

**AMBULANCE REVENUE AND COST REPORT**  
**GENERAL INFORMATION AND CERTIFICATION**

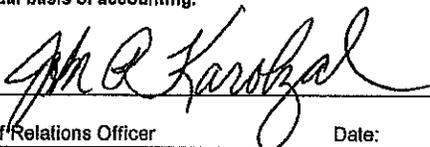
Legal Name of Company: SW General, Inc. CON No.: 86  
DBA (Doing Business As): Southwest Ambulance (Maricopa) Phone: (800) 352-2309  
Financial Records Address: 9221 E Via de Ventura City: Scottsdale Zip Code: 85258  
Mailing Address (If Different): \_\_\_\_\_  
Owner/Manager: Rural/Metro Corporation  
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

**RECEIVED**  
JUN 30 2014  
BEMSTS-CON & RATES

**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (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) <u>TOTALS</u>		
01	Number of ALS Billable Transports:	670	0	73,823	<b>74,493</b>		
02	Number of BLS Billable Transports:	350	0	38,557	<b>38,907</b>		
03	Number of Loaded Billable Miles:	8,448	0	930,248	<b>938,696</b>		
04	Waiting Time (Hr. & Min.):	6.6	0.0	728.3	<b>734.9</b>		
05	Cancelled (Non-billable) Runs:				<table border="1"> <tr> <td align="right"><b>33,022</b> *</td> </tr> <tr> <td align="center">Number</td> </tr> </table>	<b>33,022</b> *	Number
<b>33,022</b> *							
Number							
	<b>Volunteer Services: (OPTIONAL)</b>				<b>Donated Hours</b>		
06	Paramedic, EMT-I, and AEMT				0		
07	Emergency Medical Technician (EMT)				0		
08	Other Ambulance Attendants				0		
09	Total Volunteer Hours				0		

\*\*This column reports only those runs where a contracted discount rate was applied. See page 7 to provide additional information regarding discounted contract runs.

\* Number shown is total number of calls minus number of transports

**RECEIVED**  
JUN 30 2014  
BEMSTS-CON & RATES

**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

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

**STATEMENT OF INCOME**

**RECEIVED**

JUN 30 2014

BEMSTS-CON & RATES

Line No.	DESCRIPTION	FROM	
<b>Operating Revenue:</b>			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$119,155,265</u>
<b>Less:</b>			
02	AHCCCS Settlement.....		<u>(\$9,569,172)</u>
03	Medicare Settlement.....		<u>(\$32,169,336)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>(\$1,111,057)</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		
07	Total.....		<u>(\$42,849,565)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$76,305,700</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$75,153</u>
10	Total Operating Revenue.....		<u>\$76,380,853</u>
<b>Ambulance Operating Expenses:</b>			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$20,725,814</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$33,310,695</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$4,852,392</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$3,527,688</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$12,929,712</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$5,100,117</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$80,446,419</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>(\$4,065,565)</u>
<b>Other Revenues/Expenses:</b>			
20	Other Operating Revenue and (Expenses).....	Pg 9 Ln 17	<u>\$128,476</u>
21	Non-Operating Revenue and (Expenses).....		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$92,795</u>
23	Total Other Revenue/Expenses.....		<u>\$128,476</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>(\$3,937,089)</u>
<b>Provision for Income Taxes:</b>			
25	Federal Income Taxes.....		<u>(\$1,338,610)</u>
26	State Income Tax.....		<u>(\$275,596)</u>
27	Total Income Tax.....		<u>(\$1,614,207)</u>
28	<b>Ambulance Service - Net income (Loss)</b>		<u><b>(\$2,322,883)</b></u>

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

**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

---

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

---

**RECEIVED**

**JUN 30 2014**

**BEMSTS-CON & RATES**

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 \$3,039,913 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.

