

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

Legal Name of Company: Southwest Ambulance Service of Southeastern Arizona, Inc CON No. 63

D.B.A. (Doing Business As): Southwest Ambulance of Safford 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 Service of Southeastern Arizona, 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:	_____	_____	1,371	1,371
2	Number of BLS Billable Transports:	_____	_____	1,162	1,162
3	Number of Loaded Billable Miles:	_____	_____	85,628	85,628
4	Waiting Time (Hr. & Min.):	_____	_____	-	0
5	Canceled (Non-Billable) Runs:	_____	_____	906	906
					Number
					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 Service of Southeastern Arizona, 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)	(2)	(3)
		<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
1	Number of ALS Billable Transports:	_____	1,371	1,371
2	Number of BLS Billable Transports:	_____	1,162	1,162
3	Number of Loaded Billable Miles:	_____	85,628	85,628
4	Waiting Time (Hr. & Min.):	_____	-	0
5	Canceled (Non-Billable) Runs:	_____	906	906
				Number
				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

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 Service of Southeastern Arizona, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF INCOME

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 4,887,514
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	1,354,924
3	Medicare Settlement	Page 3.1, Line 12	777,778
4	Contractual Discounts	Page 7, Line 22	0
5	Subscription Service Settlement	Page 8, Line 4	0
6	Other (Attach Schedule)	Page 3.1, Line 13	0
7	Total	Sum of Lines 2 through 6	<u>2,132,702</u>
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	<u>2,754,812</u>
9	Sales of Subscription Service Contracts	Page 8, Line 8	0
10	Total Operating Revenue	Line 8, plus Line 9	<u>\$ 2,754,812</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>748,757</u>
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	919,920
13	General and Administrative Expenses	Page 5, Line 20	339,448
14	Cost of Goods Sold	Page 3, Line 15	57,273
15	Other Operating Expense	Page 6, Line 28	242,779
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	59,965
17	Subscription Service Direct Selling	Page 8, Line 23	0
18	Total Operating Expense	Sum of Lines 11 through 17	<u>2,368,142</u>
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	<u>386,671</u>
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	379
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	<u>379</u>
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	<u>387,049</u>
Provision for Income Taxes:			
25	Federal Income Tax		135,467
26	State Income Tax		19,352
27	Total Income Tax	Lines 25, plus Line 26	<u>154,820</u>
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	<u>232,230</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, Inc

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

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION						
Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	1,371	=	\$ 2,051,270
		Rate		x No. of Runs		=	0
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	1,162	=	1,753,651
		Rate		x No. of Runs		=	0
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	85,628	=	1,067,400
		Rate		x No. of Billable Miles		=	0
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=	0
		Rate		x No. of Hours		=	0
5	Medical Supplies (Gross Charges to patients)						15,193
6	Nurses Charges						0
7	Total						4,887,514
8	Standby Revenue (Attach Schedule)						0
9	Other Ambulance Service Revenue (Attach Schedule)						0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ 4,887,514

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	Cost of Goods Sold (To Page 2, Line 14)						\$ 57,273 *

* 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 Service of Southeastern Arizona, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ _____	\$ 2,051,270	\$ 2,051,270
2	BLS Base Rate	_____	1,753,651	1,753,651
3	Mileage Charge	_____	1,067,400	1,067,400
4	Waiting Charge	_____	0	0
5	Medical Supplies (Gross Charges)	_____	15,193	15,193
6	Nurses' Charges	_____	0	0
7	Total	\$ _____	\$ 4,887,514	\$ 4,887,514
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	0
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	0
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ 4,887,514
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ 1,354,924	\$ 1,354,924
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	777,778	777,778
13	Subsidy (Post total to Pg 2, Line 6)	_____	_____	0
14	Other (Attach Schedule)	_____	0	0
15	Total Settlements (Post to Pg 2, Line 7)	\$ 0	\$ 2,132,702	\$ 2,132,702

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:

Southwest Ambulance Service of Southeastern Arizona, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	<u>DESCRIPTION</u>	<u>No. of F.T.E.</u>	<u>AMOUNT</u>
	OFFICERS / OWNERS (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
	MANAGEMENT (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
	AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Labor Wages)		
9	Gross Wages		
	Paramedics and IEMT	10.1	404,049
10	Emergency Medical Technician (EMT)	13.5	341,106
11	Nurses	0.0	0
12	Payroll Taxes		61,760
13	Employee Fringe Benefits		113,005
14	Total	23.6	919,920
	OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)		
	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	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	23.6	\$ 919,920

