

AMBULANCE REVENUE AND COST REPORT
GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Maricopa) CON No.: 109
DBA (Doing Business As): Rural/Metro Ambulance Service - Maricopa Phone: (800) 352-2309
Financial Records Address: 9221 E Via de Ventura City: Scottsdale Zip Code: 85258
Mailing Address (If Different): _____
Owner/Manager: Rural/Metro Corporation
Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
Report for Period: From: January 1, 2013 To: December 31, 2013
Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

Please attach a list of all affiliated organizations (parent/subsidiaries) that exhibit at least 5% ownership/vesting.

Rural/Metro Corporation

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

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature:



Title:

Chief Relations Officer

Date:

6-30-14

Mail to:

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

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:	75	450	5,802	6,326
02	Number of BLS Billable Transports:	46	278	3,590	3,915
03	Number of Loaded Billable Miles:	1,282	7,721	99,611	108,614
04	Waiting Time (Hr. & Min.):	1.0	6.3	81.2	88.6
05	Cancelled (Non-billable) Runs:				4,270 *
					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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STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$11,067,911</u>
Less:			
02	AHCCCS Settlement.....		(\$651,104)
03	Medicare Settlement.....		(\$3,626,400)
04	Contractual Discounts.....	Pg 7 Ln 22	(\$241,498)
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$4,519,002)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$6,548,909</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$121,513</u>
10	Total Operating Revenue.....		<u>\$6,670,422</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$1,588,960
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$4,033,151
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$340,851
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$52,570
15	Other Operating Expenses.....	Pg 6 Ln 28	\$862,052
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$271,239
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$7,148,824</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>(\$478,401)</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	\$4,563
21	Non-Operating Revenue and (Expenses)		\$0
22	Non-Deductible Expenses (Attach Schedule).....		\$3,848
23	Total Other Revenue/Expenses.....		<u>\$4,563</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>(\$473,839)</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		(\$161,105)
26	State Income Tax.....		(\$33,169)
27	Total Income Tax.....		<u>(\$194,274)</u>
28	Ambulance Service - Net income (Loss)		<u>(\$279,565)</u>

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

Note 1 Based on collection trends and other relevant data, Rural/Metro increased its contractual and uncompensated care allowances for revenues recorded prior to December 31, 2012. The impact of that adjustment was to increase calendar year 2012 net revenue by \$250,935 and decrease calendar year 2013 net revenue by the same amount. That adjustment is included in the Statement of Income data at Page 2.

Note 2 Statement of Income data does not include an Impairment Charge resulting from the adjustment of Rural/Metro's Goodwill and Intangible Assets to fair value.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

Non-Deductible Expenses:		
22.1	Contributions	<u>\$3,848</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>\$3,848</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

ROUTINE OPERATING REVENUE

**Line
No.**

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	6,326	=	\$ 5,414,253
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	3,915	=	\$ 3,003,591
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	108,614	=	\$ 1,916,590
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	88.6	=	\$ 16,791
		Rate		x No. of Hours		=	

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

5	Medical Supplies (Gross Charges To Patients)	\$ 709,990
6	Nurses Charges	\$ 0
7	Total	\$ 11,061,215
8	Standby Revenue (Attach Schedule)	\$ 6,696
9	Other Ambulance Service Revenue (Attach Schedule)	\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)	\$ 11,067,911

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)	\$ 52,570	*

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)	0.0	\$0
02	Payroll Taxes.....		\$0
03	Employee Fringe Benefits.....		\$0
04	Total.....	0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....	1.9	\$264,438
06	Payroll Taxes.....		\$16,688
07	Employee Fringe Benefits.....		\$30,618
08	Total.....	1.9	\$311,744
Gross Wages - AMBULANCE PERSONNEL			
(Attach schedule II):			
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$40,360	37.0
10	Emergency Medical Technician (EMT).....		33.1
11	Nurses.....		0.0
12	Payroll Taxes.....		\$161,030
13	Employee Fringe Benefits.....		\$295,441
14	Total.....	70.1	\$3,048,431
Gross Wages - OTHER PERSONNEL (Attach Schedule II):			
15	Dispatch.....	4.3	\$150,615
16	Mechanics.....	2.0	\$85,794
17	Office and Clerical.....	5.8	\$176,458
18	Other.....	4.0	\$157,985
19	Payroll Taxes.....		\$36,026
20	Employee Fringe Benefits.....		\$66,097
21	Total.....	16.1	\$672,975
22	Total F.T.E.'s Wages, Payroll taxes and Emp. Ben. (To Page 2, Line 12).....	88.0	\$4,033,151

