

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

Legal Name of Company: Life Line Ambulance Service, Inc CON No. 62

D.B.A. (Doing Business As): _____ Business Phone: 928-855-4104

Financial Records Address: 1099 W Iron Springs Road City: Prescott Zip Code: 86305

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

Owner / Manager: Regional Director - John Valentine

Report Contact Person: Regional Director - John Valentine Business Phone: 928-855-4104 Ext. _____

Report for Actual Period: 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: Life Line Ambulance Service, Inc

FOR THE ACTUAL 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:	1,293	410	12,189	13,892
2	Number of BLS Billable Transports:	266	281	3,155	3,702
3	Number of Loaded Billable Miles:	19,291	38,876	269,795	327,962
4	Waiting Time (Hr. & Min.):	-	-	131	131
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: Life Line Ambulance Service, Inc
FOR THE ACTUAL PERIOD FROM: January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1)	(2)	(3)
		SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
1	Number of ALS Billable Transports:	-	13,892	13,892
2	Number of BLS Billable Transports:	-	3,702	3,702
3	Number of Loaded Billable Miles:	-	327,962	327,962
4	Waiting Time (Hr. & Min.):	-	131	131
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			-

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:

Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO:

December 31, 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	\$ 34,884,163
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	1,825,907
3	Medicare Settlement	Page 3.1, Line 12	11,763,089
4	Contractual Discounts	Page 7, Line 22	588,904
5	Subscription Service Settlement	Page 8, Line 4	213,038
6	Other (Tricare & out-of-state Medicaid)	Page 3.1, Line 13	21,149
7	Total	Sum of Lines 2 through 6	14,412,087
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	20,472,076
9	Sales of Subscription Service Contracts	Page 8, Line 8	279,288
10	Total Operating Revenue	Line 8, plus Line 9	\$ 20,751,364
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		3,664,284
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	7,907,888
13	General and Administrative Expenses	Page 5, Line 20	666,147
14	Cost of Goods Sold	Page 3, Line 15	233,558
15	Other Operating Expense	Page 6, Line 28	2,425,459
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	1,132,388
17	Subscription Service Direct Selling	Page 8, Line 23	-
18	Total Operating Expense	Sum of Lines 11 through 17	16,029,724
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	4,721,640
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	(637,383)
21	Non-Operating Revenue and Expense		-
22	Non-Deductible Expenses (Attach Schedule)		(192,935)
23	Total Other Revenues / Expenses	Sum of Lines 20 - 22	(830,318)
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	3,891,321
Provision for Income Taxes:			
25	Federal Income Tax		1,361,962
26	State Income Tax		194,566
27	Total Income Tax	Lines 25, plus Line 26	1,556,528
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	2,334,793

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

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

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>							
Ambulance Service Routine Operating Revenue:								
1	ALS Base Rate Amount	Rate	\$ 1,500.82	x No. of Runs	4,347	=	\$ 6,524,065	
		Rate	<u>1,531.59</u>	x No. of Runs	<u>9,545</u>	=	<u>14,618,304</u>	
2	BLS Base Rate Amount	Rate	1,500.82	x No. of Runs	1,068	=	1,602,876	
		Rate	<u>1,531.59</u>	x No. of Runs	<u>2,634</u>	=	<u>4,034,940</u>	
3	Mileage Rate Amount	Rate	22.46	x No. of Billable Miles	94,144	=	2,114,465	
		Rate	<u>22.92</u>	x No. of Billable Miles	<u>233,819</u>	=	<u>5,359,128</u>	
4	Waiting Charge Amount	Rate	154.82	x No. of Hours	41	=	6,310	
		Rate	<u>157.99</u>	x No. of Hours	<u>91</u>	=	<u>14,314</u>	
5	Medical Supplies (Gross Charges to patients)						<u>552,759</u>	
6	Nurse Charges						<u>-</u>	
7	Total						<u>34,827,160</u>	
8	Standby Revenue (Attach Schedule)						<u>36,282</u>	
9	Other Ambulance Service Revenue - Dispatch, air crew and other misc income						<u>20,721</u>	
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ 34,884,163	

