

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, 2012 To: June 30, 2013

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

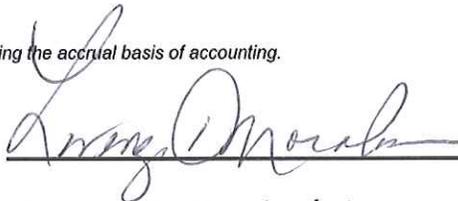
Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.

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: Lorenzo D. Morales/Administrative Liaison Date: 12/30/2013

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, 2012 **TO:** June 30, 2013

STATISTICAL SUPPORT DATA

<u>Line No.</u>	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	-	-	1,791	1,791
2	Number of BLS Billable Transports:	-	-	1,543	1,543
3	Number of Loaded Billable Miles:	-	-	198,874	198,874
4	Waiting Time (Hr. & Min.):	-	-	23	23
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, 2012

TO: June 30, 2013

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 6,864,495
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	925,379
3	Medicare Settlement	Page 3.1, Line 12	746,946
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	<u>1,672,325</u>
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	<u>5,192,170</u>
9	Sales of Subscription Service Contracts	Page 8, Line 8	-
10	Total Operating Revenue	Line 8, plus Line 9	<u>\$ 5,192,170</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		1,160,662
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	3,157,777
13	General and Administrative Expenses	Page 5, Line 20	61,205
14	Cost of Goods Sold	Page 3, Line 15	-
15	Other Operating Expense	Page 6, Line 28	818,204
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	98,016
17	Subscription Service Direct Selling	Page 8, Line 23	-
18	Total Operating Expense	Sum of Lines 11 through 17	<u>5,295,863</u>
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	<u>(103,693)</u>
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	286
21	Non-Operating Revenue and Expense		113,323
22	Non-Deductible Expenses (Attach Schedule)		-
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	<u>113,609</u>
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	<u>9,916</u>
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	<u>9,916</u>

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AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ <u>1,116.01</u>	x	No. of Runs	<u>1,384</u>	=	\$ <u>1,544,558</u>
		Rate	<u>1,142.79</u>	x	No. of Runs	<u>407</u>	=	<u>465,116</u>
2	BLS Base Rate Amount	Rate	<u>1,116.01</u>	x	No. of Runs	<u>1,224</u>	=	<u>1,365,996</u>
		Rate	<u>1,142.79</u>	x	No. of Runs	<u>319</u>	=	<u>364,550</u>
3	Mileage Rate Amount	Rate	<u>15.59</u>	x	No. of Billable Miles	<u>156,032</u>	=	<u>2,432,539</u>
		Rate	<u>15.96</u>	x	No. of Billable Miles	<u>42,842</u>	=	<u>683,758</u>
4	Waiting Charge Amount	Rate	<u>279.00</u>	x	No. of Hours	<u>10.01</u>	=	<u>2,793</u>
		Rate	<u>285.70</u>	x	No. of Hours	<u>12.99</u>	=	<u>3,710</u>
5	Medical Supplies (Gross Charges to patients)							-
6	Nurses Charges							-
7	Total							<u>6,863,019</u>
8	Standby Revenue (Attach Schedule)							-
9	Other Ambulance Service Revenue (Recovery of Bad Debt)							<u>1,476</u>
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)							\$ <u>6,864,495</u>

Cost of Goods Sold: (Medical Supplies)

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

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	\$ 136,192
6	Payroll Taxes		11,116
7	Employee Fringe Benefits		31,435
8	Total	2.0	178,743
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Labor Wages)			
9	Gross Wages Paramedics and IEMT	19.6	931,142
10	Emergency Medical Technician (EMT)	35.1	1,135,099
11	Nurses	-	-
12	Payroll Taxes		164,644
13	Employee Fringe Benefits		438,758
14	Total	55	2,669,643
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages Dispatch	2.9	135,360
16	Mechanics	3.6	105,395
17	Office and Clerical		-
18	Other	-	-
19	Payroll Taxes		17,550
20	Employee Fringe Benefits		51,086
21	Total	6.4	309,391
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	63.1	\$ 3,157,777

