

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

Legal Name of Company: Southwest Ambulance of Casa Grande, Inc CON No. 85

D.B.A. (Doing Business As): Southwest Ambulance of Casa Grande Business Phone: 928-445-3814

Financial Records Address: 8465 N Pima Rd City: Scottsdale Zip Code: 85258

Mailing Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner / Manager: COO - Glenn Kasprzyk

Report Contact Person: COO - Glenn Kasprzyk Business Phone: 928-445-3814 Ext. \_\_\_\_\_

Report for Period From: From: January 1, 2015 To: December 31, 2015

Method of Valuing Inventory: LIFO: \_\_\_\_\_ FIFO: (X) Other (Explain): \_\_\_\_\_

**Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.**  
*American Medical Response, Inc., Envision Healthcare Holdings, Inc.*

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: Regional Operations and Finance Officer Date: June 30, 2016

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:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD**                      **FROM:** January 1, 2015                      **TO:** December 31, 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:			12,223	12,223
2	Number of BLS Billable Transports:			6,448	6,448
3	Number of Loaded Billable Miles:			336,728	336,728
4	Waiting Time (Hr. & Min.):			-	0
5	Canceled (Non-Billable) Runs:			10,196	10,196

**Donated  
Hours**

**Volunteer Services: (OPTIONAL)**

6	Paramedic and IEMT				0
7	Emergency Medical Technician - B				0
8	Other Ambulance Attendants				0
9	Total Volunteer Hours				0

\*\* 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:** Southwest Ambulance of Casa Grande, Inc  
**FOR THE PERIOD**                      **FROM:** January 1, 2015                      **TO:** December 31, 2015

**STATISTICAL SUPPORT DATA**

<u>Line No.</u>	<u>Type of Service</u>	(1) <u>SUBSIDIZED PATIENTS</u>	(2) <u>NON-SUBSIDIZED PATIENTS</u>	(3) <u>TOTALS</u>
1	Number of ALS Billable Transports:		12,223	12,223
2	Number of BLS Billable Transports:		6,448	6,448
3	Number of Loaded Billable Miles:		336,728	336,728
4	Waiting Time (Hr. & Min.):		-	0
5	Canceled (Non-Billable) Runs:		10,196	10,196
				Number
				<b>Donated Hours</b>
<b>Volunteer Services: (OPTIONAL)</b>				
6	Paramedic and IEMT .....			0
7	Emergency Medical Technician - B .....			0
8	Other Ambulance Attendants .....			0
9	Total Volunteer Hours .....			0

