

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

Legal Name of Company: FLAGSTAFF MEDICAL CENTER CON No. _____

D.B.A. (Doing Business As): GUARDIAN MEDICAL TRANSPORT Business Phone: _____

Financial Records Address: 914 N SAN FRANCISCO City: FLAGSTAFF Zip Code: 86001

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

Owner / Manager: MARK T. VENUTI

Report Contact Person: LOIS REYNOSA-QUMYINTEWA Business Phone: 928-214-2661 Ext. _____

Report for Period From: From: July 1, 2013 To: June 30, 2014

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

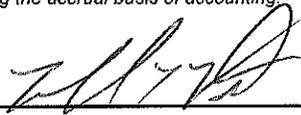
Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.

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: _____

Executive Director

Date: 12-31-14

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: GUARDIAN MEDICAL TRANSPORT

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

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:	_____	_____	9,365	9,365
2	Number of BLS Billable Transports:	_____	_____	1,584	1,584
3	Number of Loaded Billable Miles:	_____	_____	22,848	22,848
4	Waiting Time (Hr. & Min.):	_____	_____	_____	_____
5	Canceled (Non-Billable) Runs:	_____	_____	4,966	4,966

Number

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: _____

FOR THE PERIOD FROM: _____ TO: _____

STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1)	(2)	(3)
		SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
1	Number of ALS Billable Transports:	_____	_____	_____
2	Number of BLS Billable Transports:	_____	_____	_____
3	Number of Loaded Billable Miles:	_____	_____	_____
4	Waiting Time (Hr. & Min.):	_____	_____	_____
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:

GUARDIAN MEDICAL TRANSPORT

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 16,062,036
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	1,362,588
3	Medicare Settlement	Page 3.1, Line 12	3,684,033
4	Contractual Discounts	Page 7, Line 22	
5	Subscription Service Settlement	Page 8, Line 4	
6	Other (Attach Schedule)	Page 3.1, Line 13	
7	Total	Sum of Lines 2 through 6	5,046,621
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	11,015,415
9	Sales of Subscription Service Contracts	Page 8, Line 8	
10	Total Operating Revenue	Line 8, plus Line 9	\$ 11,015,415
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		3,193,161
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	4,417,215
13	General and Administrative Expenses	Page 5, Line 20	999,208
14	Cost of Goods Sold	Page 3, Line 15	
15	Other Operating Expense	Page 6, Line 28	1,464,954
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	10,074,537
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	940,878
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	18,578
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	18,578
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	922,300
Provision for Income Taxes:			
25	Federal Income Tax		
26	State Income Tax		
27	Total Income Tax	Lines 25, plus Line 26	-
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	922,300

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

GUARDIAN MEDICAL TRANSPORT

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>					
Ambulance Service Routine Operating Revenue:						
1	ALS Base Rate Amount	Rate	\$ _____	x No. of Runs	_____	= \$ <u>9,284,185</u>
		Rate	_____	x No. of Runs	_____	= _____
2	BLS Base Rate Amount	Rate	_____	x No. of Runs	_____	= <u>4,029,101</u>
		Rate	_____	x No. of Runs	_____	= _____
3	Mileage Rate Amount	Rate	_____	x No. of Billable Miles	_____	= <u>2,373,800</u>
		Rate	_____	x No. of Billable Miles	_____	= _____
4	Waiting Charge Amount	Rate	_____	x No. of Hours	_____	= _____
		Rate	_____	x No. of Hours	_____	= _____
5	Medical Supplies (Gross Charges to patients)	.....				<u>175,048</u>
6	Nurses Charges	.....				_____
7	Total	.....				<u>15,862,134</u>
8	Standby Revenue (Attach Schedule)	.....				<u>199,902</u>
9	Other Ambulance Service Revenue (Attach Schedule)	.....				_____
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)	.....				\$ <u>16,062,036</u>
<hr style="border-top: 1px dashed black;"/>						
Cost of Goods Sold: (Medical Supplies)						
11	Inventory at Beginning of Year	.....				_____
12	Plus Purchases	.....				<u>62,562</u>
13	Plus Other Costs	.....				_____
14	Less Inventory at End of Year				_____
15	Cost of Goods Sold (To Page 2, Line 14)				\$ <u>62,562</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____

TO: _____

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	\$ _____	\$ _____	\$ _____
2	BLS Base Rate	_____	_____	_____
3	Mileage Charge	_____	_____	_____
4	Waiting Charge	_____	_____	_____
5	Medical Supplies (Gross Charges)	_____	_____	_____
6	Nurses' Charges	_____	_____	_____
7	Total	\$ _____	\$ _____	\$ _____
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) _____	_____	\$ _____
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)	_____	xxxxxxx	_____
14	Other (Attach Schedule)	_____	_____	_____
15	Total Settlements	\$ _____	\$ _____	\$ _____

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:

GUARDIAN MEDICAL TRANSPORT

FOR THE PERIOD

FROM:

July 1, 2013

TO:

June 30, 2014

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		
3	Employee Fringe Benefits		
4	Total		
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	1.0	160,215
6	Payroll Taxes		46,462
7	Employee Fringe Benefits		
8	Total	1.0	206,678
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Labor Wages)			
9	Gross Wages		
9	Paramedics and IEMT	37.0	2,199,009
10	Emergency Medical Technician (EMT)	16.0	487,630
11	Nurses		
12	Payroll Taxes		
13	Employee Fringe Benefits		779,125
14	Total	53.0	3,465,764
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages		
15	Dispatch	11.8	557,341
16	Mechanics		
17	Office and Clerical		
18	Other		
19	Payroll Taxes		161,631
20	Employee Fringe Benefits		
21	Total	11.8	718,972
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits	65.8	\$ 4,391,414

* 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: _____

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)	_____	_____	_____	_____
2	Payroll Taxes	_____	_____	_____	_____
3	Employee Fringe Benefits	_____	_____	_____	_____
4	Total	_____	_____	_____	_____
AMBULANCE PERSONNEL					
			** Contractual Wages		
	Gross Wages (Attach Schedule II)	Labor			
5	Paramedics and IEMT	_____	\$ _____	_____	_____
6	Emergency Medical Technician (EMT)	_____	_____	_____	_____
7	Nurses	_____	_____	_____	_____
8	Drivers	_____	_____	_____	_____
9	Payroll Taxes	_____	_____	_____	_____
10	Employee Fringe Benefits	_____	_____	_____	_____
11	Total	_____	_____	_____	_____
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	_____	_____	_____	_____
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS				\$ _____
					(Post to Pg 2, line 12)

* 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: _____

FOR THE PERIOD FROM: _____ TO: _____

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
1	Gross Wages - MANAGEMENT	_____	
2	Payroll Taxes	_____	
3	Employee Fringe Benefits	_____	
4	Total	_____	
		Contractual	Wages
	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	_____	_____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

GUARDIAN MEDICAL TRANSPORT

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2013

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
Professional Service:			
1	Legal Fees	\$	
2	Collection Fees		213,444
3	Accounting and Auditing		
4	Data Processing Fees		
5	Other (Attach Schedule)		754,152
6	Total		\$ 967,596
 Travel and Entertainment:			
7	Meals and Entertainment		
8	Transportation - Other Company Vehicles		
9	Travel		
10	Other (Attach Schedule)		
11	Total		-
 Other General and Administrative:			
12	Office Supplies		25,649
13	Postage		
14	Telephone		
15	Advertising		683
16	Professional Liability Insurance		
17	Dues and Subscriptions		5,280
18	Other (Attach Schedule)		
19	Total		31,612
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ 999,208

