LONG REPORT - completed annually by: For-Profit Companies and Larger Ambulance Organizations
- completed by all applicants for a General Rate Increase

ACTUAL FINANCIAL DATA

AMBULANCE REVENUE and COST REPORT

GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: **Rural/Metro Corporation (Maricopa)** *CON No.* **109**

D.B.A. (Doing Business As): **Rural/Metro Ambulance - Maricopa** *Business Phone:* **928-445-3814**

Financial Records Address: **8465 N Pima Rd** *City:* **Scottsdale** Zip Code: **85258**

Mailing Address (If Different): *City:* Zip Code:

Owner / Manager: **COO - Glenn Kasprzyk**

Report Contact Person: **COO - Glenn Kasprzyk** *Business Phone:* **928-445-3814** Ext.

Report for Period From: *From:* **January 1, 2015** *To:* **December 31, 2015**

Method of Valuing Inventory: *LIFO:* ____ *FIFO:* **(X)** *Other (Explain):*

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc., Envision Healthcare Holdings, Inc.

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: **Regional Operations and Finance Officer** Date: **June 30, 2016**

Mail to:

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

06/22/2004 Formula's Excluded

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:		5	4,669	4,674
2	Number of BLS Billable Transports:		2	1,602	1,604
3	Number of Loaded Billable Miles:		63	56,530	56,593
4	Waiting Time (Hr. & Min.):			-	0
5	Canceled (Non-Billable) Runs:			3,295	3,295
					Number

	Volunteer Services: (OPTIONAL)	Donated Hours
6	Paramedic and IEMT	0
7	Emergency Medical Technician - B	0
8	Other Ambulance Attendants	0
9	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.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
1	Number of ALS Billable Transports:		4,674	4,674
2	Number of BLS Billable Transports:		1,604	1,604
3	Number of Loaded Billable Miles:		56,593	56,593
4	Waiting Time (Hr. & Min.):		-	0
5	Canceled (Non-Billable) Runs:		3,295	3,295

	Volunteer Services: (OPTIONAL)		Donated Hours
6	Paramedic and IEMT	.....	0
7	Emergency Medical Technician - B	.....	0
8	Other Ambulance Attendants	.....	0
9	Total Volunteer Hours	.....	0

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM			
	Operating Revenues:				
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10			$ 6,620,870
	Less:				
2	AHCCCS Settlement	Page 3.1, Line 11		898,491	
3	Medicare Settlement	Page 3.1, Line 12		1,550,495	
4	Contractual Discounts	Page 7, Line 22		2,259	
5	Subscription Service Settlement	Page 8, Line 4		0	
6	Other (Non-Transport Reserve)	Page 3.1, Line 13		(3,481)	
7	Total		Sum of Lines 2 through 6		2,447,764
8	Net Revenue from Ambulance Runs		Line 1, minus Line 7		4,173,106
9	Sales of Subscription Service Contracts	Page 8, Line 8			91,657
10	Total Operating Revenue		Line 8, plus Line 9		$ 4,264,763
	Ambulance Operating Expenses:				
11	Bad Debt (Includes Subscription Services Bad Debt)			1,418,453	
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22		991,569	
13	General and Administrative Expenses	Page 5, Line 20		432,841	
14	Cost of Goods Sold	Page 3, Line 15		48,800	
15	Other Operating Expense	Page 6, Line 28		296,153	
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5		57,251	
17	Subscription Service Direct Selling	Page 8, Line 23		0	
18	Total Operating Expense		Sum of Lines 11 through 17		3,245,067
19	Ambulance Service Income (Loss)		Line 10, minus Line 18		1,019,696
	Other Revenue / Expenses:				
20	Other Operating Revenue and Expense	Page 9, Line 17		845	
21	Non-Operating Revenue and Expense				
22	Non-Deductible Expenses (Attach Schedule)				
23	Total Other Revenues / Expenses		Sum of Lines 20 & 21		845
24	Ambulance Service Income (Loss) - Before Income Taxes		Sum of Line 19, plus Line 23		1,020,540
	Provision for Income Taxes:				
25	Federal Income Tax			357,189	
26	State Income Tax			51,027	
27	Total Income Tax		Lines 25, plus Line 26		408,216
28	**Ambulance Service Net Income (Loss)**		Line 24, minus Line 27		612,324