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:**

Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD**

**FROM:** January 1, 2015

**TO:** December 31, 2015

**STATEMENT OF INCOME**

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
<b>Operating Revenues:</b>			
1	Ambulance Service Routine Operating Revenue .....	Page 3, Line 10 & Page 3.1, Line 10 .....	\$ <u>34,495,053</u>
<b>Less:</b>			
2	AHCCCS Settlement .....	Page 3.1, Line 11 .....	<u>10,430,954</u>
3	Medicare Settlement .....	Page 3.1, Line 12 .....	<u>4,593,016</u>
4	Contractual Discounts .....	Page 7, Line 22 .....	<u>0</u>
5	Subscription Service Settlement .....	Page 8, Line 4 .....	<u>0</u>
6	Other (Attach Schedule) .....	Page 3.1, Line 13 .....	<u>0</u>
7	Total .....	Sum of Lines 2 through 6 .....	<u>15,023,969</u>
8	Net Revenue from Ambulance Runs .....	Line 1, minus Line 7 .....	<u>19,471,084</u>
9	Sales of Subscription Service Contracts .....	Page 8, Line 8 .....	<u>1,656</u>
10	Total Operating Revenue .....	Line 8, plus Line 9 .....	\$ <u>19,472,740</u>
<b>Ambulance Operating Expenses:</b>			
11	Bad Debt (Includes Subscription Services Bad Debt) .....		<u>6,523,719</u>
12	Wages, Payroll Taxes, and Employee Benefits .....	Page 4, Line 22 .....	<u>5,238,821</u>
13	General and Administrative Expenses .....	Page 5, Line 20 .....	<u>2,201,939</u>
14	Cost of Goods Sold .....	Page 3, Line 15 .....	<u>385,477</u>
15	Other Operating Expense .....	Page 6, Line 28 .....	<u>1,186,748</u>
16	Interest Expense (Attach Schedule IV) .....	Page 14, Line 28, Column 4 & 5 .....	<u>417,019</u>
17	Subscription Service Direct Selling .....	Page 8, Line 23 .....	<u>0</u>
18	Total Operating Expense .....	Sum of Lines 11 through 17 .....	<u>15,953,723</u>
19	Ambulance Service Income (Loss) .....	Line 10, minus Line 18 .....	<u>3,519,016</u>
<b>Other Revenue / Expenses:</b>			
20	Other Operating Revenue and Expense .....	Page 9, Line 17 .....	<u>5,561</u>
21	Non-Operating Revenue and Expense .....		<u>0</u>
22	Non-Deductible Expenses (Attach Schedule) .....		<u>0</u>
23	Total Other Revenues / Expenses .....	Sum of Lines 20 & 21 .....	<u>5,561</u>
24	Ambulance Service Income (Loss) - Before Income Taxes .....	Sum of Line 19, plus Line 23 .....	<u>3,524,577</u>
<b>Provision for Income Taxes:</b>			
25	Federal Income Tax .....		<u>1,233,602</u>
26	State Income Tax .....		<u>176,229</u>
27	Total Income Tax .....	Lines 25, plus Line 26 .....	<u>1,409,831</u>
28	<b>Ambulance Service Net Income (Loss)</b> .....	Line 24, minus Line 27 .....	<u>2,114,746</u>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 2015

**ROUTINE OPERATING REVENUE**

Line No.	<u>DESCRIPTION</u>						
<b>Ambulance Service Routine Operating Revenue:</b>							
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	12,223	=	\$ 17,789,248
		Rate		x No. of Runs		=	0
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	6,448	=	8,649,721
		Rate		x No. of Runs		=	0
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	336,728	=	7,479,728
		Rate		x No. of Billable Miles		=	0
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=	485
		Rate		x No. of Hours		=	0
5	Medical Supplies (Gross Charges to patients)						575,872
6	Nurses Charges						0
7	Total						34,495,053
8	Standby Revenue (Attach Schedule)						0
9	Other Ambulance Service Revenue (Attach Schedule)						0
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>						<b>\$ 34,495,053</b>

**Cost of Goods Sold: (Medical Supplies)**

11	Inventory at Beginning of Year	.....	N/A
12	Plus Purchases	.....	
13	Plus Other Costs	.....	
14	Less Inventory at End of Year	.....	N/A
15	<b>Cost of Goods Sold (To Page 2, Line 14)</b>		<b>\$ 385,477 *</b>

\* The disposable medical supplies are expensed as used and not inventoried by CON

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 2015

**WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS**

Line No.	DESCRIPTION	No. of *F.T.E.	AMOUNT
<b>OFFICERS / OWNERS</b> (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ 0
2	Payroll Taxes		0
3	Employee Fringe Benefits		0
4	Total	0.0	0
<b>MANAGEMENT</b> (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	0.0	0
6	Payroll Taxes		0
7	Employee Fringe Benefits		0
8	Total	0.0	0
<b>AMBULANCE PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg ** Casual Wages)			
9	Gross Wages		
	Paramedics and IEMT	68.2	2,470,020
	Emergency Medical Technician (EMT)	61.3	1,573,847
11	Nurses	0.0	0
12	Payroll Taxes		298,605
13	Employee Fringe Benefits		896,349
14	Total	129.4	5,238,821
<b>OTHER PERSONNEL</b> (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages		
15	Dispatch	0.0	0
16	Mechanics	0.0	0
17	Office and Clerical	0.0	0
18	Other	0.0	0
19	Payroll Taxes		0
20	Employee Fringe Benefits		0
21	Total	0.0	0
22	<b>Total F.T.E., Wages, Payroll Taxes, &amp; Employee Benefits</b>	129.4	\$ 5,238,821

