

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Ajo Ambulance, Inc CON No. 101

D.B.A. (Doing Business As): _____ Business Phone: _____

Financial Records Address: 1850 N Ajo-Gila Bend Hwy City: Ajo Zip Code: 85321

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: Lonnie Guthrie

Report Contact Person: Lonnie Guthrie Business Phone: 520-387-5154 Ext. _____

Report for Period From: From: July 1, 2014 To: June 30, 2015

Method of Valuing Inventory: LIFO: _____ FIFO: _____ Other (Explain): N/A

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

Lonnie Guthrie
Administrative Chief

Date: 12/22/15

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD **FROM:** July 1, 2014 **TO:** June 30, 2015

STATISTICAL SUPPORT DATA

Line No.	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	-	-	1,942	1,942
2	Number of BLS Billable Transports:	-	-	1,218	1,218
3	Number of Loaded Billable Miles:	-	-	185,073	185,073
4	Waiting Time (Hr. & Min.):	-	-	1	1
5	Canceled (Non-Billable) Runs:	-	-		-
					Number
					Donated Hours
Volunteer Services: (OPTIONAL)					
6	Paramedic and IEMT	.....	.....	.....	-
7	Emergency Medical Technician - B	.....	.....	.....	-
8	Other Ambulance Attendants	.....	.....	.....	-
9	Total Volunteer Hours	.....	.....	.....	-

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD **FROM:** July 1, 2014 **TO:** June 30, 2015

STATISTICAL SUPPORT DATA

<u>Line No.</u>	<u>Type of Service</u>	(1)	(2)	(3)
		<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
1	Number of ALS Billable Transports:	<u>N/A</u>	<u>-</u>	<u>-</u>
2	Number of BLS Billable Transports:	<u>-</u>	<u>-</u>	<u>-</u>
3	Number of Loaded Billable Miles:	<u>-</u>	<u>-</u>	<u>-</u>
4	Waiting Time (Hr. & Min.):	<u>-</u>	<u>-</u>	<u>-</u>
5	Canceled (Non-Billable) Runs:	<u>-</u>	<u>-</u>	<u>-</u>
				Number
				Donated Hours
	Volunteer Services: (OPTIONAL)			
6	Paramedic and IEMT			<u>-</u>
7	Emergency Medical Technician - B			<u>-</u>
8	Other Ambulance Attendants			<u>-</u>
9	Total Volunteer Hours			<u>-</u>

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 6,630,646
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	(995,598)
3	Medicare Settlement	Page 3.1, Line 12	(809,735)
4	Contractual Discounts	Page 7, Line 22	-
5	Subscription Service Settlement	Page 8, Line 4	-
6	Other (Attach Schedule)	Page 3.1, Line 13	-
7	Total	Sum of Lines 2 through 6	(1,805,333)
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	4,825,313
9	Sales of Subscription Service Contracts	Page 8, Line 8	-
10	Total Operating Revenue	Line 8, plus Line 9	\$ 4,825,313
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		929,679
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	3,056,362
13	General and Administrative Expenses	Page 5, Line 20	131,829
14	Cost of Goods Sold	Page 3, Line 15	-
15	Other Operating Expense	Page 6, Line 28	658,378
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	72,505
17	Subscription Service Direct Selling	Page 8, Line 23	-
18	Total Operating Expense	Sum of Lines 11 through 17	4,848,753
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	(23,440)
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	360,032
21	Non-Operating Revenue and Expense		-
22	Non-Deductible Expenses (Attach Schedule)		-
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	360,032
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	336,591
Provision for Income Taxes:			
25	Federal Income Tax		-
26	State Income Tax		-
27	Total Income Tax	Lines 25, plus Line 26	-
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	336,591

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ 1,142.79	x No. of Runs	1,788	=	\$ 2,043,309
		Rate	<u>1,733.89</u>	x No. of Runs	<u>154</u>	=	<u>267,019</u>
2	BLS Base Rate Amount	Rate	1,142.79	x No. of Runs	1,145	=	1,308,495
		Rate	<u>1,733.89</u>	x No. of Runs	<u>73</u>	=	<u>126,574</u>
3	Mileage Rate Amount	Rate	15.96	x No. of Billable Miles	171,609	=	2,738,880
		Rate	<u>10.85</u>	x No. of Billable Miles	<u>13,464</u>	=	<u>146,084</u>
4	Waiting Charge Amount	Rate	285.70	x No. of Hours	1	=	286
		Rate	<u>433.47</u>	x No. of Hours	<u> </u>	=	<u> </u>
5	Medical Supplies (Gross Charges to patients)						-
6	Nurses Charges						-
7	Total						<u>6,630,646</u>
8	Standby Revenue (Attach Schedule)						-
9	Other Ambulance Service Revenue (Attach Schedule)						-
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ <u>6,630,646</u>

