

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: 8465 N. Pima Road City: Scottsdale Zip Code: 85258
 Mailing Address (If Different): _____
 Owner/Manager: Rural/Metro Corporation
 Report Contact Person: John Karolzak Phone: (678) 615-9217 Ext. _____
 Report for Period: From: January 1, 2014 To: December 31, 2014
 Method of Valuing Inventory: LIFO () FIFO (X) Other (Explain):

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

Rural/Metro Corporation

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

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

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

Authorized Signature:



Title:

Vice President

Date:

6-29-15

Mail to:

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

Revised August 2013

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS (EST.)	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) <u>TOTALS</u>
01	Number of ALS Billable Transports:	0	231	5,179	5,410
02	Number of BLS Billable Transports:	0	170	3,808	3,978
03	Number of Loaded Billable Miles:	0	4,359	97,697	102,056
04	Waiting Time (Hr. & Min.):	0.0	2.5	56.9	59.4
05	Cancelled (Non-billable) Runs:				3,905 *
					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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FOR THE PERIOD FROM: 1/1/14 TO: 12/31/14

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenue:			
01	Ambulance Service Routine Operating Revenue.....	Pg 3 Ln 10	<u>\$10,857,680</u>
Less:			
02	AHCCCS Settlement.....		<u>(\$1,641,362)</u>
03	Medicare Settlement.....		<u>(\$2,369,069)</u>
04	Contractual Discounts.....	Pg 7 Ln 22	<u>(\$135,544)</u>
05	Subscription Service Settlement.....	Pg 8 Ln 4	<u>\$0</u>
06	Other (Attach Schedule).....		<u>\$0</u>
07	Total.....		<u>(\$4,145,975)</u>
08	Net Revenue from Ambulance Runs.....		<u>\$6,711,705</u>
09	Sales of Subscription Service Contracts.....	Pg 8 Ln 8	<u>\$109,647</u>
10	Total Operating Revenue.....		<u>\$6,821,352</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		<u>\$2,707,686</u>
12	Wages, Payroll Taxes and Employee Benefits.....	Pg 4 Ln 22	<u>\$3,399,997</u>
13	General and Administrative Expenses.....	Pg 5 Ln 20	<u>\$471,666</u>
14	Cost of Goods Sold.....	Pg 3 Ln 15	<u>\$89,517</u>
15	Other Operating Expenses.....	Pg 6 Ln 28	<u>\$567,260</u>
16	Interest Expense (Attach Schedule IV).....	Pg 14 CL 4 & 5 Ln 15	<u>\$234,845</u>
17	Subscription Service Direct Selling.....	Pg 8 Ln 23	<u>\$0</u>
18	Total Operating Expenses.....		<u>\$7,470,971</u>
19	Ambulance Service Income (Loss) (Ln 10 minus Ln 18)		<u>(\$649,619)</u>
Other Revenues/Expenses:			
20	Other Operating Revenue and (Expenses).....	Pg 9 Ln 17	<u>(\$25,250)</u>
21	Non-Operating Revenue and (Expenses).....		<u>\$0</u>
22	Non-Deductible Expenses (Attach Schedule).....		<u>\$474</u>
23	Total Other Revenue/Expenses.....		<u>(\$25,250)</u>
24	Ambulance Service Income (Loss) - Before Income taxes		<u>(\$674,868)</u>
Provision for Income Taxes:			
25	Federal Income Taxes.....		<u>(\$229,455)</u>
26	State Income Tax.....		<u>(\$47,241)</u>
27	Total Income Tax.....		<u>(\$276,696)</u>

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

Note 1 Statement of Income data does not include amortization of Intangible Assets and does not include charges related to the closing of Rural/Metro billing offices.

