

AMBULANCE REVENUE and COST REPORT
FIRE DISTRICT and SMALL RURAL COMPANY

Arizona Department of Health Services
Annual Ambulance Financial Report

TOWN OF KEARNY AMBULANCE SERVICE

Reporting Ambulance Service

Address: PO BOX 639

City: KEARNY Zip: 85137

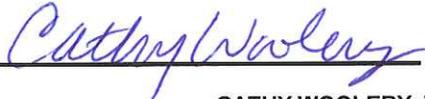
Report Fiscal Year

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: March 24, 2015
Print Name and Title: CATHY WOOLERY, TOWN CLERK
Phone: 520-363-5547

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

FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: TOWN OF KEARNY AMBULANCE SERVICE

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

STATISTICAL SUPPORT DATA

| Line No. | DESCRIPTION | (1) SUBSCRIPTION SERVICE TRANSPORTS | *(2) TRANSPORTS UNDER CONTRACT | (3) TRANSPORTS NOT UNDER CONTRACT | (4) TOTALS |
|----------|------------------------------------|--|---|--|---------------|
| 1 | Number of ALS Billable Transports: | | 189 | 74 | 263 |
| 2 | Number of BLS Billable Transports: | | 119 | 44 | 163 |
| 3 | Number of Loaded Billable Miles: | | 9,697 | 3,587 | 13,283 |
| 4 | Waiting Time (Hr. & Min.): | | | | |
| 5 | Canceled (Non-Billable) Runs: | | | | 84 |

AMBULANCE SERVICE ROUTINE OPERATING REVENUE

| | | | | | |
|----|---|--|--|--------------------------|------------|
| 6 | ALS Base Rate Revenue | | | | \$ 307,026 |
| 7 | BLS Base Rate Revenue | | | | 190,365 |
| 8 | Mileage Charge Revenue | | | | 174,620 |
| 9 | Waiting Charge Revenue | | | | |
| 10 | Medical Supplies Charge Revenue | | | | |
| 11 | Nurses Charge Revenue | | | | |
| 12 | Standby Charge Revenue (Attach Schedule) | | | | |
| 13 | TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE | | | (Post to Page 3, Line 1) | \$ 672,011 |

SALARY AND WAGE EXPENSE DETAIL

| GROSS WAGES: | | ** No. of FTE's |
|--------------|--|-----------------|
| 14 | Management | |
| 15 | Paramedics and IEMTs | 6.0 |
| 16 | Emergency Medical Technician (EMT) | |
| 17 | Other Personnel | |
| 18 | Payroll Taxes and Fringe Benefits - All Personnel | |
| 19 | Total Wages, Taxes & Benefits (Sum Lines 14 through 18; Post to Page 3, Line 10) | |

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* 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:

TOWN OF KEARNY AMBULANCE SERVICE

FOR THE PERIOD

FROM:

July 1, 2013

TO: JUNE 30, 2104

SCHEDULE OF REVENUES AND EXPENSES

| Line No. | <u>DESCRIPTION</u> | | |
|------------------------------------|--|---|--------------------|
| Operating Revenues: | | | |
| 1 | Total Ambulance Service Operating Revenue | (From: Page 2, Line 13) | \$ <u>672,011</u> |
| <u>Settlement Amounts:</u> | | | |
| 2 | AHCCCS | | _____ |
| 3 | Medicare | | _____ |
| 4 | Subscription Service | | _____ |
| 5 | Contractual | | _____ |
| 6 | Other | | _____ |
| 7 | Total | (Sum of Lines 2 through 6) | <u>672,011</u> |
| 8 | Total Operating Revenue | (Line 1 minus Line 7) | \$ _____ |
| Operating Expenses: | | | |
| 9 | Bad Debt | | \$ <u>317,827</u> |
| 10 | Total Salaries, Wages, and Employee-Related Expenses | (From: Page 2, Line 19) | <u>266,447</u> |
| 11 | Professional Services | | <u>36,046</u> |
| 12 | Travel and Entertainment | | _____ |
| 13 | Other General Administrative | | <u>15,882</u> |
| 14 | Depreciation | | <u>25,075</u> |
| 15 | Rent / Leasing | | <u>1,831</u> |
| 16 | Building / Station | | <u>2,487</u> |
| 17 | Vehicle Expense | | <u>19,865</u> |
| 18 | Other Operating Expense | | <u>12,175</u> |
| 19 | Cost of Medical Supplies Charged to Patients | | <u>9,010</u> |
| 20 | Interest | | _____ |
| 21 | Subscription Service Sales Expense | | _____ |
| 22 | Total Operating Expense | (Sum of Lines 9 through 21) | <u>706,645</u> |
| 23 | Total Operating Income or (Loss) | (Line 8 minus Line 22) | \$ <u>(34,634)</u> |
| 24 | Subscription Contract Sales | | _____ |
| 25 | Other Operating Revenue | | _____ |
| 26 | Local Supportive Funding | | _____ |
| 27 | Other Non-Operating Income (Attach Schedule) | | <u>170</u> |
| 28 | Other Non-Operating Expense (Attach Schedule) | | <u>(37,000)</u> |
| 29 | NET INCOME or (LOSS) Before Income Taxes | (Sum of Lines 23 through 27, minus Line 28) | \$ <u>(71,464)</u> |
| Provision for Income Taxes: | | | |
| 30 | Federal Income Tax | | _____ |
| 31 | State Income Tax | | _____ |
| 32 | Total Income Tax | (Line 30, plus Line 31) | _____ |
| 33 | Ambulance Service Net Income (Loss) | (Line 29, minus Line 32) | <u>(71,464)</u> |

