

AMBULANCE REVENUE AND COST REPORT
GENERAL INFORMATION AND CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Yuma) CON No.: 65
DBA (Doing Business As): Rural/Metro Ambulance Service - Yuma 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 6% ownership/vesting.

Rural/Metro Corporation

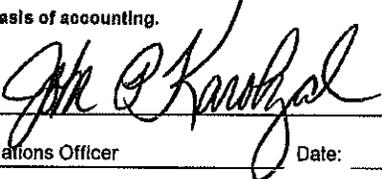
I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

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 SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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) <u>TOTALS</u>
01	Number of ALS Billable Transports:	214	113	5,139	<u>5,467</u>
02	Number of BLS Billable Transports:	63	34	1,518	<u>1,615</u>
03	Number of Loaded Billable Miles:	5,015	2,657	120,357	<u>128,029</u>
04	Waiting Time (Hr. & Min.):	0.7	0.4	17.5	<u>18.6</u>
05	Cancelled (Non-billable) Runs:				<u>3,796</u> *
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic, EMT-I, and AEMT				<u>0</u>
07	Emergency Medical Technician (EMT)				<u>0</u>
08	Other Ambulance Attendants				<u>0</u>
09	Total Volunteer Hours				<u>0</u>

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

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STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$12,040,662</u>
Less:			
02	AHCCCS Settlement.....		(\$842,485)
03	Medicare Settlement.....		(\$4,277,087)
04	Contractual Discounts.....	Pg 7 Ln 22	(\$101,137)
05	Subscription Service Settlement.....	Pg 8 Ln 4	\$0
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$5,220,710)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$6,819,952</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$110,681</u>
10	Total Operating Revenue.....		<u>\$6,930,633</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		\$1,896,625
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	\$2,735,035
13	General and Administrative Expenses.....	Pg 5 Ln 20	\$572,757
14	Cost of Goods Sold.....	Pg 3 Ln 15	\$196,148
15	Other Operating Expenses.....	Pg 6 Ln 28	\$1,823,613
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	\$522,296
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	\$0
18	Total Operating Expenses.....		<u>\$7,746,474</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>(\$815,840)</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses)	Pg 9 Ln 17	\$7,387
21	Non-Operating Revenue and (Expenses)		\$0
22	Non-Deductible Expenses (Attach Schedule).....		\$731
23	Total Other Revenue/Expenses.....		<u>\$7,387</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>(\$808,454)</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		(\$274,874)
26	State Income Tax.....		(\$56,592)
27	Total Income Tax.....		<u>(\$331,466)</u>
28	Ambulance service - Net income (Loss)		<u>(\$476,988)</u>

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

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

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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 \$335,978 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 SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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

Non-Deductible Expenses:		
22.1	Contributions	<u>\$731</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>\$731</u>

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

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ROUTINE OPERATING REVENUE

**Line
No.**

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	5,467	=	\$ 6,729,925
		Rate		x No. of Runs		=	
<hr/>							
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	1,615	=	\$ 2,014,707
		Rate		x No. of Runs		=	
<hr/>							
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	128,029	=	\$ 2,707,722
		Rate		x No. of Billable Miles		=	
<hr/>							
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	18.6	=	\$ 5,679
		Rate		x No. of Hours		=	
<hr/>							

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

5	Medical Supplies (Gross Charges To Patients)						\$ 579,397
6	Nurses Charges						\$ 0
7	Total						\$ 12,037,429
8	Standby Revenue (Attach Schedule)						\$ 3,233
9	Other Ambulance Service Revenue (Attach Schedule)						\$ 0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$ 12,040,662

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		
<hr/>							
15	Cost of Goods Sold (To Page 2, Line 14)						\$ 196,148 *