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

Non-Deductible Expenses:		
22.1	Contributions and Penalties	<u>\$474</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> <u>\$474</u>

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>						
Ambulance Service Routine Operating Revenue:							
1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	5,410	=	\$ 4,735,715
		Rate		x No. of Runs		=	
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	3,978	=	\$ 3,101,299
		Rate		x No. of Runs		=	
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	102,056	=	\$ 1,852,393
		Rate		x No. of Billable Miles		=	
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	59.4	=	\$ 11,587
		Rate		x No. of Hours		=	

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

5	Medical Supplies (Gross Charges To Patients)	\$ 1,149,990
6	Nurses Charges	\$ 0
7	Total	\$ 10,850,984
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)	\$ 10,857,680

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)	\$ 89,517 *

* 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 - Maricopa

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

WAGES, PAYROLL TAXES AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	Amount
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Pg 10, Ln 7)	0.0	\$0
02	Payroll Taxes.....		\$0
03	Employee Benefits.....		\$0
04	Total.....	0.0	\$0
05	Gross Wages - MANAGEMENT (Attach Schedule II).....	2.2	\$225,038
06	Payroll Taxes.....		\$14,505
07	Employee Benefits.....		\$27,342
08	Total.....	2.2	\$266,885
	Gross Wages - AMBULANCE PERSONNEL (Attach schedule II):		
		**Casual Labor	Wages
09	Paramedic, EMT-I, and AEMT.....	\$15,558	33.6 1,390,817
10	Emergency Medical Technician (EMT).....		29.3 \$974,184
11	Nurses.....		0.0 \$0
12	Payroll Taxes.....		\$151,440
13	Employee Benefits.....		\$285,451
14	Total.....	62.9	\$2,801,891
	Gross Wages - OTHER PERSONNEL (Attach Schedule II):		
15	Dispatch.....	2.2	\$81,484
16	Mechanics.....	1.9	\$82,496
17	Office and Clerical.....	1.3	\$43,992
18	Other.....	1.7	\$71,314
19	Payroll Taxes.....		\$18,002
20	Employee Benefits.....		\$33,933
21	Total.....	7.1	\$331,221
22	Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12).....	72.2	\$3,399,997

* 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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GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>		
Professional Services:			
01	Legal Fees	\$0	
02	Collection Fees	\$77,055	
03	Accounting and Auditing	\$953	
04	Data Processing Fees	\$0	
05	Other (Schedule Attached)	\$42,072	
06	Total.....		<u>\$120,080</u>
Travel and Entertainment:			
07	Meals and Entertainment.....	\$793	
08	Transportation - Other Company Vehicles.....	\$0	
09	Travel.....	\$1,684	
10	Other:		
11	Total.....		<u>\$2,477</u>
Other General and Administrative:			
12	Office Supplies.....	\$11,115	
13	Postage.....	\$5,495	
14	Telephone.....	\$28,561	
15	Advertising.....	\$459	
16	General Liability Insurance.....	(\$985)	
17	Dues and Subscriptions.....	\$4,022	
18 a	Other (Schedule Attached).....	\$46,042	
18 b	Other: Corporate Support Services.....	\$254,399	
19	Total.....		<u>\$349,109</u>
20	Total General and Administrative Expenses (To Page 2, Line 13).....		<u><u>\$471,666</u></u>

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

Other Professional Services:		
5.1	Public Affairs / Public Relations	\$16,885
5.2	Management & Human Resources	\$3,196
5.3	Medical Direction	\$5,311
5.4	Other (did not fit any other line item)	\$16,680
5.5		
5.6		
5.7		
5	Total.....Page 5, Other General & Administrative.	\$42,072

Other General and Administrative:		
18.a.1	Public Relations	\$20
18.a.2	Printing	\$5,879
18.a.3	Business Licenses & Misc Taxes	\$29,451
18.a.4	Bank Charges, Outside Claims & Miscellaneous	\$10,692
18.a.5		
18.a	Total.....Page 5, Other General & Administrative.	\$46,042