* 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 Service of Southeastern Arizona, 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
MANAGEMENT						
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
AMBULANCE PERSONNEL						
		** Contractual				
		Wages				
	Gross Wages	(Attach Schedule II)	Labor			
5	Paramedics and IEMT		\$ 10.1	404,049	100%	404,049
6	Emergency Medical Technician (EMT)		13.5	341,106	100%	341,106
7	Nurses		-	0	100%	0
8	Drivers				100%	0
9	Payroll Taxes			61,760	100%	61,760
10	Employee Fringe Benefits			113,005	100%	113,005
11	Total		23.6	919,920		919,920
OTHER PERSONNEL						
	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	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS	(Post to Pg 2, line 12)	23.6	919,920		\$ 919,920

* 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 Service of Southeastern Arizona, 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
	Gross Wages - AMBULANCE PERSONNEL		
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.
	Gross Wages - OTHER PERSONNEL		
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 Service of Southeastern Arizona, Inc

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

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
Professional Service:			
1	Legal Fees	\$	-
2	Collection Fees		51,090
3	Accounting and Auditing		-
4	Data Processing Fees		-
5	Other (Attach Schedule)		659
6	Total		\$ 51,749
 Travel and Entertainment:			
7	Meals and Entertainment		196
8	Transportation - Other Company Vehicles		-
9	Travel		-
10	Other (Attach Schedule)		-
11	Total		196
 Other General and Administrative:			
12	Office Supplies		20
13	Postage		5
14	Telephone		6,214
15	Advertising		-
16	Professional Liability Insurance		(4,778)
17	Dues and Subscriptions		365
18	Other (Attach Schedule)		285,676
19	Total		287,503
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ 339,448

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AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, Inc

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

GENERAL and ADMINISTRATIVE SUPPORTING DETAIL

Line No.	<u>DESCRIPTION</u>		
Professional Service Other:			
1	Management Consulting	\$	-
2	Medical Director		-
3	911 contract administration		-
4	Temp Staffing		-
5	First Responder Fees		-
6	Other Professional Fees		659
7	Total		\$ 659
 Travel and Entertainment Other:			
8	Other T&E		-
9	.....	
10	.....	
11	.....	
12	Total		0
 Other General and Administrative:			
13	Public Relations		-
14	Printing		241
15	Contributions		-
16	Bank Charges		-
17	Business Licenses & Misc taxes		1,015
18	Misc G&A		551
19	Corporate & Regional Overhead Support		283,870
20	Total		285,676

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, Inc

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

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ 0	100%	\$ 0
2	Collection Fees	51,090	100%	51,090
3	Accounting and Auditing	0	100%	0
4	Data Processing Fees	0	100%	0
5	Other (Attach Schedule)	659	100%	659
6	Total	51,749		51,749
 Travel and Entertainment:				
7	Meals and Entertainment	196	100%	196
8	Transportation - Other Company Vehicles	0	100%	0
9	Travel	0	100%	0
10	Other (Attach Schedule)	0	100%	0
11	Total	196		196
 Other General and Administrative:				
12	Office Supplies	20	100%	20
13	Postage	5	100%	5
14	Telephone	6,214	100%	6,214
15	Advertising	0	100%	0
16	Professional Liability Insurance	(4,778)	100%	(4,778)
17	Dues and Subscriptions	365	100%	365
18	Other (Attach Schedule)	285,676	100%	285,676
19	Total	287,503		287,503
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 339,448		339,448

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, 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>
Professional Service:		
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	
Travel and Entertainment:		
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	
Other General and Administrative:		
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 Service of Southeastern Arizona, 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)	\$ <u>33,668</u>
2	Amortization		<u>0</u>
3	Total		\$ <u>33,668</u>

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	<u>50,353</u>
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Building / Station Expense:

5	Building and Cleaning Supplies		<u>2,745</u>
6	Utilities		<u>14,304</u>
7	Property Taxes		<u>26</u>
8	Property Insurance		<u>0</u>
9	Repairs and Maintenance		<u>495</u>
10	Other (Attach Schedule)		<u>0</u>
11	Total		<u>17,570</u>

Vehicle Expense - Ambulance Units:

12	License / Registration		<u>1,681</u>
13	Fuel		<u>51,781</u>
14	General Vehicle Service and Maintenance		<u>61,191</u>
15	Major Repairs		<u>0</u>
16	Insurance - Service Vehicles		<u>11,537</u>
17	Other (Attach Schedule)		<u>3,165</u>
18	Total		<u>129,355</u>

Other Expenses:

19	Dispatch		<u>0</u>
20	Education / Training		<u>0</u>
21	Uniforms and Uniform Cleaning		<u>3,750</u>
22	Meals and Travel for Ambulance personnel		<u>0</u>
23	Maintenance Contracts		<u>4,228</u>
24	Minor Equipment - Not Capitalized		<u>944</u>
25	Ambulance Supplies - Nonchargeable		<u>0</u>
26	Other (Attach Schedule)		<u>2,912</u>
27	Total		<u>11,833</u>

28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$ <u>242,779</u>
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, 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	Total		<u>0</u>

Vehicle Expense - Ambulance Units Other:

8	Tires	<u>3,165</u>	
9	.....	_____
10	.....	_____
11	.....	_____
12	.....	_____
13	.....	_____
14	Total		<u>3,165</u>

Other Expenses:

15	Medical Testing	<u>2,912</u>	
16	_____	
17	_____	
18	_____	
19	_____	
20	_____	
21	_____	
22	_____	
23	Total		<u>2,912</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, Inc

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

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total <u>Expenditure</u>	(2) Allocation <u>Percentage</u>	(3) Ambulance <u>Amount</u>
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 33,668	100%	\$ 33,668
2	Amortization	0	100%	0
3	Total	<u>33,668</u>		<u>33,668</u>
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	50,353	100%	50,353
Building / Station Expense:				
5	Building and Cleaning Supplies	2,745	100%	2,745
6	Utilities	14,304	100%	14,304
7	Property Taxes	26	100%	26
8	Property Insurance	0	100%	0
9	Repairs and Maintenance	495	100%	495
10	Other (Attach Schedule)	0	100%	0
11	Total	<u>17,570</u>		<u>17,570</u>
Vehicle Expense - Ambulance Units:				
12	License / Registration	1,681	100%	1,681
13	Fuel	51,781	100%	51,781
14	General Vehicle Service and Maintenance	61,191	100%	61,191
15	Major Repairs	0	100%	0
16	Insurance - Service Vehicles	11,537	100%	11,537
17	Other (Attach Schedule)	3,165	100%	3,165
18	Total	<u>129,355</u>		<u>129,355</u>
Other Expenses:				
19	Dispatch	0	100%	0
20	Education / Training	0	100%	0
21	Uniforms and Uniform Cleaning	3,750	100%	3,750
22	Meals and Travel - Ambulance Personnel	0	100%	0
23	Maintenance Contracts	4,228	100%	4,228
24	Minor Equipment - Not Capitalized	944	100%	944
25	Ambulance Supplies - Nonchargeable	0	100%	0
26	Other (Attach Schedule)	2,912	100%	2,912
27	Total	<u>11,833</u>		<u>11,833</u>
28	Total Other Operating Expenses (Post to Page 2, Line 15) ..	\$ 242,779		\$ 242,779

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, 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>
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
Building / Station Expense:		
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
Vehicle Expense - Ambulance Units:		
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
Other Expenses:		
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 Service of Southeastern Arizona, 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)				\$ -

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance Service of Southeastern Arizona, 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	_____ 0
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs	_____
8	Sales of Subscription Service (Post to Pg 2, Line 8)	_____ 0
9	Other Revenue (attach schedule)	_____
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	_____ 0
 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)	\$ _____ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance Service of Southeastern Arizona, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

OTHER OPERATING REVENUES & EXPENSES

Line No.

Description

Other Operating Revenues:

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 Earned - Related Person / Organization	.....	_____
8	Interest Earned - Other	.....	_____
9	Gain on Sale of Operating Property	.....	_____
10	Other: <u>Interest Income & Misc Revenue</u>	.....	190
11	Other: _____	.....	_____

12	Total Other Operating Revenues		\$ _____ 190
----	--------------------------------------	--	--------------

Other Operating Expenses:

13	Loss on Sale of Operating Property	.....	(189)
14	Other: _____	.....	0
15	Other: _____	.....	0

16	Total Other Operating Expenses		(189)
----	--------------------------------------	--	-------

17	Net Other Operating Revenues and Expenses	(Post to Pg 2, Line 20)	\$ _____ 379
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance Service of Southeastern Arizona, Inc

FOR THE PERIOD FROM:

January 1, 2015

TO: December 31, 2015

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Schedule I
DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP EMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1					\$								0.0
2													
3													
4													
5													
6													
7	TOTAL				\$		\$		\$		\$		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 2090

