

AMBULANCE REVENUE AND COST REPORT
GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Pima) CON No.: 55
DBA (Doing Business As): Rural/Metro Ambulance Service - Pima 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

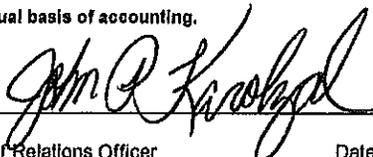
I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

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: _____


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: Rural/Metro Ambulance Service - Pima

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:	112	410	9,315	9,836
02	Number of BLS Billable Transports:	68	247	5,626	5,941
03	Number of Loaded Billable Miles:	1,580	5,791	131,693	139,064
04	Waiting Time (Hr. & Min.):	2.0	7.4	167.5	176.9
05	Cancelled (Non-billable) Runs:				5,216 *
					Number
					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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FOR THE PERIOD FROM: 1/1/13 TO: 12/31/13

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STATEMENT OF INCOME

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
	Operating Revenue:		
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$22,722,160</u>
	Less:		
02	AHCCCS Settlement.....		<u>(\$1,726,743)</u>
03	Medicare Settlement.....		<u>(\$7,809,383)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>(\$249,742)</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$9,785,868)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$12,936,292</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$38,934</u>
10	Total Operating Revenue.....		<u>\$12,975,226</u>
	Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$3,435,605</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$4,611,640</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$797,109</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$305,435</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$981,759</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$518,988</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$10,650,535</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$2,324,691</u>
	Other Revenues/Expenses:		
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	<u>\$998</u>
21	Non-Operating Revenue and (Expenses)		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$1,536</u>
23	Total Other Revenue/Expenses.....		<u>\$998</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$2,325,690</u>
	Provision for Income Taxes:		
25	Federal Income Taxes.....		<u>\$790,735</u>
26	State Income Tax.....		<u>\$162,798</u>
27	Total Income Tax.....		<u>\$953,533</u>
28	Ambulance Service - Net income (Loss)		<u>\$1,372,157</u>

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

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 \$507,572 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 REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

Non-Deductible Expenses:		
22.1	Contributions	<u>\$1,536</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>\$1,536</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>							
Ambulance Service Routine Operating Revenue:								
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	9,836	=	\$	12,037,259
		Rate		x No. of Runs		=		
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	5,941	=	\$	6,574,073
		Rate		x No. of Runs		=		
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	139,064	=	\$	2,881,288
		Rate		x No. of Billable Miles		=		
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	176.9	=	\$	48,096
		Rate		x No. of Hours		=		

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

5	Medical Supplies (Gross Charges To Patients)						\$	1,175,419
6	Nurses Charges						\$	0
7	Total						\$	22,716,135
8	Standby Revenue (Attach Schedule)						\$	6,025
9	Other Ambulance Service Revenue (Attach Schedule)						\$	0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$	22,722,160

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)						\$	305,435 *

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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
		0.0	\$0
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)		\$0
02	Payroll Taxes.....		\$0
03	Employee Fringe Benefits.....		\$0
		0.0	\$0
04	Total.....		
		0.4	\$39,015
05	Gross Wages - MANAGEMENT (Attach Schedule II).....		\$2,734
06	Payroll Taxes.....		\$5,120
07	Employee Fringe Benefits.....		\$0
		0.4	\$46,868
08	Total.....		
	Gross Wages - AMBULANCE PERSONNEL		
	(Attach schedule II):		
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$0	58.8
10	Emergency Medical Technician (EMT).....		29.2
11	Nurses.....		0.0
12	Payroll Taxes.....		\$2,307,560
13	Employee Fringe Benefits.....		\$853,980
			\$0
			\$221,516
			\$414,874
		88.0	\$3,797,931
14	Total.....		
	Gross Wages - OTHER PERSONNEL (Attach Schedule II):		
15	Dispatch.....		4.1
16	Mechanics.....		1.5
17	Office and Clerical.....		7.8
18	Other.....		4.7
19	Payroll Taxes.....		\$143,214
20	Employee Fringe Benefits.....		\$72,715
			\$234,464
			\$187,954
			\$44,726
			\$83,767
		18.1	\$766,841
21	Total.....		
22	Total F.T.E.'s Wages, Payroll taxes and Emp. Ben. (To Page 2, Line 12).....	106.5	\$4,611,640

* 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: Rural/Metro Ambulance Service - Pima