\* 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: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 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
<b>MANAGEMENT</b>					
1	Gross Wages (Attach Schedule II)	0.0	0	100%	0
2	Payroll Taxes		0	100%	0
3	Employee Fringe Benefits		0	100%	0
4	Total	0.0	0		0
<b>AMBULANCE PERSONNEL</b>					
			** Contractual		
			Labor		Wages
	Gross Wages (Attach Schedule II)				
5	Paramedics and IEMT	68.2	2,470,020	100%	2,470,020
6	Emergency Medical Technician (EMT)	61.3	1,573,847	100%	1,573,847
7	Nurses	-	0	100%	0
8	Drivers			100%	0
9	Payroll Taxes		298,605	100%	298,605
10	Employee Fringe Benefits		896,349	100%	896,349
11	Total	129.4	5,238,821		5,238,821
<b>OTHER PERSONNEL</b>					
	Gross Wages (Attach Schedule II)				
12	Dispatch	-	0	100%	0
13	Mechanics	-	0	100%	0
14	Office and Clerical	-	0	100%	0
15	Other	-	0	100%	0
16	Payroll Taxes		0	100%	0
17	Employee Fringe Benefits		0	100%	0
18	Total	-	0		0
19	<b>TOTAL F.T.E., WAGES, PAYROLL TAXES &amp; EMPLOYEE BENEFITS</b>	(Post to Pg 2, line 12) 129.4	5,238,821		\$ 5,238,821

\* 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:**

Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD**

**FROM:** January 1, 2015

**TO:** December 31, 2015

**BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.**

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

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD**

**FROM:** January 1, 2015

**TO:** December 31, 2015

**GENERAL and ADMINISTRATIVE EXPENSES**

Line No.	<u>DESCRIPTION</u>	\$	
<b>Professional Service:</b>			
1	Legal Fees .....	-	
2	Collection Fees .....	376,992	
3	Accounting and Auditing .....	-	
4	Data Processing Fees .....	-	
5	Other (Attach Schedule) .....	628	
6	<b>Total</b> .....		<b>\$ 377,620</b>
 <b>Travel and Entertainment:</b>			
7	Meals and Entertainment .....	66	
8	Transportation - Other Company Vehicles .....	-	
9	Travel .....	-	
10	Other (Attach Schedule) .....	778	
11	<b>Total</b> .....		<b>844</b>
 <b>Other General and Administrative:</b>			
12	Office Supplies .....	6,037	
13	Postage .....	51	
14	Telephone .....	58,695	
15	Advertising .....	-	
16	Professional Liability Insurance .....	(29,013)	
17	Dues and Subscriptions .....	2,395	
18	Other (Attach Schedule) .....	1,785,310	
19	<b>Total</b> .....		<b>1,823,475</b>
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13) .....		<b>\$ 2,201,939</b>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

**GENERAL and ADMINISTRATIVE SUPPORTING DETAIL**

Line No.	<u>DESCRIPTION</u>		
<b>Professional Service Other:</b>			
1	Management Consulting .....	\$	-
2	Medical Director .....		-
3	911 contract administration .....		-
4	Temp Staffing .....		-
5	First Responder Fees .....		-
6	Other Professional Fees .....		628
7	Total .....		\$ 628
 <b>Travel and Entertainment Other:</b>			
8	Other T&E .....		778
9	.....		
10	.....		
11	.....		
12	Total .....		778
 <b>Other General and Administrative:</b>			
13	Public Relations .....		-
14	Printing .....		349
15	Contributions .....		-
16	Bank Charges .....		1
17	Business Licenses & Misc taxes .....		9,517
18	Misc G&A .....		5,680
19	Corporate & Regional Overhead Support .....		1,769,764
20	Total .....		1,785,310

