

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

Legal Name of Company: Rural/Metro Corporation (Pinal) CON No. 87

D.B.A. (Doing Business As): Tri-City Med Business Phone: 928-445-3814

Financial Records Address: 8465 N Pima Rd City: Scottsdale Zip Code: 85258

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

Owner / Manager: COO - Glenn Kasprzyk

Report Contact Person: COO - Glenn Kasprzyk Business Phone: 928-445-3814 Ext. _____

Report for Period From: From: January 1, 2015 To: December 31, 2015

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

*Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc., Envision Healthcare Holdings, Inc.*

*I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.
I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.
This report has been prepared using the accrual basis of accounting.*

Authorized Signature: 
Title: Regional Operations and Finance Officer Date: June 30, 2016

Mail to:
Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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
1	Number of ALS Billable Transports:			447	447
2	Number of BLS Billable Transports:			104	104
3	Number of Loaded Billable Miles:			15,432	15,432
4	Waiting Time (Hr. & Min.):			-	0
5	Canceled (Non-Billable) Runs:			331	331
					Number
					Donated Hours
Volunteer Services: (OPTIONAL)					
6	Paramedic and IEMT				0
7	Emergency Medical Technician - B				0
8	Other Ambulance Attendants				0
9	Total Volunteer Hours				0

** 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: Rural/Metro Corporation (Pinal)

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

STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1)	(2)	(3)
		SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
1	Number of ALS Billable Transports:	_____	447	447
2	Number of BLS Billable Transports:	_____	104	104
3	Number of Loaded Billable Miles:	_____	15,432	15,432
4	Waiting Time (Hr. & Min.):	_____	-	0
5	Canceled (Non-Billable) Runs:	_____	331	331
				Number
				Donated Hours
Volunteer Services: (OPTIONAL)				
6	Paramedic and IEMT	.....		0
7	Emergency Medical Technician - B	.....		0
8	Other Ambulance Attendants	.....		0
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.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pinat)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 1,329,666
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	464,443
3	Medicare Settlement	Page 3.1, Line 12	188,259
4	Contractual Discounts	Page 7, Line 22	0
5	Subscription Service Settlement	Page 8, Line 4	0
6	Other (Attach Schedule)	Page 3.1, Line 13	0
7	Total	Sum of Lines 2 through 6	652,703
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	676,964
9	Sales of Subscription Service Contracts	Page 8, Line 8	0
10	Total Operating Revenue	Line 8, plus Line 9	\$ 676,964
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		190,736
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	337,333
13	General and Administrative Expenses	Page 5, Line 20	84,430
14	Cost of Goods Sold	Page 3, Line 15	15,683
15	Other Operating Expense	Page 6, Line 28	63,068
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	17,638
17	Subscription Service Direct Selling	Page 8, Line 23	0
18	Total Operating Expense	Sum of Lines 11 through 17	708,890
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	(31,926)
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	7
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	7
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	(31,919)
Provision for Income Taxes:			
25	Federal Income Tax		(11,172)
26	State Income Tax		(1,596)
27	Total Income Tax	Lines 25, plus Line 26	(12,768)
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	(19,151)

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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	\$ (a)	x No. of Runs	447	=	\$ 920,875
		Rate		x No. of Runs		=	0
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	104	=	211,292
		Rate		x No. of Runs		=	0
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	15,432	=	197,499
		Rate		x No. of Billable Miles		=	0
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=	0
		Rate		x No. of Hours		=	0
5	Medical Supplies (Gross Charges to patients)						0
6	Nurses Charges						0
7	Total						1,329,666
8	Standby Revenue (Attach Schedule)						0
9	Other Ambulance Service Revenue (Attach Schedule)						0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ 1,329,666

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year			N/A			
12	Plus Purchases						
13	Plus Other Costs						
14	Less Inventory at End of Year			N/A			
15	Cost of Goods Sold (To Page 2, Line 14)						\$ 15,683 *

* The disposable medical supplies are expensed as used and not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pinal)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

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	\$ _____	\$ 920,875	\$ 920,875
2	BLS Base Rate	_____	211,292	211,292
3	Mileage Charge	_____	197,499	197,499
4	Waiting Charge	_____	0	0
5	Medical Supplies (Gross Charges)	_____	0	0
6	Nurses' Charges	_____	0	0
7	Total	\$ _____	\$ 1,329,666	\$ 1,329,666
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	0
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	0
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ 1,329,666
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ 464,443	\$ 464,443
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	188,259	188,259
13	Subsidy (Post total to Pg 2, Line 6)	_____	_____	0
14	Other (Attach Schedule)	_____	0	0
15	Total Settlements (Post to Pg 2, Line 7)	\$ 0	\$ 652,703	\$ 652,703

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:

Rural/Metro Corporation (Pinal)

