

LONG REPORT - completed annually by: For-Profit Companies and Larger Ambulance Organizations
- completed by all applicants for a General Rate Increase

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

Legal Name of Company: _____ City of Nogales _____ CON No. _____

D.B.A. (Doing Business As): _____ Business Phone: 520-287-6571

Financial Records Address: _____ 777 N. Grand Avenue _____ City: Nogales Zip Code: 85621

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: _____

Report Contact Person: _____ Sherry Schurhammer _____ Business Phone: 520-287-6571 Ext. 5651

Report for Period From: From: July 1, 2014 To: June 30, 2015

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

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: _____


Sherry M. Schurhammer

Date: 12/10/15

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

08/22/2004 Formula's Excluded

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

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:	_____	_____	_____	1,589 ✓
2	Number of BLS Billable Transports:	_____	_____	_____	196 ✓
3	Number of Loaded Billable Miles:	_____	_____	_____	4,383 ✓
4	Waiting Time (Hr. & Min.):	_____	_____	_____	-
5	Canceled (Non-Billable) Runs:	_____	_____	_____	6,168 ✓
Volunteer Services: (OPTIONAL)					Donated Hours
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: City of Nogales
FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

STATISTICAL SUPPORT DATA

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

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:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 2,258,552
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	419,170
3	Medicare Settlement	Page 3.1, Line 12	614,612
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	60,102
7	Total	Sum of Lines 2 through 6	1,093,884
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	1,164,668
9	Sales of Subscription Service Contracts	Page 8, Line 8	0
10	Total Operating Revenue	Line 8, plus Line 9	\$ 1,164,668
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		396,400
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	4,183,695
13	General and Administrative Expenses	Page 5, Line 20	18,200
14	Cost of Goods Sold	Page 3, Line 15	0
15	Other Operating Expense	Page 6, Line 28	252,747
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	-
17	Subscription Service Direct Selling	Page 8, Line 23	-
18	Total Operating Expense	Sum of Lines 11 through 17	4,851,042
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	(3,686,374)
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	0
21	Non-Operating Revenue and Expense		-
22	Non-Deductible Expenses (Attach Schedule)		-
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	0
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	(3,686,374)
Provision for Income Taxes:			
25	Federal Income Tax		-
26	State Income Tax		-
27	Total Income Tax	Lines 25, plus Line 26	0
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	(3,686,374)

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ <u>1,223.95</u>	x No. of Runs	<u>1,465</u>	=	\$ <u>1,793,087</u>
		Rate	<u>1,249.04</u>	x No. of Runs	<u>124</u>	=	<u>154,881</u>
2	BLS Base Rate Amount	Rate	<u>1,223.95</u>	x No. of Runs	<u>170</u>	=	<u>208,072</u>
		Rate	<u>1,249.04</u>	x No. of Runs	<u>26</u>	=	<u>32,475</u>
3	Mileage Rate Amount	Rate	<u>15.95</u>	x No. of Billable Miles	<u>3,985</u>	=	<u>63,564</u>
		Rate	<u>16.28</u>	x No. of Billable Miles	<u>398</u>	=	<u>6,473</u>
4	Waiting Charge Amount	Rate		x No. of Hours		=	<u>0</u>
		Rate		x No. of Hours		=	<u>0</u>
5	Medical Supplies (Gross Charges to patients)						
6	Nurses Charges						
7	Total						<u>2,258,552</u>
8	Standby Revenue (Attach Schedule)						
9	Other Ambulance Service Revenue (Attach Schedule)						
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ <u>2,258,552</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)		\$ <u>0</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2014

TO:

June 30, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients
(1) (2) (3)