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 2015

**ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES**

Line No.	<u>DESCRIPTION</u>	(1) Total <u>Expenditure</u>	(2) Allocation <u>Percentage</u>	(3) Ambulance <u>Amount</u>
<b>Professional Service:</b>				
1	Legal Fees .....	\$ 0	100%	\$ 0
2	Collection Fees .....	376,992	100%	376,992
3	Accounting and Auditing .....	0	100%	0
4	Data Processing Fees .....	0	100%	0
5	Other (Attach Schedule) .....	628	100%	628
6	<b>Total</b> .....	<b>377,620</b>		<b>377,620</b>
 <b>Travel and Entertainment:</b>				
7	Meals and Entertainment .....	66	100%	66
8	Transportation - Other Company Vehicles .....	0	100%	0
9	Travel .....	0	100%	0
10	Other (Attach Schedule) .....	778	100%	778
11	<b>Total</b> .....	<b>844</b>		<b>844</b>
 <b>Other General and Administrative:</b>				
12	Office Supplies .....	6,037	100%	6,037
13	Postage .....	51	100%	51
14	Telephone .....	58,695	100%	58,695
15	Advertising .....	0	100%	0
16	Professional Liability Insurance .....	(29,013)	100%	(29,013)
17	Dues and Subscriptions .....	2,395	100%	2,395
18	Other (Attach Schedule) .....	1,785,310	100%	1,785,310
19	<b>Total</b> .....	<b>1,823,475</b>		<b>1,823,475</b>
20	<b>Total General and Administrative Expenses</b> (Post to Page 2, Line 13)	<b>\$ 2,201,939</b>		<b>2,201,939</b>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 2015

**BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES**

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

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 2015

**OTHER OPERATING EXPENSES**

Line

**No.**    **DESCRIPTION**

**Depreciation and Amortization:**

1	Depreciation (Attach Schedule III) .....	(From Pg 13, Line 20, Col I) .....	\$ 226,048
2	Amortization .....		0
3	Total .....		\$ 226,048

4	Rent / Lease (Attach Schedule III) .....	(From Pg 13, Line 20, Col K) .....	254,376
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**Building / Station Expense:**

5	Building and Cleaning Supplies .....		3,517
6	Utilities .....		44,861
7	Property Taxes .....		12,601
8	Property Insurance .....		0
9	Repairs and Maintenance .....		16,783
10	Other (Attach Schedule) .....		0
11	Total .....		77,761

**Vehicle Expense - Ambulance Units:**

12	License / Registration .....		5,857
13	Fuel .....		219,431
14	General Vehicle Service and Maintenance .....		187,411
15	Major Repairs .....		0
16	Insurance - Service Vehicles .....		85,031
17	Other (Attach Schedule) .....		16,000
18	Total .....		513,730

**Other Expenses:**

19	Dispatch .....		40,003
20	Education / Training .....		0
21	Uniforms and Uniform Cleaning .....		23,386
22	Meals and Travel for Ambulance personnel .....		0
23	Maintenance Contracts .....		13,560
24	Minor Equipment - Not Capitalized .....		32,954
25	Ambulance Supplies - Nonchargeable .....		0
26	Other (Attach Schedule) .....		4,929
27	Total .....		114,833

28	Total Other Operating Expenses .....	(Post to Page 2, Line 15) .....	\$ 1,186,748
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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 2015

**OTHER OPERATING EXPENSES SUPPORTING DETAIL**

**Line**  
**No. DESCRIPTION**

**Building / Station Expense Other:**

1	Other building/station expenses .....	<u>0</u>	
2	.....	_____	
3	.....	_____	
4	.....	_____	
5	.....	_____	
6	.....	_____	
7	<b>Total</b> .....		<u>0</u>