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

OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
	Depreciation and Amortization:		
01	Depreciation (Attach Schedule III) Ln 20 Col I Pg 13	\$98,305	
02	Amortization.....	\$0	
03	Total.....		<u>\$98,305</u>
04	Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13		<u>\$159,433</u>
	Building/Station Expense:		
05	Building & Cleaning Supplies.....	\$1,033	
06	Utilities.....	\$39,964	
07	Property Taxes.....	\$7,346	
08	Property Insurance.....		
09	Repairs & Maintenance.....	\$25,905	
10	Other (Attach Schedule).....		
11	Total.....		<u>\$74,249</u>
	Vehicle Expense - Ambulance Units:		
12	Licenses / Registration.....	\$6,888	
13	Fuel.....	\$133,813	
14	General Vehicle Service & Maintenance.....	\$6,971	
15	Major Repairs.....		
16	Insurance - Service Vehicles.....	\$38,141	
17	Other: Tires	\$19,271	
18	Total.....		<u>\$205,084</u>
	Other Expenses:		
19	Dispatch.....	\$0	
20	Education / Training.....	\$2,766	
21	Uniforms & Uniform Cleaning.....		
22	Meals & Travel for Ambulance Personnel.....		
23	Maintenance Contracts.....	\$11,772	
24	Minor Equipment - Not Capitalized.....	\$15,650	
25	Ambulance Supplies - (Nonchargeable).....		
26	Other (Attach Schedule)		
27	Total.....		<u>\$30,189</u>
28	Total Other Operating Expenses (To Page 2, Line 15)		<u>\$567,260</u>

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

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	MERITAIN HEALTH	64	\$73,903	30%	\$22,171
02	AIR CARE ONE INTL	2	2,277	30%	683
03	ARROWHEAD COMM HOSPITAL ABRAZO	1	1,076	30%	323
04	AURORA BEHAVIORAL HEALTH-WEST	2	1,874	30%	562
05	AZ FOUNDATION	1	1,277	30%	383
06	AZ SPINE AND JOINT HOSPITAL	3	3,004	30%	901
07	BANNER HEALTH	11	11,200	30%	3,360
08	BCBS OF ARIZONA	138	155,298	30%	46,589
09	CIGNA	35	40,837	30%	12,251
10	HEALTH NET	14	15,024	30%	4,507
11	HOSPICE OF THE VALLEY	1	1,179	30%	354
12	HUMANA	3	2,830	30%	849
13	JOHN C LINCOLN HOSP	2	2,260	30%	678
14	KINDRED HOSPITAL ARIZONA - NW	1	1,796	30%	539
15	KINDRED HOSPITAL ARIZONA - PHOENIX	2	2,850	30%	855
16	MAYO CLINIC HEALTH SOLUTIONS	1	1,647	30%	494
17	PLAZA HEALTHCARE	5	5,725	30%	1,718
18	PROMISE HOSPITAL OF PHOENIX	10	14,992	30%	4,498
19	RESTORA	12	11,801	30%	3,540
20	SCOTTSDALE HEALTHCARE	21	20,668	30%	6,200
21	ST LUKES HOSPITAL	3	3,056	30%	917
22	SUN GROVE VILLAGE CARE CENTER	1	1,136	30%	341
23	UNITED HEALTHCARE	68	76,103	30%	22,831
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
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40					
41					
42					
43					
ALLOWANCE TOTAL To Page 2 Line 4		401	\$451,814		\$135,544

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

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	DESCRIPTION	
01	Billings at Fully Established Rate (Informational Only - Detail Reported On Page 2 Line 1)	_____
	LESS:	
02	AHCCCS Settlement	_____
03	Medicare Settlement	_____
04	Subscription Service Settlements	_____
05	Subscription Service Bad Debt	_____
06	Total (Informational Only - Detail Reported On Page 2 Lines 2, 3 and 11)	_____
07	Net Revenue from Subscription Service Runs	_____
08	Sales of Subscription Contracts (To Page 2 Line 9)	\$109,647
09	Other Revenue (Attach Schedule)	_____
10	Total Subscription Service Revenue	=====
	Direct Expenses Incurred Selling Subscription Contracts:	
11	Salaries/Wages	_____
12	Payroll Taxes	_____
13	Employee Fringe Benefits	_____
14	Professional Services	_____
15	Contract Labor	_____
16	Travel	_____
17	Other General & Administrative Expenses	_____
18	Depreciation/Amortization	_____
19	Rent/Lease	_____
20	Building/Station Expenses	_____
21	Transportation-Vehicles	_____
22	Other (Not Classified Above and Misc)	_____
23	Total Subscription Service Expenses (Informational Only - Detail Reported On Page 2, Lines 12 - 16)	=====