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ _____	_____	\$ _____
2	Collection Fees	_____	_____	_____
3	Accounting and Auditing	_____	_____	_____
4	Data Processing Fees	_____	_____	_____
5	Other (Attach Schedule)	_____	_____	_____
6	Total	_____	_____	_____
Travel and Entertainment:				
7	Meals and Entertainment	_____	_____	_____
8	Transportation - Other Company Vehicles	_____	_____	_____
9	Travel	_____	_____	_____
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)	_____	_____	_____
19	Total	_____	_____	_____
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ _____	_____	_____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

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	_____
2	Collection Fees	_____
3	Accounting and Auditing	_____
4	Data Processing Fees	_____
5	Other (Attach Schedule)	_____
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	_____
8	Transportation - Other Company Vehicles	_____
9	Travel	_____
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)	_____
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

GUARDIAN MEDICAL TRANSPORT

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

OTHER OPERATING EXPENSES

**Line
No.**

DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$ <u>550,891</u>
2	Amortization		<u> </u>
3	Total		\$ <u>550,891</u>
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	<u>78,309</u>

Building / Station Expense:

5	Building and Cleaning Supplies		<u>10,426</u>
6	Utilities		<u>86,033</u>
7	Property Taxes		<u>12,335</u>
8	Property Insurance		<u> </u>
9	Repairs and Maintenance		<u> </u>
10	Other (Attach Schedule)		<u> </u>
11	Total		<u>108,793</u>

Vehicle Expense - Ambulance Units:

12	License / Registration		<u>24,531</u>
13	Fuel		<u>197,595</u>
14	General Vehicle Service and Maintenance		<u>13,878</u>
15	Major Repairs		<u>193,456</u>
16	Insurance - Service Vehicles		<u>23,872</u>
17	Other (Attach Schedule)		<u> </u>
18	Total		<u>453,333</u>

Other Expenses:

19	Dispatch		<u>10,390</u>
20	Education / Training		<u> </u>
21	Uniforms and Uniform Cleaning		<u>67,778</u>
22	Meals and Travel for Ambulance personnel		<u>24,180</u>
23	Maintenance Contracts		<u>82,158</u>
24	Minor Equipment - Not Capitalized		<u>74,233</u>
25	Ambulance Supplies - Nonchargeable		<u>14,889</u>
26	Other (Attach Schedule)		<u> </u>
27	Total		<u>273,628</u>
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$ <u>1,464,954</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

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	_____	_____	_____
3	Total	_____	_____	_____
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	_____	_____	_____
Building / Station Expense:				
5	Building and Cleaning Supplies	_____	_____	_____
6	Utilities	_____	_____	_____
7	Property Taxes	_____	_____	_____
8	Property Insurance	_____	_____	_____
9	Repairs and Maintenance	_____	_____	_____
10	Other (Attach Schedule)	_____	_____	_____
11	Total	_____	_____	_____
Vehicle Expense - Ambulance Units:				
12	License / Registration	_____	_____	_____
13	Fuel	_____	_____	_____
14	General Vehicle Service and Maintenance	_____	_____	_____
15	Major Repairs	_____	_____	_____
16	Insurance - Service Vehicles	_____	_____	_____
17	Other (Attach Schedule)	_____	_____	_____
18	Total	_____	_____	_____
Other Expenses:				
19	Dispatch	_____	_____	_____
20	Education / Training	_____	_____	_____
21	Uniforms and Uniform Cleaning	_____	_____	_____
22	Meals and Travel - Ambulance Personnel	_____	_____	_____
23	Maintenance Contracts	_____	_____	_____
24	Minor Equipment - Not Capitalized	_____	_____	_____
25	Ambulance Supplies - Nonchargeable	_____	_____	_____
26	Other (Attach Schedule)	_____	_____	_____
27	Total	_____	_____	_____
28	Total Other Operating Expenses (Post to Page 2, Line 15)	\$ _____	_____	\$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	_____
2	Amortization	_____
3	Total	_____
4	Rent / Lease	_____
Building / Station Expense:		
5	Building and Cleaning Supplies	_____
6	Utilities	_____
7	Property Taxes	_____
8	Property Insurance	_____
9	Repairs and Maintenance	_____
10	Other	_____
11	Total	_____
Vehicle Expense - Ambulance Units:		
12	License / Registration	_____
13	Fuel	_____
14	General Vehicle Service and Maintenance	_____
15	Major Repairs	_____
16	Insurance - Service Vehicles	_____
17	Other	_____
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)	_____
27	Total	_____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____ TO: _____

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)				_____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD

FROM: _____ **TO:** _____

**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	_____
<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)	_____
 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)	\$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: GUARDIAN MEDICAL TRANSPORT

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

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 Charges	_____
6	Patient Late Payment Charges	_____
7	Interest Earned - Related Person / Organization	_____
8	Interest Earned - Other	_____
9	Gain on Sale of Operating Property	_____
10	Other: <u>Crew/Equipment Returns</u>	<u>18,578</u>
11	Other: _____	_____
12	Total Other Operating Revenues	\$ <u>18,578</u>
Other Operating Expenses:		
13	Loss on Sale of Operating Property	_____
14	Other: _____	_____
15	Other: _____	_____
16	Total Other Operating Expenses	_____
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$ <u>18,578</u>

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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 EMT 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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

GUARDIAN MEDICAL TRANSPORT

FOR THE PERIOD

FROM: July 1, 2013

TO: June 30, 2014

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	Depreciation Schedule Attached								550,891		
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13	RENTAL										
14	Cummings Lease										61,542
15	Tusayan Fire District										7,700
16	Yale Plaza										9,067
17											

18	SUBTOTAL above								550,891		78,309
19	SUBTOTAL from Page 12, Line 20										
20	SUM of Line 18 & 19								550,891		78,309

* 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: _____

FOR THE PERIOD FROM: _____ TO: _____

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		\$	\$	\$	\$

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

FOR THE PERIOD FROM: _____ TO: _____

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

ASSETS

CURRENT ASSETS

1	Cash	\$ _____	
2	Accounts Receivable	_____	
3	Less: Allowance for Doubtful Accounts	_____	
4	Inventory	_____	
5	Prepaid Expenses	_____	
6	Other Current Assets	_____	
7	TOTAL CURRENT ASSETS		\$ _____
9	PROPERTY & EQUIPMENT	_____	
10	Less: Accumulated Depreciation	_____	
11	OTHER NON CURRENT ASSETS	_____	
12	TOTAL ASSETS		\$ _____

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	_____	
31	TOTAL EQUITY	_____	
32	TOTAL LIABILITIES & EQUITY		\$ _____

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: _____

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

STATEMENT OF CASH FLOWS The Cash Flow Statement in ONLY Required for the Projected Period

OPERATING ACTIVITIES:

1	Net (loss) Income	\$ _____
<i>Adjustments to Reconcile Net Income to Net Cash</i>		
<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow		
2	Depreciation Expense	_____
3	Deferred Income Tax	_____
4	Loss (gain) on Disposal of Property & Equipment	_____
<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable	_____
6	Inventories	_____
7	Prepaid Expenses	_____
<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable	_____
9	Accrued Expenses	_____
10	Deferred Subscription Income	_____
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ _____

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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INSTRUCTIONS - Long Report; AR&CR: For-Profit Companies & Larger Ambulance Organizations & Applicants for a General Rate Increase

AR&CR: GENERAL INFORMATION and CERTIFICATION

Enter information on appropriate lines; sign and date document.

AR&CR PAGE 1: STATISTICAL SUPPORT DATA

Enter the name of the ambulance service and the fiscal year reporting period. This is "self-posting" to all worksheets upon entering the information on the General Information and Certification Cover Page.

TYPE OF RUN

Lines 1 & 2

Enter the number of advanced life support (ALS) and basic life support (BLS) transports for each of the three categories and total all in column 4.

Lines 3 & 4

Enter the number of loaded billable miles and waiting time, for each of the three categories and total all in column

Line 5

Enter the total number of canceled runs in column 4.