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year	N/A
12	Plus Purchases	<u> </u>
13	Plus Other Costs	<u> </u>
14	Less Inventory at End of Year	<u> </u>
15	Cost of Goods Sold (To Page 2, Line 14)	\$ <u>N/A</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	<u>DESCRIPTION</u>	<u>SUBSIDIZED PATIENTS</u>	<u>NON- SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ <u>N/A</u>	\$ _____	\$ _____
2	BLS Base Rate	_____	_____	_____
3	Mileage Charge	_____	_____	_____
4	Waiting Charge	_____	_____	_____
5	Medical Supplies (Gross Charges)	_____	_____	_____
6	Nurses' Charges	_____	_____	_____
7	Total	\$ _____	\$ _____	\$ _____
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	_____
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	_____
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ _____
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ _____	\$ _____
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	_____	_____
13	Subsidy (Post total to Pg 2, Line 6)	_____	xxxxxxx	_____
14	Other (Attach Schedule)	_____	_____	_____
15	Total Settlements (Post to Pg 2, Line 7)	\$ _____	\$ _____	\$ _____

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2014

TO:

June 30, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	AMOUNT
OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ -
2	Payroll Taxes		-
3	Employee Fringe Benefits		-
4	Total	0.0	-
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	2.0	121,030
6	Payroll Taxes		9,415
7	Employee Fringe Benefits		25,762
8	Total	2.0	156,207
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Labor Wages)			
9	Paramedics and IEMT	22.4	1,027,090
10	Emergency Medical Technician (EMT)	30.7	971,660
11	Nurses	0.0	-
12	Payroll Taxes		153,504
13	Employee Fringe Benefits		362,985
14	Total	53.1	2,515,239
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Dispatch	0.0	-
16	Mechanics	3.1	132,451
17	Office and Clerical	4.9	174,770
18	Other	0.0	-
19	Payroll Taxes		23,595
20	Employee Fringe Benefits		54,101
21	Total	8.0	384,917
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	63.1	\$ 3,056,362

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
MANAGEMENT					
1	Gross Wages (Attach Schedule II)	2.0	121,030	100%	121,030
2	Payroll Taxes		9,415	100%	9,415
3	Employee Fringe Benefits		25,762	100%	25,762
4	Total	2.0	156,207		156,207
AMBULANCE PERSONNEL					
			** Contractual Wages		
	Gross Wages (Attach Schedule II)		Labor		
5	Paramedics and IEMT	22.4	\$ 1,027,090	100%	1,027,090
6	Emergency Medical Technician (EMT)	30.7	971,660	100%	971,660
7	Nurses	-	-	0%	-
8	Drivers	-	-	0%	-
9	Payroll Taxes		153,504	100%	153,504
10	Employee Fringe Benefits		362,985	100%	362,985
11	Total	53.1	2,515,239		2,515,239
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	-	-	0%	-
13	Mechanics	3.1	132,451	100%	132,451.00
14	Office and Clerical	4.9	174,770	100%	174,770.00
15	Other	0.0	-	100%	-
16	Payroll Taxes		23,595	100%	23,595.00
17	Employee Fringe Benefits		54,101	100%	54,100.64
18	Total	8.0	384,917		384,917
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS	63.1	3,056,362		\$ 3,056,362
			(Post to Pg 2, line 12)		