**Vehicle Expense - Ambulance Units Other:**

8	Tires .....	<u>16,000</u>	
9	.....	_____	
10	.....	_____	
11	.....	_____	
12	.....	_____	
13	.....	_____	
14	<b>Total</b> .....		<u>16,000</u>

**Other Expenses:**

15	Medical Testing .....	<u>4,929</u>	
16	.....	_____	
17	.....	_____	
18	.....	_____	
19	.....	_____	
20	.....	_____	
21	.....	_____	
22	.....	_____	
23	<b>Total</b> .....		<u>4,929</u>

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

### ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Depreciation and Amortization:</b>				
1	Depreciation (Attach Schedule III) ..... (From Pg 13, Line 20, Col I)	\$ 226,048	100%	\$ 226,048
2	Amortization .....	0	100%	0
3	Total .....	226,048		226,048
4	Rent / Lease (Attach Schedule III) ..... (From Pg 13, Line 20, Col K)	254,376	100%	254,376
<b>Building / Station Expense:</b>				
5	Building and Cleaning Supplies .....	3,517	100%	3,517
6	Utilities .....	44,861	100%	44,861
7	Property Taxes .....	12,601	100%	12,601
8	Property Insurance .....	0	100%	0
9	Repairs and Maintenance .....	16,783	100%	16,783
10	Other (Attach Schedule) .....	0	100%	0
11	Total .....	77,761		77,761
<b>Vehicle Expense - Ambulance Units:</b>				
12	License / Registration .....	5,857	100%	5,857
13	Fuel .....	219,431	100%	219,431
14	General Vehicle Service and Maintenance .....	187,411	100%	187,411
15	Major Repairs .....	0	100%	0
16	Insurance - Service Vehicles .....	85,031	100%	85,031
17	Other (Attach Schedule) .....	16,000	100%	16,000
18	Total .....	513,730		513,730
<b>Other Expenses:</b>				
19	Dispatch .....	40,003	100%	40,003
20	Education / Training .....	0	100%	0
21	Uniforms and Uniform Cleaning .....	23,386	100%	23,386
22	Meals and Travel - Ambulance Personnel .....	0	100%	0
23	Maintenance Contracts .....	13,560	100%	13,560
24	Minor Equipment - Not Capitalized .....	32,954	100%	32,954
25	Ambulance Supplies - Nonchargeable .....	0	100%	0
26	Other (Attach Schedule) .....	4,929	100%	4,929
27	Total .....	114,833		114,833
28	Total Other Operating Expenses ..... (Post to Page 2, Line 15) ..	\$ 1,186,748		\$ 1,186,748

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

**BASIS of ALLOCATION OF OTHER EXPENSES**

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

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

**DETAIL OF CONTRACTUAL ALLOWANCES**

Line No.	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
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:**

Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD**

**FROM:** January 1, 2015 **TO:** December 31, 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>0</u>
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs .....	_____
8	Sales of Subscription Service ..... (Post to Pg 2, Line 9) .....	<u>1,656</u>
9	Other Revenue ..... (attach schedule) .....	_____
10	Total Subscription Service Revenue ..... (total of Lines 7, 8 and 9)	<u>1,656</u>
 <b>Direct Expenses Incurred Selling Subscription Contracts</b>		
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) .....	\$ _____ <u>0</u>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 2015

**OTHER OPERATING REVENUES & EXPENSES**

Line No.	Description	
<b>Other Operating Revenues:</b>		
1	Supportive Funding - Local (attach schedule) .....	\$ _____
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 Eamed - Related Person / Organization .....	_____
8	Interest Eamed - Other .....	_____
9	Gain on Sale of Operating Property .....	_____
10	Other: <u>Interest Income &amp; Misc Revenue</u> .....	<u>1,266</u>
11	Other: _____ .....	_____
12	<b>Total Other Operating Revenues</b> .....	<b>\$ <u>1,266</u></b>
<b>Other Operating Expenses:</b>		
13	Loss on Sale of Operating Property .....	<u>(4,295)</u>
14	Other: _____ .....	<u>0</u>
15	Other: _____ .....	<u>0</u>
16	<b>Total Other Operating Expenses</b> .....	<b><u>(4,295)</u></b>
17	<b>Net Other Operating Revenues and Expenses</b> ..... (Post to Pg 2, Line 20) .....	<b>\$ <u>5,561</u></b>