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

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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).....	2.4	\$157,174
06	Payroll Taxes.....		\$12,000
07	Employee Fringe Benefits.....		\$46,415
08	Total.....	2.4	\$215,589
	Gross Wages - AMBULANCE PERSONNEL		
	(Attach schedule II):		
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$0	20.5 \$654,917
10	Emergency Medical Technician (EMT).....		28.2 \$658,441
11	Nurses.....		0.0 \$0
12	Payroll Taxes.....		\$100,275
13	Employee Fringe Benefits.....		\$387,850
14	Total.....	48.7	\$1,801,483
	Gross Wages - OTHER PERSONNEL (Attach Schedule II):		
15	Dispatch.....		7.2 \$231,787
16	Mechanics.....		1.3 \$51,171
17	Office and Clerical.....		4.5 \$136,075
18	Other.....		3.3 \$104,391
19	Payroll Taxes.....		\$39,964
20	Employee Fringe Benefits.....		\$154,573
21	Total.....	16.3	\$717,962
22	Total F.T.E.'s Wages, Payroll taxes and Emp. Ben.		
	(To Page 2, Line 12).....	67.4	\$2,735,035

* 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 - Yuma

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	\$17,022	
03	Accounting and Auditing	\$0	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$54,054	
06	Total.....		<u>\$71,075</u>
	Travel and Entertainment:		
07	Meals and Entertainment.....	\$5,101	
08	Transportation - Other Company Vehicles.....	\$47,415	
09	Travel.....	\$2,126	
10	Other: Lodging.....	\$1,275	
11	Total.....		<u>\$55,917</u>
	Other General and Administrative:		
12	Office Supplies.....	\$6,510	
13	Postage.....	\$10,014	
14	Telephone.....	\$41,743	
15	Advertising.....	\$441	
16	General Liability Insurance.....	\$25,382	
17	Dues and Subscriptions.....	\$6,075	
18 a	Other (Schedule Attached).....	(\$50,361)	
18 b	Other: Corporate Support Services.....	\$405,961	
19	Total.....		<u>\$445,765</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$572,757</u></u>

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

Other Professional Services:			
5.1	Public Affairs / Public Relations		\$1,012
5.2	Management & Human Resources		\$0
5.3	Medical Direction		\$35,825
5.4	Other (did not fit any other line item)		\$17,216
5.5			
5.6			
5.7			
5	Total.....Page 5, Other General & Administrative.		<u>\$54,054</u>

Other General and Administrative:			
18.a.1	Public Relations.....		\$1,351
18.a.2	Printing.....		\$5,101
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		(\$56,813)
18.a	Total.....Page 5, Other General & Administrative.		<u>(\$50,361)</u>

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FOR THE PERIOD

FROM: 1/1/13

TO: 12/31/13

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OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$320,942	
02	Amortization.....	\$0	
03	Total.....		<u>\$320,942</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13		<u>\$341,266</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$8,966	
06	Utilities.....	\$59,031	
07	Property Taxes.....	\$77,622	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$61,352	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$206,970</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$5,059	
13	Fuel.....	\$140,408	
14	General Vehicle Service & Maintenance.....	\$140,054	
15	Major Repairs.....	\$0	
16	Insurance - Service Vehicles.....	\$623,242	
17	Other: Tires	\$7,651	
18	Total.....		<u>\$916,415</u>
	Other Expenses:		
19	Dispatch.....	\$0	
20	Education / Training.....	\$3,439	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....	\$554	
23	Maintenance Contracts.....	\$24,122	
24	Minor Equipment - Not Capitalized.....	\$9,906	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$38,020</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u><u>\$1,823,613</u></u>

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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	9	\$25,351	30%	\$7,605
02	AIR CARE ONE INTL	1	1,327	30%	398
03	AIR EVAC SERVICES INC	4	5,434	30%	1,630
04	BCBS OF ARIZONA	57	159,162	30%	47,748
05	CIGNA	4	9,457	30%	2,837
06	CORIZON	6	9,778	30%	2,933
07	HEALTH NET	2	2,669	30%	801
08	KINDRED HOSPITAL	1	5,040	30%	1,512
09	ONE CALL MEDICAL TRANSPORT	10	13,737	30%	4,121
10	UNITED HEALTHCARE	16	39,238	30%	11,771
11	YUMA REGIONAL MEDICAL CENTER	29	54,725	30%	16,418
12	YUMA REHABILITATION	8	11,206	30%	3,362
13					
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37					
	ALLOWANCE TOTAL To Page 2 Line 4	147	\$337,124		\$101,137

