City of Phoenix
FIRE DEPARTMENT
FISCAL MANAGEMENT

June 23, 2016

Arizona Department of Health Services
Bureau of Emergency Medical Services
ATTN: Todd Jaramillo
150 N. 18TH AVE. STE. 540
Phoenix, AZ 85007-3248

Dear Mr. Jaramillo,

Enclosed for review, is the completed Ambulance Revenue and Cost Report for the emergency transportation services provided by the City of Phoenix Fire Department, for the calendar year 2015.

Should additional assistance be needed during the review process, please contact Mike Moreno at our office at 602-256-3385.

Thank you.

Kim Brown
Accountant II
City of Phoenix Fire Department
Fiscal Management

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

c: K. Leake, Deputy Chief
K. Kalkbrenner, Fire Chief

attachments

AMBULANCE REVENUE AND COST REPORT *

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company:	CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT			***CON No:***	76
DBA (Doing Business As):	CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT		***Business Phone:***		602-261-8414
Financial Records Address:	150 SOUTH 12TH STREET	***City:***	PHOENIX	***Zip Code:***	85034
Mailing Address (If Different):	SAME AS ABOVE	***City:***	SAA	***Zip Code:***	SAA
Owner/Manager:	Chief Ken Leake				
Report Contact Person:	Michael Moreno		***Phone:***		602-256-3385
Report Period From:	January 1, 2015	***To:***	December 31, 2015		
Method of Valuing Inventory:	LIFO: ( ) FIFO: ( ) Other (Explain): Average				

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

CERTIFICATION

I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.

Authorized Signature: Kara Kalkbrenner

Title: Fire Chief Date: 6/20/16

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services
150 N. 18th Ave. Ste. 540
Phoenix, AZ 85007
Telephone: (602) 364-3184

**** The ARCR is required to be reported on an accrual basis.***

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

STATISTICAL SUPPORT DATA:

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	No. of ALS Billable Runs	N/A	N/A	38,646	38,646
02	No. of BLS Billable Runs	N/A	N/A	29,745	29,745
03	No. of Loaded Billable Miles	N/A	N/A	269,093.0	269,093.0
04	Waiting Time (Hr. & Min.)	N/A	N/A	0	0
05	Totaled Canceled (Non-billable) Runs	N/A	N/A	15,279	15,279
					Number

	Volunteer Services: (OPTIONAL)	Donated Hours
06	Paramedic and IEMT	N/A
07	Emergency Medical Technician - B	N/A
08	Other Ambulance Attendants	N/A
09	Total Volunteer Hours	N/A

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** _____

STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
1	Number of ALS Billable Transports:			0
2	Number of BLS Billable Transports:			0
3	Number of Loaded Billable Miles:			0
4	Waiting Time (Hr. & Min.):			0
5	Canceled (Non-Billable) Runs:	N/A		0

Number

	Volunteer Services: (OPTIONAL)	Donated Hours
6	Paramedic and IEMT	
7	Emergency Medical Technician - B	
8	Other Ambulance Attendants	
9	Total Volunteer Hours	0

