

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: 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.

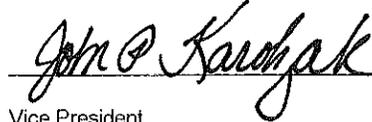
Rural/Metro Corporation

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: Southwest Ambulance (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 | 2,084 | 74,596 | 76,680 |
| 02 | Number of BLS Billable Transports: | 0 | 1,132 | 40,508 | 41,640 |
| 03 | Number of Loaded Billable Miles: | 0 | 26,127 | 935,115 | 961,242 |
| 04 | Waiting Time (Hr. & Min.): | 0.0 | 12.6 | 452.0 | 464.6 |
| 05 | Cancelled (Non-billable) Runs: | | | | 34,786 * |
| | | | | | 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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AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

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>\$127,580,065</u> |
| Less: | | | |
| 02 | AHCCCS Settlement..... | | (\$22,167,625) |
| 03 | Medicare Settlement..... | | (\$23,443,093) |
| 04 | Contractual Discounts..... | Pg 7 Ln 22 | (\$1,107,752) |
| 05 | Subscription Service Settlement..... | Pg 8 Ln 4 | \$0 |
| 06 | Other (Attach Schedule)..... | | |
| 07 | Total..... | | <u>(\$46,718,470)</u> |
| 08 | Net Revenue from Ambulance Runs..... | | <u>\$80,861,595</u> |
| 09 | Sales of Subscription Service Contracts..... | Pg 8 Ln 8 | <u>\$77,793</u> |
| 10 | Total Operating Revenue..... | | <u>\$80,939,389</u> |
| Ambulance Operating Expenses: | | | |
| 11 | Bad Debt (Includes Subscription Services Bad Debt) | | <u>\$28,239,675</u> |
| 12 | Wages, Payroll Taxes and Employee Benefits..... | Pg 4 Ln 22 | <u>\$30,519,123</u> |
| 13 | General and Administrative Expenses..... | Pg 5 Ln 20 | <u>\$7,021,835</u> |
| 14 | Cost of Goods Sold..... | Pg 3 Ln 15 | <u>\$4,122,774</u> |
| 15 | Other Operating Expenses..... | Pg 6 Ln 28 | <u>\$9,708,249</u> |
| 16 | Interest Expense (Attach Schedule IV)..... | Pg 14 CL 4 & 5 Ln 15 | <u>\$3,708,961</u> |
| 17 | Subscription Service Direct Selling..... | Pg 8 Ln 23 | <u>\$0</u> |
| 18 | Total Operating Expenses..... | | <u>\$83,320,618</u> |
| 19 | Ambulance Service Income (Loss) (Ln 10 minus Ln 18) | | <u>(\$2,381,229)</u> |
| Other Revenues/Expenses: | | | |
| 20 | Other Operating Revenue and (Expenses)..... | Pg 9 Ln 17 | <u>\$61,523</u> |
| 21 | Non-Operating Revenue and (Expenses)..... | | <u>\$0</u> |
| 22 | Non-Deductible Expenses (Attach Schedule)..... | | <u>\$79,321</u> |
| 23 | Total Other Revenue/Expenses..... | | <u>\$61,523</u> |
| 24 | Ambulance Service Income (Loss) - Before Income taxes | | <u>(\$2,319,706)</u> |
| Provision for Income Taxes: | | | |
| 25 | Federal Income Taxes..... | | (\$788,700) |
| 26 | State Income Tax..... | | (\$162,379) |
| 27 | Total Income Tax..... | | <u>(\$951,079)</u> |
| 28 | Ambulance Service - Net income (Loss) | | <u>(\$1,368,626)</u> |

Note: See the Notes to this Statement of Income reported on ARCR page "Notes 2 Notes"

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AMBULANCE SERVICE ENTITY: Southwest Ambulance (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: Southwest Ambulance (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 | 76,680 | = | \$ | 67,118,302 |
| | | Rate | | x No. of Runs | | = | | |
| 2 | BLS Base Rate Amount | Rate | (a) | x No. of Runs | 41,640 | = | \$ | 32,465,998 |
| | | Rate | | x No. of Runs | | = | | |
| 3 | Mileage Rate Amount | Rate | (a) | x No. of Billable Miles | 961,242 | = | \$ | 17,447,184 |
| | | Rate | | x No. of Billable Miles | | = | | |
| 4 | Waiting Charge Amount | Rate | (a) | x No. of Hours | 464.6 | = | \$ | 90,557 |
| | | Rate | | x No. of Hours | | = | | |

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

| | | | |
|----|--|-----------|--------------------|
| 5 | Medical Supplies (Gross Charges To Patients) | \$ | 9,982,078 |
| 6 | Nurses Charges | \$ | 0 |
| 7 | Total | \$ | 127,104,120 |
| 8 | Standby Revenue (Attach Schedule) | \$ | 475,946 |
| 9 | Other Ambulance Service Revenue (Attach Schedule) | \$ | 0 |
| 10 | Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1) | \$ | 127,580,065 |