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080

** The sum of casual Labor (wages paid on a per run basis) + wages paid is entered in Column 2 by line item. However, when calculating FTE's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>				
	Professional Services:				
01	Legal Fees		\$0		
02	Collection Fees		\$18,341		
03	Accounting and Auditing		\$0		
04	Data Processing Fees		\$0		
05	Other (Schedule Attached)		\$56,444		
06	Total.....			\$74,785	
	Travel and Entertainment:				
07	Meals and Entertainment.....		\$2,478		
08	Transportation - Other Company Vehicles.....		\$40,671		
09	Travel.....		\$1,032		
10	Other: Lodging.....		\$619		
11	Total.....			\$44,800	
	Other General and Administrative:				
12	Office Supplies.....		\$11,514		
13	Postage.....		\$13,014		
14	Telephone.....		\$47,911		
15	Advertising.....		\$2,307		
16	General Liability Insurance.....		(\$1,938)		
17	Dues and Subscriptions.....		\$5,183		
18 a	Other (Schedule Attached).....		(\$169,286)		
18 b	Other: Corporate Support Services.....		\$312,561		
19	Total.....			\$221,266	
20	Total General and Administrative Expenses (To Page 2, Line 13).....			\$340,851	

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

Other Professional Services:			
5.1	Public Affairs / Public Relations		<u>\$31,640</u>
5.2	Management & Human Resources		<u>\$14,137</u>
5.3	Medical Direction		<u>\$8,419</u>
5.4	Other (did not fit any other line item)		<u>\$2,248</u>
5.5			
5.6			
5.7			
5	Total.....Page 5, Other General & Administrative.		<u>\$56,444</u>

Other General and Administrative:			
18.a.1	Public Relations.....		<u>\$1,143</u>
18.a.2	Printing.....		<u>\$8,099</u>
18.a.3			
18.a.4			
18.a.5			
18.a.6	Miscellaneous Expenses and Chapter 11 Write-offs for Insurance Obligation Elimination, Trade Accounts Payable Elimination and Termination of Certain Leases		<u>(\$178,528)</u>
18.a	Total.....Page 5, Other General & Administrative.		<u>(\$169,286)</u>

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$78,618	
02	Amortization.....	\$0	
03	Total.....		<u>\$78,618</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13		<u>\$291,454</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$11,204	
06	Utilities.....	\$47,324	
07	Property Taxes.....	\$52,178	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$58,806	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$169,513</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$9,842	
13	Fuel.....	\$112,493	
14	General Vehicle Service & Maintenance.....	\$93,249	
15	Major Repairs.....	\$0	
16	Insurance - Service Vehicles.....	\$36,817	
17	Other: Tires	\$5,512	
18	Total.....		<u>\$257,913</u>
	Other Expenses:		
19	Dispatch.....	\$21,986	
20	Education / Training.....	\$3,023	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....	\$68	
23	Maintenance Contracts.....	\$4,168	
24	Minor Equipment - Not Capitalized.....	\$35,310	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$64,554</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$862,052</u></u>

