

ACTUAL FINANCIAL DATA

AMBULANCE REVENUE and COST REPORT

GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Yuma) CON No. 65

D.B.A. (Doing Business As): Rural/Metro Ambulance - Yuma 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
Fax: (602) 364-3567

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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

STATISTICAL SUPPORT DATA

Line No.	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:		109	4,861	4,969
2	Number of BLS Billable Transports:		60	2,696	2,757
3	Number of Loaded Billable Miles:		3,044	136,117	139,161
4	Waiting Time (Hr. & Min.):			-	0
5	Canceled (Non-Billable) Runs:			4,132	4,132
					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 (Yuma)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATISTICAL SUPPORT DATA

		(1)	(2)	(3)
<u>Line No.</u>	<u>Type of Service</u>	<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
1	Number of ALS Billable Transports:		4,969	4,969
2	Number of BLS Billable Transports:		2,757	2,757
3	Number of Loaded Billable Miles:		139,161	139,161
4	Waiting Time (Hr. & Min.):		-	0
5	Canceled (Non-Billable) Runs:		4,132	4,132
				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 (Yuma)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF INCOME

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 13,891,406
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	3,872,925
3	Medicare Settlement	Page 3.1, Line 12	3,217,740
4	Contractual Discounts	Page 7, Line 22	95,922
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	7,186,587
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	6,704,818
9	Sales of Subscription Service Contracts	Page 8, Line 8	87,502
10	Total Operating Revenue	Line 8, plus Line 9	\$ 6,792,320
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		2,070,085
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	1,736,460
13	General and Administrative Expenses	Page 5, Line 20	259,893
14	Cost of Goods Sold	Page 3, Line 15	245,821
15	Other Operating Expense	Page 6, Line 28	816,455
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	185,699
17	Subscription Service Direct Selling	Page 8, Line 23	0
18	Total Operating Expense	Sum of Lines 11 through 17	5,314,414
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	1,477,907
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	3,501
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	3,501
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	1,481,407
Provision for Income Taxes:			
25	Federal Income Tax		518,493
26	State Income Tax		74,070
27	Total Income Tax	Lines 25, plus Line 26	592,563
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	888,844

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Yuma)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>						
Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	4,969	=	\$ 6,840,028
		Rate		x No. of Runs		=	0
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	2,757	=	3,681,137
		Rate		x No. of Runs		=	0
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	139,161	=	3,193,605
		Rate		x No. of Billable Miles		=	0
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=	2,180
		Rate		x No. of Hours		=	0
5	Medical Supplies (Gross Charges to patients)						174,456
6	Nurses Charges						0
7	Total						13,891,406
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)						\$ 13,891,406
<hr style="border-top: 1px dashed black;"/>							
Cost of Goods Sold: (Medical Supplies)							
11	Inventory at Beginning of Year						N/A
12	Plus Purchases						N/A
13	Plus Other Costs						N/A
14	Less Inventory at End of Year						N/A
15	Cost of Goods Sold (To Page 2, Line 14)						\$ 245,821 *

* 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 (Yuma)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON-SUBSIDIZED PATIENTS	TOTALS
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ _____	\$ 6,840,028	\$ 6,840,028
2	BLS Base Rate	_____	3,681,137	3,681,137
3	Mileage Charge	_____	3,193,605	3,193,605
4	Waiting Charge	_____	2,180	2,180
5	Medical Supplies (Gross Charges)	_____	174,456	174,456
6	Nurses' Charges	_____	0	0
7	Total	\$ _____	\$ 13,891,406	\$ 13,891,406
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)	_____	_____	\$ 13,891,406
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ 3,872,925	\$ 3,872,925
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	3,217,740	3,217,740
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	\$ 7,090,666	\$ 7,090,666

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 (Yuma)

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	71,000
6	Payroll Taxes		5,533
7	Employee Fringe Benefits		11,583
8	Total	0.0	88,116
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg ** Casual Labor Wages)			
9	Gross Wages		
9	Paramedics and IEMT	19.6	646,191
10	Emergency Medical Technician (EMT)	26.2	681,974
11	Nurses	0.0	0
12	Payroll Taxes		103,503
13	Employee Fringe Benefits		216,676
14	Total	45.9	1,648,344
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 (Post to Pg 2, line 12)	45.9	\$ 1,736,460

* 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 (Yuma)