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

STATEMENT OF INCOME

Line No.	DESCRIPTION	From		
	Operating Revenue:			
01	Ambulance Service Routine Operating Revenue	Pg 3 Ln 10		$ 64,998,574
	Less:			
02	AHCCCS Settlement		6,487,343	
03	Medicare Settlement		12,898,687	
04	Contractual Discounts	Pg 7 Ln 22	0	
05	Subscription Service Settlement	Pg 8 Ln 4	0	
06	Other (Attach Schedule)		262,556	
07	Total			19,648,586
08	Net Revenue from Ambulance Runs			$ 45,349,988
09	Sales of Subscription Service Contracts	Pg 8 Ln 8		0
10	Total Operating Revenue			$ 45,349,988
	Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		$ 6,706,800	
12	Wages, Payroll Taxes and Employee Benefits	Pg 4 Ln 22	24,057,507	
13	General And Administrative Expenses	Pg 5 Ln 20	7,450,216	
14	Cost of Goods Sold	Pg 3 Ln 15	1,259,666	
15	Other Operating Expenses	Pg 6 Ln 28	4,613,866	
16	Interest Expense (Attach Schedule IV)	Pg 14 C1 4&5 Ln 15	0	
17	Subscription Service Direct Selling	Pg 8 Ln 23	0	
18	Total Operating Expenses			44,088,055
19	Ambulance Service Income (Loss) (Line 10 minus Line 18)			$ 1,261,933
	Other Revenues/Expenses:			
20	Other Operating Revenue and Expenses	Pg 9 Ln 17	$ 0	
21	Non-Operating Revenue and Expenses	Pg 16 Ln 26	1,801,791	
22	Non-Deductible Expenses (Attach Schedule)		0	
23	Total Other Revenues/Expenses			1,801,791
24	Ambulance Service Income (Loss) - Before Income Taxes			$ 3,063,724
	Provision for Income Taxes:			
25	Federal Income Tax		$ 0	
26	State Income Tax		0	
27	Total Income Tax			0
28	Ambulance Service - Net Income (Loss)			$ 3,063,724

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION							
	Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	$ 880.51	x No. of Runs	12,342	=	$	10,867,254
		Rate	898.56	x No. of Runs	26,304	=		23,635,722
2	BLS Base Rate Amount	Rate	784.33	x No. of Runs	9,185	=		7,204,071
		Rate	800.41	x No. of Runs	20,560	=		16,456,430
3	Mileage Rate Amount	Rate	18.26	x No. of Billable Miles	86,463.1	=		1,578,817
		Rate	9.13	x No. of Billable Miles	1,304.9	=		11,914
		Rate	18.63	x No. of Billable Miles	178,828.8	=		3,331,602
		Rate	9.32	x No. of Billable Miles	2,496.2	=		23,265
4	Waiting Charge Amount	Rate		x No. of Hours		=		-
		Rate		x No. of Hours		=		-
5	Medical Supplies (Gross Charges to patients)							1,889,499
6	Nurses Charges							
7	Total							64,998,574
8	Standby Revenue (Attach Schedule)							-
9	Other Ambulance Service Revenue (Attach Schedule)							-
10	**Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)**						$	64,998,574
	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)**						$	1,259,666

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** _____

ROUTINE OPERATING REVENUE Identified by subsidized and non-subsidized patients

Line No.	DESCRIPTION		(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
	AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate		$	$	$ 0
2	BLS Base Rate				0
3	Mileage Charge				0
4	Waiting Charge				0
5	Medical Supplies	(Gross Charges)			0
6	Nurses' Charges				0
7	**Total**		$	$	$ 0
	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)			$ 0
	Less:				
11	AHCCCS Settlement	(Post total to Pg 2, Line 2)	$	$	$
12	Medicare Settlement	(Post total to Pg 2, Line 3)			
13	Subsidy	(Post total to Pg 2, Line 6)			
14	Other	(Attach Schedule)			
15	**Total Settlements**	(Post to Pg 2, Line 7)	$ 0	$ 0	$ 0