VOLUNTEER SERVICES (Optional)

Lines 6, 7, 8, and 9.

Enter the total donated hours by type of service performed in column 4 and provide total volunteer hours on line 9,

AR&CR PAGE 1.1: STATISTICAL SUPPORT DATA

Enter the appropriate information by type of patients - subsidized and nonsubsidized patients.

Column 1, Subsidized Patients, include transports in which governmental or district funds are applied toward in-district or resident patient accounts.

Column 2, Nonsubsidized Patients, include transports in which governmental or district funds are not applied towards individual patient bills.

TYPE OF RUN

Lines 1 & 2

Enter the number of advanced life support (ALS) and basic life support (BLS) transports for Subsidized and Nonsubsidized Patients and total in column 3.

Lines 3 & 4

Enter the number of loaded billable miles and waiting time, for Subsidized and Nonsubsidized Patients and total in column 3.

Line 5

Enter the total number of canceled runs in column 3.

VOLUNTEER SERVICES (Optional)

Lines 6, 7, 8, and 9.

Enter the total donated hours by type of service performed in column 3 and provide total volunteer hours on line 9, column 3.

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INSTRUCTIONS - Long Report; AR&CR: For-Profit Companies & Larger Ambulance Organizations

AR&CR PAGE 2: STATEMENT OF INCOME & EXPENSES

Enter the name of the ambulance service and the fiscal year reporting period.

Operating Revenues:

Line 1

Enter the Total Ambulance Service Routine Operating Revenue figure identified on Page 3, Line 10. It is also shown on Page 3.1, Line 10.

Line 2

Enter Settlement amounts from Arizona Health Care Cost Containment System (AHCCCS) transports shown on Page 3.1, Line 11. Specifically, AHCCCS Settlement equals Billed Charges, minus Amount Paid.

Line 3

Enter Settlement amounts from Medicare transports. Specifically, Medicare Settlement equals Billed Charges, minus Allowed Charges. The Medicare Settlement is the amount NOT ALLOWED to be billed to patients.

Line 4

Enter amounts from Contract Discounts transports shown on Page 7, Line 22. Specifically, Contract Discounts equals Billed Charges, minus Amount Paid.

Line 5

Enter Settlement amounts from Subscription Service transports shown on Page 8, Line 4. Specifically, Subscription Service Settlement equals Billed Charges, minus Amount Paid.

Line 6

Enter Settlement amounts from all other sources shown on Page 3.1, Line 13.

Line 7

Total Lines 2 through Line 6. Result is Total Settlements

Line 8

Subtract Line 7 from Line 1. Result is Net Revenue From Ambulance Runs

Line 9

Enter the gross amount of dollars received from Subscription Service Contract sales shown on Page 8, Line 8.

Line 10

Add Line 8 plus Line 9. Result is Total Operating Revenue

Operating Expenses:

Line 11

Enter the amount of Bad Debt.

Bad Debt is the amount in accounts and notes receivable that are likely to be uncollectable. An estimate of the amount of bad debt may be based on an "experience percentage" applied to: (1) the balance of accounts receivable, or (2) the amount of charges to patient accounts, during the fiscal period. It may also be based on a detailed analysis of those accounts. Any collection of funds booked as bad debt, will reduce the bad debt account balance.

AR&CR PAGE 2: continues - STATEMENT OF INCOME & EXPENSES

Operating Expenses, continued

Line 12

Enter the Total Salaries, Wages, Taxes, and Benefits Expense figure identified on Page 4, Line 22.

Line 13

Enter the Total General and Administrative Expense figure identified on Page 5, Line 20.

Line 14

Enter the Cost of Goods Sold Expense figure identified on Page 3, Line 15.

Line 15

Enter the Other Operating Expense figure identified on Page 6, Line 28.

Line 16

Enter the Interest Expense figure identified on Page 14, Line 28, Columns 4 & 5.

Line 17

Enter the Subscription Service Direct Selling Expense figure identified on Page 8, Line 23.

Line 18

Total Lines 11 through 17. Result is Total Operating Expense.

Line 19

Subtract Line 18 from Line 10. Result is Ambulance Service Income (loss).

Other Revenues / Expenses

Line 20

Enter Other Operating Revenue and Expense figure identified on Page 9, Line 17, Column 2.

Line 21

Enter Non-Operating Revenue and Expense.

These are non-operating revenues and expenses not classified elsewhere. Do not include non-operating revenues and expenses associated with Subscription Service. The amount shown shall be supported by a schedule.

Line 22

Enter Non-Deductible Expense. The amount shown shall be supported by a schedule.

The following is a partial list of non-deductible expenses that Arizona Department of Health Services consider to be unreasonable expenses for rate setting purposes:

- a. Contractual allowances that have not been approved by the Director.
- b. Costs allocated to, or from, other affiliated business activities related companies and parties when the basis of allocating direct and indirect costs are not measured on a cause-and-effect relationship.
- c. Expenses claimed without supporting documentation.
- d. Excess compensation to employees or contractors.
- e. Any expenses of a personal nature for employees, owners and officers of the corporation including, but not limited to: (1) expenses related to commuting from home to the office, (2) travel and entertainment expenses that do not directly relate to the ambulance service.

INSTRUCTIONS - Long Report; AR&CR: For-Profit Companies & Larger Ambulance Organizations

AR&CR PAGE 2: continues - STATEMENT OF INCOME & EXPENSES

Other Revenues / Expenses, continued
Line 22

- f. Political or charitable contributions; Late payment charges; Goodwill; Penalties, judgments, or fines of any nature including civil penalties.
- g. Legal fees not incurred under the ordinary course of doing business or associated with any complaint action brought against the ambulance service by the Department, that is upheld.

Line 23
Total Lines 20 & 21. Do not include Line 22 in total. Result is Total Other Revenues / Expenses

Line 24
Total Line 19 and Line 23. Result is Ambulance Service Income (loss) before Income Taxes.

Provisions for Income Taxes:

Lines 25, 26, and 27
Enter Federal Income Tax Expense, State Income Tax Expense and total both on Line 27

Line 28
Subtract Line 27 from Line 24. The result is Ambulance Service Net Income (loss)

AR&CR PAGE 3: ROUTINE OPERATING REVENUE

Enter the name of the ambulance service and the fiscal year reporting period.

Ambulance Service Routine Operating Revenue
Line 1

Enter the Advanced Life Support (ALS) Base Rate amounts in Column 1, and corresponding number of runs in Column 2 (include any Subscription Service runs). The result will be ALS gross revenues identified in Column 3 (Base Rate times number of Runs). There is room for three different ALS Rates and corresponding Runs. If more room is necessary please post in appropriate information at bottom of sheet.

Line 2
Enter the Basic Life Support (BLS) Base Rate amounts in Column 1, and corresponding number of runs in Column 2 (include any Subscription Service runs). The result will be BLS gross revenues identified in Column 3 (Base Rate times number of Runs). There is room for three different BLS Rates and corresponding Runs. If more room is necessary please post in appropriate information at bottom of sheet.

Line 3
Enter the Mileage Rate and corresponding number of Billable Miles. The result will be Mileage revenues identified in Column 3 (Mileage Rate times number of Billable Miles). Billable Miles are from point of pick up to the point of final destination.

Line 4
Enter the Waiting Rate and corresponding number of Waiting Hours. The result will be Waiting revenues identified in Column 3 (Waiting Rate times number of Waiting Hours). Waiting Hours is time (quarter-hour increments) in excess of the first fifteen minutes after arrival to load patient and an additional fifteen minutes to unload patient.

Line 5
Enter the total amount of Disposable Medical Supplies billed to patients.

Line 6
Enter the total amount of Nursing Charges.

Line 7
Total Lines 1 through 6.