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

OTHER OPERATING REVENUES AND EXPENSES

Line No.	<u>DESCRIPTION</u>	
Other Operating Revenues:		
01	Supportive Funding - Local (Attach Schedule)	
02	Grant Funds - State (Attach Schedule)	
03	Grant Funds - Federal (Attach Schedule)	
04	Grant Funds - Other (Attach Schedule)	
05	Patient Finance Charges	
06	Patient Late Payment Charges	
07	Interest Earned - Related Person/Organization	
08	Interest Earned - Other	
09	Interest Income and Miscellaneous Revenue	\$1,736
10	Gain On Sale of Operating Property	0
11	Other:	
12	Total Other Operating Revenues	\$1,736
Other Operating Expenses:		
13	(Loss) On Sale of Operating Property	(\$26,986)
14	Other:	
15	Other:	
16	Total Other Operating Expenses	(\$26,986)
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20)	(\$25,250)

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

**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		\$				\$					\$	N/A
02													1
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 - Maricopa

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

**SCHEDULE II
DETAIL OF SALARIES / WAGES**

Management, Ambulance Personnel, Other Personnel

Line
No.

Detail of Salaries/Wages - Other Than Officers/Owners

01	MANAGEMENT:	Certification and/or Title	Scheduled Shifts (i.e. 40 or 60 hours a week)	METHOD OF COMPENSATION		
				Hourly Wage	Annual Salary	\$'s per Run or Shift
		Various Local Management	40 Hours a week	x	x	N/A
		Various Regional Management	40 Hours a week	x	x	N/A
02	AMBULANCE PERSONNEL:					
		Paramedic	56/50/48/40 hours/week	x		N/A
		EMT	56/50/48/40 hours/week	x		N/A
		Nurse	56/50/48/40 hours/week	x		N/A
03	OTHER PERSONNEL					
		Various Support Staff	40 Hours a week	x	x	N/A

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY)

A	B	C	D	E	F	G	H	I	J	K
Line	Description of Property	Date Placed in Service	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Deprec. Prior Years	Current Year Deprec.	Remaining Basis	Rent/Lease Amount*
01	Vehicle Rental		100%							\$0
02	Equipment Rental		100%							\$250
03										
04	Ambulances	Various	100%	\$67,800	SL	Various	\$0	\$29,517	\$33,900	
05	Accessorial Equipment	Various	100%	\$63,300	SL	Various	\$0	\$31,117	\$32,183	
06										
07										
08										
09										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20	SUBTOTAL			\$131,100				\$60,634		\$250

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

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AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

SCHEDULE III DEPRECIATION AND / OR RENT / LEASE EXPENSES (ALL OTHER ITEMS)

Line	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method	G Recovery Period	H Deprec. Prior Years	I Current Year Deprec.	J Remaining Basis	K Rent/Lease Amount*
01	Rented Real Estate			100%							\$151,002
02	OH Vehicle Rental			100%							\$0
03	OH Equipment Rental			100%							\$8,182
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		\$6,171		
09	OH Non-Vehicle Fixed Assets	Various		100%		SL	Various		\$31,500		
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL (above)		\$0		\$0			\$0	\$37,671		\$159,183
19	SUBTOTAL (from Pg 12 Ln 20)		\$131,100		\$131,100			\$60,634			\$250
20	SUM of Ln 18 and 19		\$131,100		\$131,100			\$0	\$98,305		\$159,433