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

CITY OF PHOENIX FIRE DEPARTMENT
EMERGENCY TRANSPORTATION SERVICES
SUMMARY OF BILLED REVENUE
CALENDAR YEAR 2015

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	TOTAL BILLED REVENUE
TRANSPORT REVENUE:													
ALS FULL RATE	2,929,456.77	2,698,763.15	3,124,929.99	2,948,866.75	3,028,147.20	2,972,436.48	2,808,000.00	2,950,871.04	2,781,941.76	2,838,551.04	2,640,867.84	2,780,144.64	**34,502,976.66**
BLS FULL RATE	2,051,807.28	1,778,076.11	1,941,216.75	2,027,675.54	1,965,006.55	2,016,232.79	1,908,177.44	2,025,837.71	1,901,774.16	2,005,827.46	1,995,422.13	2,043,446.73	**23,660,500.65**
TOTAL TRANSPORT REVENUE	4,981,264.05	4,476,839.26	5,066,146.74	4,976,542.29	4,993,153.75	4,988,669.27	4,716,177.44	4,976,708.75	4,683,715.92	4,844,378.50	4,636,289.97	4,823,591.37	**58,163,477.31**
MILEAGE REVENUE													
FULL RATE	435,570.84	388,567.50	448,502.14	429,088.69	431,993.41	406,481.29	381,729.59	405,760.80	391,061.10	402,172.03	386,438.78	403,053.13	**4,910,419.50**
HALF RATE	3,465.72	2,934.46	3,025.76	4,024.86	2,818.38	2,984.25	2,445.48	2,046.69	2,181.82	3,511.81	2,808.12	2,931.19	**35,178.54**
TOTAL MILEAGE REVENUE	439,036.56	391,501.96	451,527.90	433,113.75	434,811.79	409,465.54	384,175.07	407,807.49	393,242.92	405,683.84	389,246.90	405,984.32	**4,945,598.04**
SUPPLIES REVENUE	171,878.55	153,103.63	174,067.23	165,915.45	160,661.82	162,774.21	147,368.36	156,655.67	147,500.64	152,252.90	144,626.50	152,693.93	**1,889,498.89**
TOTAL REVENUE	5,592,179.16	5,021,444.85	5,691,741.87	5,575,571.49	5,588,627.36	5,560,909.02	5,247,720.87	5,541,171.91	5,224,459.48	5,402,315.24	5,170,163.37	5,382,269.62	**64,998,574.24**
ADJUSTMENTS													
MEDICARE	(871,018.59)	(980,769.29)	(1,247,479.38)	(1,061,666.89)	(925,313.82)	(1,755,774.35)	(1,324,819.49)	(1,114,651.58)	(673,442.12)	(1,273,327.41)	(747,848.29)	(922,575.60)	**(12,898,686.81)**
OTHER	(22,527.77)	(15,271.87)	(13,285.67)	(18,121.32)	(32,484.03)	(25,453.71)	(31,767.09)	(24,118.11)	(19,101.51)	(26,157.76)	(18,482.53)	(15,784.55)	**(262,555.92)**
TOTAL MEDICARE & OTHER	(893,546.36)	(996,041.16)	(1,260,765.05)	(1,079,788.21)	(957,797.85)	(1,781,228.06)	(1,356,586.58)	(1,138,769.69)	(692,543.63)	(1,299,485.17)	(766,330.82)	(938,360.15)	**(13,161,242.73)**
AHCCCS	(497,218.73)	(414,190.07)	(755,464.89)	(499,960.66)	(433,306.92)	(658,928.71)	(746,971.75)	(447,008.21)	(420,770.18)	(566,794.53)	(436,226.72)	(610,501.88)	**(6,487,343.25)**
TOTAL ADJUSTMENTS	(1,390,765.09)	(1,410,231.23)	(2,016,229.94)	(1,579,748.87)	(1,391,104.77)	(2,440,156.77)	(2,103,558.33)	(1,585,777.90)	(1,113,313.81)	(1,866,279.70)	(1,202,557.54)	(1,548,862.03)	**(19,648,585.98)**
ADJUSTED REVENUE	4,201,414.07	3,611,213.62	3,675,511.93	3,995,822.62	4,197,522.59	3,120,752.25	3,144,162.54	3,955,394.01	4,111,145.67	3,536,035.54	3,967,605.83	3,833,407.59	**45,349,988.26**
AGED ACCOUNT	(637,052.00)	(490,098.00)	(611,604.00)	(456,355.00)	(383,950.00)	(413,182.00)	(473,708.00)	(597,003.00)	(631,623.00)	(647,154.00)	(564,438.00)	(220,709.00)	**(6,126,876.00)**
BAD DEBT	(25,669.62)	(60,015.40)	(58,937.53)	(20,676.38)	(92,227.22)	(29,852.00)	(23,760.28)	(44,454.65)	(58,679.22)	(79,986.15)	(22,834.40)	(62,830.84)	**(579,923.69)**
TOTAL UNCOLLECTABLE	(662,721.62)	(550,113.40)	(670,541.53)	(477,031.38)	(476,177.22)	(443,034.00)	(497,468.28)	(641,457.65)	(690,302.22)	(727,140.15)	(587,272.40)	(283,539.84)	**(6,706,799.69)**
NET REVENUE	3,538,692.45	3,061,100.22	3,004,970.40	3,518,791.24	3,721,345.37	2,677,718.25	2,646,694.26	3,313,936.36	3,420,843.45	2,808,895.39	3,380,333.43	3,549,867.75	**38,643,188.57**
NUMBER OF TRANSPORTS													
ALS FULL RATE TRANSPORTS	3,327	3,065	3,549	3,330	3,370	3,308	3,125	3,284	3,096	3,159	2,939	3,094	**38,646**
BLS FULL RATE TRANSPORTS	2,616	2,267	2,475	2,570	2,455	2,519	2,384	2,531	2,376	2,506	2,493	2,553	**29,745**
TOTAL TRANSPORTS	5,943	5,332	6,024	5,900	5,825	5,827	5,509	5,815	5,472	5,665	5,432	5,647	**68,391**
MILEAGE FULL RATE	23,853.8	21,279.7	24,562.0	23,365.1	23,187.9	21,818.5	20,489.9	21,779.8	20,990.8	21,587.2	20,742.7	21,634.5	**265,291.90**
MILEAGE HALF RATE	379.6	321.4	331.4	437.4	302.4	320.2	262.4	219.6	234.1	376.8	301.3	314.5	**3,801.10**
TOTAL	24,233.4	21,601.1	24,893.4	23,802.5	23,490.3	22,138.7	20,752.3	21,999.4	21,224.9	21,964.0	21,044.0	21,949.0	**269,093.00**

