

**AMBULANCE REVENUE and COST REPORT  
FIRE DISTRICT and SMALL RURAL COMPANY**

**Arizona Department of Health Services  
Annual Ambulance Financial Report**

**Golden Shores Fire District**  
Reporting Ambulance Service

Address: PO Box 66, 12950 Oatman Highway  
City: Topock Zip: 86436

**Report Fiscal Year**

From: July 1, 2013 To: June 30, 2014  
Mo. Day Year Mo. Day Year

*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:  Date: August 12, 2015  
Print Name and Title: Jennifer Rose, Administration  
Phone: 928-768-4546

Mail to:  
Department of Health Services  
Bureau of Emergency Medical Services  
Certificate of Necessity and Rates Section  
150 North 18th Avenue, Suite 540  
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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: Golden Shores Fire District

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

**STATISTICAL SUPPORT DATA**

| Line No. | DESCRIPTION                        | (1)<br>SUBSCRIPTION<br>SERVICE<br>TRANSPORTS | *(2)<br>TRANSPORTS<br>UNDER<br>CONTRACT | (3)<br>TRANSPORTS<br>NOT UNDER<br>CONTRACT | (4)<br>TOTALS |
|----------|------------------------------------|--|---|--|---------------|
| 1        | Number of ALS Billable Transports: | -  | -                                       | 252  | 252           |
| 2        | Number of BLS Billable Transports: | -  | -                                       | -  | -             |
| 3        | Number of Loaded Billable Miles:   | -  | -                                       | 6,212                                      | 6,212         |
| 4        | Waiting Time (Hr. & Min.):         | -  | -                                       | -  | -             |
| 5        | Canceled (Non-Billable) Runs:      |  |   |  | 120           |

**AMBULANCE SERVICE ROUTINE OPERATING REVENUE**

|    |  |  |  |                          |                   |
|----|--|--|--|--------------------------|-------------------|
| 6  | ALS Base Rate Revenue                                    |  |  |                          | \$ 125,932        |
| 7  | BLS Base Rate Revenue                                    |  |  |                          | -                 |
| 8  | Mileage Charge Revenue                                   |  |  |                          | 64,452            |
| 9  | Waiting Charge Revenue                                   |  |  |                          | -                 |
| 10 | Medical Supplies Charge Revenue                          |  |  |                          | -                 |
| 11 | Nurses Charge Revenue                                    |  |  |                          | -                 |
| 12 | Standby Charge Revenue (Attach Schedule)                 |  |  |                          | -                 |
| 13 | <b>TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE</b> |  |  | (Post to Page 3, Line 1) | <b>\$ 190,384</b> |

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**SALARY AND WAGE EXPENSE DETAIL**

**GROSS WAGES:**

|    |   |                   | ** No. of FTE's |
|----|---|-------------------|-----------------|
| 14 | Management  | \$ -              | -               |
| 15 | Paramedics and IEMTs  | \$ 96,443         | 5.0             |
| 16 | Emergency Medical Technician (EMT)  | \$ 44,558         | 4.0             |
| 17 | Other Personnel   | \$ 14,926         | -               |
| 18 | Payroll Taxes and Fringe Benefits - All Personnel   | \$ 41,159         | 9               |
| 19 | <b>Total Wages, Taxes &amp; Benefits</b> (Sum Lines 14 through 18; Post to Page 3, Line 10) | <b>\$ 197,086</b> | <b>9</b>        |

\* This column reports only those runs where a contracted discount rate was applied.

