State of Illinois.
 5. UroPartners Surgery Center, LLC, organized in August 2016, is in Good Standing as a limited liability company in the State of Illinois.
 6. Evidence of Site Leasehold Interest was provided at page 25-27 of the Application for Permit.
 7. The Applicants are in compliance with Executive Order #2006-05 and the Illinois Historic Preservation Agency.

VIII. Purpose of The Project, Safety Net Impact Statement, Alternatives to The Project

These three (3) criteria are informational only. No determination on whether the Applicants have met the requirements of the three (3) criteria is being made by the State Board Staff.

A) Criterion 1110.110 (b) – Purpose of the Project

To demonstrate compliance with this criterion, the Applicants must document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

"This project proposes to address the regular deterioration of existing equipment and allow the patients served by the largest urology practice in the Midwest to continue to benefit from the care available in response to the acquisition of a new state-of-the-art linear accelerator. This will allow the practice to continue performing lifesaving procedures for their patients suffering from prostate cancer and other urological conditions. As described in this application, the Applicant has an ample patient population that will benefit from this new equipment. The existing equipment is over 11 years old and the typical life cycle with regular maintenance of these machines is just over 10-

12 years, according to the study conducted by the Sarah Cannon Cancer Institute of HCA Healthcare. While the existing machine has received regular maintenance since initial use, over time there have been several developments in linear accelerator technology that would benefit UroPartner's patients in the market area."

B) Criterion 1110.110 (c) – Safety Net Impact Statement

All health care facilities, except for skilled and intermediate long-term care facilities licensed under the Nursing Home Act [210 ILCS 45], shall provide a safety net impact statement, which shall be filed with an application for a substantive project (see Section 1110.40). *Safety net services are the services provided by health care providers or organizations that deliver health care services to persons with barriers to mainstream health care due to lack of insurance, inability to pay, special needs, ethnic or cultural characteristics, or geographic isolation.*

This project is considered a non-substantive project. Non-substantive projects are not required to submit a safety net impact statement, only projects that are deemed substantive projects. Non-substantive projects are all projects that are not classified as either substantive or emergency.

Substantive projects shall include no more than the following:

- a. *Projects to construct a new or replacement facility located on a new site; or a replacement facility located on the same site as the original facility and the costs of the replacement facility exceed the capital expenditure minimum.*
- b. *Projects proposing a new service or discontinuation of a service, which shall be reviewed by the Board within 60 days.*
- c. *Projects proposing a change in the bed capacity of a health care facility by an increase in the total number of beds or by a redistribution of beds among various categories of service or by a relocation of beds from one facility to another by more than 20 beds or more than 10% of total bed capacity, as defined by the State Board in the Inventory, whichever is less, over a 2-year period. [20 ILCS 3960/12]*

Charity care information is required for ALL projects submitted to the State Board. The Applicant responded to this requirement on Page 167 of the application, reporting to have provided no charity care for years 2017 and 2018.

C) Criterion 1110.110 (d) - Alternatives to the Proposed Project

To demonstrate compliance with this criterion the Applicants must document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

The Applicant considered three (3) alternatives, to include the proposed project.

Alternative 1: Do Nothing/Maintain Status Quo

The Applicant determined that the option of doing nothing would negatively impact the community and the service area. Doing nothing would be the result of poor healthcare planning and result in gaps in healthcare coverage in the service area. No costs were identified with this alternative.

Alternative 2: Wait Until Unit Failure to Replace the Linear Accelerator

The Applicant states this alternative would have greater associated costs, due to the additional expense of maintaining a failing Linear Accelerator, and the income loss from there being a non-operational unit on the premises when the unit fails. More important is

the patient disruption and the gap in available care until a replacement unit is authorized and installed. This option was ultimately rejected, and the Applicant did not identify a projected cost with this alternative

Alternative 3: Project as Proposed

The Applicant decided that option chosen via this application is the most responsible from the health planning perspective, and the timing of the acquisition optimal to secure the best cost for the replacement linear accelerator. More importantly, this option will ensure continued access to the modalities provided by the linear accelerator, and the realization that this modality will continue to be available at the facility for the foreseeable future. Cost of this alternative: \$4,980,149.

IX. Size of the Project, Projected Utilization and Assurances

A) Criterion 1110.120 (a) – Size of the Project

To demonstrate compliance with this criterion the Applicants must document that the size of the project is in conformance with standards published in Part 1110 Appendix B.