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

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Beg. of Period	(3) End of Period	(4) Related Persons or Organizations	(5) Interest Expense Other
<u>Service Vehicles & Accessorial Equipment</u>						
01	Name of payee:	%	\$		\$	\$
02						
03						
04						
<u>Communications Equipment</u>						
05	Name of Payee:	%	\$		\$	\$
06						
07						
<u>Other Property & Equipment</u>						
08	Name of Payee:	%	\$		\$	\$
09						
10						
<u>Working Capital</u>						
11	Name of Payee:	Various	In Corp Balances \$		0	\$234,845
12	Various - See Audited Financials					
13						
<u>Other</u>						
14	Name of Payee:	%	\$		\$	\$
15	TOTAL		N/A	N/A	0	\$234,845

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

BALANCE SHEET

(in thousands, except shares)

ASSETS

	Current assets:		
01	Cash and cash equivalents	\$	184
02	Restricted cash		12
03	Accounts receivable, net		1,102
04	Inventories		52
05	Deferred tax assets, net		236
06	Prepaid expenses and other current assets		79
07	Total current assets		<u>1,665</u>
08	Property and equipment, net		504
09	Goodwill		1,095
10	Intangible assets, net		1,431
11	Deposits		307
12	Deferred tax assets, net		0
13	Other assets		47
14	Total assets	\$	<u><u>5,049</u></u>

LIABILITIES AND STOCKHOLDER'S EQUITY

15	Accounts payable	\$	225
16	Accrued and other current liabilities		306
17	Deferred revenue		139
18	Deferred tax liabilities, net		0
19	Current portion of long-term debt		182
20	Total current liabilities		<u>852</u>
21	Long-term debt, net of current portion		2,695
22	Deferred tax liabilities, net		766
23	Other liabilities		289
24	Total liabilities		<u><u>4,602</u></u>
	Stockholder's equity:		
	Common stock, \$0.01 par value, 900 shares authorized, 100 shares issued and outstanding		0
	Preferred stock, \$0.01 par value, 100 shares authorized, zero shares issued and outstanding		0
26	Additional paid-in capital		784
27	Accumulated other comprehensive loss		(15)
28	Accumulated deficit		(323)
29	Total stockholder's equity		<u>447</u>
30	Total liabilities and stockholder's equity	\$	<u><u>5,049</u></u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

STATEMENT OF CASH FLOWS

(in thousands)

Cash flows from operating activities:		
01	Net loss	\$ (323)
Adjustments to reconcile net loss to net cash used in operating activities:		
02	Depreciation and amortization	219
03	Amortization of debt issuance costs	7
04	Accretion of interest on debt	30
05	Share-based compensation expense	2
06	Loss on sale of assets and property and equipment	3
07	Impairment of property and equipment, goodwill and intangible assets	17
Change in assets and liabilities:		
08	Accounts receivable, net	(458)
09	Inventories	3
10	Prepaid expenses and other current assets	23
11	Deposits	(2)
12	Other assets	11
13	Accounts payable	(31)
14	Accrued and other current liabilities	57
15	Deferred revenue	(3)
16	Other liabilities	49
17	Net cash used in operating activities	<u>(396)</u>
Cash flows from investing activities:		
18	Purchase of property and equipment	(167)
19	Proceeds from the sale/disposal of property and equipment	3
20	Decrease in restricted cash	94
21	Net cash used in investing activities	<u>(70)</u>
Cash flows from financing activities:		
22	Borrowings on Working Capital Loan	163
23	Payments on capital leases	(6)
24	Reduction of Deposits related to Backstop Loan	3
25	Payments on Backstop Loan	(3)
26	Debt issuance costs	(23)
27	Proceeds received from Reorganized Parent's issuance of equity	176
28	Net cash provided by financing activities	<u>310</u>
29	Decrease in cash and cash equivalents	(156)
30	Cash and cash equivalents, beginning of period	339
31	Cash and cash equivalents, end of period	<u>\$ 184</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Ambulance Service - Maricopa

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

The Notes below apply to the preceding Ambulance Revenue and Cost Report Page 15 and Page 16.

Note 1 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 are Special Purpose Reports.

Note 2 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports formats do not comply with generally accepted accounting principles and are not prepared using the accrual method of accounting.

Note 3 The preceding Ambulance Revenue and Cost Report Page 15 and Page 16 Special Purpose Reports are unaudited.

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