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year		120,153	
12	Plus Purchases		<u>301,082</u>	
13	Plus Other Costs			
14	Less Inventory at End of Year		<u>187,677</u>	
15	Cost of Goods Sold (To Page 2, Line 14)			\$ 233,558

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD

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		\$ -
2	Payroll Taxes		
3	Employee Fringe Benefits		
4	Total	0.0	-
	MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)		
5	Gross Wages	28.6	1,631,995
6	Payroll Taxes		125,288
7	Employee Fringe Benefits		195,138
8	Total	28.6	1,952,420
	AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)		
	Gross Wages		
9	Paramedics and IEMT	65.6	2,748,938
10	Emergency Medical Technician (EMT)	63.6	1,730,878
11	Nurses	0.0	-
12	Payroll Taxes		343,914
13	Employee Fringe Benefits		535,652
14	Total	129.2	5,359,382
	OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)		
	Gross Wages		
15	Dispatch	11.0	437,844
16	Mechanics	1.4	60,415
17	Office and Clerical	0.0	-
18	Other	0.0	-
19	Payroll Taxes		38,251
20	Employee Fringe Benefits		59,577
21	Total	12.4	596,086
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	170.2	\$ 7,907,888

* 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: Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD 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)		28.59	1,631,995	100%	1,631,995
2	Payroll Taxes			125,288	100%	125,288
3	Employee Fringe Benefits			195,138	100%	195,138
4	Total		28.6	1,952,420		1,952,420
AMBULANCE PERSONNEL						
		** Contractual		Wages		
	Gross Wages (Attach Schedule II)	Labor				
5	Paramedics and IEMT	\$	65.63	2,748,938	100%	2,748,938
6	Emergency Medical Technician (EMT)		63.61	1,730,878	100%	1,730,878
7	Nurses		-	-	100%	-
8	Drivers		-	-	100%	-
9	Payroll Taxes			343,914	100%	343,914
10	Employee Fringe Benefits			535,652	100%	535,652
11	Total		129.2	5,359,382		5,359,382
OTHER PERSONNEL						
	Gross Wages (Attach Schedule II)					
12	Dispatch		11.02	437,844	100%	437,844
13	Mechanics		1.38	60,415	100%	60,415
14	Office and Clerical		-	-	100%	-
15	Other		-	-	100%	-
16	Payroll Taxes			38,251	100%	38,251
17	Employee Fringe Benefits			59,577	100%	59,577
18	Total		12.40	596,086		596,086
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS	(Post to Pg 2, line 12)	170.22	7,907,888		\$ 7,907,888

* 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:

Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>				
Professional Service:					
1	Legal Fees		\$	(90)	
2	Collection Fees			10,944	
3	Accounting and Auditing			2,970	
4	Data Processing Fees			-	
5	Other (Attach Schedule)			139,439	
6	Total				\$ 153,262
 Travel and Entertainment:					
7	Meals and Entertainment			11,043	
8	Transportation - Other Company Vehicles			-	
9	Travel			45,324	
10	Other (Attach Schedule)			-	
11	Total				56,367
 Other General and Administrative:					
12	Office Supplies			25,463	
13	Postage			43,949	
14	Telephone			114,036	
15	Advertising			23,056	
16	Professional Liability Insurance (includes General liability and property insurance)			65,855	
17	Dues and Subscriptions			9,425	
18	Other (Attach Schedule)			174,733	
19	Total				456,517
20	Total General and Administrative Expenses (Post to Page 2, Line 13)				\$ 666,147

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc
FOR THE ACTUAL PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES SUPPORTING DETAIL

Line No.	DESCRIPTION		
Professional Service Other:			
1	Consulting Fees	\$	102,039
2	Medical Director Fees		37,400
3	Other professional fees		-
4	.....	
5	.....	
6	.....	\$	139,439
 Travel and Entertainment Other:			
7	.....		-
8	.....		-
9	.....		-
10	.....		-
11	Total		-
 Other General and Administrative:			
12	Printing		17,712
13	Overnight Delivery		3,444
14	Other Misc expenses		(796)
15	Employee recruitment		13,717
16	Sales & Use Tax; State Franchise & Other Taxes		140,505
17	Business license expense		50
18	Fines and penalties		101
19	Total		174,733