The State Board Standard for a linear accelerator is 2,400 GSF. The Applicants are estimating 1,350 GSF for the proposed replacement linear accelerator. The Applicants have met this criterion.

TABLE FOUR Size of the Project				
Service	Proposed	State Standard	Difference	Met Standard?
Reviewable				
Linear Accelerator	1,350	2,400	(1,050)	Yes
Total Reviewable	1,350			

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SIZE OF THE PROJECT OF THE PROJECT (77 IAC 1110.120 (a))

B) Criterion 1110.120 (b) –Projected Utilization

To demonstrate compliance with this criterion, the Applicants must document that the projected utilization of the services in which the State Board has established utilization standards will be in conformance with the standards published in Part 1110 Appendix B.

The Applicant is proposing to replace an existing linear accelerator in an existing physician's office, and projects to provide the number of treatments illustrated in the table below. Based on the data contained in Table Five, a positive finding results for this criterion.

TABLE FIVE Historical/Projected Utilization					
Linear Accelerator	2016	2017	2018	Year 1	Year 2
# of Procedures	11,024	11,950	11,936	6,500	7,280
# of Units	1	1	1	1	1
State Standard (treatments)	7,500	7,500	7,500	7,500	7,500
# of Linear Accelerators Justified	2	2	2	1	1

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED UTILIZATION (77 IAC 1110.120 (b))

X. Clinical Services Other than Categories of Service

A) Criterion 1110.270 (c)(1) – Deteriorated Facilities

The applicant shall document that the proposed project meets one of the following:

1) Deteriorated Equipment or Facilities

The proposed project will result in the replacement of equipment or facilities that have deteriorated and need replacement. Documentation shall consist of, but is not limited to historical utilization data, downtime or time spent out of service due to operational failures, upkeep and annual maintenance costs, and licensure or fire code deficiency citations involving the proposed project.

B) Criterion 1110.270 (c)(3)(a)-Utilization Major Medical Equipment

Proposed projects for the acquisition of major medical equipment shall document that the equipment will achieve or exceed any applicable target utilization levels specified in Appendix B within 12 months after acquisition.

The proposed project seeks to replace an aging linear accelerator (12 years old), with a newer/more efficient model, to maintain patient access to much-needed services in the region. The existing unit provided an average of 11,198 procedures annually in the years 2014-2018 and has outlasted its usable lifecycle. Table Five illustrates the historical and projected utilization for this modality, and an explanation for its need is provided below.

Linear Accelerator

The Applicant reports having treated an average of 46 patients a day in 2019 using the linear accelerator, and the historical/projected utilization data contained in Table Five justifies the need for at least one linear accelerator for the future of patient care. The current version has outlived its life of 10-12 years, and while it is still functioning at a rate of 40 hours per week, the likelihood of failure is increased, with an estimated down time that could be up to two weeks. These possibilities alone adversely affect patient service and access to the mentioned modalities. The Applicant is taking a proactive approach to this transition of services to ensure consistent patient care, and a seamless transfer of duty from one unit to another. The Applicant has provided sufficient justification for the timely replacement of their linear accelerator/vault, and a positive finding results for this criterion.

THE STATE BOARD STAFF FINDS PROPOSED PROJECT IN CONFORMANCE WITH CRITERION SERVICE ESTABLISHMENT (77 IAC 1110.270 (b))

XI. Financial Viability

A) Criterion 1120.120 - Availability of Funds

B) Criterion 1120.130 – Financial Viability

To demonstrate compliance with these criteria the Applicants must document enough cash to fund the proposed project and that the Applicants are financially viable.

The Applicants are funding this project with cash/securities totaling \$510,149, a mortgage totaling \$4,100,000, and the fair market value of a lease totaling \$370,000. The Applicant (UroPartners LLC), provided financial viability ratios (See Table Six), and a letter of interest from Bank of America (application, pg. 161), outlining proposed terms associated with financing for the equipment and related construction. The Applicant has satisfied the requirements of this criterion.