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION			No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS				$ N/A
	(Attach Schedule I, Page 10, Ln 7)				
02	Payroll Taxes				
03	Employee Fringe Benefits				
04	Total				$ N/A
05	Gross Wages - MANAGEMENT (Attach Schedule II)			-	$ 0
06	Payroll Taxes				0
07	Employee Fringe Benefits				0
08	Total			-	$ 0
	Gross Wages - AMBULANCE PERSONNEL				
	(Attach Schedule II):	Casual Labor	Wages		
09	Paramedics and IEMT		13,307,825	173.10	$ 13,307,825
10	Emergency Medical Technician (EMT)				0
11	Nurses				0
12	Payroll Taxes				208,247
13	Employee Fringe Benefits				8,322,623
14	Total			173.10	$ 21,838,695
	Gross Wages - OTHER PERSONNEL				
	(Attach Schedule II):				
15	Dispatch				$ 0
16	Mechanics			1.00	58,472
17	Office and Clerical			31.00	1,330,390
18	Other				0
19	Payroll Taxes				100,724
20	Employee Fringe Benefits				729,226
21	Total			32.00	$ 2,218,812
22	Total F.T.E.'S Wages, Payroll Taxes and Emp. Benefits				
	(To Page 2, Line 12)			205.10	$ 24,057,507

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

* 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 for 40 hour per week employees and 2,912 for 56 hour employees.