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

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)	<u>\$471,645</u>
	LESS:	
02	AHCCCS Settlement	<u>\$0</u>
03	Medicare Settlement	<u>(\$280,436)</u>
04	Subscription Service Settlements	<u>(\$13,004)</u>
05	Subscription Service Bad Debt	<u>\$0</u>
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	<u>(\$293,441)</u>
07	Net Revenue from Subscription Service Runs	<u>\$178,205</u>
08	Sales of Subscription Contracts (To Page 2 Line 9)	<u>\$110,681</u>
09	Other Revenue (Attach Schedule)	<u>\$0</u>
10	Total Subscription Service Revenue	<u><u>\$288,886</u></u>
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	<u>\$8,434</u>
12	Payroll Taxes	<u>\$661</u>
13	Employee Fringe Benefits	<u>\$950</u>
14	Professional Services	<u>\$160</u>
15	Contract Labor	<u>\$0</u>
16	Travel	<u>\$35</u>
17	Other General & Administrative Expenses	<u>\$2,448</u>
18	Depreciation/Amortization	<u>\$50</u>
19	Rent/Lease	<u>\$185</u>
20	Building/Station Expenses	<u>\$183</u>
21	Transportation-Vehicles	<u>\$0</u>
22	Other (Not Classified Above and Misc)	<u>\$4,059</u>
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u><u>\$17,162</u></u>

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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

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	<u>\$4,442</u>
10	Gain On Sale of Operating Property	<u>2,945</u>
11	Other:	_____
12	Total Other Operating Revenues	<u>\$7,387</u>
	Other Operating Expenses:	
13	(Loss) On Sale of Operating Property	<u>\$0</u>
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>\$7,387</u></u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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
													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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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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**SCHEDULE II
DETAIL OF SALARIES / WAGES**

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Management, Ambulance Personnel, Other Personnel

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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/ hours/week	x		N/A
		EMT	56/50/48/ hours/week	x		N/A
		Nurse	56/48/40 hours/week	x		N/A
03	OTHER PERSONNEL					
		Various Support Staff	40 Hours a week	x	x	N/A

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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%							\$5,327
03											
04	Ambulances	Various	\$227,550	100%	\$227,550	SL	Various	\$0	\$53,688	\$227,550	
05	Accessorial Equipment	Various	\$217,900	100%	\$217,900	SL	Various	\$0	\$179,021	\$217,900	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL		\$445,450		\$445,450				\$232,709		\$5,327

* 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 asset.

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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%							\$326,347
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$9,592
04											
05	Other Vehicles	Various	\$2,600	100%	\$2,600	SL	Various	\$0	\$650	\$2,600	
06	Non-Vehicle Fixed Assets	Various	\$33,500	100%	\$33,500	SL	Various	\$0	\$8,375	\$33,500	
07											
08	OH Vehicles	Various		100%		SL	Various		\$880		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$78,327		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$36,100		\$36,100			\$0	\$88,233		\$335,939
19	SUBTOTAL (from Pg 12 Ln 20)		\$445,450		\$445,450				\$232,709		\$5,327
20	SUM of Ln 18 and 19		\$481,550		\$481,550			\$0	\$320,942		\$341,266

* 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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JUN 30 2014

BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Yuma

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

Schedule IV
DETAIL OF INTEREST

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beg. of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
	<u>Service Vehicles & Accessorial Equipment</u>					
	<u>Name of payee:</u>					
01		%	\$		\$	
02						
03						
04						
	<u>Communications Equipment</u>					
	<u>Name of Payee:</u>					
05		%	\$		\$	
06						
07						
	<u>Other Property & Equipment</u>					
	<u>Name of Payee:</u>					
08		%	\$		\$	
09						
10						
	<u>Working Capital</u>					
	<u>Name of Payee:</u>					
11	Various - See Audited Financials	Various	In Corp Balances	\$	0	\$522,296
12						
13						
	<u>Other</u>					
	<u>Name of Payee:</u>					
14		%	\$		\$	
15	TOTAL		N/A	N/A	0	\$522,296

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

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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		_____
08	PROPERTY & EQUIPMENT		_____
09	Less: Accumulated depreciation (see AGR p. 12)		_____
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		_____
20	NOTES PAYABLE		_____
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**

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

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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	\$ _____

*See enclosed Consolidated Annual Audited Financial Statements