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	71,000	100%	71,000
2	Payroll Taxes		5,533	100%	5,533
3	Employee Fringe Benefits		11,583	100%	11,583
4	Total	0.0	88,116		88,116
AMBULANCE PERSONNEL					
			** Contractual		
			Labor		Wages
5	Gross Wages (Attach Schedule II)				
5	Paramedics and IEMT	19.6	646,191	100%	646,191
6	Emergency Medical Technician (EMT)	26.2	681,974	100%	681,974
7	Nurses	-	0	100%	0
8	Drivers			100%	0
9	Payroll Taxes		103,503	100%	103,503
10	Employee Fringe Benefits		216,676	100%	216,676
11	Total	45.9	1,648,344		1,648,344
OTHER PERSONNEL					
12	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	45.9	1,736,460		\$ 1,736,460

* 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 (Yuma)

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 (Yuma)

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		156,556
3	Accounting and Auditing		-
4	Data Processing Fees		-
5	Other (Attach Schedule)		239
6	Total		\$ 156,795
 Travel and Entertainment:			
7	Meals and Entertainment		2,289
8	Transportation - Other Company Vehicles		-
9	Travel		-
10	Other (Attach Schedule)		204
11	Total		2,493
 Other General and Administrative:			
12	Office Supplies		173
13	Postage		481
14	Telephone		7,603
15	Advertising		25
16	Professional Liability Insurance		(6,473)
17	Dues and Subscriptions		5,220
18	Other (Attach Schedule)		93,576
19	Total		100,605
20	Total General and Administrative Expenses (Post to Page 2, Line 13)		\$ 259,893

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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	239	
7	Total		\$ <u>239</u>
 Travel and Entertainment Other:			
8	Other T&E	204	
9	.....	
10	.....	
11	.....	
12	Total		<u>204</u>
 Other General and Administrative:			
13	Public Relations	-	
14	Printing	12,658	
15	Contributions	-	
16	Bank Charges	1	
17	Business Licenses & Misc taxes	10,059	
18	Misc G&A	12,473	
19	Corporate & Regional Overhead Support	58,385	
20	Total		<u>93,576</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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	156,556	100%	156,556
3	Accounting and Auditing	0	100%	0
4	Data Processing Fees	0	100%	0
5	Other (Attach Schedule)	239	100%	239
6	Total	156,795		156,795
Travel and Entertainment:				
7	Meals and Entertainment	2,289	100%	2,289
8	Transportation - Other Company Vehicles	0	100%	0
9	Travel	0	100%	0
10	Other (Attach Schedule)	204	100%	204
11	Total	2,493		2,493
Other General and Administrative:				
12	Office Supplies	173	100%	173
13	Postage	481	100%	481
14	Telephone	7,603	100%	7,603
15	Advertising	25	100%	25
16	Professional Liability Insurance	(6,473)	100%	(6,473)
17	Dues and Subscriptions	5,220	100%	5,220
18	Other (Attach Schedule)	93,576	100%	93,576
19	Total	100,605		100,605
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 259,893		259,893

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	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 (Yuma)

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

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$ <u>184,743</u>
2	Amortization		<u>0</u>
3	Total		\$ <u>184,743</u>

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	<u>180,411</u>
---	--	------------------------------------	----------------

Building / Station Expense:

5	Building and Cleaning Supplies		<u>10,236</u>
6	Utilities		<u>33,977</u>
7	Property Taxes		<u>3,069</u>
8	Property Insurance		<u>0</u>
9	Repairs and Maintenance		<u>20,620</u>
10	Other (Attach Schedule)		<u>0</u>
11	Total		<u>67,901</u>

Vehicle Expense - Ambulance Units:

12	License / Registration		<u>4,646</u>
13	Fuel		<u>106,960</u>
14	General Vehicle Service and Maintenance		<u>179,040</u>
15	Major Repairs		<u>0</u>
16	Insurance - Service Vehicles		<u>53,664</u>
17	Other (Attach Schedule)		<u>6,459</u>
18	Total		<u>350,769</u>

Other Expenses:

19	Dispatch		<u>0</u>
20	Education / Training		<u>0</u>
21	Uniforms and Uniform Cleaning		<u>9,245</u>
22	Meals and Travel for Ambulance personnel		<u>0</u>
23	Maintenance Contracts		<u>10,855</u>
24	Minor Equipment - Not Capitalized		<u>8,984</u>
25	Ambulance Supplies - Nonchargeable		<u>0</u>
26	Other (Attach Schedule)		<u>3,548</u>
27	Total		<u>32,632</u>
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$ <u>816,455</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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	<u>0</u>	
2	.....	_____
3	.....	_____
4	.....	_____
5	.....	_____
6	.....	_____
7	Total		<u>0</u>