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
OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ 0
2	Payroll Taxes		0
3	Employee Fringe Benefits		0
4	Total	0.0	0
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	0.0	0
6	Payroll Taxes		0
7	Employee Fringe Benefits		0
8	Total	0.0	0
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Labor Wages)			
9	Gross Wages		
	Paramedics and IEMT	3.5	145,721
10	Emergency Medical Technician (EMT)	3.8	114,232
11	Nurses	0.0	0
12	Payroll Taxes		20,106
13	Employee Fringe Benefits		57,274
14	Total	7.3	337,333
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages		
15	Dispatch	0.0	0
16	Mechanics	0.0	0
17	Office and Clerical	0.0	0
18	Other	0.0	0
19	Payroll Taxes		0
20	Employee Fringe Benefits		0
21	Total	0.0	0
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits	7.3	\$ 337,333

* 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: Rural/Metro Corporation (Pinal)

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

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
MANAGEMENT					
1	Gross Wages (Attach Schedule II)	0.0	0	100%	0
2	Payroll Taxes		0	100%	0
3	Employee Fringe Benefits		0	100%	0
4	Total	0.0	0		0
AMBULANCE PERSONNEL					
			** Contractual Wages		
	Gross Wages (Attach Schedule II)		Labor		
5	Paramedics and IEMT	3.5	\$ 145,721	100%	145,721
6	Emergency Medical Technician (EMT)	3.8	114,232	100%	114,232
7	Nurses	-	0	100%	0
8	Drivers			100%	0
9	Payroll Taxes		20,106	100%	20,106
10	Employee Fringe Benefits		57,274	100%	57,274
11	Total	7.3	337,333		337,333
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	-	0	100%	0
13	Mechanics	-	0	100%	0
14	Office and Clerical	-	0	100%	0
15	Other	-	0	100%	0
16	Payroll Taxes		0	100%	0
17	Employee Fringe Benefits		0	100%	0
18	Total	-	0		0
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS	7.3	337,333		\$ 337,333
			(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.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pinal)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

**Line
No.**

DESCRIPTION

Professional Service:

1	Legal Fees	\$	-
2	Collection Fees		11,043
3	Accounting and Auditing		-
4	Data Processing Fees		-
5	Other (Attach Schedule)		-
6	Total		\$ 11,043

Travel and Entertainment:

7	Meals and Entertainment		-
8	Transportation - Other Company Vehicles		-
9	Travel		-
10	Other (Attach Schedule)		-
11	Total		0

Other General and Administrative:

12	Office Supplies		193
13	Postage		-
14	Telephone		2,699
15	Advertising		-
16	Professional Liability Insurance		(840)
17	Dues and Subscriptions		-
18	Other (Attach Schedule)		71,335
19	Total		73,387
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ 84,430

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pinal)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE SUPPORTING DETAIL

Line No.	<u>DESCRIPTION</u>		
Professional Service Other:			
1	Management Consulting	\$	-
2	Medical Director		-
3	911 contract administration		-
4	Temp Staffing		-
5	First Responder Fees		-
6	Other Professional Fees		-
7	Total		\$ 0
 Travel and Entertainment Other:			
8	Other T&E		-
9	.....	
10	.....	
11	.....	
12	Total		0
 Other General and Administrative:			
13	Public Relations		-
14	Printing		2
15	Contributions		-
16	Bank Charges		-
17	Business Licenses & Misc taxes		198
18	Misc G&A		9,288
19	Corporate & Regional Overhead Support		61,848
20	Total		71,335

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ 0	100%	\$ 0
2	Collection Fees	11,043	100%	11,043
3	Accounting and Auditing	0	100%	0
4	Data Processing Fees	0	100%	0
5	Other (Attach Schedule)	0	100%	0
6	Total	11,043		11,043
Travel and Entertainment:				
7	Meals and Entertainment	0	100%	0
8	Transportation - Other Company Vehicles	0	100%	0
9	Travel	0	100%	0
10	Other (Attach Schedule)	0	100%	0
11	Total	0		0
Other General and Administrative:				
12	Office Supplies	193	100%	193
13	Postage	0	100%	0
14	Telephone	2,699	100%	2,699
15	Advertising	0	100%	0
16	Professional Liability Insurance	(840)	100%	(840)
17	Dues and Subscriptions	0	100%	0
18	Other (Attach Schedule)	71,335	100%	71,335
19	Total	73,387		73,387
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 84,430		84,430

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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

OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
Depreciation and Amortization:			
1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$ 7,043
2	Amortization		0
3	Total		\$ 7,043
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	5,929
Building / Station Expense:			
5	Building and Cleaning Supplies		685
6	Utilities		5,976
7	Property Taxes		192
8	Property Insurance		0
9	Repairs and Maintenance		0
10	Other (Attach Schedule)		0
11	Total		6,853
Vehicle Expense - Ambulance Units:			
12	License / Registration		652
13	Fuel		11,582
14	General Vehicle Service and Maintenance		22,712
15	Major Repairs		0
16	Insurance - Service Vehicles		5,575
17	Other (Attach Schedule)		817
18	Total		41,339
Other Expenses:			
19	Dispatch		0
20	Education / Training		0
21	Uniforms and Uniform Cleaning		1,140
22	Meals and Travel for Ambulance personnel		0
23	Maintenance Contracts		683
24	Minor Equipment - Not Capitalized		0
25	Ambulance Supplies - Nonchargeable		0
26	Other (Attach Schedule)		81
27	Total		1,904
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$ 63,068

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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

OTHER OPERATING EXPENSES SUPPORTING DETAIL

Line
No. **DESCRIPTION**

Building / Station Expense Other:

1	Other building/station expenses	0	
2	.....	
3	.....	
4	.....	
5	.....	
6	.....	
7	Total		0

Vehicle Expense - Ambulance Units Other:

8	Tires	817	
9	.....	
10	.....	
11	.....	
12	.....	
13	.....	
14	Total		817

Other Expenses:

15	Medical Testing	81	
16		
17		
18		
19		
20		
21		
22		
23	Total		81

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 7,043	100%	\$ 7,043
2	Amortization	0	100%	0
3	Total	7,043		7,043
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	5,929	100%	5,929
Building / Station Expense:				
5	Building and Cleaning Supplies	685	100%	685
6	Utilities	5,976	100%	5,976
7	Property Taxes	192	100%	192
8	Property Insurance	0	100%	0
9	Repairs and Maintenance	0	100%	0
10	Other (Attach Schedule)	0	100%	0
11	Total	6,853		6,853
Vehicle Expense - Ambulance Units:				
12	License / Registration	652	100%	652
13	Fuel	11,582	100%	11,582
14	General Vehicle Service and Maintenance	22,712	100%	22,712
15	Major Repairs	0	100%	0
16	Insurance - Service Vehicles	5,575	100%	5,575
17	Other (Attach Schedule)	817	100%	817
18	Total	41,339		41,339
Other Expenses:				
19	Dispatch	0	100%	0
20	Education / Training	0	100%	0
21	Uniforms and Uniform Cleaning	1,140	100%	1,140
22	Meals and Travel - Ambulance Personnel	0	100%	0
23	Maintenance Contracts	683	100%	683
24	Minor Equipment - Not Capitalized	0	100%	0
25	Ambulance Supplies - Nonchargeable	0	100%	0
26	Other (Attach Schedule)	81	100%	81
27	Total	1,904		1,904
28	Total Other Operating Expenses (Post to Page 2, Line 15) ..	\$ 63,068		\$ 63,068

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	DESCRIPTION	Basis of Allocation
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
Building / Station Expense:		
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
Vehicle Expense - Ambulance Units:		
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
Other Expenses:		
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

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JUN 30 2016

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1					
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: Rural/Metro Corporation (Pinal)

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

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate	\$ _____
<u>Less:</u>		
2	AHCCCS Settlement	\$ _____
3	Medicare Settlement	_____
4	Subscription Service Settlement (Post to Pg 2, Line 5) ...	_____
5	Subscription Service Bad Debt	_____
6	Total	_____ 0
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs	_____
8	Sales of Subscription Service (Post to Pg 2, Line 9)	_____ 0
9	Other Revenue (attach schedule)	_____
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	_____ 0
 Direct Expenses Incurred Selling Subscription Contracts		
11	Salaries / Wages	_____
12	Payroll Taxes	_____
13	Employee Fringe Benefits	_____
14	Professional Services	_____
15	Contract Labor	_____
16	Travel	_____
17	Other General & Administrative Expenses	_____
18	Depreciation / Amortization	_____
19	Rent / Lease	_____
20	Building / Station Expense	_____
21	Transportation / Vehicles	_____
22	Other: _____ (attach schedule)	_____
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)	\$ _____ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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

OTHER OPERATING REVENUES & EXPENSES

Line No.	Description	Amount
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>Interest Income & Misc Revenue</u>	(15)
11	Other: _____	_____
12	Total Other Operating Revenues	\$ _____ (15)
Other Operating Expenses:		
13	Loss on Sale of Operating Property	(22)
14	Other: _____	0
15	Other: _____	0
16	Total Other Operating Expenses	(22)
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$ _____ 7

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)
 FROM: January 1, 2015 TO: December 31, 2015

Schedule 1
**DETAIL OF SALARIES / WAGES
 Officers / Owners**

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1				\$				\$				\$	0.0
2													
3													
4													
5													
6													
7	TOTAL			\$				\$				\$	0.0

* 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: Rural/Metro Corporation (Pinal)

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

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

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

1 MANAGEMENT:

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
<u>Various Local Management</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
<u>Various Regional Management</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