Line 8 and 9
Enter the Standby and Other Revenue and include a schedule for each.

Standby charges are for services rendered at events where the ambulance company is paid to position a unit at public or private activities such as football games, hockey games, car races, etc.

Line 10
Total Lines 7, 8 and 9. The result is Total Ambulance Routine Operating Revenue and it is posted to Page 2, Line 1

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INSTRUCTIONS - Long Report; AR&CR: For-Profit Companies & Larger Ambulance Organizations

AR&CR PAGE 3: continues - ROUTINE OPERATING REVENUE

Cost of Goods Sold: Medical Supplies

Cost of Goods Sold shall consist only of the costs incurred to purchase inventory that was sold from a supplier. This does not include storing or warehousing costs, but may include direct shipping charges or sales taxes paid.

Line 11

Enter Inventory at Beginning of Year, Medical Supplies Cost.

Line 12

Enter Purchases, Medical Supplies

Line 13

Enter Other Costs. Provide a schedule

Line 14

Enter Inventory at End of Year, Medical Supplies

Line 15

Total Lines 11, 12, 13 and subtract Line 14. The result is Cost of Goods Sold and it is posted to Page 2, Line 14

AR&CR PAGE 3.1: ROUTINE OPERATING REVENUE - Identified by Subsidized and Non-subsidized patients

Enter the name of the ambulance service and the fiscal year reporting period.

Ambulance Service Routine Operating Revenue - Identified by Subsidized and Non-subsidized patients

Lines 1 through 6

Enter gross revenues at their fully established rates and charges for subsidized patients (Column 1) and non-subsidized patients (Column 2).

- (1) The ALS charges are those, as prescribed by A.R.S. 36-2239 (F). Enter gross dollar amounts.
- (2) The BLS charges are those, as prescribed by A.R.S. 36-2239 (G) Enter gross dollar amounts.
- (3) The Mileage charge is the mileage rate times the number of miles, from the point of pick up to the point of final destination.
- (4) The Waiting charge is the waiting rate times the amount of time in excess of the first fifteen minutes after arrival to load patient and an additional fifteen minutes to unload patient.
- (5) Medical Supply charge is the amount billed to patients for disposable medical supplies.
- (6) Nursing charge is the total amount of nursing charges.

Line 7

Total Lines 1 through 6, by subsidized, non-subsidized patients and grand total.

Line 8 and 9

Enter the Standby and Other Revenue and include a schedule for each.

Standby charges are for services rendered at events where the ambulance company is paid to position a unit at public or private activities such as football games, hockey games, car races, etc.

Line 10

Total Lines 7, 8 and 9. The result is Total Ambulance Routine Operating Revenue and it is posted to Page 2, Line 1

Line 11

Enter the amount of Arizona Health Care Cost Containment System (AHCCCS) Settlement, by subsidized and non-subsidized patients.

AHCCCS Settlement is the difference between the fully established rates/charges and the amount received for such charges from AHCCCS providers.

Line 12

Enter the amount of Medicare Settlement, by subsidized and non-subsidized patients.

Medicare Settlement equals Billed Charges, minus Allowed Charges. The Medicare Settlement is the amount NOT ALLOWED to be billed to patients.

Line 13

Enter the amount of Patient Subsidy.

This is the amount of governmental or district funds applied toward individual patient bills.

Line 14

Enter Other Allowances and attach a schedule.

Line 15

Total Lines 11 through 14 for Columns 1, 2 and 3. The result is Total Settlements.

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AR&CR PAGE 4: WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Enter the name of the ambulance service and the fiscal year reporting period.

Wages, Payroll Taxes, and Employee Benefits

Enter the salaries and wages of staff identified in Schedule I, Page 10 and Schedule II, Page 11, on this page.

Lines 1 through 21

Enter total number of full-time equivalents (FTE's) and corresponding gross amounts for wages, taxes and benefits for each category. Totals for each category and last line 22, will "self add".

The Casual Labor and Wages columns, Lines 9, 10 and 11 need further explanation:

Casual Labor monies are those paid on a per run, or on-call shift basis.

Wage monies are those paid on an hourly or salary basis.

Add Casual Labor monies to Wage monies and enter the result in the Amount column.

Casual Labor hours or monies are not included when calculating FTE's.

Line 22

The total monies identified will "self post" to Page 2, Line 12.

AR&CR PAGE 4.1: ALLOCATION OF WAGES, TAXES and EMPLOYEE BENEFITS

AR&CR PAGE 5.1: ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

AR&CR PAGE 6.1: ALLOCATION OF OTHER OPERATING EXPENSES

AR&CR PAGE 4.1a: Basis of ALLOCATION OF WAGES et al.

AR&CR PAGE 5.1a: Basis of ALLOCATION OF GENERAL EXPENSES et al.

AR&CR PAGE 6.1a: Basis of ALLOCATION OF OTHER EXPENSES et al.

The six pages identified above do two things. First, they (Pages 4.1, 5.1 and 6.1) identify the total monies spent for particular categories (in a fire department) and the percent of that total that is allocated to the ambulance service activities. Second, they (Pages 4.1a, 5.1a and 6.1a) identify the reasoning for allocating; for instance - the basis for allocating Management Wages to ambulance services may be "estimate of time spent" or "number of ambulance transports".

AR&CR PAGE 5: GENERAL and ADMINISTRATIVE EXPENSES

Enter the name of the ambulance service and the fiscal year reporting period.

Professional Services

Lines 1 through 6

Enter the expenses for Professional Services on the appropriate lines. Line 6 will "self total".

Travel and Entertainment

Lines 7 through 11

Enter the expenses for Travel and Entertainment on the appropriate lines. Line 11 will "self total". These are "T & E" expenses related to operating the ambulance service.

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INSTRUCTIONS - Long Report; AR&CR: For-Profit Companies & Larger Ambulance Organizations

AR&CR PAGE 5: continues - GENERAL and ADMINISTRATIVE EXPENSES

Other General and Administrative

Lines 12 through 19

Enter the expenses for Other General and Administrative on the appropriate lines. Line 19 will "self total".

This cost center includes other routine operating expenses associated with overall management and administration not identified elsewhere.

Line 20

This line will "self-total" and "self-post" to Page 2, Line 13.

AR&CR PAGE 6: OTHER OPERATING EXPENSES

Enter the name of the ambulance service and the fiscal year reporting period.

Depreciation and Amortization

Line 1

This line will "self-post" from Depreciation Schedule III, Page 13, Line 20, Column I.

Line 2

Enter Amortization expense. Note: Amortization expenses on intangible assets are not allowed in rate setting, thus identified amounts must be offset on Page 2, Line 22, Non-Deductible Expenses.

Line 3

This line will "self-total".

Line 4

This line will "self-post" from Depreciation Schedule III, Page 13, Line 20, Column K.

Building / Station Expense

Lines 5 through 11

Enter the expenses for B & S on appropriate lines. Line 11 will "self-total".

Vehicle Expense - Ambulance Units

Lines 12 through 18

Enter the expenses for Ambulance Units on appropriate lines. Line 18 will "self-total".

Note: Record minor repairs on Line 14, General Vehicle Service and Maintenance.

Record major repairs on Line 15, Major Repairs, only if -

- they are reported as expenses for federal income tax purposes, and
- the repairs do not significantly extend the useful life of the ambulance, and
- recording of repairs as routine expense is consistent with prior accounting practices, and
- recording of the disbursement as an expense does not materially affect transportation expenses.

If these four tests are not met, record the disbursement as a capital expenditure, on Depreciation Schedule III, Page 13, and depreciate.

Line 18 will "self-total".

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AR&CR PAGE 6: continues - OTHER OPERATING EXPENSES

Other Expenses

Lines 19 through 23

Enter the expenses for Other on appropriate lines. Line 27 will "self-total".

