

AMBULANCE REVENUE AND COST REPORT

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: ComTrans Ambulance Service, Inc. CON No.: 46
DBA (Doing Business As): ComTrans Ambulance Service Phone: (800) 352-2309
Financial Records Address: 8465 N. Pima Road 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, 2014 To: December 31, 2014
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:

Vice President

Date:

6-29-15

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: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) <u>TOTALS</u>
01	Number of ALS Billable Transports:	0	0	424	424
02	Number of BLS Billable Transports:	0	0	2,261	2,261
03	Number of Loaded Billable Miles:	0	0	27,754	27,754
04	Waiting Time (Hr. & Min.):	0.0	0.0	27.8	27.8
05	Cancelled (Non-billable) Runs:				51 *
					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 REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$2,516,540</u>
Less:			
02	AHCCCS Settlement.....		(\$664,219)
03	Medicare Settlement.....		(\$259,881)
04	Contractual Discounts.....	Pg 7 Ln 22	\$0
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$924,100)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$1,592,439</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$0</u>
10	Total Operating Revenue.....		<u>\$1,592,439</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$472,940
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$452,692
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$128,068
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$21,827
15	Other Operating Expenses.....	Pg 6 Ln 28	\$94,351
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$62,726
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$1,232,604</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$359,835</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	(\$587)
21	Non-Operating Revenue and (Expenses)		\$0
22	Non-Deductible Expenses (Attach Schedule).....		\$91
23	Total Other Revenue/Expenses.....		<u>(\$587)</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$359,248</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		\$122,144
26	State Income Tax.....		\$25,147
27	Total Income Tax.....		<u>\$147,292</u>
28	Ambulance Service - Net income (Loss)		<u>\$211,956</u>

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Note: See the Notes to this Statement of Income reported on ARCR page "Page 2 Notes"

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Note 1 Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Non-Deductible Expenses:			
22.1	Contributions and Penalties	<u> </u>	<u> \$91 </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> </u>	<u> \$91 </u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>							
Ambulance Service Routine Operating Revenue:								
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	424	=	\$	332,149
		Rate		x No. of Runs		=		
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	2,261	=	\$	1,577,304
		Rate		x No. of Runs		=		
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	27,754	=	\$	489,485
		Rate		x No. of Billable Miles		=		
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	27.8	=	\$	4,856
		Rate		x No. of Hours		=		

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

5	Medical Supplies (Gross Charges To Patients)						\$	112,746
6	Nurses Charges						\$	0
7	Total						\$	2,516,540
8	Standby Revenue (Attach Schedule)						\$	-
9	Other Ambulance Service Revenue (Attach Schedule)						\$	0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$	2,516,540

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)						\$	21,827 *

* 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: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

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 Benefits.....		\$0
04	Total.....	0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....	0.8	\$54,243
06	Payroll Taxes.....		\$4,590
07	Employee Benefits.....		\$6,259
08	Total.....	0.8	\$65,093
Gross Wages - AMBULANCE PERSONNEL			
<i>(Attach schedule II):</i>			
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$1	4.5
10	Emergency Medical Technician (EMT).....		4.5
11	Nurses.....		0.0
12	Payroll Taxes.....		\$22,086
13	Employee Benefits.....		\$30,116
14	Total.....	9.0	\$313,185
Gross Wages - OTHER PERSONNEL (Attach Schedule II):			
15	Dispatch.....		0.5
16	Mechanics.....		0.4
17	Office and Clerical.....		0.3
18	Other.....		0.3
19	Payroll Taxes.....		\$5,248
20	Employee Benefits.....		\$7,156
21	Total.....	1.5	\$74,414
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....	11.4	\$452,692

