

AMBULANCE REVENUE AND COST REPORT

GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Pinal) CON No.: 87
DBA (Doing Business As): Tri-City Med 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: Tri-City Med

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	386	386
02	Number of BLS Billable Transports:	0	0	86	86
03	Number of Loaded Billable Miles:	0	0	13,464	13,464
04	Waiting Time (Hr. & Min.):	0.0	0.0	0.0	0.0
05	Cancelled (Non-billable) Runs:				292*
					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: Tri-City Med

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FOR THE PERIOD

FROM: 1/1/14

TO: 12/31/14

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STATEMENT OF INCOME

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Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$1,142,613</u>
Less:			
02	AHCCCS Settlement.....		<u>(\$303,307)</u>
03	Medicare Settlement.....		<u>(\$176,902)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>\$0</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$480,209)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$662,404</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$0</u>
10	Total Operating Revenue.....		<u>\$662,404</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$173,406</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$407,610</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$33,595</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$14,504</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$52,925</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$27,716</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$709,756</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>(\$47,352)</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses).....	Pg 9 Ln 17	<u>\$12,424</u>
21	Non-Operating Revenue and (Expenses).....		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$2</u>
23	Total Other Revenue/Expenses.....		<u>\$12,424</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>(\$34,928)</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		<u>(\$11,875)</u>
26	State Income Tax.....		<u>(\$2,445)</u>
27	Total Income Tax.....		<u>(\$14,320)</u>
28	Ambulance Service - Net income (Loss)		<u>(\$20,607)</u>

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Tri-City Med

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: Tri-City Med

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

Non-Deductible Expenses:		
22.1	Contributions and Penalties	<u>\$2</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> \$2

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AMBULANCE SERVICE ENTITY: Tri-City Med

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	386	=	\$	802,695
		Rate		x No. of Runs		=		
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	86	=	\$	179,051
		Rate		x No. of Runs		=		
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	13,464	=	\$	160,867
		Rate		x No. of Billable Miles		=		
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	0.0	=	\$	-
		Rate		x No. of Hours		=		

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

5	Medical Supplies (Gross Charges To Patients)	\$	0
6	Nurses Charges	\$	0
7	Total	\$	1,142,613
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)	\$	1,142,613

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)	\$ 14,504 *

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

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AMBULANCE SERVICE ENTITY: Tri-City Med

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).....	0.1	\$3,368
06	Payroll Taxes.....		\$188
07	Employee Benefits.....		\$501
08	Total.....	0.1	\$4,058
Gross Wages - AMBULANCE PERSONNEL			
(Attach schedule II):			
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$0	2.6 108,235
10	Emergency Medical Technician (EMT).....		6.4 \$203,738
11	Nurses.....		0.0 \$0
12	Payroll Taxes.....		\$17,455
13	Employee Benefits.....		\$46,437
14	Total.....	9.0	\$375,864
Gross Wages - OTHER PERSONNEL (Attach Schedule II):			
15	Dispatch.....	0.1	\$5,449
16	Mechanics.....	0.2	\$10,486
17	Office and Clerical.....	0.1	\$2,288
18	Other.....	0.1	\$4,758
19	Payroll Taxes.....		\$1,286
20	Employee Benefits.....		\$3,421
21	Total.....	0.5	\$27,688
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....	9.7	\$407,610

* 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	\$0	
02	Collection Fees	\$5,927	
03	Accounting and Auditing	\$1	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$1,676	
06	Total.....		<u>\$7,603</u>
 Travel and Entertainment:			
07	Meals and Entertainment.....	\$45	
08	Transportation - Other Company Vehicles.....	\$0	
09	Travel.....	\$60	
10	Other:		
11	Total.....		<u>\$105</u>
 Other General and Administrative:			
12	Office Supplies.....	\$169	
13	Postage.....	\$243	
14	Telephone.....	\$5,217	
15	Advertising.....	\$21	
16	General Liability Insurance.....	(\$354)	
17	Dues and Subscriptions.....	\$356	
18 a	Other (Schedule Attached).....	\$3,140	
18 b	Other: Corporate Support Services.....	\$17,095	
19	Total.....		<u>\$25,887</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$33,595</u></u>

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

Other Professional Services:		
5.1	Public Affairs / Public Relations	<u>\$200</u>
5.2	Management & Human Resources	<u>\$622</u>
5.3	Medical Direction	<u>\$0</u>
5.4	Other (did not fit any other line item)	<u>\$854</u>
5.5		<u></u>
5.6		<u></u>
5.7		<u></u>
5	Total.....Page 5, Other General & Administrative.	<u>\$1,676</u>

Other General and Administrative:		
18.a.1	Public Relations	<u>\$5</u>
18.a.2	Printing	<u>\$346</u>
18.a.3	Business Licenses & Misc Taxes	<u>\$1,641</u>
18.a.4	Bank Charges, Outside Claims & Miscellaneous	<u>\$1,148</u>
18.a.5		<u></u>
18.a	Total.....Page 5, Other General & Administrative.	<u>\$3,140</u>