* 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 SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
Professional Service:			
1	Legal Fees	\$	202
2	Collection Fees		-
3	Accounting and Auditing		-
4	Data Processing Fees		-
5	Other (Attach Schedule)		-
6	Total		\$ 202
 Travel and Entertainment:			
7	Meals and Entertainment		-
8	Transportation - Other Company Vehicles		-
9	Travel		391
10	Other (Attach Schedule)		-
11	Total		391
 Other General and Administrative:			
12	Office Supplies		12,787
13	Postage		3,814
14	Telephone		17,884
15	Advertising		1,017
16	Professional Liability Insurance		-
17	Dues and Subscriptions		1,736
18	Other (Attach Schedule)		23,374
19	Total		60,612
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ 61,205

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AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

GENERAL and ADMINISTRATIVE EXPENSES

**Line
No.**

DESCRIPTION

Other General and Administrative:

18.1	License & Fees	.....	4,795
18.2	Computer/Software Expense	.....	9,991
18.3	Miscellaneous	4,888
18.4	Bank Service Charges	3,700
18.5		-
18.6		-
18.7		-
18	Total	<u>23,374</u>

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AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$ <u>148,169</u>
2	Amortization		<u>-</u>
3	Total		\$ <u>148,169</u>

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	<u>5,214</u>
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Building / Station Expense:

5	Building and Cleaning Supplies		<u>9,443</u>
6	Utilities		<u>59,644</u>
7	Property Taxes		<u>9,748</u>
8	Property Insurance		<u>-</u>
9	Repairs and Maintenance		<u>10,442</u>
10	Other (Attach Schedule)		<u>-</u>
11	Total		<u>89,277</u>

Vehicle Expense - Ambulance Units:

12	License / Registration		<u>5,171</u>
13	Fuel		<u>252,870</u>
14	General Vehicle Service and Maintenance		<u>117,127</u>
15	Major Repairs		<u>32,183</u>
16	Insurance - Service Vehicles		<u>44,276</u>
17	Other (Tires)		<u>22,688</u>
18	Total		<u>474,315</u>

Other Expenses:

19	Dispatch		<u>-</u>
20	Education / Training		<u>664</u>
21	Uniforms and Uniform Cleaning		<u>1,452</u>
22	Meals and Travel for Ambulance personnel		<u>-</u>
23	Maintenance Contracts		<u>-</u>
24	Minor Equipment - Not Capitalized		<u>4,490</u>
25	Ambulance Supplies - Nonchargeable		<u>89,489</u>
26	Other (Repairs on Equipment)		<u>5,134</u>

27	Total		<u>101,229</u>
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28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$ <u>818,204</u>
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AMBULANCE SERVICE ENTITY: _____

Ajo Ambulance, Inc

FOR THE PERIOD

FROM:

July 1, 2012

TO:

June 30, 2013

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	.....		10
6	Patient Late Payment Charges	.....		-
7	Interest Earned - Related Person / Organization	.....		276
8	Interest Earned - Other	.....		-
9	Gain on Sale of Operating Property	.....		-
10	Other:	.....		-
11	Other:	.....		-
12	Total Other Operating Revenues	.....	\$	286
Other Operating Expenses:				
13	Loss on Sale of Operating Property	.....		-
14	Other:	.....		-
15	Other:	.....		-
16	Total Other Operating Expenses		-
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$	286

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AMBULANCE SERVICE ENTITY: Ajo Ambulance, Inc

FOR THE PERIOD FROM: July 1, 2012 TO: June 30, 2013

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>Service Director</u>	<u>40</u>		<u>91,192</u>	
	<u>Administrative Liaison</u>	<u>40</u>		<u>45,000</u>	
	<u> </u>				
	<u> </u>				
	<u> </u>				
2	AMBULANCE PERSONNEL:				
	<u>Paramedic - Supervisor</u>	<u>72</u>	<u>Various</u>		
	<u>Paramedic</u>	<u>72</u>	<u>Various</u>		
	<u> </u>				
	<u>EMT - Basic</u>	<u>72</u>	<u>Various</u>		
	<u> </u>				
	<u> </u>				
3	OTHER PERSONNEL:				
	<u>Mechanic</u>	<u>40</u>	<u>Various</u>		
	<u>Office - Clerical</u>	<u>40</u>	<u>Various</u>		
	<u> </u>				
	<u> </u>				
	<u> </u>				