AMBULANCE REVENUE AND COST REPORT

RECEIVED

JUN 30 2014

AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

BEMSTS-CON & RATES

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

<b>Non-Deductible Expenses:</b>		
22.1	Contributions	<u>\$92,795</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> <b>\$92,795</b>

## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

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

RECEIVED

JUN 30 2014

BEMSTS-CON & RATES

**ROUTINE OPERATING REVENUE**

**Line  
No.**

**DESCRIPTION**

**Ambulance Service Routine Operating Revenue:**

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	74,493	=	\$ 63,681,154
		Rate		x No. of Runs		=	
<hr/>							
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	38,907	=	\$ 29,883,051
		Rate		x No. of Runs		=	
<hr/>							
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	938,696	=	\$ 16,532,605
		Rate		x No. of Billable Miles		=	
<hr/>							
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	734.9	=	\$ 139,025
		Rate		x No. of Hours		=	
<hr/>							

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

5	Medical Supplies (Gross Charges To Patients)				\$ 8,477,908
6	Nurses Charges				\$ 0
7	Total				\$ 118,713,742
8	Standby Revenue (Attach Schedule)				\$ 441,523
9	Other Ambulance Service Revenue (Attach Schedule)				\$ 0
10	<b>Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)</b>				<b>\$ 119,155,265</b>

**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	<b>Cost of Goods Sold (To Page 2, Line 14)</b>			<b>\$ 3,527,688 *</b>

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

**AMBULANCE REVENUE AND COST REPORT**

**RECEIVED**

JUN 30 2014

BEMSTS-CON & RATES

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (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	<b>Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)</b>	0.0	\$0
02	Payroll Taxes.....		\$0
03	Employee Fringe Benefits.....		\$0
04	<b>Total.....</b>	<b>0.0</b>	<b>\$0</b>
05	<b>Gross Wages - MANAGEMENT (Attach Schedule II).....</b>	24.9	\$1,187,477
06	Payroll Taxes.....		\$94,329
07	Employee Fringe Benefits.....		\$217,255
08	<b>Total.....</b>	<b>24.9</b>	<b>\$1,499,061</b>
	<b>Gross Wages - AMBULANCE PERSONNEL (Attach schedule II):</b>		
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$3,041,311	206.6 \$10,490,369
10	Emergency Medical Technician (EMT).....		324.1 \$8,865,230
11	Nurses.....		15.5 \$1,117,574
12	Payroll Taxes.....		\$1,384,731
13	Employee Fringe Benefits.....		\$3,189,246
14	<b>Total.....</b>	<b>546.3</b>	<b>\$25,047,150</b>
	<b>Gross Wages - OTHER PERSONNEL (Attach Schedule II):</b>		
15	Dispatch.....	42.0	\$1,463,802
16	Mechanics.....	18.9	\$810,819
17	Office and Clerical.....	52.2	\$1,575,268
18	Other.....	36.1	\$1,508,578
19	Payroll Taxes.....		\$425,659
20	Employee Fringe Benefits.....		\$980,358
21	<b>Total.....</b>	<b>149.3</b>	<b>\$6,764,484</b>
22	<b>Total F.T.E.'s Wages, Payroll taxes and Emp. Ben. (To Page 2, Line 12).....</b>	<b>720.4</b>	<b>\$33,310,695</b>

\* 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.

# AMBULANCE REVENUE AND COST REPORT

**RECEIVED**

JUN 30 2014

DEMSTS-CON & RATES

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

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

**GENERAL AND ADMINISTRATIVE EXPENSES**

Line No.	<u>DESCRIPTION</u>		
<b>Professional Services:</b>			
01	Legal Fees	\$0	
02	Collection Fees	\$166,796	
03	Accounting and Auditing	\$0	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$698,569	
06	Total.....		<u>\$865,364</u>
<b>Travel and Entertainment:</b>			
07	Meals and Entertainment.....	\$19,705	
08	Transportation - Other Company Vehicles.....	\$313,477	
09	Travel.....	\$8,210	
10	Other: Lodging.....	\$4,926	
11	Total.....		<u>\$346,319</u>
<b>Other General and Administrative:</b>			
12	Office Supplies.....	\$57,312	
13	Postage.....	\$82,029	
14	Telephone.....	\$457,923	
15	Advertising.....	\$6,348	
16	General Liability Insurance.....	\$43,489	
17	Dues and Subscriptions.....	\$30,605	
18 a	Other (Schedule Attached).....	(\$1,414,097)	
18 b	Other: Corporate Support Services.....	\$4,377,101	
19	Total.....		<u>\$3,640,709</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$4,852,392</u></u>