TABLE SIX					
Historical and Projected Financial Ratios					
Financial Ratios	State Standard	2017	2018	2019	2022
Current Ratio	1.5>	1.62	1.80	1.48	1.63
Net Margin Percentage	3.5%>	29.1%	25.8%	23.2%	22.7%
Percent Debt to Total Capitalization	<50%	2.1%	0.6%	0.6%	37.1%
Debt Service Coverage Ratio	1.75>	26.95	25.74	26.15	30.17
Days Cash on Hand	45>	34	34	31	47
Cushion Ratio	3.0>	5.93	6.79	188.4	12.23

The Applicant is not compliant with the financial viability ratios for historical Days Cash on Hand and the historical Current Ratio for 2019. A negative finding results for this criterion.

THE STATE BOARD STAFF FINDS PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION FINACIAL VIABILITY (77 IAC 1120.130)

XII. Economic Feasibility

A) Criterion 1120.140(a) – Reasonableness of Financial Arrangements

B) Criterion 1120.140(b) –Terms of Debt Financing

To demonstrate compliance with this criterion the Applicants must document the terms of the debt financing and attest the financing will be at the lowest cost available to the Applicants.

The Applicants are funding this project with cash/securities totaling \$510,149, a mortgage totaling \$4,100,000, and the fair market value of a lease totaling \$370,000.

The applicant (UroPartners, LLC), has supplied historical/projected financial viability ratios, and a promissory note from Bank of America for the mortgage portion. The results shown in Table Six, and the promissory note prove the Applicants have enough cash to fund the cash portion of the project, and it appears the Applicants have enough funds available to fund this proposed project.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERIA REASONABLENESS OF FINANCING ARRANGEMENTS AND TERMS OF DEBT FINANCING (77 IAC 1120.140(a) and (b))

C) Criterion 1120.140(c) – Reasonableness of Project Costs

To demonstrate compliance with this criterion the Applicants must document that the project costs are reasonable by the meeting the State Board Standards in Part 1120 Appendix A.

The reviewable space for this project is 1,350 GSF of reviewable space. The Applicants note the project involves the purchase of a linear accelerator and the construction of a vault designed to fit the needs of the new equipment. The Applicant appears to have met the State Board standards established for this criterion.

Modernization Costs are \$2,215,149 or \$1,640.85 per GSF. This appears **high** when compared to the State Board Standard of \$260.54 per GSF (2020 construction mid-point).

Contingency Costs/Modernization are \$220,000 or 9.9% of modernization costs (\$2,215,149). This appears reasonable when compared to the State Board Standard of 10%-15%.

Architectural and Engineering Costs/New Construction are \$200,000 and are 8.2% of the modernization and contingency costs (\$2,435,149). This appears reasonable when compared to the State Board Standard of the 7.19% - 10.79%.

Consulting and Other Fees are \$200,000. The State Board does not have a standard for these costs.

Movable and Other Equipment are \$1,700,000. This appears **high** compared to the State Board standard for equipment costs for ASTCs (\$504,437.05).

Net Interest During Construction/Modernization are \$75,000. The State Board does not have a standard for these costs.

Fair Market Value of Leased Space and Equipment are \$370,000. The State Board does not have a standard for these costs when applied to hospitals.

Board Staff notes: The cost overages for modernization costs and moveable equipment are inherently high for this type of project, due to its limited size (vault construction/modernization), and the cost of the linear accelerator. The vault requires significant amounts of concrete fabrication and employee protective media, while the linear accelerator has a cost premium based on the advanced technology associated with this equipment. Regardless, a negative finding results for this criterion.

STATE BOARD STAFF FINDS THE PROPOSED PROJECT IS NOT IN CONFORMANCE WITH CRITERION REASONABLENESS OF PROJECT COSTS (77 ILAC 1120.140(c))

D) Criterion 1120.140(d) – Projected Operating Costs

To demonstrate compliance with this criterion the Applicants must document the projected direct annual operating costs for the first full fiscal year at target utilization but no more than two years following project completion. Direct costs mean the fully allocated costs of salaries, benefits and supplies for the service.

