

AMBULANCE REVENUE AND COST REPORT
GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Professional Medical Transport, Inc. CON No.: 71
DBA (Doing Business As): PMT Ambulance Phone: (800) 352-2309
Financial Records Address: 9221 E Via de Ventura City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2013 To: December 31, 2013
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

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

Rural/Metro Corporation

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: _____

John P. Karolzak
Chief Relations Officer

Date: _____

6-30-14

Mail to:

Arizona Department of Health Services
Bureau of Emergency Medical Services and Trauma System
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix AZ 85007-3248
Telephone: (602) 364-3150
Fax: (602) 364-3567

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:	178	1,527	48,899	50,604
02	Number of BLS Billable Transports:	98	839	26,881	27,818
03	Number of Loaded Billable Miles:	1,894	16,261	520,826	538,981
04	Waiting Time (Hr. & Min.):	1.4	12.0	385.1	398.5
05	Cancelled (Non-billable) Runs:				19,008 *
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic, EMT-I, and AEMT				0
07	Emergency Medical Technician (EMT)				0
08	Other Ambulance Attendants				0
09	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.

* Number shown is total number of calls minus number of transports

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AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

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STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	BEMSTS-CON & RATES
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$80,202,611</u>
Less:			
02	AHCCCS Settlement.....		(\$14,030,589)
03	Medicare Settlement.....		(\$11,690,045)
04	Contractual Discounts.....	Pg 7 Ln 22	(\$1,102,794)
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		\$0
07	Total.....		<u>(\$26,823,428)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$53,379,184</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$12,961</u>
10	Total Operating Revenue.....		<u>\$53,392,145</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$19,308,421
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$18,509,141
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$1,705,574
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$1,641,100
15	Other Operating Expenses.....	Pg 6 Ln 28	\$10,023,048
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$3,574,440
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$54,761,724</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>(\$1,369,579)</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	\$65,945
21	Non-Operating Revenue and (Expenses)		\$0
22	Non-Deductible Expenses (Schedule Attached).....		\$31,873
23	Total Other Revenue/Expenses.....		<u>\$65,945</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>(\$1,303,634)</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		(\$443,236)
26	State Income Tax.....		(\$91,254)
27	Total Income Tax.....		<u>(\$534,490)</u>
28	Ambulance Service - Net income (Loss)		<u>(\$769,144)</u>

Note: See the two Notes to this Statement of Income reported on ARCR page "Notes"

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Note 1 Based on collection trends and other relevant data, Rural/Metro increased its contractual and uncompensated care allowances for revenues recorded prior to December 31, 2012. The impact of that adjustment was to increase calendar year 2012 net revenue by \$3,396,362 and decrease calendar year 2013 net revenue by the same amount. That adjustment is included in the Statement of Income data at Page 2.

Note 2 Statement of Income data does not include an Impairment Charge resulting from the adjustment of Rural/Metro's Goodwill and Intangible Assets to fair value.

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AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Non-Deductible Expenses:		
22.1	Contributions	<u>\$31,873</u>
22.2		<u> </u>
22.3		<u> </u>
22.4		<u> </u>
22.5		<u> </u>
22.6		<u> </u>
22.7		<u> </u>
22	Total.....Page 2, Non-Deductible Expenses	<u>\$31,873</u>

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AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

ROUTINE OPERATING REVENUE

**Line
No.**

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	50,604	=	\$ 43,422,682
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	27,818	=	\$ 21,330,972
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	538,981	=	\$ 9,561,235
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	398.5	=	\$ 75,940
		Rate		x No. of Hours		=	

(a) Ambulance Service Rates and Charges In Effect During The Year

5	Medical Supplies (Gross Charges To Patients)					\$	5,727,724
6	Nurses Charges					\$	0
7	Total					\$	80,118,554
8	Standby Revenue (Attach Schedule)					\$	84,058
9	Other Ambulance Service Revenue (Attach Schedule)					\$	0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)					\$	80,202,611