Line 24

Enter expense for Minor Equipment, not capitalized. This is equipment costs that were not capitalized and not identified on the depreciation schedule.

Line 25

Enter expense for Ambulance Supplies, nonchargeable. This includes expenses for supplies not charged to patients as well as other consumable ambulance supplies.

Line 26

Enter total and attach a schedule

Line 27 will "self-total".

Line 28 will "self-total" and "self-post" to Page 2, Line 15.

AR&CR PAGE 7: DETAIL OF CONTRACTUAL ALLOWANCES

Enter the name of the ambulance service and the fiscal year reporting period.

This worksheet is for those ambulance services authorized to charge a lesser rate than their normal rates and charges. Ambulance services that provide discounts shall have State approved contracts with parties provided discounts. The worksheet identifies the amount of "discount dollars" relative to the normal rates and charges.

For each contracting entity, enter the name, number of billable runs, billings at fully established rates and charges and percent discount. The contract allowance column will "self-calculate". It is the product of the gross billing multiplied by the percent discount.

Line 22 will "self-post" to Page 2, Line 4.

AR&CR PAGE 8: SUBSCRIPTION SERVICE REVENUE & SELLING EXPENSES

Enter the name of the ambulance service and the fiscal year reporting period.

This worksheet is for those ambulance services that provide Subscription Services. The worksheet identifies revenues and cost associated with Subscription Services.

Line 1

Enter the total revenues at the fully established rates and charges related to subscription service transports.

Line 2 and 3

Enter the AHCCCS and Medicare Settlements related to subscription service transports.

**INSTRUCTIONS - Long Report; AR&CR: For-Profit Companies & Larger Ambulance Organizations
AR&CR PAGE 8: continues - SUBSCRIPTION SERVICE REVENUE & SELLING
EXPENSES**

Line 4

Enter the Subscription Service Settlements. This amount will "self-post" to Page 2, Line 5.

Line 5

under terms of the ambulance subscription service contract. This amount is included in Bad Debt Expense reported on Page 2, Line 11.

Line 6 "self-totals" and Line 7 "self-calculates"

Line 8

Enter revenues from the sales of Subscription Contracts. This amount will "self-post" to Page 2, Line 9.

Line 9

Enter Other Revenue and attach a schedule.

Line 10 "self-totals". It is the total of Lines 7, 8 and 9.

Direct Expense Incurred Selling Subscription Contracts

Lines 11 through 22

Enter the direct expenses incurred in selling Subscription Service contracts on appropriate lines.

Line 23 will "self-total" and "self-post" to Page 2, Line 17.

AR&CR PAGE 9: OTHER OPERATING REVENUES & EXPENSES

Enter the name of the ambulance service and the fiscal year reporting period.

Other Operating Revenues

Line 1

Enter Supportive Funding revenues from County, City, Fire District and other sources in the form of gifts, grants, etc. and support schedule.

Line 2 through 11

Enter Other Operating Revenues and support schedules.

Line 12 "self-totals".

Other Operating Expenses

Lines 13 through 15

Enter appropriate amounts of Other Operating Expenses.

Line 16 will "self-total" and Line 17 will "self-total" and "self-post" to Page 2, Line 20.

INSTRUCTIONS - Long Report; AR&CR: For-Profit Companies & Larger Ambulance Organizations

AR&CR PAGE 10: Schedule I; OFFICERS & OWNERS Salaries & FTE's

Enter the name of the ambulance service and the fiscal year reporting period.

Lines 1 through 6

Enter name of each officer / owner, title, percent of ownership, salaries and FTE's associated with ambulance service.

Line 7 will "self-total" and "self-post" to Page 4, Column 2, Line 1.

AR&CR PAGE 11: Schedule II; OTHER AMBULANCE PERSONNEL

Enter the name of the ambulance service and the fiscal year reporting period.

Lines 1 through 3

Enter the titles, scheduled shifts and compensation, including bonuses and commissions, for Management, Ambulance and Other Personnel.

AR&CR PAGE 12 & 13: Schedule III; DEPRECIATION, Ambulance Vehicles & Other

Enter the name of the ambulance service and the fiscal year reporting period.

Lines 1 through 17

Report ambulances and accessorial equipment on page 12 and all other depreciable items on page 13. Record depreciation expense on Property, Plant and Equipment using the straight line method of depreciation and class life as defined by the Internal Revenue Service for asset being depreciated. Also record rent / lease expenses on land, buildings, furniture, fixtures and equipment. Enter all appropriate information in Columns A through Columns K.

Enter all appropriate information in Columns A through Columns K.
Totals of Columns I and J and K will "self-calculate" and totals will "self-post" to Page 13, Line 19.

AR&CR PAGE 14: Schedule IV; INTEREST

Enter the name of the ambulance service and the fiscal year reporting period.

This worksheet includes all Interest Expense on borrowed funds. Interest must be identified by whom it is paid to - Related Persons or Organization, and Non-Related.

Lines 1 through 14

Enter the Interest Expense and all pertinent information by the identified categories.

Line 15 will "self-total" and "self-post" to Page 2, Line 16.

AR&CR PAGE 15 and 16: BALANCE SHEET & CASH FLOW STATEMENT

Current audited financial statements may be submitted in lieu of pages 15 and 16.

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Guardian Medical Transport
Balance Sheet
For the Period Ending June 30, 2014

CURRENT ASSETS:		
Cash		5,235,822
Accounts Receivable	3,508,495	
Less: Allowance for Doubtful Accounts	<u>(2,150,809)</u>	1,357,686
TOTAL CURRENT ASSETS		6,593,508
PROPERTY & EQUIPMENT	5,997,037	
Less: Accumulated Depreciation	<u>(3,981,031)</u>	<u>2,016,006</u>
TOTAL ASSETS		<u><u>\$8,609,515</u></u>
LIABILITIES:		
Accounts Payable		728,650
Accrued Expenses and Other		<u>307,819</u>
TOTAL CURRENT LIABILITIES		1,036,469
EQUITY:		
Common Stock		20,000
Retained Earnings		<u>7,553,046</u>
TOTAL EQUITY		7,573,046
TOTAL LIABILITIES & EQUITY		<u><u>\$8,609,515</u></u>

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**Guardian Medical Transport
Statement of Cash Flows
For the Period Ending June 30, 2014**

OPERATING ACTIVITIES:

Net income	\$922,300	
Adjustments to reconcile net income to net cash provided by operating activities		
Depreciation expense	550,891	
(Increase)/Decrease in:		
Accounts receivable	404,110	
Increase/(Decrease) in:		
Accounts payable	530,071	
Accrued Expenses	(9,685)	
Net cash provided (used) by operating activities		<u>2,397,687</u>

INVESTING ACTIVITIES:

Purchases of property and equipment	(1,094,442)	
Net cash provided (used) by investing activities		<u>(1,094,442)</u>

Net increase/(decrease) in cash 1,303,245

Cash at beginning of year		3,932,577
Cash at end of year		<u><u>\$5,235,822</u></u>

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Flagstaff Medical Center
Income Statement
For Month Ending June 30, 2014
27900 Guardian Medical Transport Flagstaff
(In Thousands)