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ROUTINE OPERATING REVENUE

Line No.	DESCRIPTION							
	Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	$ (a)	x No. of Runs	4,674	=	$	4,213,530
		Rate		x No. of Runs		=		0
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	1,604	=		1,254,956
		Rate		x No. of Runs		=		0
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	56,593	=		1,049,459
		Rate		x No. of Billable Miles		=		0
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=		766
		Rate		x No. of Hours		=		0
5	Medical Supplies (Gross Charges to patients)							102,159
6	Nurses Charges							0
7	Total							6,620,870
8	Standby Revenue (Attach Schedule)							0
9	Other Ambulance Service Revenue (Attach Schedule)							0
10	**Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)**						$	6,620,870

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)**		$ 48,800 *

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ROUTINE OPERATING REVENUE Identified by subsidized and non-subsidized patients

Line No.	DESCRIPTION		(1) SUBSIDIZED PATIENTS	(2) NON-SUBSIDIZED PATIENTS	(3) TOTALS
	AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate		$	$ 4,213,530	$ 4,213,530
2	BLS Base Rate			1,254,956	1,254,956
3	Mileage Charge			1,049,459	1,049,459
4	Waiting Charge			766	766
5	Medical Supplies	(Gross Charges)		102,159	102,159
6	Nurses' Charges			0	0
7	**Total**		$	$ 6,620,870	$ 6,620,870
	Plus:				
8	Standby Revenue	(Attach Schedule)	.....		0
9	Other Ambulance Service Revenue	(Attach Schedule)	.....		0
10	**Total Ambulance Service Routine Operating Revenue**		(Post to Pg 2, Line 1)	.....	$ 6,620,870
	Less:				
11	AHCCCS Settlement	(Post total to Pg 2, Line 2)	$	$ 898,491	$ 898,491
12	Medicare Settlement	(Post total to Pg 2, Line 3)		1,550,495	1,550,495
13	Subsidy	(Post total to Pg 2, Line 6)			0
14	Other: Non-Transport Reserve	(Attach Schedule)		(3,481)	(3,481)
15	**Total Settlements**	(Post to Pg 2, Line 7)	$ 0	$ 2,445,505	$ 2,445,505

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION				No. of *F.T.E.	AMOUNT
	OFFICERS / OWNERS	(Attach Schedule 1, Wage Category; Pg 10, Line 7)				
1	**Gross Wages**				0.0	$ 0
2	Payroll Taxes					0
3	Employee Fringe Benefits					0
4	Total				0.0	0
	MANAGEMENT	(Attach Schedule II, Wage Detail; Pg 11)				
5	**Gross Wages**				0.8	120,014
6	Payroll Taxes					8,739
7	Employee Fringe Benefits					24,147
8	Total				0.8	152,901
	AMBULANCE PERSONNEL	(Attach Schedule II, Wage Detail; Pg	** Casual Labor	Wages		
	Gross Wages					
9	Paramedics and IEMT		$ 2,110	$ 440,051	9.5	442,161
10	Emergency Medical Technician (EMT)				5.8	216,576
11	Nurses				0.0	0
12	Payroll Taxes					47,815
13	Employee Fringe Benefits					132,116
14	Total				15.2	838,668
	OTHER PERSONNEL	(Attach Schedule II, Wage Detail; Pg 11)				
	Gross Wages					
15	Dispatch				0.0	0
16	Mechanics				0.0	0
17	Office and Clerical				0.0	0
18	Other				0.0	0
19	Payroll Taxes					0
20	Employee Fringe Benefits					0
21	Total				0.0	0
22	**Total F.T.E., Wages, Payroll Taxes, & Employee Benefits**	(Post to Pg 2, line 12)			16.0	$ 991,569