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

**AMBULANCE REVENUE AND COST REPORT**  
**FIRE DISTRICT and SMALL RURAL COMPANY**

**AMBULANCE SERVICE ENTITY:**

Golden Shores Fire District

**FOR THE PERIOD**

**FROM:** July 1, 2013

**TO:** June 30, 2014

**SCHEDULE OF REVENUES AND EXPENSES**

| Line No.                           | <u>DESCRIPTION</u>   |   |                     |
|------------------------------------|--|---|---------------------|
| <b>Operating Revenues:</b>         |  |   |                     |
| 1                                  | Total Ambulance Service Operating Revenue                  | (From: Page 2, Line 13)                     | \$ <u>190,384</u>   |
| <u>Settlement Amounts:</u>         |  |   |                     |
| 2                                  | AHCCCS .....   |   | <u>23,282</u>       |
| 3                                  | Medicare .....   |   | <u>35,022</u>       |
| 4                                  | Subscription Service .....                                 |   | <u>          </u>   |
| 5                                  | Contractual .....  |   | <u>          </u>   |
| 6                                  | Other .....  |   | <u>          </u>   |
| 7                                  | Total  | (Sum of Lines 2 through 6)                  | <u>58,304</u>       |
| 8                                  | Total Operating Revenue                                    | (Line 1 minus Line 7)                       | \$ <u>132,080</u>   |
| <b>Operating Expenses:</b>         |  |   |                     |
| 9                                  | Bad Debt .....   |   | \$ <u>4,283</u>     |
| 10                                 | Total Salaries, Wages, and Employee-Related Expenses ..... | (From: Page 2, Line 19)                     | <u>197,086</u>      |
| 11                                 | Professional Services .....                                |   | <u>          </u>   |
| 12                                 | Travel and Entertainment .....                             |   | <u>          </u>   |
| 13                                 | Other General Administrative .....                         |   | <u>5,292</u>        |
| 14                                 | Depreciation .....   |   | <u>23,203</u>       |
| 15                                 | Rent / Leasing .....                                       |   | <u>          </u>   |
| 16                                 | Building / Station .....                                   |   | <u>3,628</u>        |
| 17                                 | Vehicle Expense .....                                      |   | <u>4,492</u>        |
| 18                                 | Other Operating Expense .....                              |   | <u>14,705</u>       |
| 19                                 | Cost of Medical Supplies Charged to Patients .....         |   | <u>          </u>   |
| 20                                 | Interest .....   |   | <u>2,875</u>        |
| 21                                 | Subscription Service Sales Expense .....                   |   | <u>          </u>   |
| 22                                 | Total Operating Expense                                    | (Sum of Lines 9 through 21)                 | <u>255,564</u>      |
| 23                                 | Total Operating Income or (Loss)                           | (Line 8 minus Line 22)                      | \$ <u>(123,484)</u> |
| 24                                 | Subscription Contract Sales .....                          |   | <u>          </u>   |
| 25                                 | Other Operating Revenue .....                              |   | <u>8,643</u>        |
| 26                                 | Local Supportive Funding .....                             |   | <u>          </u>   |
| 27                                 | Other Non-Operating Income (Attach Schedule) .....         |   | <u>          </u>   |
| 28                                 | Other Non-Operating Expense (Attach Schedule) .....        |   | <u>          </u>   |
| 29                                 | NET INCOME or (LOSS) Before Income Taxes                   | (Sum of Lines 23 through 27, minus Line 28) | \$ <u>(114,841)</u> |
| <b>Provision for Income Taxes:</b> |  |   |                     |
| 30                                 | Federal Income Tax .....                                   |   | <u>          </u>   |
| 31                                 | State Income Tax .....                                     |   | <u>          </u>   |
| 32                                 | Total Income Tax   | (Line 30, plus Line 31)                     | <u>          </u>   |
| 33                                 | <b>Ambulance Service Net Income (Loss)</b>                 | (Line 29, minus Line 32)                    | <u>(114,841)</u>    |

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# AMBULANCE REVENUE AND COST REPORT

## FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: Golden Shores Fire District

FOR THE PERIOD FROM: July 1, 2013 TO: June 30, 2014

**BALANCE SHEET**

Current audited financial statements may be submitted in lieu of these pages.

**ASSETS**

CURRENT ASSETS

|   |   |    |                  |
|---|---|----|------------------|
| 1 | Cash .....                                  | \$ |                  |
| 2 | Accounts Receivable .....                   |    | 98,261           |
| 3 | Less: Allowance for Doubtful Accounts ..... |    | 21,190           |
| 4 | Inventory .....                             |    |                  |
| 5 | Prepaid Expense .....                       |    |                  |
| 6 | Other Current Assets .....                  |    |                  |
| 7 | <b>TOTAL CURRENT ASSETS</b>                 |    | <b>\$ 77,071</b> |

|    |                                      |  |           |
|----|--------------------------------------|--|-----------|
| 9  | PROPERTY & EQUIPMENT .....           |  | 432,781   |
| 10 | Less: Accumulated Depreciation ..... |  | (155,806) |

