

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: 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:

John P. Karolzak

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

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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	27	9,019	9,046
02	Number of BLS Billable Transports:	0	17	5,683	5,700
03	Number of Loaded Billable Miles:	0	387	129,397	129,785
04	Waiting Time (Hr. & Min.):	0.0	0.5	178.8	179.3
05	Cancelled (Non-billable) Runs:				5,839*
					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

RECEIVED

JUN 29 2015

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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>\$20,907,943</u>
Less:			
02	AHCCCS Settlement.....		<u>(\$2,896,526)</u>
03	Medicare Settlement.....		<u>(\$3,085,062)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>(\$16,917)</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$5,998,505)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$14,909,438</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$39,084</u>
10	Total Operating Revenue.....		<u>\$14,948,522</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$4,997,992</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$4,541,095</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$849,861</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$261,167</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$715,093</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$380,982</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$11,746,190</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>\$3,202,332</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	<u>\$11,332</u>
21	Non-Operating Revenue and (Expenses)		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$47</u>
23	Total Other Revenue/Expenses.....		<u>\$11,332</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>\$3,213,664</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		<u>\$1,092,646</u>
26	State Income Tax.....		<u>\$224,956</u>
27	Total Income Tax.....		<u>\$1,317,602</u>
28	Ambulance Service - Net income (Loss)		<u>\$1,896,062</u>

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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.

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

Non-Deductible Expenses:		
22.1	Contributions and Penalties	<u>\$47</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>\$47</u>

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION						
Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	9,046	=	\$ 10,148,630
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	5,700	=	\$ 5,738,752
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	129,785	=	\$ 2,489,910
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	179.3	=	\$ 45,128
		Rate		x No. of Hours		=	

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

5	Medical Supplies (Gross Charges To Patients)					\$	2,484,747
6	Nurses Charges					\$	0
7	Total					\$	20,907,168
8	Standby Revenue (Attach Schedule)					\$	775
9	Other Ambulance Service Revenue (Attach Schedule)					\$	0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)					\$	20,907,943

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)					\$	261,167 *

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

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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).....	2.5	\$103,318
06	Payroll Taxes.....		\$7,506
07	Employee Benefits.....		\$18,613
08	Total.....	2.5	\$129,436
Gross Wages - AMBULANCE PERSONNEL			
(Attach schedule II):			
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$0	48.7
10	Emergency Medical Technician (EMT).....		31.6
11	Nurses.....		0.0
12	Payroll Taxes.....		\$216,568
13	Employee Benefits.....		\$537,057
14	Total.....	80.3	\$3,734,742
Gross Wages - OTHER PERSONNEL (Attach Schedule II):			
15	Dispatch.....		4.5
16	Mechanics.....		3.1
17	Office and Clerical.....		2.1
18	Other.....		3.5
19	Payroll Taxes.....		\$39,253
20	Employee Benefits.....		\$97,341
21	Total.....	13.3	\$676,916
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....	96.0	\$4,541,095

* 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.

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
Professional Services:			
01	Legal Fees	\$0	
02	Collection Fees	\$121,515	
03	Accounting and Auditing	\$24	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$51,474	
06	Total.....		<u>\$173,013</u>
Travel and Entertainment:			
07	Meals and Entertainment.....	\$1,345	
08	Transportation - Other Company Vehicles.....	\$0	
09	Travel.....	\$1,833	
10	Other:		
11	Total.....		<u>\$3,178</u>
Other General and Administrative:			
12	Office Supplies.....	\$4,472	
13	Postage.....	\$6,394	
14	Telephone.....	\$45,390	
15	Advertising.....	\$648	
16	General Liability Insurance.....	(\$479)	
17	Dues and Subscriptions.....	\$11,104	
18 a	Other (Schedule Attached).....	\$83,501	
18 b	Other: Corporate Support Services.....	\$522,640	
19	Total.....		<u>\$673,669</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$849,861</u></u>

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$6,049
5.2	Management & Human Resources	\$19,093
5.3	Medical Direction	\$0
5.4	Other (did not fit any other line item)	\$26,332
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	<u>\$51,474</u>

Other General and Administrative:		
18.a.1	Public Relations	\$166
18.a.2	Printing	\$11,536
18.a.3	Business Licenses & Misc Taxes	\$28,942
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$42,857
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	<u>\$83,501</u>

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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	\$154,423	
02	Amortization.....	\$0	
03	Total.....		<u>\$154,423</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13		<u>\$171,003</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$9,980	
06	Utilities.....	\$72,936	
07	Property Taxes.....	\$7,675	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$41,511	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$132,103</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$5,127	
13	Fuel.....	\$160,586	
14	General Vehicle Service & Maintenance.....	\$3,010	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$24,625	
17	Other: Tires	\$24,035	
18	Total.....		<u>\$217,383</u>
	Other Expenses:		
19	Dispatch.....	\$984	
20	Education / Training.....	\$2,384	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$25,838	
24	Minor Equipment - Not Capitalized.....	\$10,975	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$40,181</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$715,093</u></u>