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

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
	Professional Services:		\$0
01	Legal Fees	<u>\$32,657</u>	
02	Collection Fees	<u>\$0</u>	
03	Accounting and Auditing	<u>\$0</u>	
04	Data Processing Fees	<u>93,491</u>	
05	Other (Schedule Attached)		<u>\$126,148</u>
06	Total.....		
	Travel and Entertainment:		
		<u>\$2,486</u>	
07	Meals and Entertainment.....	<u>\$18,229</u>	
08	Transportation - Other Company Vehicles.....	<u>\$1,036</u>	
09	Travel.....	<u>\$622</u>	
10	Other: Lodging.....		<u>\$22,373</u>
11	Total.....		
	Other General and Administrative:		
		<u>\$6,378</u>	
12	Office Supplies.....	<u>\$12,768</u>	
13	Postage.....	<u>\$53,197</u>	
14	Telephone.....	<u>\$1,487</u>	
15	Advertising.....	<u>\$2,946</u>	
16	General Liability Insurance.....	<u>\$6,102</u>	
17	Dues and Subscriptions.....	<u>(\$198,926)</u>	
18 a	Other (Schedule Attached).....	<u>\$764,636</u>	
18 b	Other: Corporate Support Services.....		<u>\$648,588</u>
19	Total.....		
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$797,109</u></u>

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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		\$30,299
5.3	Medical Direction		\$40,611
5.4	Other (did not fit any other line item)		\$22,581
5.5			
5.6			
5.7			
5	Total.....Page 5, Other General & Administrative.		<u>\$93,491</u>

Other General and Administrative:			
18.a.1	Public Relations.....		\$2,634
18.a.2	Printing.....		\$5,067
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>(\$206,626)</u>
18.a	Total.....Page 5, Other General & Administrative.		<u>(\$198,926)</u>

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

OTHER OPERATING EXPENSES

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Line No.	<u>DESCRIPTION</u>		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	<u>\$125,637</u>	
02	Amortization.....	<u>\$0</u>	
03	Total.....		<u>\$125,637</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13		<u>\$305,618</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	<u>\$1,642</u>	
06	Utilities.....	<u>\$82,854</u>	
07	Property Taxes.....	<u>\$39,451</u>	
08	Property Insurance.....	<u>\$67,361</u>	
09	Repairs & Maintenance.....	<u>\$67,361</u>	
10	Other (Attach Schedule).....	<u>\$67,361</u>	
11	Total.....		<u>\$191,308</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	<u>\$6,648</u>	
13	Fuel.....	<u>\$161,387</u>	
14	General Vehicle Service & Maintenance.....	<u>\$106,218</u>	
15	Major Repairs.....	<u>\$0</u>	
16	Insurance - Service Vehicles.....	<u>\$29,419</u>	
17	Other: Tires	<u>\$9,799</u>	
18	Total.....		<u>\$313,472</u>
	Other Expenses:		
19	Dispatch.....	<u>\$0</u>	
20	Education / Training.....	<u>\$13,178</u>	
21	Uniforms & Uniform Cleaning.....	<u>\$768</u>	
22	Meals & Travel for Ambulance Personnel.....	<u>\$16,810</u>	
23	Maintenance Contracts.....	<u>\$14,968</u>	
24	Minor Equipment - Not Capitalized.....	<u>\$14,968</u>	
25	Ambulance Supplies - (Nonchargeable).....	<u>\$14,968</u>	
26	Other (Attach Schedule)	<u>\$14,968</u>	
27	Total.....		<u>\$45,724</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u>\$981,759</u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	AETNA	55	75,463	30%	\$22,639
02	CIGNA	68	84,977	30%	25,493
03	CORIZON	5	6,175	30%	1,852
04	CORNERSTONE HOSPITAL OF SE ARIZONA	90	118,913	30%	35,674
05	EVERCARE	6	7,042	30%	2,113
06	HEALTH NET	25	31,721	30%	9,516
07	HEALTH SOUTH REHAB HOSPITAL	5	6,072	30%	1,822
08	HEARTLAND HOSPICE	5	7,766	30%	2,330
09	HOSPICE FAMILY CARE	1	1,796	30%	539
10	HOSPICE OF THE VALLEY	1	1,244	30%	373
11	HUMANA	3	3,859	30%	1,158
12	KINDRED HOSPITAL	100	124,468	30%	37,340
13	NORTHWEST MEDICAL CENTER	31	34,875	30%	10,463
14	ODYSSEY HOSPICE	4	4,977	30%	1,493
15	ONE CALL MEDICAL TRANSPORT	11	13,670	30%	4,101
16	REHAB INSTITUTE OF TUCSON	8	8,713	30%	2,614
17	SECURE HORIZONS	11	13,799	30%	4,140
18	TUCSON MEDICAL CENTER	2	2,244	30%	673
19	UNITED HEALTHCARE	138	175,167	30%	52,550
20	UNIVERSITY MEDICAL CENTER	88	109,531	30%	32,859
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
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33					
34					
35					
36					
37					
ALLOWANCE TOTAL To Page 2 Line 4		657	\$832,472		\$249,742