** Gross wages for Paramedics and EMTs are combined as one line item under Paramedics.

printed: 6/15/2016

STATEMENT OF INCOME FOR 2015
SUMMARY OF WAGE, TAX, & EMPLOYEE BENEFITS - FOR ALL PERSONNEL

	I. MANAGEMENT	II. AMBULANCE PERSONNEL					III. OTHER PERSONNEL					ALL PERSONNEL
	A	A	B	C	D	E	MECHANIC	OFFICE & CLERICAL			OTHER PERSONNEL	
Cost Center	PROGRAM MANAGER*	FULL-TIME FIREFIGHTERS 5740200000	FULL-TIME FIREFIGHTERS	FULL-TIME FIREFIGHTERS Total	PART-TIME MANNING FIREFIGHTERS 5730100000	TOTAL AMBULANCE PERSONNEL	A EQUIPMENT REPAIR SPECIALIST 5760300000	B ETS STAFF 5740700000	C ACCOUNTANT II** 5760700000	D TOTAL OFF. & CLERICAL	E TOTAL	TOTAL
FTE's		119.00	19.00	138.00	35.10	173.10	1.00	31.00		31.00	32.00	205.10
SALARIES												
Salaries - Fire & General	-	8,144,547.35	1,300,389.91	9,444,937.26	3,862,887.50	13,307,824.76	58,472.00	1,330,389.51		1,330,389.51	1,388,861.51	14,696,686.27
TOTAL SALARIES	-	8,144,547.35	1,300,389.91	9,444,937.26	3,862,887.50	13,307,824.76	58,472.00	1,330,389.51	-	1,330,389.51	1,388,861.51	14,696,686.27
PAYROLL TAXES												
FICA	-	-	-	-	-	-	3,625.26	77,866.00	-	77,866.00	81,491.26	81,491.26
Medicare Withholding	-	130,294.85	20,803.38	151,098.23	56,011.87	207,110.10	847.84	18,210.62	-	18,210.62	19,058.46	226,168.56
Unemployment	-	647.20	103.33	750.53	386.29	1,136.82	5.85	168.90	-	168.90	174.75	1,311.57
TOTAL PAYROLL TAXES	-	130,942.05	20,906.71	151,848.76	56,398.16	208,246.92	4,478.96	96,245.52	-	96,245.52	100,724.48	308,971.39
EMPLOYEE BENEFITS												
Pension Contribution	-	3,402,698.50	543,288.00	3,945,986.50	1,527,772.01	5,473,758.51	14,536.14	323,329.21	-	323,329.21	337,865.35	5,811,623.86
Industrial Insurance	-	274,085.75	43,761.59	317,847.34	112,410.03	430,257.37	1,701.54	38,980.60	-	38,980.60	40,682.14	470,939.51
Health Insurance	-	1,286,461.02	205,401.34	1,491,862.36	-	1,491,862.36	11,899.05	232,942.88	-	232,942.88	244,841.93	1,736,704.29
Retiree Health	-	202,390.98	32,314.53	234,705.51	-	234,705.51	-	64,920.00	-	64,920.00	64,920.00	299,625.51
Firefighters Exer Eqpt	-	-	-	-	-	-	-	-	-	-	-	-
Clothing Allowance	-	-	-	-	-	-	-	-	-	-	-	-
General Clothing		-	-	-	-	-	-	-	-	-	-	-
Life Ins	-	6,547.42	1,045.39	7,592.81	-	7,592.81	46.78	1,185.54	-	1,185.54	1,232.32	8,825.13
Long Term Disability	-	27,312.23	4,360.78	31,673.01	11,202.37	42,875.38	169.57	3,855.47	-	3,855.47	4,025.04	46,900.42
Dental Ins	-	97,522.56	15,570.83	113,093.39	-	113,093.39	871.23	19,552.26	-	19,552.26	20,423.49	133,516.88
Cancer Insurance	-	42,833.00	6,838.88	49,671.88	-	49,671.88	-	-	-	-	-	49,671.88
Deferred Comp	-	407,832.15	65,116.06	472,948.21	-	472,948.21	1,029.11	13,007.94	-	13,007.94	14,037.05	486,985.26
IRC415 Excess Benefit	-	5,051.00	806.46	5,857.46	-	5,857.46	-	1,199.00	-	1,199.00	1,199.00	7,056.46
Communication Allowance	-	-	-	-	-	-	-	-	-	-	-	-
Tuition Reimbursement	-	-	-	-	-	-	-	-	-	-	-	-
Executive Trans Allowance	-	-	-	-	-	-	-	-	-	-	-	-
Industrial Base Payments	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL EMPLOYEE BENEFITS	-	5,752,734.61	918,503.86	6,671,238.47	1,651,384.41	8,322,622.88	30,253.41	698,972.90	-	698,972.90	729,226.31	9,051,849.19
TOTAL GROSS WAGES	-	8,144,547.35	1,300,389.91	9,444,937.26	3,862,887.50	13,307,824.76	58,472.00	1,330,389.51	-	1,330,389.51	1,388,861.51	14,696,686.27
TOTAL PAYROLL TAXES	-	130,942.05	20,906.71	151,848.76	56,398.16	208,246.92	4,478.96	96,245.52	-	96,245.52	100,724.48	308,971.39
TOTAL EMPLOYEE FRINGE BENEF	-	5,752,734.61	918,503.86	6,671,238.47	1,651,384.41	8,322,622.88	30,253.41	698,972.90	-	698,972.90	729,226.31	9,051,849.19
GRAND TOTAL WAGE, TAX & BEN	-	14,028,224.01	2,239,800.48	16,268,024.49	5,570,670.07	21,838,694.56	93,204.37	2,125,607.93	-	2,125,607.93	2,218,812.30	24,057,506.86