Vehicle Expense - Ambulance Units Other:

8	Tires	<u>6,459</u>	
9	.....	_____
10	.....	_____
11	.....	_____
12	.....	_____
13	.....	_____
14	Total		<u>6,459</u>

Other Expenses:

15	Medical Testing	<u>3,548</u>	
16	_____	
17	_____	
18	_____	
19	_____	
20	_____	
21	_____	
22	_____	
23	Total		<u>3,548</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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)	\$ 184,743	100%	\$ 184,743
2	Amortization	0	100%	0
3	Total	184,743		184,743
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	180,411	100%	180,411
Building / Station Expense:				
5	Building and Cleaning Supplies	10,236	100%	10,236
6	Utilities	33,977	100%	33,977
7	Property Taxes	3,069	100%	3,069
8	Property Insurance	0	100%	0
9	Repairs and Maintenance	20,620	100%	20,620
10	Other (Attach Schedule)	0	100%	0
11	Total	67,901		67,901
Vehicle Expense - Ambulance Units:				
12	License / Registration	4,646	100%	4,646
13	Fuel	106,960	100%	106,960
14	General Vehicle Service and Maintenance	179,040	100%	179,040
15	Major Repairs	0	100%	0
16	Insurance - Service Vehicles	53,664	100%	53,664
17	Other (Attach Schedule)	6,459	100%	6,459
18	Total	350,769		350,769
Other Expenses:				
19	Dispatch	0	100%	0
20	Education / Training	0	100%	0
21	Uniforms and Uniform Cleaning	9,245	100%	9,245
22	Meals and Travel - Ambulance Personnel	0	100%	0
23	Maintenance Contracts	10,855	100%	10,855
24	Minor Equipment - Not Capitalized	8,984	100%	8,984
25	Ambulance Supplies - Nonchargeable	0	100%	0
26	Other (Attach Schedule)	3,548	100%	3,548
27	Total	32,632		32,632
28	Total Other Operating Expenses (Post to Page 2, Line 15) ..	\$ 816,455		\$ 816,455

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BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	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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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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	AIRCARE ONE INTERNATIONAL	2	\$ 2,726	30%	\$ 818
2	LIFE CARE CENTERS OF AMERICA	2	\$ 2,637	30%	\$ 791
3	SOUTHERN ARIZONA VA HEALTH CARE SYSTEM - TRAVE	12	\$ 60,557	30%	\$ 18,167
4	SOUTHERN ARIZONA VA HEALTH CARE SYSTEM - TRAVE	17	\$ 67,400	30%	\$ 20,220
5	TRICARE WEST	3	\$ 7,340	30%	\$ 2,202
6	YUMA REGIONAL MEDICAL CENTER	16	\$ 23,469	30%	\$ 7,041
7	YUMA REHABILITATION HOSPITAL	117	\$ 155,609	30%	\$ 46,683
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)	169	\$ 319,739		\$ 95,922

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Yuma)

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	<u> 0</u>
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs	_____
8	Sales of Subscription Service (Post to Pg 2, Line 9)	<u> 87,502</u>
9	Other Revenue (attach schedule)	_____
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	<u> 87,502</u>
 Direct Expenses Incurred Selling Subscription Contracts		
11	Salaries / Wages	_____
12	Payroll Taxes	_____
13	Employee Fringe Benefits	_____
14	Professional Services	_____
15	Contract Labor	_____
16	Travel	_____
17	Other General & Administrative Expenses	_____
18	Depreciation / Amortization	_____
19	Rent / Lease	_____
20	Building / Station Expense	_____
21	Transportation / Vehicles	_____
22	Other: _____ (attach schedule)	_____
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)	\$ _____ <u> 0</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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

OTHER OPERATING REVENUES & EXPENSES

Line No.	Description		
Other Operating Revenues:			
1	Supportive Funding - Local (attach schedule)	\$	_____
2	Grant Funds - State (attach schedule)		_____
3	Grant Funds - Federal (attach schedule)		_____
4	Grant Funds - Other (attach schedule)		_____
5	Patient Finance Charges		_____
6	Patient Late Payment Charges		_____
7	Interest Eamed - Related Person / Organization		_____
8	Interest Eamed - Other		_____
9	Gain on Sale of Operating Property		_____
10	Other: <u>Interest Income & Misc Revenue</u>		1,646
11	Other: _____		_____
12	Total Other Operating Revenues	\$	<u>1,646</u>
Other Operating Expenses:			
13	Loss on Sale of Operating Property		(1,855)
14	Other: _____		0
15	Other: _____		0
16	Total Other Operating Expenses		<u>(1,855)</u>
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$	<u>3,501</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Yuma)