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

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

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ (90)	100%	\$ (90)
2	Collection Fees	10,944	100%	10,944
3	Accounting and Auditing	2,970	100%	2,970
4	Data Processing Fees	-	100%	-
5	Other (Attach Schedule)	139,439	100%	139,439
6	Total	153,262		153,262
 Travel and Entertainment:				
7	Meals and Entertainment	11,043	100%	11,043
8	Transportation - Other Company Vehicles	-	100%	-
9	Travel	45,324	100%	45,324
10	Other (Attach Schedule)	-	100%	-
11	Total	56,367		56,367
 Other General and Administrative:				
12	Office Supplies	25,463	100%	25,463
13	Postage	43,949	100%	43,949
14	Telephone	114,036	100%	114,036
15	Advertising	23,056	100%	23,056
16	Professional Liability Insurance	65,855	100%	65,855
17	Dues and Subscriptions	9,425	100%	9,425
18	Other (Attach Schedule)	174,733	100%	174,733
19	Total	456,517		456,517
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 666,147		666,147

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

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

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	<u>100% Ambulance Services</u>
2	Collection Fees	<u>100% Ambulance Services</u>
3	Accounting and Auditing	<u>100% Ambulance Services</u>
4	Data Processing Fees	<u>100% Ambulance Services</u>
5	Other (Attach Schedule)	<u>100% Ambulance Services</u>
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	<u>100% Ambulance Services</u>
8	Transportation - Other Company Vehicles	<u>100% Ambulance Services</u>
9	Travel	<u>100% Ambulance Services</u>
10	Other (Attach Schedule)	<u>100% Ambulance Services</u>
11	Total	
Other General and Administrative:		
12	Office Supplies	<u>100% Ambulance Services</u>
13	Postage	<u>100% Ambulance Services</u>
14	Telephone	<u>100% Ambulance Services</u>
15	Advertising	<u>100% Ambulance Services</u>
16	Professional Liability Insurance	<u>100% Ambulance Services</u>
17	Dues and Subscriptions	<u>100% Ambulance Services</u>
18	Other (Attach Schedule)	<u>100% Ambulance Services</u>
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Life Line Ambulance Service, Inc

FOR THE ACTUAL 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>428,011</u>
2	Amortization			<u>-</u>
3	Total		\$	<u>428,011</u>
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		<u>707,947</u>

Building / Station Expense:

5	Building and Cleaning Supplies			<u>25,204</u>
6	Utilities			<u>127,609</u>
7	Property Taxes			<u>55,783</u>
8	Property Insurance (included with professional liability insurance)			<u>-</u>
9	Repairs and Maintenance			<u>35,564</u>
10	Other (Attach Schedule)			<u>26,747</u>
11	Total			<u>270,907</u>

Vehicle Expense - Ambulance Units:

12	License / Registration			<u>9,932</u>
13	Fuel			<u>287,409</u>
14	General Vehicle Service and Maintenance			<u>339,916</u>
15	Major Repairs			
16	Insurance - Service Vehicles			<u>82,031</u>
17	Other (Attach Schedule)			<u>52,456</u>
18	Total			<u>771,744</u>

Other Expenses:

19	Dispatch			<u>-</u>
20	Education / Training			<u>28,605</u>
21	Uniforms and Uniform Cleaning			<u>44,928</u>
22	Meals and Travel for Ambulance personnel			<u>-</u>
23	Maintenance Contracts			<u>140,929</u>
24	Minor Equipment - Not Capitalized			<u>11,524</u>
25	Relocation			<u>-</u>
26	Other (Attach Schedule)			<u>20,865</u>
27	Total			<u>246,851</u>
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$	<u>2,425,459</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

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

OTHER OPERATING EXPENSES SUPPORTING SCHEDULE

Line No.	<u>DESCRIPTION</u>				
Building / Station Expense Other:					
1	Rubbish removal	.....	\$	3,713	
2	Other misc repairs	.....		23,034	
3		.....		
4		.....		
5		.....		
6		.....			\$ 26,747
 Vehicle Expense - Ambulance Units Other:					
7	Repairs - customer property damage	.....		178	
8	Repairs & Maintenance - radio equipment	.....		52,278	
9		.....		-
10		.....		-
11	Total	.....			52,456
 Other Expenses - Other:					
12	Employee relations	.....		8,886	
13	Computer & Office equipment rental	.....		3,158	
14	Other misc expenses	.....		1,382	
15	Employee licenses	.....		340	
16	Lab fees & Physicals	.....		3,495	
17	Medical Waste removal		3,104	
18	Charitable donation		500	
19	Total			20,865