2 AMBULANCE PERSONNEL:

<u>Paramedic</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
<u>EMT</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
<u>Nurse</u>	<u>56/48/40 hours/week</u>	<u>x</u>	<u> </u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

3 OTHER PERSONNEL:

<u>Various Support Staff</u>	<u>40 Hours/Week</u>	<u>x</u>	<u>x</u>	<u>N/A</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinat)

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

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

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis **	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *	
1	Vehicle Rental			100%							\$ -	
2	Equipment Rental			100%							\$ 529	
3												
4	Ambulances	Various	\$ 4,235	100%	\$ 4,235	SL	Various	-	\$ 5,393	3,859		
5	Ambulance Equipment	Various	\$ 981	100%	\$ 981	SL	Various	-	\$ 1,362	894		
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	SUBTOTAL										\$ 6,755	\$ 4,753

* Complete Description of property, date placed in service, and rent/lease amount only.
 ** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pinail)

FOR THE PERIOD

FROM: January 1, 2015

TO:

December 31, 2015

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis**	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Rented Real Estate			100%							5,400
2											
3	Other Vehicles	Various	\$ -	100%	\$ -	SL	Various	\$ -	\$ -	\$ -	
4	Non-Vehicle Fixed Assets	Various	\$ 12,727	100%	\$ 12,727	SL	Various	\$ -	\$ 288	\$ 12,373	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
									\$ 288	\$ 12,373	\$ 5,400
									\$ 6,755	\$ 4,753	\$ 529
									Post from Pg 12, Line 20		
									Column K		
20	SUM of Line 18 & 19										
									\$ 7,043	\$ 17,126	\$ 5,929
									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.
** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule IV DETAIL OF INTEREST		(1)	(2)	(3)	(4)	(5)
Line No.	Description	Interest Rate	Principal Balance		Interest Expense	
			Beginning of Period	End of Period	Related Persons or Organizations	Other
Service Vehicles & Accessorial Equipment						
Name of Payee:						
1	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
Communication Equipment						
Name of Payee:						
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
Other Property and Equipment						
Name of Payee:						
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
Working Capital						
Name of Payee:						
11	Various - Consolidated Financials	Various	In Corp Balances	_____	_____	17,638
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
Other						
Name of Payee:						
14	_____	_____ %	_____	_____	_____	_____
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 17,638

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pinal)

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

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$	
2	Accounts Receivable: NET		72,277
3	Less: Allowance for Doubtful Accounts		
4	Inventory		4,643
5	Prepaid Expenses		
6	Other Current Assets		
7	TOTAL CURRENT ASSETS		\$ 76,920
9	PROPERTY & EQUIPMENT: NET		17,127
10	Less: Accumulated Depreciation		
11	OTHER NON CURRENT ASSETS		
12	TOTAL ASSETS		\$ 94,047

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		\$ 13,342
21	NOTES PAYABLE		
22	LONG-TERM DEBT OTHER		
23	TOTAL LONG-TERM DEBT		0

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	Net Investment		80,705
29			
30	Fund Balance		
31	TOTAL EQUITY		80,705
32	TOTAL LIABILITIES & EQUITY		\$ 94,047

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Pinal)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:			
1	Net (loss) Income		\$ (19,151)
	<i>Adjustments to Reconcile Net Income to Net Cash</i>		
	<u>Provided by Operating Activities:</u>	Note: a increase in these accounts improves cash flow	
2	Depreciation Expense		7,043
3	Deferred Income Tax		
4	Loss (gain) on Disposal of Property & Equipment		(22)
	<u>(Increase) Decrease in:</u>	Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable		61,400
6	Inventories		(1,276)
7	Prepaid Expenses		
	<u>Increase (Decrease) in:</u>	Note: a increase in these accounts improves cash flow	
8	Accounts Payable		2,909
9	Accrued Expenses		
10	Deferred Subscription Income		
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES		\$ 50,903
INVESTING ACTIVITIES:			
12	Purchases of Property & Equipment		(12,352)
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		(12,352)
FINANCING ACTIVITIES:			
	<u>New Borrowings:</u>		
20	Long-Term		
21	Short-Term		
	<u>Debt Reduction:</u>		
22	Long-Term		
23	Short-Term		
24	Net working capital paid to Parent Company		(38,551)
25	Dividends Paid		
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		(38,551)
27	NET INCREASE (Decrease) IN CASH		-
28	CASH AT BEGINNING OF YEAR		-
29	CASH AT END OF YEAR		-
SUPPLEMENTAL DISCLOSURES:			
	<u>Non-cash Investing and Financing Transactions:</u>		
30	.....	
31	.....	
32	.....	
33	Interest Paid (Net of Amounts Capitalized)		17,638
34	Income Taxes Paid		(12,768)

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