* 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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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
Professional Services:			
01	Legal Fees	\$24	
02	Collection Fees	\$18,055	
03	Accounting and Auditing	\$6	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$7,095	
06	Total.....		<u>\$25,180</u>
Travel and Entertainment:			
07	Meals and Entertainment.....	\$64	
08	Transportation - Other Company Vehicles.....	\$0	
09	Travel.....	\$638	
10	Other:		
11	Total.....		<u>\$702</u>
Other General and Administrative:			
12	Office Supplies.....	\$1,458	
13	Postage.....	\$764	
14	Telephone.....	\$4,730	
15	Advertising.....	\$5	
16	General Liability Insurance.....	(\$530)	
17	Dues and Subscriptions.....	\$515	
18 a	Other (Schedule Attached).....	\$7,946	
18 b	Other: Corporate Support Services.....	\$87,298	
19	Total.....		<u>\$102,187</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u>\$128,068</u>

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

Other Professional Services:

5.1	Public Affairs / Public Relations	\$996
5.2	Management & Human Resources	\$0
5.3	Medical Direction	\$490
5.4	Other (did not fit any other line item)	\$5,609
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$7,095</u>

Other General and Administrative:

18.a.1	Public Relations	\$59
18.a.2	Printing	\$1,701
18.a.3	Business Licenses & Misc Taxes	\$4,961
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$1,225
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	<u>\$7,946</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$13,307	
02	Amortization.....	\$0	
03	Total.....		<u>\$13,307</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13		<u>\$24,359</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$636	
06	Utilities.....	\$7,112	
07	Property Taxes.....	\$1,070	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$4,833	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$13,651</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$1,854	
13	Fuel.....	\$28,188	
14	General Vehicle Service & Maintenance.....	\$350	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$4,375	
17	Other: Tires	\$2,670	
18	Total.....		<u>\$37,437</u>
	Other Expenses:		
19	Dispatch.....	\$44	
20	Education / Training.....	(\$26)	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$3,910	
24	Minor Equipment - Not Capitalized.....	\$1,670	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$5,597</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$94,351</u></u>

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

DETAIL OF CONTRACTUAL ALLOWANCES

<u>Line No.</u>	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
01					
02	N/A				
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
13					
14					
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32					
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35					
36					
37					
38					
39					
40					
41					
42					
43					
ALLOWANCE TOTAL To Page 2 Line 4		0	\$0		\$0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

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)	_____
	LESS:	
02	AHCCCS Settlement	_____
03	Medicare Settlement	_____
04	Subscription Service Settlements	_____
05	Subscription Service Bad Debt	_____
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	_____
07	Net Revenue from Subscription Service Runs	_____
08	Sales of Subscription Contracts (To Page 2 Line 9)	\$0
09	Other Revenue (Attach Schedule)	_____
10	Total Subscription Service Revenue	=====
	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 Expenses	_____
21	Transportation-Vehicles	_____
22	Other (Not Classified Above and Misc)	_____
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	=====

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AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

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	\$171
10	Gain On Sale of Operating Property	0
11	Other:	_____
12	Total Other Operating Revenues	<u>\$171</u>
Other Operating Expenses:		
13	(Loss) On Sale of Operating Property	(\$758)
14	Other:	_____
15	Other:	_____
16	Total Other Operating Expenses	<u>(\$758)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	<u><u>(\$587)</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

**SCHEDULE II
DETAIL OF SALARIES / WAGES**

Management, Ambulance Personnel, Other Personnel

Line
No.

Detail of Salaries/Wages - Other Than Officers/Owners

		METHOD OF COMPENSATION			
	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	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	56/50/48/40 hours/week	x		N/A
	EMT	56/50/48/40 hours/week	x		N/A
	Nurse	56/50/48/40 hours/week	x		N/A
03	OTHER PERSONNEL				
	Various Support Staff	40 Hours a week	x	x	N/A

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

**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	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%							\$34
03										
04	Ambulances	Various	100%	\$19,504	SL	Various	\$0	\$3,337	\$16,306	
05	Accessorial Equipment	Various	100%	\$0	SL	Various	\$0	\$44	\$0	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	SUBTOTAL			\$19,504				\$3,381		\$34