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

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

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 428,011	100%	\$ 428,011
2	Amortization	-	100%	-
3	Total	428,011		428,011
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	707,947	100%	707,947
Building / Station Expense:				
5	Building and Cleaning Supplies	25,204	100%	25,204
6	Utilities	127,609	100%	127,609
7	Property Taxes	55,783	100%	55,783
8	Property Insurance	-	100%	-
9	Repairs and Maintenance	35,564	100%	35,564
10	Other (Attach Schedule)	26,747	100%	26,747
11	Total	270,907		270,907
Vehicle Expense - Ambulance Units:				
12	License / Registration	9,932	100%	9,932
13	Fuel	287,409	100%	287,409
14	General Vehicle Service and Maintenance	339,916	100%	339,916
15	Major Repairs	-	100%	-
16	Insurance - Service Vehicles	82,031	100%	82,031
17	Other (Attach Schedule)	52,456	100%	52,456
18	Total	771,744		771,744
Other Expenses:				
19	Dispatch	-	100%	-
20	Education / Training	28,605	100%	28,605
21	Uniforms and Uniform Cleaning	44,928	100%	44,928
22	Meals and Travel - Ambulance Personnel	-	100%	-
23	Maintenance Contracts	140,929	100%	140,929
24	Minor Equipment - Not Capitalized	11,524	100%	11,524
25	Ambulance Supplies - Nonchargeable	-	100%	-
26	Other (Attach Schedule)	20,865	100%	20,865
27	Total	246,851		246,851
28	Total Other Operating Expenses (Post to Page 2, Line 15) ..	\$ 2,425,459		\$ 2,425,459

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

FOR THE ACTUAL 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	
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	
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	
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	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

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

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1	VA	677	1,929,354	30%	578,806
2	Yavapai Regional Medical Center	14	33,660	30%	10,098
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)				588,904

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Life Line Ambulance Service, Inc

FOR THE ACTUAL 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>2,855,794</u>
Less:		
2	AHCCCS Settlement	\$ <u>11,589</u>
3	Medicare Settlement	<u>1,551,263</u>
4	Subscription Service Settlement (Post to Pg 2, Line 5) ...	<u>213,038</u>
5	Subscription Service Bad Debt	<u>23,245</u>
6	Total	<u>1,799,135</u>
Plus:		
7	Net Revenue from Subscription Service Runs	<u>1,056,660</u>
8	Sales of Subscription Service (Post to Pg 2, Line 9)	<u>279,288</u>
9	Other Revenue (attach schedule)	<u>-</u>
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	<u>1,335,948</u>
 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)	\$ <u>-</u>

There is minimal expense and is included in Office expenses.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

FOR THE ACTUAL 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 & Service Charges	66,155
6	Patient Late Payment Charges	-
7	Interest Earned - Related Person / Organization	-
8	Interest Earned - Other	-
9	Gain on Sale of Operating Property	-
10	Other: _____	-
11	Other: _____	-
12	Total Other Operating Revenues	\$ 66,155
Other Operating Expenses:		
13	(Gain)/Loss on Sale of Operating Property	(3,000)
14	Other: <u>Bank Charges (Visa)</u>	27,710
15	Other: <u>see attached</u>	678,828
16	Total Other Operating Expenses	703,538
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$ (637,383)

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

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

OTHER OPERATING REVENUES & EXPENSES SUPPORTING SCHEDULE

Line No.	<u>DESCRIPTION</u>	\$
Other Operating revenue - other		
1	.....	\$ _____
2	.....	_____
3	.....	_____
4	.....	_____
5	.....	_____
6	.....	\$ _____ -
 Other Operating Expenses - Other:		
7	.....	_____
8	Regional Overhead Support (IT, Finance, HR, etc...)	230,586
9	Corp Overhead support (Compliance, legal, tax, Risk and Safety, etc...).....	445,101
10	Severance costs	3,141
11	_____
12	_____
13	_____
14	Total	<u>678,828</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD

January 1, 2015

TO: December 31, 2016

**Schedule I
DETAIL OF SALARIES / WAGES
Officers / Owners**

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP HEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1													0.00
2													0.00
3													0.00
4													0.00
5													0.00
6													0.00
7	TOTAL		0%	\$	0.00	\$	0.00	\$	0.00	\$	0.00	\$	0.00

* 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: Life Line Ambulance Service, Inc

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

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

Line No.	Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
Detail of Salaries / Wages - Other Than Officers / Owners					
1	MANAGEMENT:				
	<u>Operational Managers</u>	<u>40+ week</u>	<u>Varies</u>	<u>Varies</u>	<u>_____</u>
	<u>AR Supervisor</u>	<u>40+ week</u>	<u>Varies</u>	<u>Varies</u>	<u>_____</u>
	<u>Facilities Coordinator</u>	<u>40+ week</u>	<u>Varies</u>	<u>Varies</u>	<u>_____</u>
	<u>Clinical Compliance Manager</u>	<u>40+ week</u>	<u>Varies</u>	<u>Varies</u>	<u>_____</u>
	<u>General Manager</u>	<u>40+ week</u>	<u>Varies</u>	<u>Varies</u>	<u>_____</u>
2	AMBULANCE PERSONNEL:				
	<u>CEP/EMT Full time</u>	<u>48 hrs/week</u>	<u>Varies</u>	<u>_____</u>	<u>_____</u>
	<u>Field Supervisor CEP</u>	<u>50 hrs/week</u>	<u>Varies</u>	<u>_____</u>	<u>_____</u>
	<u>EMT Full time</u>	<u>48 hrs/week</u>	<u>Varies</u>	<u>_____</u>	<u>_____</u>
	<u>RNs</u>	<u>as needed</u>	<u>Varies</u>	<u>_____</u>	<u>_____</u>
3	OTHER PERSONNEL:				
	<u>Dispatch</u>	<u>36 hrs/week</u>	<u>Varies</u>	<u>_____</u>	<u>_____</u>
	<u>Mechanic</u>	<u>40+ week</u>	<u>Varies</u>	<u>_____</u>	<u>_____</u>
	<u>Office Staff</u>	<u>40+ week</u>	<u>Varies</u>	<u>_____</u>	<u>_____</u>
	<u>Maintenance & Supply</u>	<u>40+ week</u>	<u>Varies</u>	<u>_____</u>	<u>_____</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Life Line Ambulance Service, Inc

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

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method "Straight line" Depreciation	Recovery Period (in Years)	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent / Lease Amounts *
1	Ambulances	Various	1,076,825	100%	1,076,825	SL	Various	235,119	147,320	694,387	-
2	Support Vehicles	Various	142,615	100%	142,615	SL	Various	56,284	64,186	22,145	-
3	Medical Equipment	Various	439,064	100%	439,064	SL	Various	9,806	60,620	369,538	-
4	Communications Equipment	Various	44,191	100%	44,191	SL	Various	18,805	17,826	7,560	-
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		1,702,696		1,702,696			320,014	289,952	1,092,730	

* 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: _____ Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD FROM: January 1, 2015 TO: December 31, 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	Building	Various	-	100%	-	SL	Various	-	-	-	-
2	Building Improvements	Various	412,508	100%	412,508	SL	Various	53,699	57,233	301,577	-
3	Office Furniture & Equipment	Various	8,131	100%	8,131	SL	Various	3,427	3,127	1,578	-
4	Computer Equipment	Various	156,835	100%	156,835	SL	Various	39,687	56,872	68,277	-
5	Land	Various	-	100%	-	SL	Various	-	-	-	-
6	Computer Software	Various	43,343	100%	43,343	SL	Various	24,514	18,828	-	-
7	Facility Lease - 440 Palomino, Chino Valley, AZ										36,216
8	Facility Lease - 930 E. River Rd, Dewey, AZ										45,517
9	Facility Lease - 412 N. Grand Canyon Blvd, Williams, AZ										34,213
10	Facility Lease - 7420 N. State Route 39, Prescott, AZ										31,725
11	Facility Lease - 7579 E. Addis Prescott Valley, AZ										41,342
12	Facility Lease - 8020 E. Yavapai, Prescott Valley, AZ										52,556
13	Facility Lease - 1400 W. Tanager St, Wickenburg, AZ										99,162
14	Facility Lease - 1099 Iron Springs Rd, Prescott, AZ										325,558
15	Facility Lease - 17210 E. Roadrunner Rd, Spring Valley, AZ										16,734
16	Facility Lease - 315 Lee Blvd, Prescott, AZ										24,724
17											
18	SUBTOTAL above		630,818		630,818			121,327	138,059	371,432	707,947
19	SUBTOTAL from Page 12, Line 20		1,702,696		1,702,696			320,014	298,952	1,092,730	-
20	SUM of Line 18 & 19		2,333,513		2,333,513			441,340	428,011	1,464,162	707,947