Line No.	<u>DESCRIPTION</u>	<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ _____	\$ _____	\$ 1,947,987.71 ✓
2	BLS Base Rate	_____	_____	240,546.54 ✓
3	Mileage Charge	_____	_____	70,038.27 ✓
4	Waiting Charge	_____	_____	-
5	Medical Supplies (Gross Charges)	_____	_____	-
6	Nurses' Charges	_____	_____	-
7	Total	\$ _____	\$ _____	\$ 2,258,552.52 ✓
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	_____
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	_____
10	Total Ambulance Service Routine Operating Revenue	(Post to Pg 2, Line 1) _____	_____	\$ 2,258,552.52 ✓
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ _____	\$ 419,169.93 ✓
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	_____	614,612.42 ✓
13	Subsidy (Post total to Pg 2, Line 6)	_____	_____	-
14	Other (Attach Schedule)	_____	_____	60,101.77 ✓
15	Total Settlements	\$ 0	\$ 0	\$ 1,093,884.12

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:

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2014

TO:

June 30, 2015

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		
2	Payroll Taxes	0.0	\$ -
3	Employee Fringe Benefits		-
4	Total	0.0	-
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages		
6	Payroll Taxes	4.0	351,140
7	Employee Fringe Benefits		3,965
8	Total	4.0	427,526
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
Gross Wages			
9	Paramedics and IEMT		
10	Emergency Medical Technician (EMT)	6.0	402,160
11	Nurses	37.0	2,116,385
12	Payroll Taxes		-
13	Employee Fringe Benefits		35,632
14	Total	43.0	3,722,441
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
Gross Wages			
15	Dispatch	0.0	-
16	Mechanics	0.0	-
17	Office and Clerical	1.0	19,691.00
18	Other	0.0	-
19	Payroll Taxes		-
20	Employee Fringe Benefits		1,361.00
21	Total	1.0	33,728
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits	48.0	\$ 4,183,695

* 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:

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2014

TO:

June 30, 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)	4	351,140	80%	280,912
2	Payroll Taxes		3,965	80%	3,172
3	Employee Fringe Benefits		72,421	80%	57,937
4	Total	4	427,526		342,021
AMBULANCE PERSONNEL					
			** Contractual		
			Wages		
	Gross Wages (Attach Schedule I)		Labor		
5	Paramedics and IEMT	6	402,160	100%	402,160
6	Emergency Medical Technician (EMT)	37	2,116,385	80%	1,693,108
7	Nurses	0	-	0%	-
8	Drivers	0	-	0%	-
9	Payroll Taxes		35,632	80%	28,506
10	Employee Fringe Benefits		1,168,263	80%	934,610
11	Total	43	3,722,441		3,058,384
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	0	-	0%	-
13	Mechanics	0	-	0%	-
14	Office and Clerical	1	19,691	80%	15,753
15	Other	0	-	0%	-
16	Payroll Taxes		1,361	80%	1,089
17	Employee Fringe Benefits		12,676	80%	10,141
18	Total	1	33,728		26,982
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS (Post to Pg 2, line 12)	48	4,183,695		\$ 3,427,387

* 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:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2014 TO: June 30, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	DESCRIPTION	<u>Basis of Allocations</u>	
Gross Wages - MANAGEMENT			
1	Gross Wages - MANAGEMENT		
2	Payroll Taxes		
3	Employee Fringe Benefits		
4	Total		
		Contractual	Wages
Gross Wages - AMBULANCE PERSONNEL			
5	Paramedics and IEMT		100% Ambulance Personnel
6	Emergency Medical Technician (EMT)		80% Based on Ambulance Calls
7	Nurses		
8	Drivers		
9	Payroll Taxes		80% of Gross Wages
10	Employee Fringe Benefits		80% of Gross Wages
11	Total		
Gross Wages - OTHER PERSONNEL			
12	Dispatch		
13	Mechanics		
14	Office and Clerical		80% Based on Ambulance Calls
15	Other		
16	Payroll Taxes		
17	Employee Fringe Benefits		
18	Total		

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
Professional Service:			
1	Legal Fees	\$	-
2	Collection Fees		-
3	Accounting and Auditing		-
4	Data Processing Fees		-
5	Other (Attach Schedule)		3,521
6	Total		\$ 3,521
 Travel and Entertainment:			
7	Meals and Entertainment		-
8	Transportation - Other Company Vehicles		-
9	Travel		674
10	Other (Attach Schedule)		-
11	Total		674
 Other General and Administrative:			
12	Office Supplies		0
13	Postage		0
14	Telephone		0
15	Advertising		0
16	Professional Liability Insurance		0
17	Dues and Subscriptions		0
18	Other (Attach Schedule)		14,005
19	Total		14,005
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ 18,200