Post Total
to Pg 4, Column 2,
Line 1

Post Total
to Pg 4, Column 1,
Line 1

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, 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>				
1	MANAGEMENT:				
	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>
2	AMBULANCE PERSONNEL:				
	<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>
3	OTHER PERSONNEL:				
	<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 Service of Southeastern Arizona, 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										
2	Equipment Rental			100%							\$ 4,753
3											
4	Ambulances	Various	\$ 67,214	100%	\$ 67,214	SL	Various	-	\$ 27,934	61,617	
5	Ambulance Equipment	Various	\$ 2,846	100%	\$ 2,846	SL	Various	-	\$ 5,014	2,594	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL										
									\$ 32,947	\$ 64,211	\$ 4,753

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

Post to Pg 13, Line 19, Column I \$ 32,947
 Post to Pg 13, Line 19, Column J \$ 64,211
 Post to Pg 13, Line 19, Column K \$ 4,753

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, Inc

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

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%							45,600
2	Other Vehicles	Various	\$ -	100%	\$ -	SL	Various	\$ -	\$ -	\$ -	
3	Non-Vehicle Fixed Assets	Various	\$ 19,317	100%	\$ 19,317	SL	Various	\$ -	\$ 721	\$ 19,352	
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

18 SUBTOTAL above \$ 721 \$ 19,352 \$ 45,600

19 SUBTOTAL from Page 12, Line 20 \$ 32,947 \$ 64,211 \$ 4,753

20 **SUM of Line 18 & 19** \$ 33,668 \$ 83,563 \$ 50,353

* Complete description of property, date placed in service, and rent/lease amount only.
** Fixed assets revalued as of October 2013 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance Service of Southeastern Arizona, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 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	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
Working Capital Name of Payee:						
11	Various - Consolidated Financials	Various	In Corp Balances	_____	_____	59,965
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
Other Name of Payee:						
14	_____	_____ %	_____	_____	_____	_____
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ 59,965

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 Service of Southeastern Arizona, Inc

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

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$ _____	
2	Accounts Receivable: NET	349,304	
3	Less: Allowance for Doubtful Accounts	_____	
4	Inventory	13,098	
5	Prepaid Expenses	_____	
6	Other Current Assets	_____	
7	TOTAL CURRENT ASSETS		\$ 362,402
9	PROPERTY & EQUIPMENT: NET		83,583
10	Less: Accumulated Depreciation	_____	
11	OTHER NON CURRENT ASSETS		_____
12	TOTAL ASSETS		\$ 445,965

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$ 37,652	
14	Current Portion of Notes Payable	_____	
15	Current Portion of Long-Term Debt	_____	
16	Deferred Subscription Income	_____	
17	Accrued Expenses and Other	_____	
18	.....	_____
19	.....	_____
20	TOTAL CURRENT LIABILITIES		\$ 37,652
21	NOTES PAYABLE		_____
22	LONG-TERM DEBT OTHER		_____
23	TOTAL LONG-TERM DEBT		0

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	408,313	
29	.....	_____
30	Fund Balance	_____	
31	TOTAL EQUITY		408,313
32	TOTAL LIABILITIES & EQUITY		\$ 445,965

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Southwest Ambulance Service of Southeastern Arizona, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:		
1	Net (loss) Income	\$ <u>232,230</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>33,668</u>
3	Deferred Income Tax	
4	Loss (gain) on Disposal of Property & Equipment	<u>(189)</u>
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable	<u>277,817</u>
6	Inventories	<u>(3,599)</u>
7	Prepaid Expenses	
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow	
8	Accounts Payable	<u>8,218</u>
9	Accrued Expenses	
10	Deferred Subscription Income	
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ <u>548,145</u>
INVESTING ACTIVITIES:		
12	Purchases of Property & Equipment	<u>(23,395)</u>
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	<u>(23,395)</u>
FINANCING ACTIVITIES:		
	<i>New Borrowings:</i>	
20	Long-Term	
21	Short-Term	
	<i>Debt Reduction:</i>	
22	Long-Term	
23	Short-Term	
24	Net working capital paid to Parent Company	<u>(524,750)</u>
25	Dividends Paid	
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES	<u>(524,750)</u>
27	NET INCREASE (Decrease) IN CASH	<u>-</u>
28	CASH AT BEGINNING OF YEAR	<u>-</u>
29	CASH AT END OF YEAR	<u>-</u>
SUPPLEMENTAL DISCLOSURES:		
	<i>Non-cash Investing and Financing Transactions:</i>	
30	.....
31	.....
32	.....
33	Interest Paid (Net of Amounts Capitalized)	<u>59,965</u>
34	Income Taxes Paid	\$ <u>154,820</u>

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