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.'s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
1	Gross Wages - MANAGEMENT	100% Allocated to ambulance operations	
2	Payroll Taxes	100% Allocated to ambulance operations	
3	Employee Fringe Benefits	100% Allocated to ambulance operations	
4	Total	100% Allocated to ambulance operations	
		Contractual	Wages
	Gross Wages - AMBULANCE PERSONNEL		
5	Paramedics and IEMT		100% Allocated to ambulance operations
6	Emergency Medical Technician (EMT)		100% Allocated to ambulance operations
7	Nurses		N/A
8	Drivers		N/A
9	Payroll Taxes		100% Allocated to ambulance operations
10	Employee Fringe Benefits		100% Allocated to ambulance operations
11	Total		100% Allocated to ambulance operations
	Gross Wages - OTHER PERSONNEL		
12	Dispatch		N/A
13	Mechanics		100% Allocated to ambulance operations
14	Office and Clerical		100% Allocated to ambulance operations
15	Other		100% Allocated to ambulance operations
16	Payroll Taxes		100% Allocated to ambulance operations
17	Employee Fringe Benefits		100% Allocated to ambulance operations
18	Total		100% Allocated to ambulance operations

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

GENERAL and ADMINISTRATIVE EXPENSES

**Line
No.**

DESCRIPTION

Professional Service:

1	Legal Fees	\$ <u>1,468</u>	
2	Collection Fees	<u>-</u>	
3	Accounting and Auditing	<u>19,500</u>	
4	Data Processing Fees	<u>-</u>	
5	Other (Attach Schedule)	<u>2,177</u>	
6	Total		\$ <u>23,145</u>

Travel and Entertainment:

7	Meals and Entertainment	<u>-</u>	
8	Transportation - Other Company Vehicles	<u>-</u>	
9	Travel	<u>466</u>	
10	Other (Attach Schedule)	<u>-</u>	
11	Total		<u>466</u>

Other General and Administrative:

12	Office Supplies	<u>19,602</u>	
13	Postage	<u>2,077</u>	
14	Telephone	<u>22,151</u>	
15	Advertising	<u>1,248</u>	
16	Professional Liability Insurance	<u>48,630</u>	
17	Dues and Subscriptions	<u>1,305</u>	
18	Other (Attach Schedule)	<u>13,205</u>	
19	Total		<u>108,218</u>
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ <u>131,829</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc
FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ 1,468	100%	\$ 1,468
2	Collection Fees	-	100%	-
3	Accounting and Auditing	19,500	100%	19,500
4	Data Processing Fees	-	0%	-
5	Other (Employee Health)	2,177	100%	2,177
6	Total	23,145		23,145
Travel and Entertainment:				
7	Meals and Entertainment	-	0%	-
8	Transportation - Other Company Vehicles	-	0%	-
9	Travel	466	100%	466
10	Other (Attach Schedule)	-	0%	-
11	Total	466		466
Other General and Administrative:				
12	Office Supplies	19,602	100%	19,602
13	Postage	2,077	100%	2,077
14	Telephone	22,151	100%	22,151
15	Advertising	1,248	100%	1,248
16	Professional Liability Insurance	48,630	100%	48,630
17	Dues and Subscriptions	1,305	100%	1,305
18	Other (See Attached)	13,205	100%	13,205
19	Total	108,218		108,218
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 131,829		131,829

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>			
Other General and Administrative:				
18.1	License & Fees	-	100%	-
18.2	Computer/Software Expense	9,210	100%	9,210
18.3	Miscellaneous	247	100%	247
18.4	Bank Service Charges	3,748	100%	3,748
18.5		-	0%	-
18.6		-	0%	-
18.7		-	0%	-
18	Total	13,205		13,205

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	100% based on allocation of resources to ambulance
2	Collection Fees	100% based on allocation of resources to ambulance
3	Accounting and Auditing	100% based on allocation of resources to ambulance
4	Data Processing Fees	100% based on allocation of resources to ambulance
5	Other (Employee Health)	100% based on allocation of resources to ambulance
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	N/A
8	Transportation - Other Company Vehicles	N/A
9	Travel	100% based on allocation of resources to ambulance
10	Other (Attach Schedule)	N/A
11	Total	
Other General and Administrative:		
12	Office Supplies	100% based on allocation of resources to ambulance
13	Postage	100% based on allocation of resources to ambulance
14	Telephone	100% based on allocation of resources to ambulance
15	Advertising	100% based on allocation of resources to ambulance
16	Professional Liability Insurance	100% based on allocation of resources to ambulance
17	Dues and Subscriptions	100% based on allocation of resources to ambulance
18	Other (Attach Schedule)	100% based on allocation of resources to ambulance
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$ <u>98,806</u>	
2	Amortization		<u>-</u>	
3	Total			\$ <u>98,806</u>
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		<u>12,364</u>