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FIRE DISTRICT and SMALL RURAL COMPANY

AMBULANCE SERVICE ENTITY: TOWN OF KEARNY AMBULANCE SERVICE

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 | | 46,436 | |
| 3 | Less: Allowance for Doubtful Accounts | | | |
| 4 | Inventory | | | |
| 5 | Prepaid Expense | | | |
| 6 | Other Current Assets | | | |
| 7 | TOTAL CURRENT ASSETS | | | \$ 257,524 |
| 9 | PROPERTY & EQUIPMENT | | | <u>38354 net</u> |
| 10 | Less: Accumulated Depreciation | | | |
| 11 | OTHER NON CURRENT ASSETS | | | |
| 12 | TOTAL ASSETS | | | \$ 295,878 |

LIABILITIES & EQUITY

CURRENT LIABILITIES

| | | | | |
|----|---|----|--------|------------------|
| 13 | Accounts Payable | \$ | 9,672 | |
| 14 | Current Portion of Notes Payable | | | |
| 15 | Current Portion of Long-Term Debt | | | |
| 16 | Deferred Subscription Income | | | |
| 17 | Accrued Expenses and Other | | 12,343 | |
| 18 | | | 10,526 | |
| 19 | | | | |
| 20 | TOTAL CURRENT LIABILITIES | | | \$ 32,541 |
| 21 | NOTES PAYABLE | | | |
| 22 | LONG-TERM DEBT, OTHER | | 3,509 | |
| 23 | TOTAL LONG-TERM DEBT | | | <u>36,050</u> |

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 | | | 37,678 | |
| 30 | Fund Balance | | 222,150 | |
| 31 | TOTAL EQUITY | | | <u>259,828</u> |
| 32 | TOTAL LIABILITIES & EQUITY | | | \$ 295,878 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

TOWN OF KEARNY AMBULANCE SERVICE

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>-71464</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 | _____ |
| 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 | _____ |
| 6 | Inventories | _____ |
| 7 | Prepaid Expenses | _____ |
| | <i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow | |
| 8 | Accounts Payable | _____ |
| 9 | Accrued Expenses | _____ |
| 10 | Deferred Subscription Income | _____ |
| 11 | NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES | \$ <u>49329</u> |
| INVESTING ACTIVITIES: | | |
| 12 | Purchases of Property & Equipment | _____ |
| 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>170</u> |
| FINANCING ACTIVITIES: | | |
| | <i>New Borrowings:</i> | |
| 20 | Long-Term | _____ |
| 21 | Short-Term | _____ |
| | <i>Debt Reduction:</i> | |
| 22 | Long-Term | _____ |
| 23 | Short-Term | _____ |
| 24 | Capital Contributions | _____ |
| 25 | Dividends Paid | \$ _____ |
| 26 | NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES | <u>-49499</u> |
| 27 | NET INCREASE (Decrease) IN CASH | _____ |
| 28 | CASH AT BEGINNING OF YEAR | <u>0</u> |
| 29 | CASH AT END OF YEAR | <u>0</u> |
| 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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address to?

Cathy Woolery
Town Clerk
Town of Kearny Ambulance
Service
PO Box 639
Kearny, AZ 85137

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