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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	\$11,025	
02	Amortization.....	\$0	
03	Total.....		<u>\$11,025</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13)		<u>\$11,209</u>
Building/Station Expense:			
05	Building & Cleaning Supplies.....	\$1,220	
06	Utilities.....	\$5,850	
07	Property Taxes.....	\$264	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$506	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$7,840</u>
Vehicle Expense - Ambulance Units:			
12	Licenses / Registration.....	\$668	
13	Fuel.....	\$15,296	
14	General Vehicle Service & Maintenance.....	\$98	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$2,332	
17	Other: Tires	\$2,003	
18	Total.....		<u>\$20,397</u>
Other Expenses:			
19	Dispatch.....	\$32	
20	Education / Training.....	\$80	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$1,975	
24	Minor Equipment - Not Capitalized.....	\$367	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$2,454</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$52,925</u></u>

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AMBULANCE SERVICE ENTITY: Tri-City Med

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	N/A				
03					
04					
05					
06					
07					
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		0	\$0		\$0

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AMBULANCE SERVICE ENTITY: Tri-City Med

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: Tri-City Med

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	.....	\$12,454
10	Gain On Sale of Operating Property	.....	0
11	Other:	.....
12	Total Other Operating Revenues	.....	\$12,454
Other Operating Expenses:			
13	(Loss) On Sale of Operating Property	.....	(\$30)
14	Other:	.....
15	Other:	.....
16	Total Other Operating Expenses	(\$30)
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	\$12,424

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Tri-City Med

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

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	56/50/48/40 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: Tri-City Med

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

**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%							\$655
03											
04	Ambulances	Various	\$12,200	100%	\$12,200	SL	Various	\$0	\$6,100	\$6,100	
05	Accessorial Equipment	Various	\$3,800	100%	\$3,800	SL	Various	\$0	\$1,900	\$1,900	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$16,000		\$16,000				\$8,000		\$655

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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: Tri-City Med

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%							\$10,005
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$549
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		\$197		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$2,828		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$3,025		\$10,554
19	SUBTOTAL (from Pg 12 Ln 20)		\$16,000		\$16,000			\$8,000			\$655
20	SUM of Ln 18 and 19		\$16,000		\$16,000			\$0	\$11,025		\$11,209

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

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

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BEMSTS/CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Tri-City Med

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	In Corp Balances	\$	0	\$27,716
12						
13						
<u>Other</u>						
<u>Name of Payee:</u>						
14		%	\$		\$	
15	TOTAL		N/A	N/A	0	\$27,716

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

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AMBULANCE SERVICE ENTITY: Tri-City Med

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	\$	9
02	Restricted cash		1
03	Accounts receivable, net		55
04	Inventories		3
05	Deferred tax assets, net		12
06	Prepaid expenses and other current assets		4
07	Total current assets		84
08	Property and equipment, net		25
09	Goodwill		55
10	Intangible assets, net		72
11	Deposits		15
12	Deferred tax assets, net		0
13	Other assets		2
14	Total assets	\$	254

LIABILITIES AND STOCKHOLDER'S EQUITY

15	Accounts payable	\$	11
16	Accrued and other current liabilities		15
17	Deferred revenue		7
18	Deferred tax liabilities, net		0
19	Current portion of long-term debt		9
20	Total current liabilities		43
21	Long-term debt, net of current portion		135
22	Deferred tax liabilities, net		38
23	Other liabilities		15
24	Total liabilities		231
	Stockholder's equity:		
	Common stock, \$0.01 par value, 900 shares authorized, 100 shares issued and outstanding		0
25	Preferred stock, \$0.01 par value, 100 shares authorized, zero shares issued and outstanding		0
26	Additional paid-in capital		39
27	Accumulated other comprehensive loss		(1)
28	Accumulated deficit		(16)
29	Total stockholder's equity		22
30	Total liabilities and stockholder's equity	\$	254

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Tri-City Med

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	\$ (16)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	11
03	Amortization of debt issuance costs	0
04	Accretion of interest on debt	2
05	Share-based compensation expense	0
06	Loss on sale of assets and property and equipment	0
07	Impairment of property and equipment, goodwill and intangible assets	1
Change in assets and liabilities:		
08	Accounts receivable, net	(23)
09	Inventories	0
10	Prepaid expenses and other current assets	1
11	Deposits	(0)
12	Other assets	1
13	Accounts payable	(2)
14	Accrued and other current liabilities	3
15	Deferred revenue	(0)
16	Other liabilities	2
17	Net cash used in operating activities	(20)
Cash flows from investing activities:		
18	Purchase of property and equipment	(8)
19	Proceeds from the sale/disposal of property and equipment	0
20	Decrease in restricted cash	5
21	Net cash used in investing activities	(4)
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	8
23	Payments on capital leases	(0)
24	Reduction of Deposits related to Backstop Loan	0
25	Payments on Backstop Loan	(0)
26	Debt issuance costs	(1)
27	Proceeds received from Reorganized Parent's issuance of equity	9
28	Net cash provided by financing activities	16
29	Decrease in cash and cash equivalents	(8)
30	Cash and cash equivalents, beginning of period	17
31	Cash and cash equivalents, end of period	\$ 9

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Tri-City Med

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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