Building / Station Expense:

5	Building and Cleaning Supplies		<u>6,160</u>	
6	Utilities		<u>59,922</u>	
7	Property Taxes		<u>20,784</u>	
8	Property Insurance		<u>-</u>	
9	Repairs and Maintenance		<u>13,781</u>	
10	Other (Attach Schedule)		<u>-</u>	
11	Total			<u>100,647</u>

Vehicle Expense - Ambulance Units:

12	License / Registration		<u>5,187</u>	
13	Fuel		<u>210,348</u>	
14	General Vehicle Service and Maintenance		<u>85,554</u>	
15	Major Repairs		<u>30,337</u>	
16	Insurance - Service Vehicles		<u>-</u>	
17	Other (Attach Schedule)		<u>13,329</u>	
18	Total			<u>344,755</u>

Other Expenses:

19	Dispatch		<u>16,254</u>	
20	Education / Training		<u>13,285</u>	
21	Uniforms and Uniform Cleaning		<u>4,012</u>	
22	Meals and Travel for Ambulance personnel		<u>-</u>	
23	Maintenance Contracts		<u>-</u>	
24	Minor Equipment - Not Capitalized		<u>-</u>	
25	Ambulance Supplies - Nonchargeable		<u>77,253</u>	
26	Other (Attach Schedule)		<u>7,256</u>	
27	Total			<u>101,806</u>
28	Total Other Operating Expenses	(Post to Page 2, Line 15)		\$ <u>658,378</u>

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AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total <u>Expenditure</u>	(2) Allocation Percentage	(3) Ambulance <u>Amount</u>
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 98,806	100%	\$ 98,806
2	Amortization	-		-
3	Total	98,806		98,806
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	12,364	100%	12,364
Building / Station Expense:				
5	Building and Cleaning Supplies	6,160	100%	6,160
6	Utilities	59,922	100%	59,922
7	Property Taxes	20,784	100%	20,784
8	Property Insurance	-	0%	-
9	Repairs and Maintenance	13,781	100%	13,781
10	Other (Attach Schedule)	-	0%	-
11	Total	100,647		100,647
Vehicle Expense - Ambulance Units:				
12	License / Registration	5,187	100%	5,187
13	Fuel	210,348	100%	210,348
14	General Vehicle Service and Maintenance	85,554	100%	85,554
15	Major Repairs	30,337	100%	30,337
16	Insurance - Service Vehicles	-	0%	-
17	Other (Tires)	13,329	100%	13,329
18	Total	344,755		344,755
Other Expenses:				
19	Dispatch	-	100%	-
20	Education / Training	13,285	100%	13,285
21	Uniforms and Uniform Cleaning	4,012	100%	4,012
22	Meals and Travel - Ambulance Personnel	-	0%	-
23	Maintenance Contracts	-	100%	-
24	Minor Equipment - Not Capitalized	-	100%	-
25	Ambulance Supplies - Nonchargeable	77,253	100%	77,253
26	Other (Repairs on EMS Equipment)	7,256	100%	7,256
27	Total	101,806		101,806
28	Total Other Operating Expenses (Post to Page 2, Line 15)	\$ 658,378		\$ 658,378

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AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD **FROM:** July 1, 2014 **TO:** June 30, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% of already allocated deprecaiton schedule
2	Amortization	N/A
3	Total	
4	Rent / Lease	100% applied to ambulance operations
Building / Station Expense:		
5	Building and Cleaning Supplies	100% applied to ambulance operations
6	Utilities	100% applied to ambulance operations
7	Property Taxes	100% applied to ambulance operations
8	Property Insurance	Included on pg 5 Line 16
9	Repairs and Maintenance	100% applied to ambulance operations
10	Other	N/A
11	Total	100% applied to ambulance operations
Vehicle Expense - Ambulance Units:		
12	License / Registration	100% applied to ambulance operations
13	Fuel	100% applied to ambulance operations
14	General Vehicle Service and Maintenance	100% applied to ambulance operations
15	Major Repairs	100% applied to ambulance operations
16	Insurance - Service Vehicles	Included on pg 5 Line 16
17	Other	N/A
18	Total	100% applied to ambulance operations
Other Expenses:		
19	Dispatch	100% applied to ambulance operations
20	Education / Training	100% applied to ambulance operations
21	Uniforms and Uniform Cleaning	100% applied to ambulance operations
22	Meals and Travel for Ambulance personnel	N/A
23	Maintenance Contracts	N/A
24	Minor Equipment - Not Capitalized	100% applied to ambulance operations
25	Ambulance Supplies - Nonchargeable	100% applied to ambulance operations
26	Other (Repairs on EMS Equipment)	100% applied to ambulance operations
27	Total	100% applied to ambulance operations