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01					
02	BLUE CROSS BLUE SHIELD OF ARIZONA	1	1,224	30%	\$367
03	CASA DE LA LUZ HOSPICE INPATIENT UNIT	1	1,173	30%	352
04	CORNERSTONE HOSPITAL OF SOUTHEAST ARIZC	15	20,023	30%	6,007
05	KINDRED HOSPITAL - TUCSON	17	22,734	30%	6,820
06	NORTHWEST MEDICAL CENTER	8	8,669	30%	2,601
07	UNITEDHEALTHCARE	2	2,567	30%	770
08					
09					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
	ALLOWANCE TOTAL To Page 2 Line 4	44	\$56,391		\$16,917

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	<u>DESCRIPTION</u>	
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)	\$39,084
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,	=====

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

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	.....	\$12,646
10	Gain On Sale of Operating Property	.....	0
11	Other:	.....	_____
12	Total Other Operating Revenues		<u>\$12,646</u>
Other Operating Expenses:			
13	(Loss) On Sale of Operating Property	.....	(\$1,314)
14	Other:	.....	_____
15	Other:	.....	_____
16	Total Other Operating Expenses		<u>(\$1,314)</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)		<u><u>\$11,332</u></u>

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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

**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
													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.

RECEIVED
JUN 29 2015
BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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**

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	56/50/48/40 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

RECEIVED

JUN 29 2015

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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%							\$10,593
03										
04	Ambulances	Various	100%	\$124,491	SL	Various	\$0	\$49,338	\$74,234	
05	Accessorial Equipment	Various	100%	\$32,100	SL	Various	\$0	\$16,050	\$16,050	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	SUBTOTAL			\$156,591				\$65,388		\$10,593

RECEIVED
JUN 29 2015

To Pg 13
Ln 19, Col I

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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%							\$143,671
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$16,739
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		\$5,236		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$83,799		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$89,035		\$160,410
19	SUBTOTAL (from Pg 12 Ln 20)		\$156,591		\$156,591			\$65,388			\$10,593
20	SUM of Ln 18 and 19		\$156,591		\$156,591			\$0	\$154,423		\$171,003

To Pg 6, Ln 01

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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) 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	\$380,982
12						
13						
<u>Other</u>						
<u>Name of Payee:</u>						
14		%	\$	\$	\$	\$
15	TOTAL		N/A	N/A	0	\$380,982

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

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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	\$	289
02	Restricted cash		18
03	Accounts receivable, net		1,731
04	Inventories		81
05	Deferred tax assets, net		371
06	Prepaid expenses and other current assets		124
07	Total current assets		2,614
08	Property and equipment, net		792
09	Goodwill		1,719
10	Intangible assets, net		2,248
11	Deposits		482
12	Deferred tax assets, net		0
13	Other assets		74
14	Total assets	\$	7,931
LIABILITIES AND STOCKHOLDER'S EQUITY			
15	Accounts payable	\$	354
16	Accrued and other current liabilities		481
17	Deferred revenue		218
18	Deferred tax liabilities, net		0
19	Current portion of long-term debt		285
20	Total current liabilities		1,338
21	Long-term debt, net of current portion		4,233
22	Deferred tax liabilities, net		1,204
23	Other liabilities		454
24	Total liabilities		7,229
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		1,231
28	Accumulated other comprehensive loss		(23)
29	Accumulated deficit		(507)
30	Total stockholder's equity		702
31	Total liabilities and stockholder's equity	\$	7,931

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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	\$ (507)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	344
03	Amortization of debt issuance costs	11
04	Accretion of interest on debt	47
05	Share-based compensation expense	3
06	Loss on sale of assets and property and equipment	5
07	Impairment of property and equipment, goodwill and intangible assets	26
Change in assets and liabilities:		
08	Accounts receivable, net	(719)
09	Inventories	5
10	Prepaid expenses and other current assets	37
11	Deposits	(2)
12	Other assets	17
13	Accounts payable	(49)
14	Accrued and other current liabilities	90
15	Deferred revenue	(5)
16	Other liabilities	78
17	Net cash used in operating activities	<u>(621)</u>
Cash flows from investing activities:		
18	Purchase of property and equipment	(262)
19	Proceeds from the sale/disposal of property and equipment	5
20	Decrease in restricted cash	147
21	Net cash used in investing activities	<u>(111)</u>
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	257
23	Payments on capital leases	(9)
24	Reduction of Deposits related to Backstop Loan	5
25	Payments on Backstop Loan	(5)
26	Debt issuance costs	(36)
27	Proceeds received from Reorganized Parent's issuance of equity	276
28	Net cash provided by financing activities	<u>488</u>
29	Decrease in cash and cash equivalents	(244)
30	Cash and cash equivalents, beginning of period	533
31	Cash and cash equivalents, end of period	<u>\$ 289</u>

RECEIVED

JUN 29 2015

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Pima

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.

RECEIVED

JUN 29 2015

BEMSTS/CON & RATES