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AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

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	947,963	100%	947,963	SL	5	773,843	68,926	105,194	
2	EMS/Rescue Equipment	Various	68,728	100%	68,728	SL	Var	68,728	-	-	
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL								68,926		

SUBTOTAL

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

68,926

Post to Pg 13, Line 19, Column I

Post to Pg 13, Line 19, Column K

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FOR THE PERIOD

FROM: July 1, 2012 **TO:** June 30, 2013

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		307,891			n/a					
2	Buildings	Various	2,367,398	100%	2,367,398	SL	39	129,835	59,661	2,177,692	
3	OH Vehicles	Various	65,596	100%	65,596	SL	5	65,596	-	-	
4	OH Furniture & Equipment	Various	77,520	100%	77,520	SL	Var.	44,555	19,582	13,393	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17	Building	26-Jun-03	-		-	0					5,214
18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
20	SUM of Line 18 & 19										

18	79,243	2,191,275	5,214
19	68,926	-	-
20	148,169	2,191,275	5,214

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

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TO: June 30, 2013

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Principal Balance		(4) Interest Expense		(5)
			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 AZ	6.50%	1,247,409	1,169,188	98,016		
9	_____						
10	_____						
Working Capital							
Name of Payee:							
11	_____						
12	_____						
13	_____						
Other							
Name of Payee:							
14	_____	%					
15	TOTAL		\$ 1,247,409	\$ 1,169,188	\$ 98,016	\$ -	

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, 2012 TO: June 30, 2013

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

ASSETS

CURRENT ASSETS

1	Cash	\$	486,514	
2	Accounts Receivable		1,459,661	
3	Less: Allowance for Doubtful Accounts		(583,864)	
4	Inventory		-	
5	Prepaid Expenses		-	
6	Other Current Assets		-	
7	TOTAL CURRENT ASSETS			\$ 1,362,311
9	PROPERTY & EQUIPMENT			3,835,078
10	Less: Accumulated Depreciation			(1,230,717)
11	OTHER NON CURRENT ASSETS			0
12	TOTAL ASSETS			\$ 3,966,672

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$	39,803	
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		38,333	
19				
20	TOTAL CURRENT LIABILITIES			\$ 78,136
21	NOTES PAYABLE			
22	LONG-TERM DEBT OTHER		1,169,188	
23	TOTAL LONG-TERM DEBT			1,169,188

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		2,719,348	
31	TOTAL EQUITY			2,719,348
32	TOTAL LIABILITIES & EQUITY			\$ 3,966,672

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AMBULANCE SERVICE ENTITY:

Ajo Ambulance, Inc

FOR THE PERIOD

FROM: July 1, 2012

TO: June 30, 2013

STATEMENT OF CASH FLOWS

The Cash Flow Statement in ONLY Required for the Projected Period

OPERATING ACTIVITIES:

1	Net (loss) Income	\$	9,916
	<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		148,169
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		(275,859)
6	Inventories		-
7	Prepaid Expenses		-
	<i>Increase (Decrease) in:</i>		
	Note: a increase in these accounts improves cash flow		
8	Accounts Payable		33,565
9	Accrued Expenses		-
10	Deferred Subscription Income		-
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$	(84,209)

INVESTING ACTIVITIES:

12	Purchases of Property & Equipment		(24,864)
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		(24,864)

FINANCING ACTIVITIES:

	<i>New Borrowings:</i>		
20	Long-Term		-
21	Short-Term		-
	<i>Debt Reduction:</i>		
22	Long-Term		(78,220)
23	Short-Term		-
24	Capital Contributions		-
25	Dividends Paid	\$	-
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		(78,220)
27	NET INCREASE (Decrease) IN CASH		(187,293)
28	CASH AT BEGINNING OF YEAR		673,807
29	CASH AT END OF YEAR		486,514

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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