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	AETNA	89	\$99,583	30%	\$29,875
02	AIR EVAC SERVICES	1	1,019	30%	306
03	ARIZONA REGIONAL MEDICAL CENTER	1	1,245	30%	373
04	AURORA BEHAVIORAL HEALTH	2	1,734	30%	520
05	AZ FOUNDATION	6	6,023	30%	1,807
06	BANNER HEALTH	22	23,513	30%	7,054
07	BCBS OF AZ	246	274,654	30%	82,396
08	CIGNA	71	80,222	30%	24,067
09	CORNERSTONE HOSPICE	1	1,046	30%	314
10	EVERCARE CHOICE	1	969	30%	291
11	HEALTH NET	17	19,120	30%	5,736
12	HEALTH SOUTH	2	2,569	30%	771
13	HOSPICE OF ARIZONA	2	2,003	30%	601
14	HOSPICE OF THE VALLEY	5	5,373	30%	1,612
15	HUMANA	1	1,279	30%	384
16	JOHN C LINCOLN-DEER VALLEY HOSPITAL	3	2,957	30%	887
17	KINDRED HOSPITAL ARIZONA	14	14,861	30%	4,458
18	MAYO CLINIC HOSPITAL	2	2,897	30%	869
19	MOUNTAIN VISTA HOSPITAL	1	993	30%	298
20	ODYSSEY HOSPICE	2	1,808	30%	542
21	PHOENIX CHILDRENS HOSPITAL	23	24,606	30%	7,382
22	PLAZA HEALTHCARE	5	5,913	30%	1,774
23	PROMISE HOSPITAL OF PHOENIX	11	15,577	30%	4,673
24	RESTORA	36	37,709	30%	11,313
25	SCOTTSDALE HEALTHCARE	19	19,510	30%	5,853
26	SECURE HORIZONS	6	5,874	30%	1,762
27	TEMPE ST LUKES	9	9,601	30%	2,880
28	UNITED HEALTHCARE	130	142,334	30%	42,700
29					
30					
31					
32					
33					
34					
35					
36					
37					
ALLOWANCE TOTAL To Page 2 Line 4		728	\$804,993		\$241,498

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

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)	<u>\$130,621</u>
	LESS:	
02	AHCCCS Settlement	<u>(\$412)</u>
03	Medicare Settlement	<u>(\$208,289)</u>
04	Subscription Service Settlements	<u>(\$25,818)</u>
05	Subscription Service Bad Debt	<u>\$0</u>
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	<u>(\$234,519)</u>
07	Net Revenue from Subscription Service Runs	<u>(\$103,899)</u>
08	Sales of Subscription Contracts (To Page 2 Line 9)	<u>\$121,513</u>
09	Other Revenue (Attach Schedule)	<u>\$0</u>
10	Total Subscription Service Revenue	<u><u>\$17,615</u></u>
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	<u>\$26,620</u>
12	Payroll Taxes	<u>\$2,085</u>
13	Employee Fringe Benefits	<u>\$2,997</u>
14	Professional Services	<u>\$504</u>
15	Contract Labor	<u>\$0</u>
16	Travel	<u>\$109</u>
17	Other General & Administrative Expenses	<u>\$7,726</u>
18	Depreciation/Amortization	<u>\$157</u>
19	Rent/Lease	<u>\$584</u>
20	Building/Station Expenses	<u>\$576</u>
21	Transportation-Vehicles	<u>\$0</u>
22	Other (Not Classified Above and Misc)	<u>\$12,811</u>
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u><u>\$54,169</u></u>

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

OTHER OPERATING REVENUES AND EXPENSES

Line No.	DESCRIPTION	
Other Operating Revenues:		
01	Supportive Funding - Local (Attach Schedule)	_____
02	Grant Funds - State (Attach Schedule)	_____
03	Grant Funds - Federal (Attach Schedule)	_____
04	Grant Funds - Other (Attach Schedule)	_____
05	Patient Finance Charges	_____
06	Patient Late Payment Charges	_____
07	Interest Earned - Related Person/Organization	_____
08	Interest Earned - Other	_____
09	Interest Income and Miscellaneous Revenue	\$3,154
10	Gain On Sale of Operating Property	1,409
11	Other:	_____
12	Total Other Operating Revenues	<u>\$4,563</u>
Other Operating Expenses:		
13	(Loss) On Sale of Operating Property	\$0
14	Other:	_____
15	Other:	_____
16	Total Other Operating Expenses	<u>\$0</u>
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	<u><u>\$4,563</u></u>

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

**SCHEDULE I
DETAIL OF SALARIES / WAGES**

Officers / Owners

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

* Full - time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

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

2 Total FTEs to Page 4 Col 1 Line 01.

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

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%							\$0
03											
04	Ambulances	Various	\$165,800	100%	\$165,800	SL	Various	\$0	\$20,983	\$165,800	
05	Accessorial Equipment	Various	\$63,300	100%	\$63,300	SL	Various	\$0	\$467	\$63,300	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$229,100		\$229,100				\$21,450		\$0

To Pg 13
 Ln 19, Col I
 To Pg 13
 Ln 19, Col K

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

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

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%							\$287,904
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$3,549
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		\$3,851		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$53,317		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$57,168		\$291,453
19	SUBTOTAL (from Pg 12 Ln 20)		\$229,100		\$229,100				\$21,450		\$0
20	SUM of Ln 18 and 19		\$229,100		\$229,100			\$0	\$78,618		\$291,454

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

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

Note: Rural/Metro adopted "Fresh Start Accounting" at 12/31/2013. As a result all asset Cost is at Fair Value and Accumulated Depreciation is \$0 for all assets.