**AMBULANCE REVENUE AND COST REPORT**

**RECEIVED**

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

JUN 30 2014

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

**BEMSTS-CON & RATES**

<b>Other Professional Services:</b>			
5.1	Public Affairs / Public Relations	<u>\$287,734</u>	
5.2	Management & Human Resources	<u>\$128,565</u>	
5.3	Medical Direction	<u>\$181,335</u>	
5.4	Other (did not fit any other line item)	<u>\$100,935</u>	
5.5			
5.6			
5.7			
5	Total.....Page 5, Other General & Administrative.		<u><b>\$698,569</b></u>

<b>Other General and Administrative:</b>			
18.a.1	Public Relations.....	<u>\$18,482</u>	
18.a.2	Printing.....	<u>\$50,245</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>(\$1,482,824)</u>	
18.a	Total.....Page 5, Other General & Administrative.		<u><b>(\$1,414,097)</b></u>

# AMBULANCE REVENUE AND COST REPORT

RECEIVED

AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

JUN 30 2014

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

BEMSTS-CON & RATES

**OTHER OPERATING EXPENSES**

Line No.	<u>DESCRIPTION</u>	
	<b>Depreciation and Amortization:</b>	
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$2,388,567
02	Amortization.....	\$0
03	Total.....	<u>\$2,388,567</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13	<u>\$2,845,780</u>
	<b>Building/Station Expense:</b>	
05	Building & Cleaning Supplies.....	\$108,642
06	Utilities.....	\$349,039
07	Property Taxes.....	\$502,313
08	Property Insurance.....	
09	Repairs & Maintenance.....	\$602,631
10	Other (Attach Schedule).....	
11	Total.....	<u>\$1,562,626</u>
	<b>Vehicle Expense - Ambulance Units:</b>	
12	Licenses / Registration.....	\$59,640
13	Fuel.....	\$1,573,060
14	General Vehicle Service & Maintenance.....	\$755,885
15	Major Repairs.....	\$0
16	Insurance - Service Vehicles.....	\$1,316,545
17	Other: Tires	\$99,294
18	Total.....	<u>\$3,804,423</u>
	<b>Other Expenses:</b>	
19	Dispatch.....	\$2,103,251
20	Education / Training.....	(\$3,862)
21	Uniforms & Uniform Cleaning.....	
22	Meals & Travel for Ambulance Personnel.....	\$1,136
23	Maintenance Contracts.....	\$152,117
24	Minor Equipment - Not Capitalized.....	\$75,672
25	Ambulance Supplies - (Nonchargeable).....	
26	Other (Attach Schedule) .....	
27	Total.....	<u>\$2,328,315</u>
28	Total Other Operating Expenses (To Page 2, Line 15)	<u><u>\$12,929,712</u></u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