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) | \$ 4,122,774 * |

* 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: Southwest Ambulance (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)..... | 22.5 | \$979,031 |
| 06 | Payroll Taxes..... | | \$76,362 |
| 07 | Employee Benefits..... | | \$187,624 |
| 08 | Total..... | 22.5 | \$1,243,017 |
| | | | |
| Gross Wages - AMBULANCE PERSONNEL | | | |
| (Attach schedule II): | | | |
| | | **Casual Labor | Wages |
| 09 | Paramedic, EMT-I, and AEMT..... | \$2,925,803 | 218.2 |
| 10 | Emergency Medical Technician (EMT)..... | | 283.6 |
| 11 | Nurses..... | | 18.4 |
| 12 | Payroll Taxes..... | | \$1,312,724 |
| 13 | Employee Benefits..... | | \$3,225,394 |
| 14 | Total..... | 520.1 | \$24,294,190 |
| | | | |
| Gross Wages - OTHER PERSONNEL (Attach Schedule II): | | | |
| 15 | Dispatch..... | 36.1 | \$1,340,406 |
| 16 | Mechanics..... | 25.3 | \$1,098,790 |
| 17 | Office and Clerical..... | 16.8 | \$553,282 |
| 18 | Other..... | 21.7 | \$931,402 |
| 19 | Payroll Taxes..... | | \$306,054 |
| 20 | Employee Benefits..... | | \$751,982 |
| 21 | Total..... | 99.9 | \$4,981,916 |
| 22 | Total F.T.E.'s Wages, Payroll Taxes and Employee Benefits (To Page 2, Line 12)..... | 642.6 | \$30,519,123 |

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

GENERAL AND ADMINISTRATIVE EXPENSES

| Line No. | <u>DESCRIPTION</u> | | |
|--|---|-------------|---------------------------|
| Professional Services: | | | |
| 01 | Legal Fees | \$0 | |
| 02 | Collection Fees | \$1,027,166 | |
| 03 | Accounting and Auditing | \$12,489 | |
| 04 | Data Processing Fees | \$0 | |
| 05 | Other (Schedule Attached) | \$515,109 | |
| 06 | Total..... | | <u>\$1,554,764</u> |
| Travel and Entertainment: | | | |
| 07 | Meals and Entertainment..... | \$4,938 | |
| 08 | Transportation - Other Company Vehicles..... | \$0 | |
| 09 | Travel..... | \$31,570 | |
| 10 | Other: | | |
| 11 | Total..... | | <u>\$36,508</u> |
| Other General and Administrative: | | | |
| 12 | Office Supplies..... | \$95,083 | |
| 13 | Postage..... | \$70,729 | |
| 14 | Telephone..... | \$291,377 | |
| 15 | Advertising..... | \$5,968 | |
| 16 | General Liability Insurance..... | \$59,161 | |
| 17 | Dues and Subscriptions..... | \$50,508 | |
| 18 a | Other (Schedule Attached)..... | \$625,039 | |
| 18 b | Other: Corporate Support Services..... | \$4,232,698 | |
| 19 | Total..... | | <u>\$5,430,563</u> |
| 20 | Total General and Administrative Expenses (To Page 2, Line 13)..... | | <u><u>\$7,021,835</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 | \$101,153 | |
| 5.2 | Management & Human Resources | \$136,995 | |
| 5.3 | Medical Direction | \$69,369 | |
| 5.4 | Other (did not fit any other line item) | \$207,592 | |
| 5.5 | | | |
| 5.6 | | | |
| 5.7 | | | |
| 5 | Total.....Page 5, Other General & Administrative. | | <u>\$515,109</u> |

| Other General and Administrative: | | | |
|--|---|-----------|------------------|
| 18.a.1 | Public Relations | (\$307) | |
| 18.a.2 | Printing | \$93,427 | |
| 18.a.3 | Business Licenses & Misc Taxes | \$342,398 | |
| 18.a.4 | Bank Charges, Outside Claims & Miscellaneous | \$189,520 | |
| 18.a.5 | | | |
| 18.a | Total.....Page 5, Other General & Administrative. | | <u>\$625,039</u> |