* 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) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION				(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
	MANAGEMENT							
1	**Gross Wages**	(Attach Schedule II)			0.8	120,014	100%	120,014
2	Payroll Taxes					8,739	100%	8,739
3	Employee Fringe Benefits					24,147	100%	24,147
4	Total				0.8	152,901		152,901
	AMBULANCE PERSONNEL		** Contractual Labor	Wages				
	Gross Wages	(Attach Schedule II)						
5	Paramedics and IEMT			$	9.5	442,161	100%	442,161
6	Emergency Medical Technician (EMT)				5.8	216,576	100%	216,576
7	Nurses				-	0	100%	0
8	Drivers						100%	0
9	Payroll Taxes					47,815	100%	47,815
10	Employee Fringe Benefits					132,116	100%	132,116
11	Total				15.2	838,668		838,668
	OTHER PERSONNEL							
	Gross Wages	(Attach Schedule II)						
12	Dispatch				-	0	100%	0
13	Mechanics				-	0	100%	0
14	Office and Clerical				-	0	100%	0
15	Other				-	0	100%	0
16	Payroll Taxes					0	100%	0
17	Employee Fringe Benefits					0	100%	0
18	Total				-	0		0
19	**TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS**		(Post to Pg 2, line 12)		16.0	991,569		$ 991,569

* 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) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	DESCRIPTION	Basis of Allocations	
1	**Gross Wages - MANAGEMENT**	All personnel are 100% dedicated to ambulance services.	
2	Payroll Taxes	100% ambulance services.	
3	Employee Fringe Benefits	100% ambulance services.	
4	Total	100% ambulance services.	
		Contractual	Wages
	Gross Wages - AMBULANCE PERSONNEL		
5	Paramedics and IEMT		100% ambulance services.
6	Emergency Medical Technician (EMT)		100% ambulance services.
7	Nurses		100% ambulance services.
8	Drivers		100% ambulance services.
9	Payroll Taxes		100% ambulance services.
10	Employee Fringe Benefits		100% ambulance services.
11	Total		100% ambulance services.
	Gross Wages - OTHER PERSONNEL		
12	Dispatch	100% ambulance services.	
13	Mechanics	100% ambulance services.	
14	Office and Clerical	100% ambulance services.	
15	Other	100% ambulance services.	
16	Payroll Taxes	100% ambulance services.	
17	Employee Fringe Benefits	100% ambulance services.	
18	Total	100% ambulance services.	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION			
	Professional Service:			
1	Legal Fees		$ 165	
2	Collection Fees		91,655	
3	Accounting and Auditing		-	
4	Data Processing Fees		-	
5	Other (Attach Schedule)		144	
6	Total			$ 91,964
	Travel and Entertainment:			
7	Meals and Entertainment		77	
8	Transportation - Other Company Vehicles		-	
9	Travel		-	
10	Other (Attach Schedule)		-	
11	Total			77
	Other General and Administrative:			
12	Office Supplies		1,592	
13	Postage		14	
14	Telephone		7,846	
15	Advertising		-	
16	Professional Liability Insurance		(6,306)	
17	Dues and Subscriptions		1,867	
18	Other (Attach Schedule)		335,786	
19	Total			340,800
20	**Total General and Administrative Expenses**	(Post to Page 2, Line 13)		$ 432,841

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

GENERAL and ADMINISTRATIVE SUPPORTING DETAIL

Line No.	DESCRIPTION			
	Professional Service Other:			
1	Management Consulting		$ -	
2	Medical Director		-	
3	911 contract administration		-	
4	Temp Staffing		-	
5	First Responder Fees		-	
6	Other Professional Fees		144	
7	Total			$ 144
	Travel and Entertainment Other:			
8	Other T&E		-	
9				
10				
11				
12	Total			0
	Other General and Administrative:			
13	Public Relations		4	
14	Printing		4,915	
15	Contributions		36	
16	Bank Charges		16	
17	Business Licenses & Misc taxes		2,592	
18	Misc G&A		6,788	
19	Corporate & Regional Overhead Support		321,436	
20	Total			335,786