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

RECEIVED  
 JUN 30 2014  
 BEMSTS-CON & RATES

DETAIL OF CONTRACTUAL ALLOWANCES Page 1 of 2

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	AARP MEDICARE COMPLETE	7	\$6,566	30%	\$1,970
02	AETNA	892	1,001,218	30%	300,366
03	AIR AMBULANCE SPECIALISTS	5	5,226	30%	1,568
04	AIRCARE ONE	7	8,127	30%	2,438
05	AIR EVAC SERVICES	36	33,188	30%	9,956
06	ARIZONA REGIONAL MEDICAL CENTER	4	5,443	30%	1,633
07	AURORA BEHAVIORAL HEALTH	11	10,775	30%	3,233
08	AZ FOUNDATION	20	21,523	30%	6,457
09	AZ SPINE AND JOINT HOSPITAL	5	6,038	30%	1,811
10	BANNER HEALTH	157	164,885	30%	49,465
11	BCBS OF ARIZONA	1,315	1,486,285	30%	445,885
12	CHANDLER REGIONAL HOSPITAL	18	19,072	30%	5,722
13	CIGNA	588	633,501	30%	190,050
14	CORNERSTONE HOSPICE	1	975	30%	293
15	DESERT VISTA HOSPITAL	2	2,391	30%	717
16	EVERCARE CHOICE AND PREMIERE	1	977	30%	293
17	HEALTH NET	12	12,798	30%	3,839
18	HOSPICE FAMILY CARE	3	2,962	30%	888
19	HOSPICE OF ARIZONA	12	11,892	30%	3,568
20	HOSPICE OF THE VALLEY	23	23,158	30%	6,947
21	HUMANA	11	11,236	30%	3,371
22	LIFE PRINT	20	20,730	30%	6,219
23	MARYVALE HOSPITAL	1	976	30%	293
24	MERCY HEALTHCARE GROUP	2	1,839	30%	552
25	ODYSSEY HOSPICE	1	904	30%	271
26	ONE CALL MEDICAL TRANSPORT	1	1,287	30%	386
27	SECURE HORIZONS	26	25,935	30%	7,781
28	SELECT CARE	1	985	30%	295
29	UNITED HEALTHCARE	177	182,636	30%	54,791
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
ALLOWANCE TOTAL To Page 2 Line 4		3,359	\$3,703,525		\$1,111,057

**AMBULANCE REVENUE AND COST REPORT**

**RECEIVED**

JUN 30 2014

BEMSTS-CON & RATES

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

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>\$1,072,402</u>
	LESS:	
02	AHCCCS Settlement .....	<u>(\$2,183)</u>
03	Medicare Settlement .....	<u>(\$557,382)</u>
04	Subscription Service Settlements .....	<u>(\$117,245)</u>
05	Subscription Service Bad Debt .....	<u>\$0</u>
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	<u>(\$676,810)</u>
07	Net Revenue from Subscription Service Runs .....	<u>\$395,592</u>
08	Sales of Subscription Contracts (To Page 2 Line 9) .....	<u>\$75,153</u>
09	Other Revenue (Attach Schedule) .....	<u>\$0</u>
10	Total Subscription Service Revenue .....	<u><u>\$470,745</u></u>
	<b>Direct Expenses Incurred Selling Subscription Contracts:</b>	
11	Salaries/Wages .....	<u>\$16,464</u>
12	Payroll Taxes .....	<u>\$1,289</u>
13	Employee Fringe Benefits .....	<u>\$1,854</u>
14	Professional Services .....	<u>\$312</u>
15	Contract Labor .....	<u>\$0</u>
16	Travel .....	<u>\$68</u>
17	Other General & Administrative Expenses .....	<u>\$4,778</u>
18	Depreciation/Amortization .....	<u>\$97</u>
19	Rent/Lease .....	<u>\$361</u>
20	Building/Station Expenses .....	<u>\$356</u>
21	Transportation-Vehicles .....	<u>\$0</u>
22	Other (Not Classified Above and Misc) .....	<u>\$7,923</u>
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	<u><u>\$33,502</u></u>

## AMBULANCE REVENUE AND COST REPORT

RECEIVED

JUN 30 2014

BEMSTS-CON & RATES

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

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

**OTHER OPERATING REVENUES AND EXPENSES**

Line No.	<u>DESCRIPTION</u>	
<b>Other Operating Revenues:</b>		
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>\$107,141</u>
10	Gain On Sale of Operating Property .....	<u>21,335</u>
11	Other: .....	_____
12	<b>Total Other Operating Revenues</b> .....	<b><u>\$128,476</u></b>
<b>Other Operating Expenses:</b>		
13	(Loss) On Sale of Operating Property .....	<u>\$0</u>
14	Other: .....	_____
15	Other: .....	_____
16	<b>Total Other Operating Expenses</b> .....	<b><u>\$0</u></b>
17	<b>Net Other Operating Revenues and Expenses (To Page 2, Line 20)</b>	<b><u><u>\$128,476</u></u></b>



# AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

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

**RECEIVED  
RECEIVED**  
JUN 30 2014  
BEMSTS-CON & RATES  
BEMSTS-CON & RATES

**SCHEDULE II  
DETAIL OF SALARIES / WAGES**

**Management, Ambulance Personnel, Other Personnel**

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

01	MANAGEMENT:	METHOD OF COMPENSATION			
		Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary
	Various Local Management	40 Hours a week	x	x	N/A
	Various Regional Management	40 Hours a week	x	x	N/A
02	<b>AMBULANCE PERSONNEL:</b>				
	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	<b>OTHER PERSONNEL</b>				
	Various Support Staff	40 Hours a week	x	x	N/A

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

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%							\$45,000
02	Equipment Rental			100%							\$120,889
03											
04	Ambulances	Various	\$3,738,450	100%	\$3,738,450	SL	Various	\$0	\$1,482,506	\$3,738,450	
05	Accessorial Equipment	Various	\$2,030,270	100%	\$2,030,270	SL	Various	\$0	\$402,147	\$2,030,270	
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	<b>SUBTOTAL</b>		<b>\$5,768,720</b>		<b>\$5,768,720</b>				<b>\$1,884,652</b>		<b>\$165,889</b>

\* Complete description of property, date placed in service, and rent/lease amount columns only.  
To Pg 13 Ln 19, Col I To Pg 13 Ln 19, Col K

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: Southwest Ambulance (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%							\$2,650,730
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$29,162
04											
05	Other Vehicles	Various	\$39,000	100%	\$39,000	SL	Various	\$0	\$9,750	\$39,000	
06	Non-Vehicle Fixed Assets	Various	\$63,700	100%	\$63,700	SL	Various	\$0	\$15,925	\$63,700	
07											
08	OH Vehicles	Various		100%		SL	Various		\$40,857		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$437,383		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$102,700		\$102,700			\$0	\$503,915		\$2,679,892
19	SUBTOTAL (from Pg 12 Ln 20)		\$5,768,720		\$5,768,720				\$1,884,652		\$165,889
20	SUM of Ln 18 and 19		\$5,871,420		\$5,871,420			\$0	\$2,388,567		\$2,845,780

To Pg 6, Ln 01

\* 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: Southwest Ambulance (Maricopa)**

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		(3) End of Period	(4) Interest Expense		(5) Other
			Beg. of Period			Related Persons or Organizations		
<u>Service Vehicles &amp; 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 &amp; 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	\$	\$5,100,117
12								
13								
<u>Other</u>								
<u>Name of Payee:</u>								
14		%	\$	\$			\$	
15	<b>TOTAL</b>		N/A	N/A		0		<b>\$5,100,117</b>

---- (To Pg 2, Cl2, Ln 16) ----

**AMBULANCE REVENUE AND COST REPORT**

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

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	<b>TOTAL CURRENT ASSETS</b>		
08	<b>PROPERTY &amp; EQUIPMENT</b>		
09	Less: Accumulated depreciation (see ACR p. 12)		
10	<b>OTHER NONCURRENT ASSETS</b>		
11	<b>TOTAL ASSETS</b>	\$	*

**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	<b>TOTAL CURRENT LIABILITIES</b>		
20	<b>NOTES PAYABLE</b>		
21	<b>LONG TERM DEBT OTHER</b>		
22	<b>TOTAL LONG-TERM DEBT</b>	\$	

**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	<b>Fund balances</b>		
30	<b>TOTAL EQUITY</b>	\$	
31	<b>TOTAL LIABILITIES &amp; EQUITY</b>	\$	*

\*See enclosed Consolidated Annual Audited Financial Statements

## AMBULANCE REVENUE AND COST REPORT

**AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)**

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

**STATEMENT OF CASH FLOWS**

**RECEIVED**  
**JUN 30 2014**  
**BEMSTS-CON & RATES**

**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	<b>NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES</b>	<b>\$</b>	

**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	<b>NET CASH PROVIDED (USED) BY INVESTING ACTIVITIES</b>	<b>\$</b>	

**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	<b>NET CASH PROVIDED (USED) BY FINANCING ACTIVITIES</b>	<b>\$</b>	
27	<b>NET INCREASE (DECREASE) IN CASH</b>	<b>\$</b>	*
28	<b>CASH AT THE BEGINNING OF YEAR</b>	<b>\$</b>	
29	<b>CASH AT END OF YEAR</b>	<b>\$</b>	

**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**