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014 **TO:** June 30, 2015

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)				

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014 **TO:** June 30, 2015

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate	\$ _____
	<u>Less:</u>	
2	AHCCCS Settlement	\$ _____
3	Medicare Settlement	_____
4	Subscription Service Settlement (Post to Pg 2, Line 5) ...	_____
5	Subscription Service Bad Debt	_____
6	Total	_____
	<u>Plus:</u>	
7	Net Revenue from Subscription Service Runs	_____
8	Sales of Subscription Service (Post to Pg 2, Line 9)	_____
9	Other Revenue (attach schedule)	_____
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	_____
	 Direct Expenses Incurred Selling Subscription Contracts	
11	Salaries / Wages	_____
12	Payroll Taxes	_____
13	Employee Fringe Benefits	_____
14	Professional Services	_____
15	Contract Labor	_____
16	Travel	_____
17	Other General & Administrative Expenses	_____
18	Depreciation / Amortization	_____
19	Rent / Lease	_____
20	Building / Station Expense	_____
21	Transportation / Vehicles	_____
22	Other: _____ (attach schedule)	_____
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)	\$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2014

TO:

June 30, 2015

OTHER OPERATING REVENUES & EXPENSES

**Line
No.**

Description

Other Operating Revenues:

1	Supportive Funding - Local (attach schedule)	\$ 12,828	
2	Grant Funds - State (attach schedule)	-	
3	Grant Funds - Federal (attach schedule)		
4	Grant Funds - Other (attach schedule)		
5	Patient Finance Charges	-	
6	Patient Late Payment Charges		
7	Interest Earned - Related Person / Organization		
8	Interest Earned - Other	159	
9	Gain on Sale of Operating Property		
10	Other: <u>Bad Debt Recovery</u>	347,445	
11	Other: _____		
12	Total Other Operating Revenues		\$ 360,432

Other Operating Expenses:

13	Loss on Sale of Operating Property		
14	Other: <u>Donation Expense</u>	400	
15	Other: _____		
16	Total Other Operating Expenses		400
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)		\$ 360,032

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Aja Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

Schedule I
DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1	_____	_____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	TOTAL		_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

Post Total to Pg 4, Column 2, Line 1
Post Total to Pg 4, Column 1, Line 1

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

**Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel**

Line No. Detail of Salaries / Wages - Other Than Officers / Owners

1 MANAGEMENT:

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
<u>CEP</u>	<u>40/56 hours per week</u>	<u>Various</u>	<u>Various</u>	<u> </u>
<u>Admin Manager</u>	<u>40 hour per week</u>	<u>N/A</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

2 AMBULANCE PERSONNEL:

<u>CEP</u>	<u>56 hours per week</u>	<u>Various</u>	<u>Various</u>	<u> </u>
<u>EMT</u>	<u>56 hours per week</u>	<u>Various</u>	<u>Various</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3 OTHER PERSONNEL:

<u>Various Support Staff</u>	<u>40 hours per week</u>	<u>Various</u>	<u>Various</u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc
 FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *	
1	Ambulances	Various	964,028	100%	964,028	SL	5	842,769	7,914	113,345		
2	EMS/Rescue Equipment	Various	67,632	100%	67,632	SL	Var	65,586	-	-		
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	SUBTOTAL								7,914			

* Complete Description of property, date placed in service, and rent/lease amount only. Post to Pg 13, Line 19, Column I Post to Pg 13, Line 19, Column K