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
	Professional Service:				
1	Legal Fees	.....	$ 165	100%	$ 165
2	Collection Fees	.....	91,655	100%	91,655
3	Accounting and Auditing	.....	0	100%	0
4	Data Processing Fees	.....	0	100%	0
5	Other (Attach Schedule)	.....	144	100%	144
6	Total	.....	91,964		91,964
	Travel and Entertainment:				
7	Meals and Entertainment	.....	77	100%	77
8	Transportation - Other Company Vehicles	.....	0	100%	0
9	Travel	.....	0	100%	0
10	Other (Attach Schedule)	.....	0	100%	0
11	Total	.....	77		77
	Other General and Administrative:				
12	Office Supplies	.....	1,592	100%	1,592
13	Postage	.....	14	100%	14
14	Telephone	.....	7,846	100%	7,846
15	Advertising	.....	0	100%	0
16	Professional Liability Insurance	.....	(6,306)	100%	(6,306)
17	Dues and Subscriptions	.....	1,867	100%	1,867
18	Other (Attach Schedule)	.....	335,786	100%	335,786
19	Total	.....	340,800		340,800
20	**Total General and Administrative Expenses**	(Post to Page 2, Line 13)	$ 432,841		432,841

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	Basis of Allocation
	Professional Service:	
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
	Travel and Entertainment:	
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
		100% Ambulance Services
11	Total	
	Other General and Administrative:	
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING EXPENSES

Line No.	DESCRIPTION			
	Depreciation and Amortization:			
1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	$ 71,352	
2	Amortization		0	
3	Total			$ 71,352
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		43,381
	Building / Station Expense:			
5	Building and Cleaning Supplies	.....	987	
6	Utilities	.....	15,379	
7	Property Taxes	.....	8,080	
8	Property Insurance	.....	0	
9	Repairs and Maintenance	.....	10,248	
10	Other (Attach Schedule)	.....	0	
11	Total	.....		34,693
	Vehicle Expense - Ambulance Units:			
12	License / Registration	.....	2,679	
13	Fuel	.....	51,916	
14	General Vehicle Service and Maintenance	.....	36,366	
15	Major Repairs	.....	0	
16	Insurance - Service Vehicles	.....	28,690	
17	Other (Attach Schedule)	.....	3,077	
18	Total	.....		122,727
	Other Expenses:			
19	Dispatch	.....	0	
20	Education / Training	.....	0	
21	Uniforms and Uniform Cleaning	.....	5,662	
22	Meals and Travel for Ambulance personnel	.....	0	
23	Maintenance Contracts	.....	3,086	
24	Minor Equipment - Not Capitalized	.....	11,671	
25	Ambulance Supplies - Nonchargeable	.....	0	
26	Other (Attach Schedule)	.....	3,581	
27	Total	.....		24,000
28	**Total Other Operating Expenses**	(Post to Page 2, Line 15)		$ 296,153

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING EXPENSES SUPPORTING DETAIL

Line No.	DESCRIPTION			
	Building / Station Expense Other:			
1	Other building/station expenses		0	
2				
3				
4				
5				
6				
7	Total			0
	Vehicle Expense - Ambulance Units Other:			
8	Tires		3,077	
9				
10				
11				
12				
13				
14	Total			3,077
	Other Expenses:			
15	Medical Testing		3,581	
16				
17				
18				
19				
20				
21				
22				
23	Total			3,581

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION		(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
	Depreciation and Amortization:				
1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	$ 71,352	100%	$ 71,352
2	Amortization		0	100%	0
3	Total		71,352		71,352
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)	43,381	100%	43,381
	Building / Station Expense:				
5	Building and Cleaning Supplies		987	100%	987
6	Utilities		15,379	100%	15,379
7	Property Taxes		8,080	100%	8,080
8	Property Insurance		0	100%	0
9	Repairs and Maintenance		10,248	100%	10,248
10	Other (Attach Schedule)		0	100%	0
11	Total		34,693		34,693
	Vehicle Expense - Ambulance Units:				
12	License / Registration		2,679	100%	2,679
13	Fuel		51,916	100%	51,916
14	General Vehicle Service and Maintenance		36,366	100%	36,366
15	Major Repairs		0	100%	0
16	Insurance - Service Vehicles		28,690	100%	28,690
17	Other (Attach Schedule)		3,077	100%	3,077
18	Total		122,727		122,727
	Other Expenses:				
19	Dispatch		0	100%	0
20	Education / Training		0	100%	0
21	Uniforms and Uniform Cleaning		5,662	100%	5,662
22	Meals and Travel - Ambulance Personnel		0	100%	0
23	Maintenance Contracts		3,086	100%	3,086
24	Minor Equipment - Not Capitalized		11,671	100%	11,671
25	Ambulance Supplies - Nonchargeable		0	100%	0
26	Other (Attach Schedule)		3,581	100%	3,581
27	Total		24,000		24,000
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	$ 296,153		$ 296,153