Source: Input worksheet for individual employees; Fringe Benefit Rates

* Program Manager Salary is included with the 5740700000 total.
**Accountant II salary included in Department Overhead cost.

Note: Payroll Taxes and Employee Benefits in Sections II D, III A and III C are calculated using the corresponding percentages found on Schedule D-16 applied to total salaries.

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

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)					0
2	Payroll Taxes						0
3	Employee Fringe Benefits						0
4	Total			0	0		0
	AMBULANCE PERSONNEL	** Contractual	Wages				
	Gross Wages	(Attach Schedule I	Labor				
5	Paramedics and IEMT		$				
6	Emergency Medical Technician (EMT)						
7	Nurses						
8	Drivers						
9	Payroll Taxes						
10	Employee Fringe Benefits						
11	Total			0	0		0
	OTHER PERSONNEL						
	Gross Wages	(Attach Schedule II)					
12	Dispatch						
13	Mechanics						
14	Office and Clerical						
15	Other						
16	Payroll Taxes						
17	Employee Fringe Benefits						
18	Total			0	0		0
19	**TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS**	(Post to Pg 2, line 12)		0	0		$ 0

NA

* 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.

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** _____

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

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

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
	Professional Services:		
01	Legal Fees	$ 0	
02	Collection Fees	0	
03	Accounting and Auditing	0	
04	Data Processing Fees	0	
05	Other (Attach Schedule)	437,497	
06	Total		$ 437,497
	Travel and Entertainment:		
07	Meals and Entertainment	$ 0	
08	Transportation - Other Company Vehicles	0	
09	Travel	0	
10	Other (Attach Schedule)	0	
11	Total		$ 0
	Other General and Administrative:		
12	Office Supplies	$ (207)	
13	Postage	2,095	
14	Telephone	0	
15	Advertising	0	
16	Professional Liability Insurance	0	
17	Dues and Subscriptions	0	
18	Other (Attach Schedule)	7,010,831	
19	Total		$ 7,012,719
20	Total General and Administrative Expenses (to Page2, Line 13)		$ 7,450,216

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

City Of Phoenix Fire Department/ Ambulance Program

15-Jun-16

INCOME STATEMENT FOR THE CALENDAR YEAR 2015

GENERAL & ADMINISTRATIVE EXPENSES

Description	GL Account	Calendar Year 2015	Report Reference
PROFESSIONAL SERVICES:			
Consultants	510025	-	
Banking Services	510055-65	42,675	
Computer Services	510065	-	
Collection Agency Services	510070	1,056	
Temp. Employment Services	510115	172,220	
Safety and Environmental	510180	843	
Other Freight, Moving	510185	(4)	
Sub-Comp Access Charges	510205	55,032	
City Clerk Mailroom	902200	131,431	
Printing Services	902205	9,708	
Retirement Office Cost	902702	23,745	
Real Estate	903508	-	
EAS Reprographics	904107	792	
Fire Alarm Services	907005	-	
Total Other Professional Services		437,497	PG5, L5

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

City Of Phoenix Fire Department/ Ambulance Program
INCOME STATEMENT FOR THE CALENDAR YEAR 2015
GENERAL & ADMINISTRATIVE EXPENSES

15-Jun-16

Description	Calendar Year 2015	Report Reference
OTHER GENERAL AND ADMINISTRATIVE:		
Total Other General & Administrative	69,292	
Staff and Administration -Div Overhead	3,255,346	
Staff and Administration -Dept Overhead	3,686,193	
Total Indirect Costs	0	
Total Other General & Administrative	7,010,831	PG5, L18