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**AMBULANCE REVENUE AND COST REPORT**

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc  
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 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				\$				\$				\$	0.0
2													
3													
4													
5													
6													
7	<b>TOTAL</b>			\$				\$				\$	0.0

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

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

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

Line No.	<u>Detail of Salaries / Wages - Other Than Officers / Owners</u>				
<b>1</b>	<b>MANAGEMENT:</b>				
	Certification and / or Title	Scheduled Shifts ( no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
	<u>Various Local Management</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
	<u>Various Regional Management</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</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>	<u> </u>	<u> </u>	<u> </u>
<b>2</b>	<b>AMBULANCE PERSONNEL:</b>				
	<u>Paramedic</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
	<u>EMT</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
	<u>Nurse</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </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>
<b>3</b>	<b>OTHER PERSONNEL:</b>				
	<u>Various Support Staff</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</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>	<u> </u>	<u> </u>	<u> </u>

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# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc  
**FOR THE PERIOD** **FROM:** January 1, 2015 **TO:** December 31, 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	Vehicle Rental			100%							\$ -
2	Equipment Rental			100%							\$ 480
3											
4	Ambulances	Various	\$ 433,315	100%	\$ 433,315	SL	Various		\$ 191,405	406,647	
5	Ambulance Equipment	Various	\$ 22,569	100%	\$ 22,569	SL	Various		\$ 28,767	20,567	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	<b>SUBTOTAL</b>								\$ 220,171	\$ 427,214	\$ 480

\* Complete Description of property, date placed in service, and rent/lease amount only.  
 \*\* Fixed assets revalued as of October 2015 acquisition

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**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc  
**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 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	Rented Real Estate			100%							253,896
2											
3	Other Vehicles	Various	\$ -	100%	\$ -	SL	Various	\$ 1,129	\$ -	\$ -	
4	Non-Vehicle Fixed Assets	Various	\$ 29,031	100%	\$ 29,031	SL	Various	\$ 4,749	\$ 27,984	\$ -	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
								\$ 5,877	\$ 27,984	\$ 253,896	
								\$ 220,171	\$ 427,214	\$ 480	
								Post from Pg 12, Line 20 Column I			Post from Pg 12, Line 20 Column K
20								\$ 226,048	\$ 455,198	\$ 254,376	
								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.  
\*\* Fixed assets revalued as of October 2015 acquisition

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance of Casa Grande, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

**Schedule IV  
DETAIL OF INTEREST**

(1)                      (2)                      (3)                      (4)                      (5)

Line No.	Description	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	_____					
9	_____					
10	_____					
Working Capital						
Name of Payee:						
11	<u>Various - Consolidated Financials</u>	<u>Various</u>	<u>In Corp Balances</u>			<u>417,019</u>
12	_____					
13	_____					
Other						
Name of Payee:						
14	_____	%				
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ 417,019

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

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:** Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD** FROM: January 1, 2015 TO: December 31, 2015

**BALANCE SHEET**

**ASSETS**

**CURRENT ASSETS**

1	Cash .....	\$ _____	
2	Accounts Receivable: NET .....	2,025,243	
3	Less: Allowance for Doubtful Accounts .....	_____	
4	Inventory .....	49,859	
5	Prepaid Expenses .....	_____	
6	Other Current Assets .....	_____	
7	<b>TOTAL CURRENT ASSETS</b> .....		<b>\$ 2,075,102</b>
9	<b>PROPERTY &amp; EQUIPMENT: NET</b> .....		<b>455,198</b>
10	Less: Accumulated Depreciation .....	_____	
11	<b>OTHER NON CURRENT ASSETS</b> .....		<b>11,642</b>
12	<b>TOTAL ASSETS</b> .....		<b>\$ 2,541,942</b>