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 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%	\$ 0
2	Collection Fees	-	0%	0
3	Accounting and Auditing	-	0%	0
4	Data Processing Fees	-	0%	0
5	Other (Attach Schedule)	23,475	15%	3,521
6	Total	<u>23,475</u>		<u>3,521</u>
Travel and Entertainment:				
7	Meals and Entertainment	-	0%	0
8	Transportation - Other Company Vehicles	-	0%	0
9	Travel	4,491	15%	674
10	Other (Attach Schedule)	-	0%	0
11	Total	<u>4,491</u>		<u>674</u>
Other General and Administrative:				
12	Office Supplies	0	0%	0
13	Postage	0	0%	0
14	Telephone	0	0%	0
15	Advertising	0	0%	0
16	Professional Liability Insurance	0	0%	0
17	Dues and Subscriptions	0	0%	0
18	Other (Attach Schedule)	93,365	15%	14,005
19	Total	<u>93,365</u>		<u>14,005</u>
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ <u>121,331</u>		<u>18,200</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

City of Nogales

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$	<u>217,139</u>
2	Amortization			
3	Total		\$	<u>217,139</u>

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

5	Building and Cleaning Supplies			-
6	Utilities			<u>4,779.00</u>
7	Property Taxes			-
8	Property Insurance			-
9	Repairs and Maintenance			-
10	Other (Attach Schedule)			-
11	Total			<u>4,779</u>

Vehicle Expense - Ambulance Units:

12	License / Registration			<u>297</u>
13	Fuel			<u>6,013</u>
14	General Vehicle Service and Maintenance			<u>8,387</u>
15	Major Repairs			-
16	Insurance - Service Vehicles			-
17	Other (Attach Schedule)			-
18	Total			<u>14,697</u>

Other Expenses:

19	Dispatch			-
20	Education / Training			-
21	Uniforms and Uniform Cleaning			-
22	Meals and Travel for Ambulance personnel			-
23	Maintenance Contracts			-
24	Minor Equipment - Not Capitalized			-
25	Ambulance Supplies - Nonchargeable			-
26	Other (Attach Schedule)			<u>16,133</u>

27	Total			<u>16,133</u>
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28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$	<u>252,747</u>
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

City of Nogales

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)		
2	Amortization			\$ 0
3	Total	0		0
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		
Building / Station Expense:				
5	Building and Cleaning Supplies			
6	Utilities	-	0%	-
7	Property Taxes	23,896	20%	4,779
8	Property Insurance	-	0%	-
9	Repairs and Maintenance	-	0%	-
10	Other (Attach Schedule)	-	0%	-
11	Total	23,896		4,779
Vehicle Expense - Ambulance Units:				
12	License / Registration			
13	Fuel	1,483	20%	297
14	General Vehicle Service and Maintenance	30,064	20%	6,013
15	Major Repairs	-	0%	0
16	Insurance - Service Vehicles	41,936	20%	8,387
17	Other (Attach Schedule)	-	0%	0
18	Total	73,483		14,697
Other Expenses:				
19	Dispatch	-	0%	0
20	Education / Training	-	0%	0
21	Uniforms and Uniform Cleaning	-	0%	0
22	Meals and Travel - Ambulance Personnel	-	0%	0
23	Maintenance Contracts	-	0%	0
24	Minor Equipment - Not Capitalized	-	0%	0
25	Ambulance Supplies - Nonchargeable	-	0%	0
26	Other (Attach Schedule)	80,663	20%	16,133
27	Total	80,663		16,133
28	Total Other Operating Expenses	178,042		35,608

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 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)				<u>0</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2014 TO: June 30, 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 9)	_____
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: City of Nogales
FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