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

OTHER OPERATING EXPENSES

Line No.	Other Operating Expenses:		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III, Pg 12, Col I, Ln 20)	$ 1,465,076	
02	Amortization	0	
03	Total		$ 1,465,076
04	Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12		0
	Building/Station Expense:		
05	Building & Cleaning Supplies	$ 0	
06	Utilities	0	
07	Property Taxes	0	
08	Property Insurance	0	
09	Repairs & Maintenance	6,768	
10	Other (Attach Schedule)	0	
11	Total		$ 6,768
	Vehicle Expense - Ambulance Units:		
12	Licenses/Registration	$ 13,521	
13	Fuel	266,966	
14	General Vehicle Service & Maintenance	1,554,113	
15	Major Repairs	0	
16	Insurance - Service Vehicles	54,625	
17	Other (Attach Schedule)	0	
18	Total		$ 1,889,225
	Other Expenses:		
19	Dispatch	$ 0	
20	Education/Training	(332)	
21	Uniforms & Uniform Cleaning	795	
22	Meals & Travel for Ambulance Personnel	0	
23	Maintenance Contracts	0	
24	Minor Equipment - Not Capitalized	336	
25	Ambulance Supplies - (Nonchargeable)	1,251,998	
26	Other (Attach Schedule)	0	
27	Total		$ 1,252,797
28	Total Other Operating Expenses (To Page 2, Line 15)		$ 4,613,866

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** January 0, 1900

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
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)				0

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** January 0, 1900

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	Description		
1	Billings at Fully Established Rate		$ _____
	Less:		
2	AHCCCS Settlement	$ _____	
3	Medicare Settlement	_____	
4	Subscription Service Settlement ... (Post to Pg 2, Line 5) ...	_____	
5	Subscription Service Bad Debt	_____	
6	Total		0
	Plus:		
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

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX FIRE DEPARTMENT

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

OTHER OPERATING REVENUE AND EXPENSE

Line No.	Account Description			
	Other Operating Revenues:			
01	Supportive Funding - Local (Attach Schedule)		$0	
02	Grant Funds - State (Attach Schedule)			
03	Grant Funds - Federal (Attach Schedule)			
04	Grant Funds - Other (Attach Schedule)			
05	Patient Finance Charges			
06	Patient Late Payment Charges			
07	Interest Earned - Related Person/Organization			
08	Interest Earned - Other			
09	Gain On Sale of Operating Property			
10	Other:	Document Fees	0	
11				
12	**Total Other Operating Revenues**			$0
	Other Operating Expenses:			
13	Loss on Sale of Operating Property		$0	
14	Other:			
15				
16	**Total**			$0
17	**Net Other Operating Revenues and Expenses (To Page 2, Line 20)**			$0

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** _____

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

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

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

OPERATING EXPENSES
DETAIL OF SALARIES/WAGES
SCHEDULE II

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

01 **Management:**

Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	METHOD OF COMPENSATION: Hourly Wage	Annual Salary	$'s Per Run or Shift	
			-		To Pg 4 Ln 5

02 **AMBULANCE PERSONNEL:**

Full-Time Firefighter	56 Hours Per Week		9,444,937		To Pg 4 Ln9
Part-Time Manning Firefighter	On hourly basis as needed	3,862,888			To Pg 4 Ln9
Roving Firefighter	On hourly basis as needed	-			To Pg 4 Ln9

03 **Other Personnel:**

Mechanic	40 Hours Per Week		58,472		To Pg 4 Ln16
Office & Clerical	40 Hours Per Week		1,330,390		To Pg 4 Ln17

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE VEHICLES AND ACCESSORIAL EQUIPMENT ONLY

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

DEPRECIATION AND/OR
RENT/LEASE EXPENSE
SCHEDULE III

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
Line No.	Description of Property	Date Placed In Service	Cost Or Other Basis	Business Use Percent	Basis For Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01	Trans. Equip. Serv Vehicles				4,464,963			(2,566,893)	(432,994)	1,465,076	
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	**Subtotal**				4,464,963			(2,566,893)	**(432,994)**	1,465,076	