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

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>\$258,216</u>
	LESS:	
02	AHCCCS Settlement	<u>(\$242)</u>
03	Medicare Settlement	<u>(\$138,899)</u>
04	Subscription Service Settlements	<u>(\$9,915)</u>
05	Subscription Service Bad Debt	<u>\$0</u>
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	<u>(\$149,057)</u>
07	Net Revenue from Subscription Service Runs	<u>\$109,159</u>
08	Sales of Subscription Contracts (To Page 2 Line 9)	<u>\$38,934</u>
09	Other Revenue (Attach Schedule)	<u>\$0</u>
10	Total Subscription Service Revenue	<u><u>\$148,094</u></u>
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	<u>\$11,524</u>
12	Payroll Taxes	<u>\$798</u>
13	Employee Fringe Benefits	<u>\$1,252</u>
14	Professional Services	<u>\$144</u>
15	Contract Labor	<u>\$0</u>
16	Travel	<u>\$813</u>
17	Other General & Administrative Expenses	<u>\$1,817</u>
18	Depreciation/Amortization	<u>\$68</u>
19	Rent/Lease	<u>\$199</u>
20	Building/Station Expenses	<u>\$278</u>
21	Transportation-Vehicles	<u>\$38</u>
22	Other (Not Classified Above and Misc)	<u>\$6,829</u>
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u><u>\$23,762</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

OTHER OPERATING REVENUES AND EXPENSES

Line No.	DESCRIPTION		
	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	\$3,633	
10	Gain On Sale of Operating Property	0	
11	Other:	_____	
12	Total Other Operating Revenues		<u>\$3,633</u>
	Other Operating Expenses:		
13	(Loss) On Sale of Operating Property	(\$2,635)	
14	Other:	_____	
15	Other:	_____	
16	Total Other Operating Expenses		<u>(\$2,635)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		<u><u>\$998</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

**SCHEDULE I
DETAIL OF SALARIES / WAGES**

Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	Totals		
												Wages Paid To Owners	*FTE	
01	N/A													
02														
03														
04														
05														
06														
07	Total											\$	N/A 1	N/A 2

* 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.

1 Total wages paid to owners to Page 4 Col 2 Line 01.

2 Total FTEs to Page 4 Col 1 Line 01.

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

**SCHEDULE II
DETAIL OF SALARIES / WAGES**

Management, Ambulance Personnel, Other Personnel

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

Line No.	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
01	MANAGEMENT:				
	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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SCHEDULE III

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

A	B	C	D	E	F	G	H	I	J	K	
Line	Description of Property	Date Placed in Service	Cost of Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Vehicle Rental			100%							\$0
02	Equipment Rental			100%							\$15,893
03											
04	Ambulances	Various	\$101,900	100%	\$101,900	SL	Various	\$0	\$38,229	\$101,900	
05	Accessorial Equipment	Various	\$90,687	100%	\$90,687	SL	Various	\$0	\$170	\$90,687	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$192,587		\$192,587				\$38,399		\$15,893

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.

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

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

A	B	C	D	E	F	G	H	I	J	K	
Line	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Rented Real Estate			100%							\$279,680
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$10,045
04											
05	Other Vehicles	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
06	Non-Vehicle Fixed Assets	Various	\$0	100%	\$0	SL	Various	\$0	\$0	\$0	
07											
08	OH Vehicles	Various		100%		SL	Various		\$1,462		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$85,776		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$87,238		\$289,725
19	SUBTOTAL (from Pg 12 Ln 20)		\$192,587		\$192,587				\$38,399		\$15,893
20	SUM of Ln 18 and 19		\$192,587		\$192,587			\$0	\$125,637		\$305,618

To Pg 6, Ln 04

To Pg 6, Ln 01

* 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: Rural/Metro Ambulance Service - Pima

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		(4) Interest Expense	
			Beg. of Period	End of Period	Related Persons or Organizations	Other
<u>Service Vehicles & Accessorial Equipment</u>						
Name of payee:						
01		%	\$	\$	\$	\$
02						
03						
04						
<u>Communications Equipment</u>						
Name of Payee:						
05		%	\$	\$	\$	\$
06						
07						
<u>Other Property & Equipment</u>						
Name of Payee:						
08		%	\$	\$	\$	\$
09						
10						
<u>Working Capital</u>						
Name of Payee:						
11	Various - See Audited Financials	Various	In Corp Balances	\$	0	\$518,988
12						
13						
<u>Other</u>						
Name of Payee:						
14		%	\$	\$	\$	\$
15	TOTAL		N/A	N/A	0	\$518,988

---- (To Pg 2, Cl 2, Ln 16) ----

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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		\$ _____*

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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		\$ _____*

*See enclosed Consolidated Annual Audited Financial Statements

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

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	\$ _____	

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