OTHER OPERATING REVENUES & EXPENSES

Line No.	Description		
Other Operating Revenues:			
1	Supportive Funding - Local (attach schedule)	\$	_____
2	Grant Funds - State (attach schedule)	NA	_____
3	Grant Funds - Federal (attach schedule)	NA	_____
4	Grant Funds - Other (attach schedule)	NA	_____
5	Patient Finance Charges	NA	_____
6	Patient Late Payment Charges	NA	_____
7	Interest Earned - Related Person / Organization	NA	_____
8	Interest Earned - Other	NA	_____
9	Gain on Sale of Operating Property	NA	_____
10	Other: _____	NA	_____
11	Other: _____	NA	_____
12	Total Other Operating Revenues	\$	<u>0</u>
Other Operating Expenses:			
13	Loss on Sale of Operating Property	NA	_____
14	Other: _____	NA	_____
15	Other: _____	NA	_____
16	Total Other Operating Expenses		<u>0</u>
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$	<u>0</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____ City of Nogales
 FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 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						\$						\$	
2													
3													
4													
5													
6													
7	TOTAL					\$		\$				\$	

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____ City of Nogales
 FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

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

Line No. Detail of Salaries / Wages - Other Than Officers / Owners

1 **MANAGEMENT:**

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
FIRE CHIEF	40			158,438
ASSISTANT FIRE CHIEF	40			105,819
FIRE PREVENTION DIVISION CHIEF	40			69,707
EMDS DIVISION CHIEF	40			93,582

2 **AMBULANCE PERSONNEL:**

FIREFIGHTER/ PARAMEDIC	40			93,933
FIREFIGHTER/ PARAMEDIC	40			96,398
FIREFIGHTER/ PARAMEDIC	40			92,840
FIREFIGHTER/ PARAMEDIC	40			101,449
FIREFIGHTER/ PARAMEDIC	40			99,747
FIREFIGHTER/ PARAMEDIC	40			89,735
FIREFIGHTER/ PARAMEDIC	40			65,479
FIREFIGHTER/ PARAMEDIC	40			102,025
FIREFIGHTER/ PARAMEDIC	40			91,038
FIREFIGHTER/ PARAMEDIC	40			99,540
FIREFIGHTER/ PARAMEDIC	40			97,207
FIREFIGHTER/ PARAMEDIC	40			101,048
FIREFIGHTER/ PARAMEDIC	40			83,124
FIREFIGHTER/ PARAMEDIC	40			91,339
FIREFIGHTER/ PARAMEDIC	40			92,295
FIREFIGHTER/ PARAMEDIC	40			93,847
FIREFIGHTER/ PARAMEDIC	40			49,097
FIREFIGHTER/ PARAMEDIC	40			82,160
FIREFIGHTER/ PARAMEDIC	40			91,257
FIREFIGHTER/ PARAMEDIC	40			94,062
FIREFIGHTER/ PARAMEDIC	40			86,399
FIREFIGHTER/ PARAMEDIC	40			74,857
FIREFIGHTER/ PARAMEDIC	40			91,241
FIREFIGHTER/ PARAMEDIC	40			88,770
FIREFIGHTER/ PARAMEDIC	40			82,417
FIREFIGHTER/ PARAMEDIC	40			72,373
FIREFIGHTER/ PARAMEDIC	40			75,384
FIREFIGHTER/ PARAMEDIC	40			83,749
FIREFIGHTER/ PARAMEDIC	40			87,010
FIREFIGHTER/ PARAMEDIC	40			77,917
FIREFIGHTER/ PARAMEDIC	40			78,328
FIREFIGHTER/ PARAMEDIC	40			69,289
FIREFIGHTER/ PARAMEDIC	40			78,328
FIREFIGHTER/ PARAMEDIC	40			74,771
FIREFIGHTER/ PARAMEDIC	40			73,051
FIREFIGHTER/ PARAMEDIC	40			79,914
FIREFIGHTER/ PARAMEDIC	40			82,239
FIREFIGHTER/ PARAMEDIC	40			86,320
FIREFIGHTER/ PARAMEDIC	40			72,681
FIREFIGHTER/ PARAMEDIC	40			73,485
FIREFIGHTER/ PARAMEDIC	40			75,491
FIREFIGHTER/ PARAMEDIC	40			72,211
FIREFIGHTER/ PARAMEDIC	40			24,977