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

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

(1) (2)

(1) To Pg 13 Ln 19, Col I
(2) To Pg 13 Ln 19, Col K

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** _____

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								0	0	0
									Post from Pg 12, Line 20 Column I		Post from Pg 12, Line 20 Column K
20	**SUM of Line 18 & 19**								0	0	0
									Post to Pg 6, Line 1		Post to Pg 6, Line 4

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

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD **FROM:** _____ **TO:** _____

Schedule IV
DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beginning of Period	(3) Principal Balance End of Period	(4) Interest Expense Related Persons or Organizations	(5) Interest Expense 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

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

BALANCE SHEET

ASSETS

	CURRENT ASSETS			
1	Cash	$ 0		
2	Accounts Receivable	21,025,712		
3	Less: Allowance for Doubtful Accounts	(5,676,942)		
4	Inventory	0		
5	Prepaid Expenses	0		
6	Other Current Assets	0		
7	TOTAL CURRENT ASSETS		$	15,348,770
9	PROPERTY & EQUIPMENT			4,464,963
10	Less: Accumulated Depreciation			(2,999,887)
11	OTHER NON CURRENT ASSETS			0
12	TOTAL ASSETS		$	16,813,846

LIABILITIES & EQUITY

	CURRENT LIABILITIES			
13	Accounts Payable	$ 0		
14	Current Portion of Notes Payable	0		
15	Current Portion of Long-Term Debt	0		
16	Deferred Subscription Income	0		
17	Accrued Expenses and Other	0		
18		0		
19		0		
20	TOTAL CURRENT LIABILITIES		$	0
21	NOTES PAYABLE	0		
22	LONG-TERM DEBT OTHER	0		
23	TOTAL LONG-TERM DEBT			0
	EQUITY & OTHER CREDITS			
	Paid-In Capital:			
24	Common Stock	0		
25	Paid-In Capital in Excess of Par Value	0		
26	Contributed Capital	0		
27	Retained Earnings	0		
28		0		
29		0		
30	Fund Balance	16,813,846		
31	TOTAL EQUITY			16,813,846
32	TOTAL LIABILITIES & EQUITY		$	16,813,846

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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

STATEMENT OF CASH FLOWS

	OPERATING ACTIVITIES:			
1	Net (loss) Income	$ 1,261,933		
	Adjustments to Reconcile Net Income to Net Cash			
	Provided by Operating Activities: Note: a increase in these accounts improves cash flow			
2	Depreciation Expense	432,994		
3	Deferred Income Tax	0		
4	Loss (gain) on Disposal of Property & Equipment	0		
	(Increase) Decrease in: Note: a decrease in these accounts improves cash flow			
5	Accounts Receivable	(3,496,718)		
6	Inventories	0		
7	Prepaid Expenses	0		
	Increase (Decrease) in: Note: a increase in these accounts improves cash flow			
8	Accounts Payable	0		
9	Accrued Expenses	0		
10	Deferred Subscription Income	0		
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES		$	$ (1,801,791)
	INVESTING ACTIVITIES:			
12	Purchases of Property & Equipment	0		
13	Proceeds from Disposal of Property & Equipment	0		
14	Purchases of Investments	0		
15	Proceeds from Disposal of Investments	0		
16	Loans Made	0		
17	Collections on Loans	0		
18	Other	0		
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES			0
	FINANCING ACTIVITIES:			
	New Borrowings:			
20	Long-Term	0		
21	Short-Term	0		
	Debt Reduction:			
22	Long-Term	0		
23	Short-Term	0		
24	Capital Contributions	1,801,791		
25	Dividends Paid	0		
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES			1,801,791
27	NET INCREASE (Decrease) IN CASH			0
28	CASH AT BEGINNING OF YEAR			0
29	CASH AT END OF YEAR			0
	SUPPLEMENTAL DISCLOSURES:			
	Non-cash Investing and Financing Transactions:			
30				
31				
32				
33	Interest Paid (Net of Amounts Capitalized)			0
34	Income Taxes Paid		$	0

RECEIVED
JUN 30 2016
BEMSTS-CON & RATES