The proposed project does not involve hospital services and is not applicable to the proposed project.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION PROJECTED OPERATING COSTS (77 ILAC 1120.140(d))

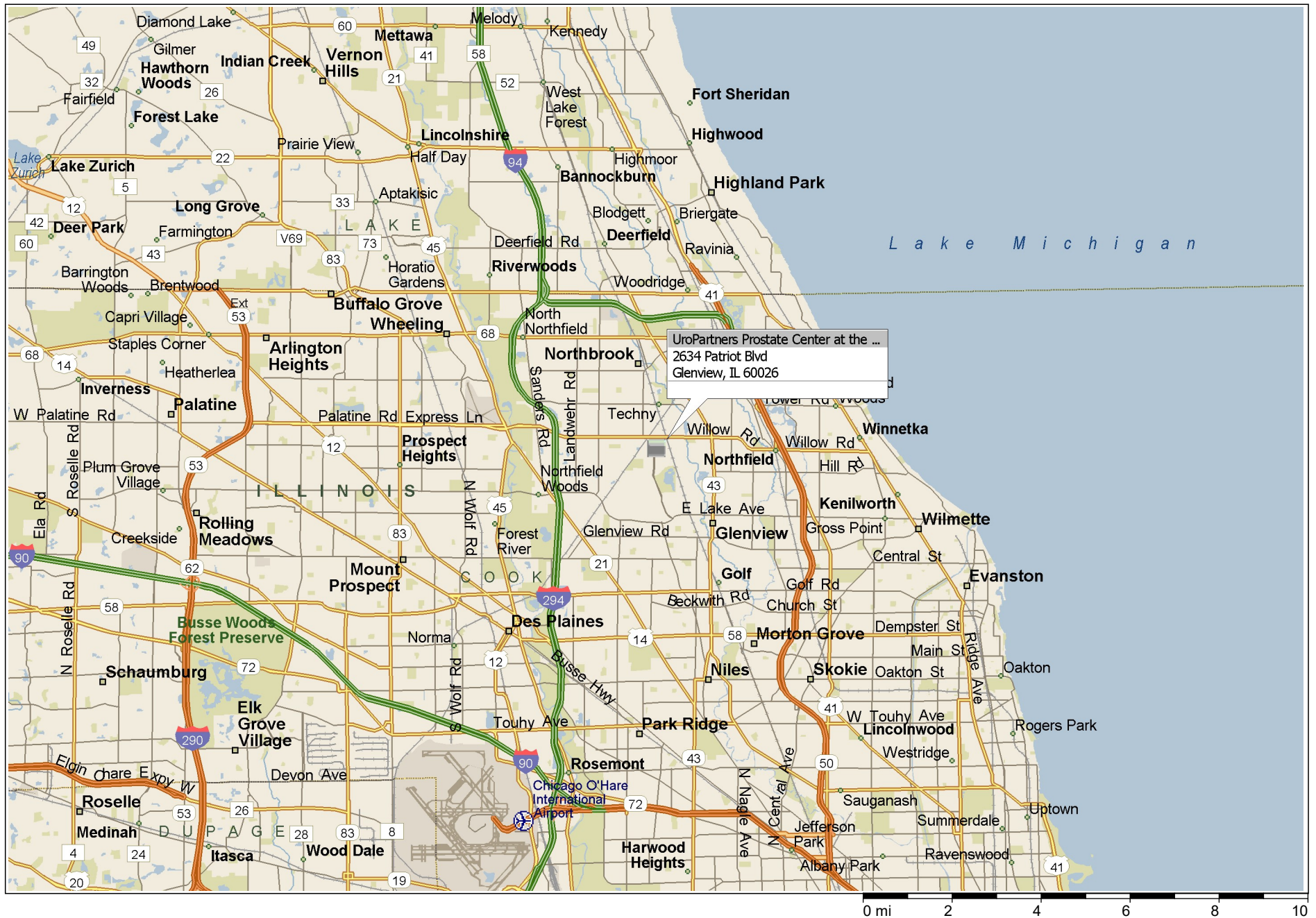
E) Criterion 1120.140(e) – Total Effect of the Project on Capital Costs

To demonstrate compliance with this criterion the Applicants must provide total projected annual capital costs for the first full fiscal year at target utilization but no more than two years following project completion. Capital costs are defined as depreciation, amortization, and interest expense.

The projected capital cost per treatment for this project is estimated at \$13.51 per patient treatment. The State Board does not have standard for these costs.

THE STATE BOARD STAFF FINDS THE PROPOSED PROJECT IN CONFORMANCE WITH CRITERION TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS (77 ILAC 1120.140 (e))

20-034 UroPartners Prostate Center at the Glenn - Glenview



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