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	DESCRIPTION	Basis of Allocation
	Depreciation and Amortization:	
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
	Building / Station Expense:	
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
	Vehicle Expense - Ambulance Units:	
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
	Other Expenses:	
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1	AIR AMBULANCE FORUM DBA ONE CALL MEDICAL TRANS	1	$ 1,322	30%	$ 397
2	DIGNITY HEALTH DBA MERCY GILBERT MEDICAL CENTEI	1	$ 1,772	30%	$ 532
3	HONORHEALTH	4	$ 4,090	30%	$ 1,227
4	PHOENIX CHILDRENS HOSPITAL	1	$ 347	30%	$ 104
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)	7	$ 7,532		$ 2,259

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	Description		
1	Billings at Fully Established Rate		$
	Less:		
2	AHCCCS Settlement	$	
3	Medicare Settlement		
4	Subscription Service Settlement (Post to Pg 2, Line 5)		
5	Subscription Service Bad Debt		
6	Total		0
	Plus:		
7	Net Revenue from Subscription Service Runs		
8	Sales of Subscription Service (Post to Pg 2, Line 9)		91,657
9	Other Revenue (attach schedule)		
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)		91,657
	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 Expense		
21	Transportation / Vehicles		
22	Other: _____ (attach schedule)		
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)		$ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING REVENUES & EXPENSES

Line No.	Description			
	Other Operating Revenues:			
1	Supportive Funding - Local	(attach schedule)	$	
2	Grant Funds - State	(attach schedule)		
3	Grant Funds - Federal	(attach schedule)		
4	Grant Funds - Other	(attach schedule)		
5	Patient Finance Charges			
6	Patient Late Payment Charges			
7	Interest Earned - Related Person / Organization			
8	Interest Earned - Other			
9	Gain on Sale of Operating Property			
10	Other: Interest Income & Misc Revenue		564	
11	Other:			
12	Total Other Operating Revenues			$ 564
	Other Operating Expenses:			
13	Loss on Sale of Operating Property		(281)	
14	Other:		0	
15	Other:		0	
16	Total Other Operating Expenses			(281)
17	Net Other Operating Revenues and Expenses	(Post to Pg 2, Line 20)		$ 845

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule I
DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1				$		$		$		$		$ -	0.0
2													
3													
4													
5													
6													
7	TOTAL			$		$		$		$		$ -	0.0
												Post Total to Pg 4. Column 2. Line 1	Post Total to Pg 4. Column 1. Line 1

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

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

1 **MANAGEMENT:**

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	$ Per Run or Shift
Various Local Management	40 Hours/Week	x	x	N/A
Various Regional Management	40 Hours/Week	x	x	N/A

2 **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

3 **OTHER PERSONNEL:**

Various Support Staff	40 Hours/Week	x	x	N/A

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis **	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Vehicle Rental			100%							$ -
2	Equipment Rental			100%							$ 38
3											
4	Ambulances	Various	$ 123,681	100%	$ 123,681	SL	Various	-	$ 35,312	117,912	
5	Ambulance Equipment	Various	$ 18,928	100%	$ 18,928	SL	Various	-	$ 16,620	17,762	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL								$ 51,932	$ 135,674	$ 38
									Post to Pg 13, Line 19, Column I		Post to Pg 13, Line 19, Column K

* Complete Description of property, date placed in service, and rent/lease amount only.
** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis**	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Rented Real Estate			100%							$ 43,343
2											
3	Other Vehicles	Various	$ 23,607	100%	$ 23,607	SL	Various	$ -	$ 5,080	$ 22,262	
4	Non-Vehicle Fixed Assets	Various	$ 206,443	100%	$ 206,443	SL	Various	$ -	$ 14,340	$ 201,585	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above								$ 19,420	$ 223,847	$ 43,343
19	SUBTOTAL from Page 12, Line 20								$ 51,932	$ 135,674	$ 38
									Post from Pg 12, Line 20 Column I		Post from Pg 12, Line 20 Column K
20	SUM of Line 18 & 19								$ 71,352	$ 359,521	$ 43,381
									Post to Pg 6, Line 1		Post to Pg 6, Line 4