**LIABILITIES & EQUITY**

**CURRENT LIABILITIES**

13	Accounts Payable .....	\$ 79,303	
14	Current Portion of Notes Payable .....	_____	
15	Current Portion of Long-Term Debt .....	_____	
16	Deferred Subscription Income .....	_____	
17	Accrued Expenses and Other .....	30,036	
18	.....	_____	
19	.....	_____	
20	<b>TOTAL CURRENT LIABILITIES</b> .....		<b>\$ 109,339</b>
21	<b>NOTES PAYABLE</b> .....		
22	<b>LONG-TERM DEBT OTHER</b> .....	-67	
23	<b>TOTAL LONG-TERM DEBT</b> .....		-67

**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	Net Investment .....	2,432,670	
29	.....	_____	
30	Fund Balance .....	_____	
31	<b>TOTAL EQUITY</b> .....		<b>2,432,670</b>
32	<b>TOTAL LIABILITIES &amp; EQUITY</b> .....		<b>\$ 2,541,942</b>

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## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

Southwest Ambulance of Casa Grande, Inc

**FOR THE PERIOD**

**FROM:** January 1, 2015

**TO:** December 31, 2015

**STATEMENT OF CASH FLOWS**

<b>OPERATING ACTIVITIES:</b>		
1	Net (loss) Income .....	\$ <u>2,114,746</u>
	<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 .....	<u>226,048</u>
3	Deferred Income Tax .....	<u>                    </u>
4	Loss (gain) on Disposal of Property & Equipment .....	<u>(4,295)</u>
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable .....	<u>1,779,972</u>
6	Inventories .....	<u>22,150</u>
7	Prepaid Expenses and Other .....	<u>9,319</u>
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow	
8	Accounts Payable .....	<u>(27,170)</u>
9	Accrued Expenses and Other .....	<u>(54,815)</u>
10	Deferred Subscription Income .....	<u>                    </u>
11	<b>NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES</b> .....	<b>\$ <u>4,065,955</u></b>
<b>INVESTING ACTIVITIES:</b>		
12	Purchases of Property & Equipment .....	<u>(125,793)</u>
13	Proceeds from Disposal of Property & Equipment .....	<u>                    </u>
14	Purchases of Investments .....	<u>                    </u>
15	Proceeds from Disposal of Investments .....	<u>                    </u>
16	Loans Made .....	<u>                    </u>
17	Collections on Loans .....	<u>                    </u>
18	Other .....	<u>                    </u>
19	<b>NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES</b> .....	<b><u>(125,793)</u></b>
<b>FINANCING ACTIVITIES:</b>		
	<i>New Borrowings:</i>	
20	Long-Term .....	<u>                    </u>
21	Short-Term .....	<u>                    </u>
	<i>Debt Reduction:</i>	
22	Long-Term .....	<u>                    </u>
23	Short-Term .....	<u>                    </u>
24	Net working capital paid to Parent Company .....	<u>(3,940,162)</u>
25	Dividends Paid .....	<u>                    </u>
26	<b>NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES</b> .....	<b><u>(3,940,162)</u></b>
27	<b>NET INCREASE (Decrease) IN CASH</b> .....	<b><u>                    </u></b>
28	<b>CASH AT BEGINNING OF YEAR</b> .....	<b><u>                    </u></b>
29	<b>CASH AT END OF YEAR</b> .....	<b><u>                    </u></b>
<b>SUPPLEMENTAL DISCLOSURES:</b>		
	<i>Non-cash Investing and Financing Transactions:</i>	
30	.....	<u>                    </u>
31	.....	<u>                    </u>
32	.....	<u>                    </u>
33	Interest Paid (Net of Amounts Capitalized) .....	<u>417,019</u>
34	Income Taxes Paid .....	<b>\$ <u>1,409,831</u></b>

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