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)					\$	1,641,100 *

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

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AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)	0.0	\$0
02	Payroll Taxes.....		\$0
03	Employee Fringe Benefits.....		\$0
04	Total.....	0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....	21.3	\$1,259,959
06	Payroll Taxes.....		\$98,037
07	Employee Fringe Benefits.....		\$138,608
08	Total.....	21.3	\$1,496,604
	Gross Wages - AMBULANCE PERSONNEL		
	(Attach schedule II):		
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	119.1	\$5,187,836
10	Emergency Medical Technician (EMT).....	216.6	\$5,165,195
11	Nurses.....	12.9	\$1,023,656
12	Payroll Taxes.....		\$780,130
13	Employee Fringe Benefits.....		\$1,102,978
14	Total.....	348.6	\$13,259,795
	Gross Wages - OTHER PERSONNEL (Attach Schedule II):		
15	Dispatch.....	17.5	\$635,795
16	Mechanics.....	5.5	\$252,516
17	Office and Clerical.....	37.9	\$1,147,445
18	Other.....	28.4	\$1,123,599
19	Payroll Taxes.....		\$245,828
20	Employee Fringe Benefits.....		\$347,561
21	Total.....	89.2	\$3,752,743
22	Total F.T.E.'s Wages, Payroll taxes and Emp. Ben. (To Page 2, Line 12).....	459.1	\$18,509,141

* 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) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE SERVICE ENTITY: PMT Ambulance

BEMSTS-CON & RATES

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
Professional Services:			
01	Legal Fees	\$0	
02	Collection Fees	\$187,759	
03	Accounting and Auditing	\$0	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$656,161	
06	Total.....		<u>\$843,920</u>
Travel and Entertainment:			
07	Meals and Entertainment.....	\$37,990	
08	Transportation - Other Company Vehicles.....	\$356,158	
09	Travel.....	\$15,829	
10	Other: Lodging.....	\$9,497	
11	Total.....		<u>\$419,475</u>
Other General and Administrative:			
12	Office Supplies.....	\$87,929	
13	Postage.....	\$62,382	
14	Telephone.....	\$207,992	
15	Advertising.....	\$4,325	
16	General Liability Insurance.....	\$22,607	
17	Dues and Subscriptions.....	\$26,682	
18 a	Other (Schedule Attached).....	(\$2,054,177)	
18 b	Other: Corporate Support Services.....	\$2,084,439	
19	Total.....		<u>\$442,179</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$1,705,574</u></u>

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AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Other Professional Services:			
5.1	Public Affairs / Public Relations		\$0
5.2	Management & Human Resources	<u>\$379,582</u>	
5.3	Medical Direction	<u>\$50,573</u>	
5.4	Other (did not fit any other line item)	<u>\$226,006</u>	
5.5			
5.6			
5.7			
5	Total.....Page 5, Other General & Administrative.		<u>\$656,161</u>

Other General and Administrative:			
18.a.1	Public Relations.....	<u>\$4,032</u>	
18.a.2	Printing.....	<u>\$40,377</u>	
18.a.3			
18.a.4			
18.a.5			
18.a.6	Miscellaneous Expenses and Chapter 11 Write-offs for Insurance Obligation Elimination, Trade Accounts Payable Elimination and Termination of Certain Leases	<u>(\$2,098,585)</u>	
18.a	Total.....Page 5, Other General & Administrative.		<u>(\$2,054,177)</u>

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AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$1,626,002	
02	Amortization.....	\$0	
03	Total.....		<u>\$1,626,002</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13		<u>\$1,825,857</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$72,159	
06	Utilities.....	\$360,806	
07	Property Taxes.....	\$380,145	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$227,737	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$1,040,848</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$28,182	
13	Fuel.....	\$943,612	
14	General Vehicle Service & Maintenance.....	\$694,628	
15	Major Repairs.....	\$0	
16	Insurance - Service Vehicles.....	\$511,668	
17	Other: Tires	\$46,682	
18	Total.....		<u>\$2,224,772</u>
	Other Expenses:		
19	Dispatch.....	\$2,976,526	
20	Education / Training.....	\$35,033	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....	(\$8,931)	
23	Maintenance Contracts.....	\$241,764	
24	Minor Equipment - Not Capitalized.....	\$61,179	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$3,305,571</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u>\$10,023,048</u>

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AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