	Current Month				Year to Date				Prior YTD Actual
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	
Patient Revenue									
Inpatient Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Outpatient Revenue	1,286	1,228	58	4.8%	14,968	14,536	432	3.0%	14,841
Physician Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Total Patient Revenue	1,286	1,228	58	4.8%	14,968	14,536	432	3.0%	14,841
Deductions from Revenue									
Contractuals	(388)	(391)	3	-0.7%	(3,952)	(4,632)	680	-14.7%	(4,710)
Bad Debt & Other	(234)	(232)	(2)	1.0%	(3,853)	(2,748)	(1,105)	40.2%	(3,123)
Total Deductions	(623)	(623)	1	-0.1%	(7,805)	(7,379)	(425)	5.8%	(7,833)
Net Patient Revenue	663	605	59	9.7%	7,163	7,157	6	0.1%	7,008
Other Operating Revenue	16	10	6	54.5%	218	125	93	74.3%	85
Net Operating Revenue	680	615	65	10.5%	7,381	7,282	100	1.4%	7,093
Operating Expenses									
Salaries & Wages	251	268	(17)	-6.2%	3,040	3,248	(209)	-6.4%	3,028
Contract Labor	0	0	0	0.0%	0	0	0	0.0%	0
Employee Benefits	91	82	10	11.8%	949	990	(41)	-4.1%	905
Insurance	3	2	1	50.0%	24	24	(0)	0.0%	24
Interest	0	0	0	0.0%	0	0	0	0.0%	0
Deprec & Amort	46	39	7	19.1%	551	452	99	21.9%	448
Legal & Acclg	0	0	0	0.0%	0	0	0	0.0%	0
Professional Fees	0	0	0	0.0%	0	0	0	0.0%	0
Medical Supplies	8	7	1	11.6%	95	88	6	7.0%	89
Supplies	38	35	2	7.0%	443	397	46	11.6%	496
Utilities	8	6	3	42.3%	77	71	5	7.6%	71
Purchased Services	94	110	(16)	-14.3%	1,220	1,300	(80)	-6.2%	1,255
NAH Allocated Overhead	0	0	0	0.0%	0	0	0	0.0%	0
Intercompany Rent	6	0	6	1704.2%	12	8	4	46.0%	21
Total Operating Expenses	547	549	(2)	-0.4%	6,410	6,579	(169)	-2.6%	6,337
Net Operating Gain (Loss)	133	66	67	101.6%	971	703	269	38.2%	755
Contributions	0	0	0	0.0%	0	0	0	0.0%	0
Non Operating Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Gain/Loss Invest/Assets	0	0	0	0.0%	0	0	0	0.0%	0
Net Income (Loss)	133	66	67	101.6%	971	703	269	38.2%	755

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Flagstaff Medical Center
Income Statement
For Month Ending June 30, 2014
27901 Guardian Medical Transport Critical Care Ambulance
(In Thousands)

	Current Month				Year to Date				Prior YTD
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	Actual
Patient Revenue									
Inpatient Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Outpatient Revenue	0	59	(59)	-100.0%	69	702	(633)	-90.2%	0
Physician Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Total Patient Revenue	0	59	(59)	-100.0%	69	702	(633)	-90.2%	0
Deductions from Revenue									
Contractuals	0	(20)	20	-100.0%	(1)	(244)	242	-99.4%	0
Bad Debt & Other	0	(6)	6	-100.0%	(4)	(68)	64	-94.7%	0
Total Deductions	0	(26)	26	-100.0%	(5)	(311)	306	-98.4%	0
Net Patient Revenue	0	33	(33)	-100.0%	64	391	(327)	-83.7%	0
Other Operating Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Net Operating Revenue	0	33	(33)	-100.0%	64	391	(327)	-83.7%	0
Operating Expenses									
Salaries & Wages	1	18	(16)	-92.2%	17	221	(204)	-92.4%	0
Contract Labor	0	0	0	0.0%	0	0	0	0.0%	0
Employee Benefits	0	5	(5)	-92.2%	5	64	(59)	-92.4%	0
Insurance	0	0	0	0.0%	0	0	0	0.0%	0
Interest	0	0	0	0.0%	0	0	0	0.0%	0
Deprec & Amort	0	0	0	0.0%	0	0	0	0.0%	0
Legal & Acctg	0	0	0	0.0%	0	0	0	0.0%	0
Professional Fees	0	0	0	0.0%	0	0	0	0.0%	0
Medical Supplies	0	0	(0)	-100.0%	0	2	(2)	-100.0%	0
Supplies	0	3	(2)	-88.6%	2	33	(31)	-94.2%	20
Utilities	0	0	(0)	-100.0%	0	1	(1)	-100.0%	0
Purchased Services	0	1	(1)	-100.0%	0	9	(9)	-96.7%	3
NAH Allocated Overhead	0	0	0	0.0%	0	0	0	0.0%	0
Intercompany Rent	0	0	0	0.0%	0	0	0	0.0%	0
Total Operating Expenses	2	27	(25)	-92.1%	24	330	(306)	-92.7%	23
Net Operating Gain (Loss)	(2)	6	(8)	-136.7%	40	61	(21)	-34.5%	(23)
Contributions	0	0	0	0.0%	0	0	0	0.0%	0
Non Operating Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Gain/Loss Invest/Assets	0	0	0	0.0%	0	0	0	0.0%	0
Net Income (Loss)	(2)	6	(8)	-136.7%	40	61	(21)	-34.5%	(23)

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Flagstaff Medical Center
Income Statement
For Month Ending June 30, 2014
28000 Guardian Medical Transport Flagstaff
(In Thousands)

	Current Month				Year to Date				Prior YTD Actual
	Actual	Budget	Variance	Variance %	Actual	Budget	Variance	Variance %	
Patient Revenue									
Inpatient Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Outpatient Revenue	112	76	37	48.2%	826	634	192	30.3%	487
Physician Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Total Patient Revenue	112	76	37	48.2%	826	634	192	30.3%	487
Deductions from Revenue									
Contractuals	(34)	(21)	(13)	61.8%	(218)	(175)	(43)	24.3%	(149)
Bad Debt & Other	(20)	(15)	(6)	37.2%	(212)	(125)	(87)	70.0%	(104)
Total Deductions	(54)	(36)	(18)	51.6%	(430)	(300)	(130)	43.3%	(252)
Net Patient Revenue	58	40	18	45.2%	396	334	62	18.7%	234
Other Operating Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Net Operating Revenue	58	40	18	45.2%	396	334	62	18.7%	234
Operating Expenses									
Salaries & Wages	27	35	(7)	-21.4%	348	355	(7)	-2.0%	342
Contract Labor	0	0	0	0.0%	0	0	0	0.0%	0
Employee Benefits	8	10	(2)	-21.4%	101	103	(2)	-2.0%	99
Insurance	0	0	0	0.0%	0	0	0	0.0%	0
Interest	0	0	0	0.0%	0	0	0	0.0%	0
Deprec & Amort	0	0	0	0.0%	0	0	0	0.0%	0
Legal & Acctg	0	0	0	0.0%	0	0	0	0.0%	0
Professional Fees	0	0	0	0.0%	0	0	0	0.0%	0
Medical Supplies	0	0	0	0.0%	0	0	0	0.0%	0
Supplies	2	1	0	27.1%	20	12	8	61.9%	16
Utilities	0	0	(0)	-18.4%	1	1	(0)	-18.4%	1
Purchased Services	1	1	(1)	-43.8%	15	14	1	3.7%	14
NAH Allocated Overhead	0	0	0	0.0%	0	0	0	0.0%	0
Intercompany Rent	0	0	0	0.0%	0	0	0	0.0%	0
Total Operating Expenses	38	48	(10)	-20.5%	485	486	(1)	-0.2%	472
Net Operating Gain (Loss)	20	(8)	28	-354.3%	(89)	(152)	63	-41.6%	(238)
Contributions	0	0	0	0.0%	0	0	0	0.0%	0
Non Operating Revenue	0	0	0	0.0%	0	0	0	0.0%	0
Gain/Loss Invest/Assets	0	0	0	0.0%	0	0	0	0.0%	0
Net Income (Loss)	20	(8)	28	-354.3%	(89)	(152)	63	-41.6%	(238)

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**Guardian Medical Transport
Overhead Expenses**