* Complete Description of property, date placed in service, and rent/lease amount only.
** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 **TO:** December 31, 2015

Schedule IV
DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beginning of Period	(3) Principal Balance End of Period	(4) Interest Expense Related Persons or Organizations	(5) Interest Expense Other
	Service Vehicles & Accessorial Equipment Name of Payee:					
1		%	$	$	$	$
2						
3						
4						
	Communication Equipment Name of Payee:					
5						
6						
7						
	Other Property and Equipment Name of Payee:					
8						
9						
10						
	Working Capital Name of Payee:					
11	Various - Consolidated Financials	Various	In Corp Balances			57,251
12						
13						
	Other Name of Payee:					
14		%				
15	TOTAL		$ 0	$ 0	$ 0	$ 57,251

Post totals of Column 4 & 5 to Pg 2, Line 16

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

BALANCE SHEET

ASSETS

	CURRENT ASSETS		
1	Cash	$	
2	Accounts Receivable: NET	70,456	
3	Less: Allowance for Doubtful Accounts		
4	Inventory	14,500	
5	Prepaid Expenses		
6	Other Current Assets		
7	TOTAL CURRENT ASSETS		$ 84,956
9	PROPERTY & EQUIPMENT: NET		359,521
10	Less: Accumulated Depreciation		
11	OTHER NON CURRENT ASSETS		
12	TOTAL ASSETS		$ 444,477

LIABILITIES & EQUITY

	CURRENT LIABILITIES		
13	Accounts Payable	$ 41,672	
14	Current Portion of Notes Payable		
15	Current Portion of Long-Term Debt		
16	Deferred Subscription Income		
17	Accrued Expenses and Other	17,910	
18			
19			
20	TOTAL CURRENT LIABILITIES		$ 59,582
21	NOTES PAYABLE		
22	LONG-TERM DEBT OTHER	40,436	
23	TOTAL LONG-TERM DEBT		40,436
	EQUITY & OTHER CREDITS		
	Paid-In Capital:		
24	Common Stock		
25	Paid-In Capital in Excess of Par Value		
26	Contributed Capital		
27	Retained Earnings		
28	Net Investment	344,459	
29			
30	Fund Balance		
31	TOTAL EQUITY		344,459
32	TOTAL LIABILITIES & EQUITY		$ 444,477

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

STATEMENT OF CASH FLOWS

	OPERATING ACTIVITIES:		
1	Net (loss) Income	$ 612,324	
	Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities: Note: a increase in these accounts improves cash flow		
2	Depreciation Expense	71,352	
3	Deferred Income Tax		
4	Loss (gain) on Disposal of Property & Equipment	(281)	
	(Increase) Decrease in: Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable	42,571	
6	Inventories	(3,984)	
7	Prepaid Expenses		
	Increase (Decrease) in: Note: a increase in these accounts improves cash flow		
8	Accounts Payable	9,086	
9	Accrued Expenses and Other	(3,501)	
10	Deferred Subscription Income		
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES		$ 727,567
	INVESTING ACTIVITIES:		
12	Purchases of Property & Equipment	(18,361)	
13	Proceeds from Disposal of Property & 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		(18,361)
	FINANCING ACTIVITIES:		
	New Borrowings:		
20	Long-Term		
21	Short-Term		
	Debt Reduction:		
22	Long-Term		
23	Short-Term		
24	Net working capital paid to Parent Company	(709,206)	
25	Dividends Paid	$	
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES		(709,206)
27	NET INCREASE (Decrease) IN CASH		-
28	CASH AT BEGINNING OF YEAR		-
29	CASH AT END OF YEAR		-
	SUPPLEMENTAL DISCLOSURES:		
	Non-cash Investing and Financing Transactions:		
30			
31			
32			
33	Interest Paid (Net of Amounts Capitalized)		57,251
34	Income Taxes Paid		$ 408,216

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