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DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	BEMSTS-CON & RATES Allowance
01	AETNA	138	\$142,793	30%	\$42,838
02	AIR CARE ONE INTL	5	6,211	30%	1,863
03	AIR EVAC SERVICES INC	1	1,056	30%	317
04	ARIZONA HEART HOSPITAL	8	10,001	30%	3,000
05	ARROWHEAD COMMUNITY HOSPITAL ABR/	4	4,498	30%	1,349
06	AURORA BEHAVIORAL HEALTH	3	2,504	30%	751
07	BANNER HEALTH	24	26,685	30%	8,006
08	BCBS OF ARIZONA	709	748,436	30%	224,531
09	CHANDLER REGIONAL HOSPITAL	5	5,352	30%	1,606
10	CIGNA	281	292,345	30%	87,704
11	CORNERSTONE HOSPICE	2	1,791	30%	537
12	COVENTRY HEALTH CARE	1	1,276	30%	383
13	HAVEN SENIOR HORIZONS	9	8,748	30%	2,624
14	HEALTH NET	8	8,040	30%	2,412
15	HEALTH SOUTH	19	18,789	30%	5,637
16	HOSPICE FAMILY CARE	3	3,451	30%	1,035
17	HOSPICE OF ARIZONA	9	9,497	30%	2,849
18	HOSPICE OF THE VALLEY	73	76,979	30%	23,094
19	HUMANA	5	6,311	30%	1,893
20	JOHN C LINCOLN HOSPITAL	24	25,059	30%	7,518
21	KINDRED HOSPITAL ARIZONA	479	527,941	30%	158,382
22	LIFE CARE CENTER	7	6,978	30%	2,093
23	MARICOPA MEDICAL CENTER	20	21,786	30%	6,536
24	MARYVALE HOSPITAL	22	24,844	30%	7,453
25	MAYO CLINIC HOSPITAL	2	2,918	30%	875
26	MERCY MEDICARE ADVANTAGE	10	9,036	30%	2,711
27	MOUNTAIN VISTA HOSPITAL	1	952	30%	286
28	NORTH MOUNTAIN MEDICAL AND REHAB	58	69,027	30%	20,708
29	ODYSSEY HOSPICE	1	1,089	30%	327
30	ONE CALL MEDICAL TRANSPORT	145	185,699	30%	49,710
31	PHOENIX BAPTIST	8	7,860	30%	2,358
32	PHOENIX CHILDRENS HOSPITAL	134	140,565	30%	42,169
33	PLAZA HEALTHCARE	4	4,994	30%	1,498
34	PROMISE HOSPITAL OF PHOENIX	6	9,143	30%	2,743
35	RESTORA	18	17,977	30%	5,393
36	SCAN HEALTH CARE PARTNERS	3	3,260	30%	978
37	SCOTTSDALE HEALTHCARE	12	12,146	30%	3,644
38	SECURE HORIZONS	3	3,226	30%	968
39	SPRINGDALE WEST NURSING HOME	4	5,459	30%	1,638
40	ST JOSEPHS HOSPITAL	8	21,374	30%	6,412
41	ST LUKES HOSPITAL	12	13,562	30%	4,068
42	TEMPE ST LUKES	9	9,464	30%	2,839
43	UNITED HEALTHCARE	69	71,745	30%	21,524
	SUBTOTAL 1	2,366	\$2,550,867		\$765,260
	SUBTOTAL 2	1,070	\$1,125,112		\$337,534
	ALLOWANCE TOTAL To Page 2 Line 4	3,436	\$3,675,979		\$1,102,794

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AMBULANCE SERVICE ENTITY: PMT Ambulance
 FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

DETAIL OF CONTRACTUAL ALLOWANCES

Page 2 of 2

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	VA - PHOENIX	1,047	1,103,451	30%	\$331,035
02	VA SOUTHWEST CONTRACT FACILITY	23	21,661	30%	6,498
03					
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42					
43					
	SUBTOTAL 2	1,070	\$1,125,112		\$337,534

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AMBULANCE SERVICE ENTITY: PMT Ambulance

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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