Salaries:		
Administration Support	\$95,000	
Human Resources/Acctnt	<u>110,000</u>	
Total Salaries		\$205,000
Benefits @ 30%		61,500
Accounting Fees:		
Prepare financial statements	\$12,000	
Annual audit	<u>10,000</u>	
Total Accounting Fees		22,000
Bank Fees:		
Lock Box	\$750	
Monthly Fees @ \$200/month	<u>2,400</u>	
Total Bank Fees		3,150
Supplies		16,650
Cost of Money:		
A/R-credit line (\$4 mil @ 6%)		287,784
Cost of Capital:		
Fixed assets (\$1.6 mil @ 6%)		115,114
Rent:		
Central Station (\$3,579.08 * 12)		42,954
		<hr/>
Annual Overhead Expense		<u><u>\$754,152</u></u>

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	BOOK BASIS	CURRENT PERIOD	YTD DEPREC	LTD DEPREC
BUILDINGS LEASEHOLD	1,538,813.96	4,501.44	48,246.84	755,900.92
FURNITURES / FIXTURES	173,787.87	36.90	254.84	172,494.02
COMMUNICATION EQUIPMENT	541,434.05	7,248.83	108,339.34	410,954.60
AMBULANCE	2,464,125.00	22,033.73	264,405.00	1,888,064.31
ACCESSORIAL EQUIPMENT	1,278,876.23	12,379.14	129,644.88	753,617.14
	5,997,037.11	46,200.04	550,890.90	3,981,030.99



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Asset	Tag Number	Description	Life	Life Remaining	Book Basis	BOOK-VALUE	Current Period Depreciation	Year-to-Date Depreciation	Life-to-Date Depreciation
	7047 02-513	COMPUTER FLOOR	60		3750		0	0	0
	7365 03-517	GARAGE FLOOR COATING	36		8885.7		0	0	8885.7
	7383 03-533	SIGNAGE FOR STATION 51 & 53	60		4764		0	0	4764
	10414 106353	REMODEL W.C. GHS GROUND BAY	180	1	35508.79		0	0	35508.79
	16868 114690	GUARDIAN GRND AIR CONDITIONING	60		3188.02		0	0	3188.02
	17282 115109	GUARDIAN GROUND EAST	84		216436.16		0	0	216436.16
	18014 115857	GUARDIAN GROUND EAST CAP	180	5	3828.6		106.35	21.27	372.25
	19178 117111	GUARDIAN GROUND SOUTH STATION	300	168	737951.85		413253.05	2459.83	324698.8
	20663 117111	GUARDIAN GROUND SOUTH	300	176	320.17		187.81	1.06	132.36
	22649 07-506	MIR ALS MONITORS	240	154	53794.19		34372.89	223.2	2678.41
	22826 07-506	EXHAUST SYSTEM STATION 52 & 53	120	35	57256.58		16699.83	477.13	19421.3
	23115 08-042	GARAGE DOORS RAYNO HI USE	120	41	2892		988.1	24.1	40556.75
	23163 08-056	TRASH ENCLOSURE	180	102	4500		2550	25	1903.9
	23177 08-056	TRASH ENCLOSURE	120	43	7051.85		2526.91	58.76	4524.94
	23227 08-069	ACCESS CONTROL	60		1667.12		0	0	1667.12
	23502 08-056	LANDSCAPING	60		13221.85		0	0	13221.85
	23611 08-193	CARPET STATION 51	60		9392.16		0	0	9392.16
	23719 06-167	30 MEGABIT ORTHACON CANOPY EQU	60		55250		0	0	55250
	24397 24397	REBUILD GLASS AMBULANCE BAY	120	64	2904.07		1548.83	24.2	1355.24
	25735 25735	GUARDIAN STA 53 ICE MELT AT BA	120	105	37583		32885.12	313.19	4697.88
	26541 26541	RELOCATE GMT STATION 52	360	359	260735.85		260011.58	724.27	724.27
	26565 26565	HEAT TAPE & ELECT GUARDIAN #51	120	119	17932		17782.57	149.43	149.43
					1,538,813.96		782,913.04	4,501.44	48,246.84
									755,900.92

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Asset	Tag Number	Description	Life	Life Remaining	Book Basis	BOOK-VALUE	Current Period Depreciation	Year-to-Date Depreciation	Life-to-Date Depreciation
	6529 01-515	DRAWER STORAGE UNIT	60		1153.78		0	0	1153.78
	7360 03-512	CONSOLE FURNITURE	84		138316.65		0	0	138316.65
	7363 03-515	WINDOW BLINDS	120		3218		0	0	3218
	7368 03-519	CABINETS	120		2417.92		0	0	2417.92
	7370 03-521	OFFICE FURNITURE	120		3840		0	0	3840
	7371 03-522	OFFICE FURNITURE	120		11832.86		0	0	11832.86
	19186 117119	CABINETS	60		5231.8		0	0	5231.8
	19187 117120	APPLIANCES	120		4361		0	0	4361
	21715 05-259	GALAXY OFFICE CHAIR	120	14	2365		275.92	19.7	236.5

19374	119178	WASTE BASKET	240	87	24.86	9.03	0.1	1.24	15.83
26606		LEVELOR BLINDS WOOD	60	59	1026	1008.9	17.1	17.1	17.1
					173,787.87	1,293.85	36.90	254.84	172,494.02

Asset	Tag Number	Description	Life	Life Remaining	Book Basis	BOOK-VALUE	Current Period Depreciation	Year-to-Date Depreciation	Life-to-Date Depreciation
6518	01-504	REPEATER/COMPARITOR FOR RADIO	120		4785		0	0	4785
6519	01-505	SATELLITE PHONE	60		1599.98		0	0	1599.98
6520	01-506	SATELLITE PHONE	60		1599.98		0	0	1599.98
6521	01-507	SATELLITE PHONE	60		1599.98		0	0	1599.98
6522	01-508	SATELLITE PHONE	60		1599.98		0	0	1599.98
6523	01-509	SATELLITE PHONE	60		1599.98		0	0	1599.98
6524	01-510	SATELLITE PHONE	60		1599.98		0	0	1599.98
6525	01-511	SATELLITE PHONE	60		1599.98		0	0	1599.98
6526	01-512	SATELLITE PHONE	60		1599.98		0	0	1599.98
6533	01-518	UHF RADIO	60		580		0	0	580
6534	01-519	MOTOROLA RECEIVER	60		2890		0	0	2890
6544	01-529	DISPATCH CONSOLE	84		8978.85		0	0	8978.85
6545	01-530	RADIO FOR NEW AMBULANCE	60		1891		0	0	1891
7036	02-501	MOBILE AND PORTABLE RADIOS	60		14544		0	0	14544
7372	03-523	PHONE SYSTEM YALE STATION	120		69871.2		0	0	69871.2
16606	114418	TRANSMITTER, IFSCVT 1101M	60	1	400		0	0	400
16320	114113	ANTENNA RELAY + FREIGHT	84	1	300		0	0	300
16533	114328	BASE ANTENNA	60		275		0	0	275
17476	115308	VHF MOTOROLA DESKTRAC TONE CON	60		4983		0	0	4983
20079	03-523	PHONE SYSTEM YALE STATION	120		23290.4		0	1358.61	23290.4
23048	07-058	VHF RADIO SYSTEM	60		61397.85		0	0	61397.85
24039	09-079	VHF RADIO EQUIPMENT	60		29684.35		0	4452.65	29684.35
25072		GMT & GAT IT NAH 058	36		50864		0	15541.78	50864
25621	13-018	COMPUTER AIDED DISPATCH	36	18	188413.51	94206.76	5233.7	62804.5	94206.75
25678	13-018	COMPUTER AIDED DISPATCH	34	18	22650.71	11991.55	666.19	7994.37	10659.16
25758	13-018	COMPUTER AIDED DISPATCH	33	18	5575.44	3041.15	168.95	2027.43	2534.29
25796	13-018	COMPUTER AIDED DISPATCH	32	18	21757.28	12238.47	679.91	8158.98	9518.81
25884	13-018	COMPUTER AIDED DISPATCH	31	18	15502.62	9001.52	500.08	6001.02	6501.1
					541,434.05	130,479.45	7,248.83	108,339.34	410,954.60