FOR THE PERIOD

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													0.0
3													0.0
4													0.0
5													0.0
6													0.0
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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Part Total
to Pg 4, Column 2,
Line 1

Post Total
to Pg 4, Column 1,
Line 1

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Yuma)

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%							
3											
4	Ambulances	Various	\$ 322,704	100%	\$ 322,704	SL	Various	-	\$ 97,843	297,779	
5	Ambulance Equipment	Various	\$ 49,234	100%	\$ 49,234	SL	Various	-	\$ 71,274	45,044	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL										\$ 91

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

** Fixed assets revalued as of October 2015 acquisition

\$ 169,117 Post to Pg 13, Line 19, Column I
\$ 342,823 Post to Pg 13, Line 19, Column K
\$ 91 Post to Pg 13, Line 19, Column K

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

RuralMetro Corporation (Yuma)

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%							180,320
2											
3	Other Vehicles	Various	\$ 5,996	100%	\$ 5,996	SL	Various	\$ -	\$ 1,586	\$ 5,485	
4	Non-Vehicle Fixed Assets	Various	\$ 57,146	100%	\$ 57,146	SL	Various	\$ -	\$ 14,029	\$ 52,296	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above										
19	SUBTOTAL from Page 12, Line 20										
20	SUM of Line 18 & 19										

* 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 (Yuma)

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Principal Balance		(4) Interest Expense		(5)
			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				185,699
12	_____						
13	_____						
	Other Name of Payee:						
14	_____	_____ %					
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0	185,699

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 (Yuma)

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

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$ _____	
2	Accounts Receivable: NET	831,764	
3	Less: Allowance for Doubtful Accounts	_____	
4	Inventory	29,965	
5	Prepaid Expenses	609	
6	Other Current Assets	_____	
7	TOTAL CURRENT ASSETS		\$ 862,338
9	PROPERTY & EQUIPMENT: NET		400,523
10	Less: Accumulated Depreciation	_____	
11	OTHER NON CURRENT ASSETS		_____
12	TOTAL ASSETS		\$ 1,262,861

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$ 86,117	
14	Current Portion of Notes Payable	_____	
15	Current Portion of Long-Term Debt	_____	
16	Deferred Subscription Income	_____	
17	Accrued Expenses and Other	103,141	
18	.....	_____
19	.....	_____
20	TOTAL CURRENT LIABILITIES		\$ 189,258
21	NOTES PAYABLE		_____
22	LONG-TERM DEBT OTHER	148,865	
23	TOTAL LONG-TERM DEBT		148,865

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	924,738	
29	.....	_____
30	Fund Balance	_____	
31	TOTAL EQUITY		924,738
32	TOTAL LIABILITIES & EQUITY		\$ 1,262,861

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BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

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

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:		
1	Net (loss) Income	\$ <u>888,844</u>
	<i>Adjustments to Reconcile Net Income to Net Cash</i>	
	<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow	
2	Depreciation Expense	<u>184,743</u>
3	Deferred Income Tax	
4	Loss (gain) on Disposal of Property & Equipment	<u>(1,855)</u>
	<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow	
5	Accounts Receivable	<u>542,772</u>
6	Inventories	<u>(8,232)</u>
7	Prepaid Expenses	<u>2,435</u>
	<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow	
8	Accounts Payable	<u>18,776</u>
9	Accrued Expenses	
10	Deferred Subscription Income	
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ <u>1,627,483</u>
INVESTING ACTIVITIES:		
12	Purchases of Property & Equipment	<u>(28,492)</u>
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	<u>(28,492)</u>
FINANCING ACTIVITIES:		
	<i>New Borrowings:</i>	
20	Long-Term	
21	Short-Term	
	<i>Debt Reduction:</i>	
22	Long-Term	
23	Short-Term	
24	Net working capital paid to Parent Company	<u>(1,598,991)</u>
25	Dividends Paid	<u>\$</u>
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES	<u>(1,598,991)</u>
27	NET INCREASE (Decrease) IN CASH	<u>-</u>
28	CASH AT BEGINNING OF YEAR	<u>-</u>
29	CASH AT END OF YEAR	<u>-</u>
SUPPLEMENTAL DISCLOSURES:		
	<i>Non-cash Investing and Financing Transactions:</i>	
30	.....
31	.....
32	.....
33	Interest Paid (Net of Amounts Capitalized)	<u>185,699</u>
34	Income Taxes Paid	\$ <u>592,563</u>

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