BEMSTS-CON & RATES

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	<u>\$281,762</u>
	LESS:	
02	AHCCCS Settlement	<u>(\$46,366)</u>
03	Medicare Settlement	<u>(\$38,096)</u>
04	Subscription Service Settlements	<u>(\$63,753)</u>
05	Subscription Service Bad Debt	<u>\$0</u>
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	<u>(\$148,214)</u>
07	Net Revenue from Subscription Service Runs	<u>\$133,547</u>
08	Sales of Subscription Contracts (To Page 2 Line 9)	<u>\$12,961</u>
09	Other Revenue (Attach Schedule)	<u>\$0</u>
10	Total Subscription Service Revenue	<u><u>\$146,509</u></u>
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	<u>\$299</u>
12	Payroll Taxes	<u>\$22</u>
13	Employee Fringe Benefits	<u>\$37</u>
14	Professional Services	<u>\$16</u>
15	Contract Labor	<u>\$0</u>
16	Travel	<u>\$13</u>
17	Other General & Administrative Expenses	<u>\$36</u>
18	Depreciation/Amortization	<u>\$98</u>
19	Rent/Lease	<u>\$43</u>
20	Building/Station Expenses	<u>\$59</u>
21	Transportation-Vehicles	<u>\$42</u>
22	Other (Not Classified Above and Misc)	<u>(\$60)</u>
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u><u>\$604</u></u>

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AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

OTHER OPERATING REVENUES AND EXPENSES

Line No.	<u>DESCRIPTION</u>		
	Other Operating Revenues:		
01	Supportive Funding - Local (Attach Schedule)	.....	_____
02	Grant Funds - State (Attach Schedule)	.....	_____
03	Grant Funds - Federal (Attach Schedule)	.....	_____
04	Grant Funds - Other (Attach Schedule)	.....	_____
05	Patient Finance Charges	.....	_____
06	Patient Late Payment Charges	.....	_____
07	Interest Earned - Related Person/Organization	.....	_____
08	Interest Earned - Other	.....	_____
09	Interest Income and Miscellaneous Revenue	.....	<u>\$71,765</u>
10	Gain On Sale of Operating Property	.....	<u>0</u>
11	Other:	.....	_____
12	Total Other Operating Revenues		<u>\$71,765</u>
	Other Operating Expenses:		
13	(Loss) On Sale of Operating Property	.....	<u>(\$5,820)</u>
14	Other:	.....	_____
15	Other:	.....	_____
16	Total Other Operating Expenses		<u>(\$5,820)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		<u><u>\$65,945</u></u>

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**SCHEDULE II
DETAIL OF SALARIES / WAGES**

Management, Ambulance Personnel, Other Personnel

Line

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

01	MANAGEMENT:	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	METHOD OF COMPENSATION		
				Hourly Wage	Annual Salary	\$'s per Run or Shift
		Various Local Management	40 Hours a week	x	x	N/A
		Various Regional Management	40 Hours a week	x	x	N/A
02	AMBULANCE PERSONNEL:					
		Paramedic	56/48/40 hours/week	x		N/A
		EMT	56/48/40 hours/week	x		N/A
		Nurse	56/48/40 hours/week	x		N/A
03	OTHER PERSONNEL					
		Various Support Staff	40 Hours a week	x	x	N/A

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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

SCHEDULE III
DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Vehicle Rental			100%							\$0
02	Equipment Rental			100%							\$2,186
03											
04	Ambulances	Various	\$1,847,303	100%	\$1,847,303	SL	Various	\$0	\$994,634	\$1,847,303	
05	Accessorial Equipment	Various	\$1,060,579	100%	\$1,060,579	SL	Various	\$0	\$100,924	\$1,060,579	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$2,907,882		\$2,907,882				\$1,095,557		\$2,186

To Pg 13
Ln 19, Col I

To Pg 13
Ln 19, Col K

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

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

**SCHEDULE III
 DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)**

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$1,786,133
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$37,538
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$26,800	100%	\$26,800	SL	Various	\$0	\$0	\$26,800	
07											
08	OH Vehicles	Various		100%		SL	Various		\$37,908		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$492,537		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$26,800		\$26,800			\$0	\$530,444		\$1,823,670
19	SUBTOTAL (from Pg.12 Ln.20)		\$2,907,882		\$2,907,882				\$1,095,557		\$2,186
20	SUM of Ln 18 and 19		\$2,934,682		\$2,934,682			\$0	\$1,626,002		\$1,825,857