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

Schedule IV
DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Beg. of Period	(3) Principal Balance 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	\$271,239
12						
13						
<u>Other</u>						
<u>Name of Payee:</u>						
14		%	\$	\$	\$	
15	TOTAL		N/A	N/A	0	\$271,239

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

BEMSTS-CON & RATES

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

BALANCE SHEET Current audited financial statements may be submitted in lieu of the Balance Sheet

ASSETS

CURRENT ASSETS			
01	Cash	\$	_____
02	Accounts receivable		_____
03	Less: Allowance for doubtful accounts		_____
04	Inventory		_____
05	Prepaid expenses		_____
06	Other current assets		_____
07	TOTAL CURRENT ASSETS		_____
PROPERTY & EQUIPMENT			
08	PROPERTY & EQUIPMENT		_____
09	Less: Accumulated depreciation (see ACR p. 12)		_____
OTHER NONCURRENT ASSETS			
10	OTHER NONCURRENT ASSETS		_____
11	TOTAL ASSETS	\$	_____*

LIABILITIES & EQUITY

CURRENT LIABILITIES			
12	Accounts payable	\$	_____
13	Current portion of notes payable		_____
14	Current portion of long term debt		_____
15	Deferred subscription income		_____
16	Accrued expenses and other		_____
17	_____		_____
18	_____		_____
19	TOTAL CURRENT LIABILITIES		_____
NOTES PAYABLE			
20	NOTES PAYABLE		_____
LONG TERM DEBT OTHER			
21	LONG TERM DEBT OTHER		_____
22	TOTAL LONG-TERM DEBT	\$	_____
EQUITY AND OTHER CREDITS			
Paid-in capital:			
23	Common stock	\$	_____
24	Paid-in capital in excess of par value		_____
25	Contributed capital		_____
26	Retained Earnings		_____
27	_____		_____
28	_____		_____
29	Fund balances		_____
30	TOTAL EQUITY	\$	_____
31	TOTAL LIABILITIES & EQUITY	\$	_____*

*See enclosed Consolidated Annual Audited Financial Statements

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES			
01	Net (loss) income	\$	
	Adjustments to Reconcile Net Income To Net		
	<u>Cash Provided by Operating Activities:</u>		
02	Depreciation expense		
03	Deferred income tax		
04	Loss (gain) on disposal of Property and Equipment		
	<u>(Increase) Decrease in:</u>		
05	Accounts receivable		
06	Inventories		
07	Prepaid expenses		
	<u>(Increase) Decrease in:</u>		
08	Accounts payable		
09	Accrued expenses		
10	Deferred subscription income		
11	NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES	\$	
INVESTING ACTIVITIES:			
12	Purchases of property and equipment	\$	
13	Proceeds from disposal of property and equipment		
14	Purchases of Investments		
15	Proceeds from disposal of investments		
16	Loans made		
17	Collections on loans		
18	Other _____		
19	NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES	\$	
FINANCING ACTIVITIES:			
	<u>New borrowings:</u>		
20	Long-term	\$	
21	Short-term		
	<u>Debt reduction:</u>		
22	Long-term		
23	Short-term		
24	Capital contributions		
25	Dividends paid		
26	NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES	\$	
27	NET INCREASE (DECREASE) IN CASH	\$	*
28	CASH AT THE BEGINNING OF YEAR	\$	
29	CASH AT END OF YEAR	\$	
SUPPLEMENTAL DISCLOSURES:			
	<u>Noncash investing and financing transactions:</u>		
30	_____	\$	
31	_____	\$	
32	_____	\$	
33	Interest paid (net of amounts capitalized)	\$	
34	Income taxes paid	\$	

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JUN 30 2014

BEMSTS-CON & RATES

*See enclosed Consolidated Annual Audited Financial Statements