11 OTHER NON CURRENT ASSETS \_\_\_\_\_

12 **TOTAL ASSETS** **\$ 354,046**

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**LIABILITIES & EQUITY**

CURRENT LIABILITIES

|    |   |    |                  |
|----|---|----|------------------|
| 13 | Accounts Payable .....                  | \$ | 181              |
| 14 | Current Portion of Notes Payable .....  |    |                  |
| 15 | Current Portion of Long-Term Debt ..... |    | 19,032           |
| 16 | Deferred Subscription Income .....      |    |                  |
| 17 | Accrued Expenses and Other .....        |    | 3,305            |
| 18 | .....                                   |    |                  |
| 19 | .....                                   |    |                  |
| 20 | <b>TOTAL CURRENT LIABILITIES</b>        |    | <b>\$ 22,518</b> |

|    |                             |  |               |
|----|-----------------------------|--|---------------|
| 21 | NOTES PAYABLE .....         |  |               |
| 22 | LONG-TERM DEBT, OTHER ..... |  | 59,533        |
| 23 | <b>TOTAL LONG-TERM DEBT</b> |  | <b>59,533</b> |

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 .....                           |  | 271,995        |
| 31 | <b>TOTAL EQUITY</b>                          |  | <b>271,995</b> |

32 **TOTAL LIABILITIES & EQUITY** **\$ 354,046**

# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY:**

Golden Shores Fire District

**FOR THE PERIOD**

**FROM:** July 1, 2013

**TO:** June 30, 2014

**STATEMENT OF CASH FLOWS**

Current audited financial statements may be submitted in lieu of these pages.

**OPERATING ACTIVITIES:**

|    |   |   |  |
|----|---|---|--|
| 1  | Net (loss) Income .....                                       | \$ <u>(114,841)</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>23,203</u>   |  |
| 3  | Deferred Income Tax .....                                     | <u>          </u>                                     |  |
| 4  | Loss (gain) on Disposal of Property & Equipment .....         | <u>          </u>                                     |  |
|    | <i>(Increase) Decrease in:</i>                                | Note: a decrease in these accounts improves cash flow |  |
| 5  | Accounts Receivable .....                                     | <u>          </u>                                     |  |
| 6  | Inventories .....   | <u>          </u>                                     |  |
| 7  | Prepaid Expenses .....  | <u>          </u>                                     |  |
|    | <i>Increase (Decrease) in:</i>                                | Note: a increase in these accounts improves cash flow |  |
| 8  | Accounts Payable .....  | <u>(36)</u>   |  |
| 9  | Accrued Expenses .....  | <u>3,112</u>  |  |
| 10 | Deferred Subscription Income .....                            | <u>          </u>                                     |  |
| 11 | <b>NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES</b> ..... | <b>\$ <u>(88,562)</u></b>                             |  |

**INVESTING ACTIVITIES:**

|    |   |                           |  |
|----|---|---------------------------|--|
| 12 | Purchases of Property & Equipment .....                       | <u>32,414</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>(32,414)</u></b> |  |

**FINANCING ACTIVITIES:**

|    |   |                        |  |
|----|---|------------------------|--|
|    | <i>New Borrowings:</i>  |                        |  |
| 20 | Long-Term .....   | <u>24,746</u>          |  |
| 21 | Short-Term .....  | <u>          </u>      |  |
|    | <i>Debt Reduction:</i>  |                        |  |
| 22 | Long-Term .....   | <u>15,632</u>          |  |
| 23 | Short-Term .....  | <u>          </u>      |  |
| 24 | Capital Contributions .....                                   | <u>          </u>      |  |
| 25 | Dividends Paid .....  | <u>          </u>      |  |
| 26 | <b>NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES</b> ..... | <b><u>40,378</u></b>   |  |
| 27 | <b>NET INCREASE (Decrease) IN CASH</b> .....                  | <b><u>(80,598)</u></b> |  |
| 28 | <b>CASH AT BEGINNING OF YEAR</b> .....                        | <u>          </u>      |  |
| 29 | <b>CASH AT END OF YEAR</b> .....                              | <u>          </u>      |  |

**SUPPLEMENTAL DISCLOSURES:**

|    |   |                   |  |
|----|---|-------------------|--|
|    | <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>          </u> |  |
| 34 | Income Taxes Paid .....                               | <u>          </u> |  |

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