* 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:

Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD

January 1, 2015

TO:

December 31, 2015

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Principal Balance		(5) Interest Expense	
			(3) Beginning of Period	(3) End of Period	(4) Related Persons or Organizations	(5) 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	<u>AMR Inc (Intercompany interest expense)</u>	<u>5.25%</u>	<u>\$18,643,464</u>	<u>\$17,602,574</u>	<u>\$1,132,388</u>	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
	Other Name of Payee:					
14	_____	_____ %	_____	_____	_____	_____
15	TOTAL		\$ <u>18,643,464</u>	\$ <u>17,602,574</u>	\$ <u>1,132,388</u>	\$ <u>-</u>

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD

January 1, 2015

TO:

December 31, 2015

Attachment 1

NON-DEDUCTIBLE EXPENSE LISTING

<u>Line No.</u>	<u>Description</u>	<u>Amount</u>
1	10% of VA gross billing not allowed by statute	192,935
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12	TOTAL	\$ 192,935

Attachment 1

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BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BALANCE SHEET

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

ASSETS

CURRENT ASSETS

1	Cash	\$	704	
2	Accounts Receivable		7,684,216	
	Less: Allowance for Uncompensated Care & Contractual Adjustments		(4,307,055)	
4	Inventory		187,677	
5	Prepaid Expenses		126,313	
6	Other Current Assets <i>Deferred Tax Assets</i>		71,457	
7	TOTAL CURRENT ASSETS			\$ 3,763,312
9	PROPERTY & EQUIPMENT			2,333,513
10	Less: Accumulated Depreciation			(869,352)
11	OTHER NON CURRENT ASSETS			17,952,480
12	TOTAL ASSETS			\$ 23,179,954

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$		
14	Current Portion of Notes Payable			
15	Current Portion of Long-Term Debt			
16	Deferred Subscription Income		182,571	
17	Accrued Expenses and Other		607,412	
18	.....		
19	.....		
20	TOTAL CURRENT LIABILITIES			\$ 789,984
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		4,787,397	
28	Intercompany Payable to Parent		17,602,574	
29	Long-term Tax Liabilities		-	
30	Fund Balance			
31	TOTAL EQUITY			22,389,970
32	TOTAL LIABILITIES & EQUITY			\$ 23,179,954

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BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Life Line Ambulance Service, Inc

FOR THE ACTUAL PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

1	Net (loss) Income		\$ <u>2,334,793</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 & Amortization Expense		428,011
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		(1,635,161)
6	Inventories		(67,524)
7	Prepaid Expenses and deposits.....		(8,428)
	<i>Increase (Decrease) in:</i>	Note: a increase in these accounts improves cash flow	
8	Accounts Payable		115,013
9	Accrued Expenses		(971)
10	Deferred Subscription Income		(7,520)
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES		\$ <u>1,158,212</u>

INVESTING ACTIVITIES:

12	Purchases of Property & Equipment		(491,459)
13	Proceeds from Disposal of Property & Equipment		3,000
14	Purchases of Investments		
15	Proceeds from Disposal of Investments		
16	Loans Made		
17	Collections on Loans		
18	Net Working capital payments from/(to) Parent		(669,753)
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES		<u>(1,158,212)</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		-
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)		\$ <u>1,132,388</u>
34	Income Taxes Paid		\$ <u>1,556,528</u>

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