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc
FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Land	Various	307,891	100%	-	n/a					
2	Buildings	Various	2,367,388	100%	2,367,388	SL	39	189,496	68,917	2,108,975	
3	OH Vehicles	Various	65,586	100%	65,586	SL	5	65,586	-	-	
4	OH Furniture & Equipment	Various	150,927	100%	150,927	SL	Var	64,137	21,975	64,815	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17	Building	26-Jun-03	-		-	0					10,090
18	SUBTOTAL above								90,892	2,173,790	10,090
19	SUBTOTAL from Page 12, Line 20								7,914	-	-
								Post from Pg 12, Line 20 Column I		Post from Pg 12, Line 20 Column K	
20	SUM of Line 18 & 19								98,806	2,173,790	10,090
								Post to Pg 6, Line 1		Post to Pg 6, Line 4	

* Complete Description of property, date placed in service, and rent/lease amount only.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2014

TO:

June 30, 2015

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
Service Vehicles & Accessorial Equipment						
Name of Payee:						
1	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
Communication Equipment						
Name of Payee:						
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
Other Property and Equipment						
Name of Payee:						
8	National Bank of Arizona	6.50%	1,069,749	963,018	72,505	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
Working Capital						
Name of Payee:						
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
Other						
Name of Payee:						
14	_____	%	_____	_____	_____	_____
15	TOTAL		\$ 1,069,749	\$ 963,018	\$ 72,505	\$ -

Post totals of Column 4 & 5 to Pg 2, Line 16

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD **FROM:** July 1, 2014 **TO:** June 30, 2015

BALANCE SHEET Current audited financial statements may be submitted in lieu of the Balance Sheet

ASSETS

CURRENT ASSETS

1	Cash	\$	598,332	
2	Accounts Receivable		735,852	
3	Less: Allowance for Doubtful Accounts		(319,342)	
4	Inventory		-	
5	Prepaid Expenses		-	
6	Other Current Assets		-	
7	TOTAL CURRENT ASSETS			\$ 1,014,842
9	PROPERTY & EQUIPMENT			3,923,452
10	Less: Accumulated Depreciation			(1,326,380)
11	OTHER NON CURRENT ASSETS			0
12	TOTAL ASSETS			\$ 3,611,914

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$	33,955	
14	Current Portion of Notes Payable		-	
15	Current Portion of Long-Term Debt		-	
16	Deferred Subscription Income		-	
17	Accrued Expenses and Other		-	
18	Payroll Liabilities		36,933	
19			-	
20	TOTAL CURRENT LIABILITIES			\$ 70,888
21	NOTES PAYABLE			
22	LONG-TERM DEBT OTHER		963,018	
23	TOTAL LONG-TERM DEBT			963,018

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock			
25	Paid-In Capital in Excess of Par Value			
26	Contributed Capital			
27	Retained Earnings			
28				
29				
30	Fund Balance		2,578,008	
31	TOTAL EQUITY			2,578,008
32	TOTAL LIABILITIES & EQUITY			\$ 3,611,914

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BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

STATEMENT OF CASH FLOWS

The Cash Flow Statement in ONLY Required for the Projected Period

OPERATING ACTIVITIES:

1	Net (loss) Income	\$	336,591
	<i>Adjustments to Reconcile Net Income to Net Cash</i>		
	<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow		
2	Depreciation Expense		98,806
3	Deferred Income Tax		-
4	Loss (gain) on Disposal of Property & Equipment		-
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable		(90,926)
6	Inventories		-
7	Prepaid Expenses		-
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable		(19,490)
9	Accrued Expenses		(2,929)
10	Deferred Subscription Income		-
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES		\$ 322,052

INVESTING ACTIVITIES:

12	Purchases of Property & Equipment		(89,472)
13	Proceeds from Disposal of Property & Equipment		-
14	Purchases of Investments		-
15	Proceeds from Disposal of Investments		-
16	Loans Made		-
17	Collections on Loans		-
18	Other		-
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES		(89,472)

FINANCING ACTIVITIES:

<i>New Borrowings:</i>			
20	Long-Term		-
21	Short-Term		-
<i>Debt Reduction:</i>			
22	Long-Term		(106,731)
23	Short-Term		-
24	Capital Contributions		-
25	Dividends Paid	\$	-
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		(106,731)
27	NET INCREASE (Decrease) IN CASH		125,849
28	CASH AT BEGINNING OF YEAR		472,483
29	CASH AT END OF YEAR		598,332

SUPPLEMENTAL DISCLOSURES:

<i>Non-cash Investing and Financing Transactions:</i>			
30
31
32
33	Interest Paid (Net of Amounts Capitalized)
34	Income Taxes Paid	\$

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