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

**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%							\$22,709
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$1,615
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		\$367		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$9,559		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$9,926		\$24,325
19	SUBTOTAL (from Pg 12 Ln 20)		\$19,504		\$19,504				\$3,381		\$34
20	SUM of Ln 18 and 19		\$19,504		\$19,504			\$0	\$13,307		\$24,359

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* Complete description of property, date placed in service, and rent/lease amount columns only. To Pg 6, Ln 01 To Pg 6, Ln 04

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) 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	\$62,726
12						
13						
<u>Other</u>						
<u>Name of Payee:</u>						
14		%	\$		\$	
15	TOTAL		N/A	N/A	0	\$62,726

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

BALANCE SHEET

(in thousands, except shares)

ASSETS			
	Current assets:		
01	Cash and cash equivalents	\$	53
02	Restricted cash		3
03	Accounts receivable, net		315
04	Inventories		15
05	Deferred tax assets, net		68
06	Prepaid expenses and other current assets		23
07	Total current assets		476
08	Property and equipment, net		144
09	Goodwill		313
10	Intangible assets, net		409
11	Deposits		88
12	Deferred tax assets, net		0
13	Other assets		13
14	Total assets	\$	1,444
LIABILITIES AND STOCKHOLDER'S EQUITY			
15	Accounts payable	\$	64
16	Accrued and other current liabilities		88
17	Deferred revenue		40
18	Deferred tax liabilities, net		0
19	Current portion of long-term debt		52
20	Total current liabilities		244
21	Long-term debt, net of current portion		771
22	Deferred tax liabilities, net		219
23	Other liabilities		83
24	Total liabilities		1,316
	Stockholder's equity:		
25	Common stock, \$0.01 par value, 900 shares authorized, 100 shares issued and outstanding		0
26	Preferred stock, \$0.01 par value, 100 shares authorized, zero shares issued and outstanding		0
27	Additional paid-in capital		224
28	Accumulated other comprehensive loss		(4)
29	Accumulated deficit		(92)
30	Total stockholder's equity		128
31	Total liabilities and stockholder's equity	\$	1,444

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF CASH FLOWS

(in thousands)

Cash flows from operating activities:		
01	Net loss	\$ (92)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	63
03	Amortization of debt issuance costs	2
04	Accretion of interest on debt	9
05	Share-based compensation expense	0
06	Loss on sale of assets and property and equipment	1
07	Impairment of property and equipment, goodwill and intangible assets	5
Change in assets and liabilities:		
08	Accounts receivable, net	(131)
09	Inventories	1
10	Prepaid expenses and other current assets	7
11	Deposits	(0)
12	Other assets	3
13	Accounts payable	(9)
14	Accrued and other current liabilities	16
15	Deferred revenue	(1)
16	Other liabilities	14
17	Net cash used in operating activities	<u>(113)</u>
Cash flows from investing activities:		
18	Purchase of property and equipment	(48)
19	Proceeds from the sale/disposal of property and equipment	1
20	Decrease in restricted cash	27
21	Net cash used in investing activities	<u>(20)</u>
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	47
23	Payments on capital leases	(2)
24	Reduction of Deposits related to Backstop Loan	1
25	Payments on Backstop Loan	(1)
26	Debt issuance costs	(7)
27	Proceeds received from Reorganized Parent's issuance of equity	50
28	Net cash provided by financing activities	<u>89</u>
29	Decrease in cash and cash equivalents	(44)
30	Cash and cash equivalents, beginning of period	97
31	Cash and cash equivalents, end of period	<u>\$ 53</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: ComTrans Ambulance Service

FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

The Notes below apply to the preceding Ambulance Revenue and Cost Report Page 15 and Page 16.

Note 1 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 are Special Purpose Reports.

Note 2 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports formats do not comply with generally accepted accounting principles and are not prepared using the accrual method of accounting.

Note 3 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports are unaudited.

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