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Asset	Tag Number	Description	Life	Life Remaining	Book Basis	BOOK-VALUE	Current Period Depreciation	Year-to-Date Depreciation	Life-to-Date Depreciation
	7384 03-534	AMBULANCE 2004	48		103800		0	0	103800
	17877	115718 AMBULANCES 2000 FORD350 4X4	48	1	92505		0	0	92505
	6516 01-502	1998 FORD EXPEDITION	48		24900		0	0	24900
	20500 04-513	AMBULANCE; 2004 WHEELED (2)	48		103800		0	0	103800
	20832 04-528	FIBERGLASS UTILITY BODY	48		33349		0	0	33349
	20951 04-529	2005 FORD F350 CREW CAB	48		37582		0	0	37582
	21702 05-513	AMBULANCE 2006 FORD (2)	48		215000		0	0	215000
	22404 06-152	AMBULANCE FORD 2006 4X4 (2)	48		225400		0	0	225400
	23026 07-195	AMBULANCE 2008 FORD F350	48		112169		0	0	112169
	23264 08-068	AMBULANCE FORD F-35L0 4X4	48		226000		0	0	226000
	24209 09-131	AMBULANCE FORD 2009 F-350	48		116000		0	0	116000
	24210 09-131	AMBULANCE 2009 FORD F-350	48		116000		0	0	116000
	24936 10-084	LIBERTY F-450 AMBULANCE	48	7	184231	26867.02	3838.14	46057.75	157363.98
	25441 11-094	AMBULANCE 2011 SUPER CHIEF	48	24	299859	149929.5	6247.06	74964.75	149929.5
	25540 12-069	AMBULANCE - F450 4X4	48	28	185300	108091.67	3860.41	46325	77208.33
	25923 13-076	AMBULANCE 2013 FORD F450	48	36	194115	145586.25	4044.06	48528.75	48528.75
	25924 13-076	AMBULANCE 2013 FORD F450	48	36	194115	145586.25	4044.06	48528.75	48528.75
					2,464,125.00	576,060.69	22,033.73	264,405.00	1,888,064.31

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BEMSTS-CON & RATES

Asset	Tag Number	Description	Life	Life Remaining	Book Basis	BOOK-VALUE	Current Period Depreciation	Year-to-Date Depreciation	Life-to-Date Depreciation
	7379 03-529	GENERATOR	60		9160		0	0	9160
	7413 04-036	SOFTWARE AND SERVERS FOR PIN	60		542.68		0	0	542.68
	7429 04-501-2	EXTRICATIONS	84		24420		0	0	24420
	7430 04-501-3	EXTRICATIONS	84		351.11		0	0	351.11
	11749	108247 INFUSION PUMP MED SYS III	120		4009.5		0	0	4009.5
	11750	108248 INFUSION PUMP MED SYS III	120		4009.5		0	0	4009.5
	16213	114003 IVAC MED SYSTEM II INFUSION PMP	120		11550		0	0	11550
	16317	114110 T5766 MTR200 STATION	84	1	1250		0	0	1250
	16318	114111 X530 POWER OPTION 100 WATTS	84	1	1785		0	0	1785
	16319	114112 X597 CONV SOFTWARE DISCOUNTED	84	1	1875		0	0	1875
	16321	114114 TREK 950 SHX BICYCLE	60		748.66		0	0	748.66
	16322	114115 TREK 950 SHX BICYCLE	60		748.66		0	0	748.66
	16323	114116 TREK 950 SHX BICYCLE	60		748.66		0	0	748.66
	16324	114117 TREK 950 SHX BICYCLE	60		748.69		0	0	748.69
	16524	114319 WEBCOP TX SYSTEM	60		12766.25		0	0	12766.25

16532	114327	BASE ANTENNA	60	275	0	0	0	0	275
17477	115309	4" EQUIPMENT RACKSHELVES BATTE	60	884	0	0	0	0	884
19185	117118	CISCO 3725 ROUTER	60	16512.6	0	0	0	0	16512.6
19188	117121	VOICE DATA CABLING	120	22925.02	0	0	0	0	22925.02
19189	117122	APC SMART UPS	36	1783.85	0	0	0	0	1783.85
19853	04-503	17-IN BLACK MULTIMED	36	5541.8	0	0	0	0	5541.8
19854	04-503	OPTIFLEX	36	5577.64	0	0	0	0	5577.64
19856	04-505	FIXED ASSET GROUND EQUIPMENT	36	12586	0	0	0	0	12586
20364	03-512	MIRRA SERIES II 20CH DUAL DECK	60	83301.34	0	0	0	0	83301.34
20495		GROUND EQUIPMENT	120	113923.76	0	0	0	9493.65	113923.76
22592	07-502	AIBP MOUNT	84	1559	0	0	0	129.92	1559
22849	07-190	HP LASERJET PRINTER	60	1539	0	0	0	0	1539
22976	08-017	POWER GURNEY STRYKER	120	55823.52	17677.46	465.19	0	5582.35	38146.06
23184	08-069	ACCESS CONTROL GMT STATION	60	11523.52	0	0	0	0	11523.52
23185	08-071	PANASONIC TOUGHBOOK LAPTOP	36	21341.6	0	0	0	0	21341.6
23202	08-055	KITCHEN CABINETS STN 52	180	5600	3204.46	31.11	0	373.33	2395.54
23384	08-069	ACCESS CONTROL GMT STATIONS	60	400	0	0	0	0	400
23394	08-155	IV PUMPS	120	26425	10191.96	221.56	0	2658.77	16233.04
23549	04-504	HARDWARE & INSATLL TOUGHBOOKS	60	1734	0	0	0	0	1734
23557	08-154	PROPAQ MONITOR	60	49814.55	0	0	0	0	49814.55
23657	09-033	PANASONIC TB-19 COMPUTERS	36	21056.14	0	0	0	0	21056.14
23660	09-034	POWER PRO AMBULANCE COT	84	60133.2	10738.07	715.87	8590.45	8590.45	49395.13
24627	10-082	FORD F150 PU 2010	48	30556.13	0	0	7002.45	7002.45	30556.13
24656	10-081	BARIATRIC GURNEY	84	7467.38	3200.3	88.89	1066.77	1066.77	4267.08
25140	11-095	AMBULANCE COT - POWER PRO	120	12551.1	8890.36	104.59	1255.11	1255.11	3660.74
25237	11-096	VIDEO LARYNGOSCOPES	36	62512.65	13891.7	1736.46	20837.55	20837.55	48620.95
25262	12-056	PROPAQ LTR MONITOR W SP02 CASE	36	21064.92	5266.23	585.13	7021.64	7021.64	15798.69
25263	12-057	PARAPAC VENTILATOR W ALARM	36	15221.22	3805.3	422.81	5073.74	5073.74	11415.92
25483	12-046	STRYKER POWER PRO AMBULANC COT	120	12900	10427.5	107.5	1290	1290	2472.5
22894	07-191	PARAPAC VENTILATORS	120	39096.26	11728.87	325.8	3909.63	3909.63	27367.39
25801	13-075	HAL SIMULATION MANIKIN	120	56155	49603.58	467.95	5615.5	5615.5	6551.42
26166	14-029	ZOLL DEFIBRILLATOR	60	426377.32	376633.3	7106.28	49744.02	49744.02	49744.02
				1,278,876.23	525,259.09	12,379.14	129,644.88	129,644.88	753,617.14

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