3 **OTHER PERSONNEL:**

ADMINISTRATIVE OFFICE ASST	20			33,728.00

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales FROM: July 1, 2014 TO: June 30, 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	Ambulance	July 1, 1991	30,000	100%	S/L	10		30,000			
2	Ambulance	April 7, 1985	56,754	100%	S/L	10		56,754			
3	Ambulance	September 27, 1999	52,630	100%	S/L	10		52,630			
4	Ambulance	June 5, 2003	55,007	100%	S/L	10		55,007			
6	Rosenbauer 101* Aerial Fire Truck- 4049	May 19, 2010	829,419	100%	S/L	20		338,679	82,942	407,797	
7	Types III Wheeled Coach Ambulance- 4050	July 29, 2010	113,630	100%	S/L	10		89,167	22,766	1,897	
9	LP15 Cardiac Monitor/ Defibrillator- 5070	January 25, 2014	29,504	100%	S/L	5		2,459	5,901	21,145	
10	LP15 Cardiac Monitor/ Defibrillator- 5071	January 25, 2014	29,504	100%	S/L	5		2,459	5,901	21,145	
11	LP15 Cardiac Monitor/ Defibrillator- 5072	January 25, 2014	29,504	100%	S/L	5		2,459	5,901	21,145	
12	LP15 Cardiac Monitor/ Defibrillator- 5073	January 25, 2014	29,504	100%	S/L	5		2,459	5,901	21,145	
13	Ambulance- 5081	June 2, 2014	146,997	100%	S/L	5		2,450	28,909	115,638	
14	Ambulance- 5082	June 2, 2014	146,997	100%	S/L	5		2,450	28,909	115,638	
15	Portable Radios	March 20, 2014	150,047	100%	S/L	5		7,502.4	30,009.4	112,535.3	
16											
17											
18											
19											
20	SUBTOTAL								217,139		0

* Complete Description of property, date placed in service, and rent/lease amount only. Post to Pg 13, Line 19, Column K



AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 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											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

18	SUBTOTAL above								0	0	0
19	SUBTOTAL from Page 12, Line 20							217,739	0	0	0
20	SUM of Line 18 & 19							217,739	0	0	0

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM:

July 1, 2014

TO:

June 30, 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	_____					
12	_____					
13	_____					
	Other Name of Payee:					
14	_____	_____ %				
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: City of Nogales

FOR THE PERIOD FROM: July 1, 2014 TO: June 30, 2015

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$ -	
2	Accounts Receivable	583,375.98	
3	Less: Allowance for Doubtful Accounts	(299,650.74)	
4	Inventory	-	
5	Prepaid Expenses	-	
6	Other Current Assets	-	
7	TOTAL CURRENT ASSETS		\$ 283,725.24
9	PROPERTY & EQUIPMENT		1,699,697.00
10	Less: Accumulated Depreciation		(217,139.00)
11	OTHER NON CURRENT ASSETS		1,482,558
12	TOTAL ASSETS		\$ 1,766,283

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$	
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		\$
21	NOTES PAYABLE		
22	LONG-TERM DEBT OTHER		
23	TOTAL LONG-TERM DEBT		

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	1,766,283.00	
31	TOTAL EQUITY		1,766,283.00
32	TOTAL LIABILITIES & EQUITY		\$ 1,766,283.00

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BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

City of Nogales

FOR THE PERIOD

FROM: July 1, 2014

TO: June 30, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

1	Net (loss) Income		\$ <u>(3,686,974)</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		217,139
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		583,376
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>(2,886,459.02)</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		

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		
27	NET INCREASE (Decrease) IN CASH		
28	CASH AT BEGINNING OF YEAR		
29	CASH AT END OF YEAR		

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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