To Pg 6, Ln 01
 To Pg 6, Ln 04

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

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

Schedule IV
DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) Principal Balance End of Period	(4) Interest Expense Related Persons or Organizations	(5) Interest Expense Other
<u>Service Vehicles & Accessorial Equipment</u>						
<u>Name of payee:</u>						
01		%	\$	\$	\$	\$
02						
03						
04						
<u>Communications Equipment</u>						
<u>Name of Payee:</u>						
05		%	\$	\$	\$	\$
06						
07						
<u>Other Property & Equipment</u>						
<u>Name of Payee:</u>						
08		%	\$	\$	\$	\$
09						
10						
<u>Working Capital</u>						
<u>Name of Payee:</u>						
11	Various - See Audited Financials	Various	In Corp Balances \$		0	\$3,574,440
12						
13						
<u>Other</u>						
<u>Name of Payee:</u>						
14		%	\$	\$	\$	\$
15	TOTAL		N/A	N/A	0	\$3,574,440

(To Pg 2 Cl 2 Ln 16)

AMBULANCE REVENUE AND COST REPORT

RECEIVED

JUN 30 2014

BEMSTS-CON & RATES

AMBULANCE SERVICE ENTITY: PMT Ambulance

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

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

ASSETS

CURRENT ASSETS			
01	Cash	\$	_____
02	Accounts receivable		_____
03	Less: Allowance for doubtful accounts		_____
04	Inventory		_____
05	Prepaid expenses		_____
06	Other current assets		_____
07	TOTAL CURRENT ASSETS		_____
08	PROPERTY & EQUIPMENT		
09	Less: Accumulated depreciation (see ACR p. 12)		_____
10	OTHER NONCURRENT ASSETS		_____
11	TOTAL ASSETS	\$	<u> * </u>

LIABILITIES & EQUITY

CURRENT LIABILITIES			
12	Accounts payable	\$	_____
13	Current portion of notes payable		_____
14	Current portion of long term debt		_____
15	Deferred subscription income		_____
16	Accrued expenses and other		_____
17	_____		_____
18	_____		_____
19	TOTAL CURRENT LIABILITIES		_____
20	NOTES PAYABLE		_____
21	LONG TERM DEBT OTHER		_____
22	TOTAL LONG-TERM DEBT	\$	_____
EQUITY AND OTHER CREDITS			
Paid-in capital:			
23	Common stock	\$	_____
24	Paid-in capital in excess of par value		_____
25	Contributed capital		_____
26	Retained Earnings		_____
27	_____		_____
28	_____		_____
29	Fund balances		_____
30	TOTAL EQUITY	\$	_____
31	TOTAL LIABILITIES & EQUITY	\$	<u> * </u>

***See enclosed Consolidated Annual Audited Financial Statements**

AMBULANCE REVENUE AND COST REPORT

RECEIVED

AMBULANCE SERVICE ENTITY: PMT Ambulance

~~JUN 30~~ 2014

FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

BEMSTS-CON & RATES

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES

01	Net (loss) income	\$ _____
	Adjustments to Reconcile Net Income To Net	
	<u>Cash Provided by Operating Activities:</u>	
02	Depreciation expense	_____
03	Deferred income tax	_____
04	Loss (gain) on disposal of Property and Equipment	_____
	<u>(Increase) Decrease in:</u>	
05	Accounts receivable	_____
06	Inventories	_____
07	Prepaid expenses	_____
	<u>(Increase) Decrease in:</u>	
08	Accounts payable	_____
09	Accrued expnses	_____
10	Deferred subscription income	_____
11	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$ _____

INVESTING ACTIVITIES:

12	Purchases of property and equipment	\$ _____
13	Proceeds from disposal of property and 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:

	<u>New borrowings:</u>	
20	Long-term	\$ _____
21	Short-term	_____
	<u>Debt reduction:</u>	
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 THE BEGINNING OF YEAR	\$ _____
29	CASH AT END OF YEAR	\$ _____

SUPPLEMENTAL DISCLOSURES:

	<u>Noncash investing and financing transactions:</u>	
30	_____	\$ _____
31	_____	\$ _____
32	_____	\$ _____
33	Interest paid (net of amounts capitalized)	\$ _____
34	Income taxes paid	\$ _____

***See enclosed Consolidated Annual Audited Financial Statements**