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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 | \$1,799,313 | |
| 02 | Amortization..... | \$0 | |
| 03 | Total..... | | <u>\$1,799,313</u> |
| 04 | Rent/Lease (Attach Scedule III Ln 20 Col K Pg 13 | | <u>\$1,414,237</u> |
| | Building/Station Expense: | | |
| 05 | Building & Cleaning Supplies..... | \$16,999 | |
| 06 | Utilities..... | \$286,178 | |
| 07 | Property Taxes..... | \$56,335 | |
| 08 | Property Insurance..... | | |
| 09 | Repairs & Maintenance..... | \$362,263 | |
| 10 | Other (Attach Schedule)..... | | |
| 11 | Total..... | | <u>\$721,775</u> |
| | Vehicle Expense - Ambulance Units: | | |
| 12 | Licenses / Registration..... | \$91,819 | |
| 13 | Fuel..... | \$1,711,806 | |
| 14 | General Vehicle Service & Maintenance..... | \$32,810 | |
| 15 | Major Repairs..... | | |
| 16 | Insurance - Service Vehicles..... | \$1,332,922 | |
| 17 | Other: Tires | \$273,615 | |
| 18 | Total..... | | <u>\$3,442,972</u> |
| | Other Expenses: | | |
| 19 | Dispatch..... | \$2,069,727 | |
| 20 | Education / Training..... | \$4,759 | |
| 21 | Uniforms & Uniform Cleaning..... | | |
| 22 | Meals & Travel for Ambulance Personnel..... | | |
| 23 | Maintenance Contracts..... | \$229,735 | |
| 24 | Minor Equipment - Not Capitalized..... | \$25,732 | |
| 25 | Ambulance Supplies - (Nonchargeable)..... | | |
| 26 | Other (Attach Schedule) | | |
| 27 | Total..... | | <u>\$2,329,953</u> |
| 28 | Total Other Operating Expenses (To Page 2, Line 15) | | <u>\$9,708,249</u> |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

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 | AETNA and MERITAIN HEALTH | 570 | \$667,379 | 30% | \$200,214 |
| 02 | AIR AMBULANCE FORUM DBA ONE CALL MI | 1 | 1,328 | 30% | 398 |
| 03 | AIR AMBULANCE SPECIALISTS | 3 | 3,770 | 30% | 1,131 |
| 04 | AIR CARE ONE INTL | 13 | 15,419 | 30% | 4,626 |
| 05 | AIR EVAC SERVICES INC | 4 | 3,953 | 30% | 1,186 |
| 06 | ARROWHEAD COMM HOSPITAL ABRAZO | 2 | 2,007 | 30% | 602 |
| 07 | AURORA BEHAVIORAL HEALTH | 10 | 9,432 | 30% | 2,830 |
| 08 | AZ FOUNDATION | 17 | 18,891 | 30% | 5,667 |
| 09 | AZ SPINE AND JOINT HOSPITAL | 3 | 3,364 | 30% | 1,009 |
| 10 | BANNER HEALTH | 100 | 106,877 | 30% | 32,063 |
| 11 | BCBS OF ARIZONA | 1,241 | 1,423,961 | 30% | 427,188 |
| 12 | CHANDLER REGIONAL HOSPITAL | 46 | 52,809 | 30% | 15,843 |
| 13 | CIGNA | 389 | 437,895 | 30% | 131,369 |
| 14 | CORNERSTONE HOSPICE | 3 | 3,160 | 30% | 948 |
| 15 | HEALTH NET | 97 | 112,852 | 30% | 33,856 |
| 16 | HEALTH SOUTH | 8 | 7,983 | 30% | 2,395 |
| 17 | HOSPICE FAMILY CARE | 1 | 1,138 | 30% | 341 |
| 18 | HOSPICE OF ARIZONA | 8 | 8,539 | 30% | 2,562 |
| 19 | HOSPICE OF THE VALLEY | 12 | 12,345 | 30% | 3,703 |
| 20 | HUMANA | 44 | 46,294 | 30% | 13,888 |
| 21 | JOHN C LINCOLN | 17 | 18,726 | 30% | 5,618 |
| 22 | KINDRED HOSPITAL ARIZONA | 29 | 36,600 | 30% | 10,980 |
| 23 | MARYVALE HOSP-ABRAZO NETWORK | 2 | 3,059 | 30% | 918 |
| 24 | MAYO CLINIC HEALTH SOLUTIONS | 5 | 6,208 | 30% | 1,863 |
| 25 | MED FLIGHT AIR AMBULANCE | 1 | 1,028 | 30% | 309 |
| 26 | MERCY HEALTHCARE | 13 | 15,757 | 30% | 4,727 |
| 27 | MOUNTAIN VISTA HOSPITAL | 3 | 5,029 | 30% | 1,509 |
| 28 | ODYSSEY HOSPICE | 1 | 987 | 30% | 296 |
| 29 | ONE CALL MEDICAL TRANSPORT | 8 | 9,281 | 30% | 2,784 |
| 30 | PARADISE VALLEY HOSP ABRAZO | 4 | 5,231 | 30% | 1,569 |
| 31 | PHOENIX BAPTIST | 1 | 1,273 | 30% | 382 |
| 32 | PHX CHILDRENS HOSP | 2 | 2,529 | 30% | 759 |
| 33 | PLAZA HEALTHCARE | 24 | 28,433 | 30% | 8,530 |
| 34 | PROMISE HOSPITAL OF PHOENIX | 120 | 165,424 | 30% | 49,627 |
| 35 | RESTORA | 85 | 93,170 | 30% | 27,951 |
| 36 | SCOTTSDALE HEALTHCARE | 122 | 127,197 | 30% | 38,159 |
| 37 | SECURE HORIZONS | 13 | 14,096 | 30% | 4,229 |
| 38 | ST JOSEPHS HOSPITAL PHOENIX | 2 | 2,065 | 30% | 620 |
| 39 | ST LUKES HOSPITAL | 17 | 18,777 | 30% | 5,633 |
| 40 | TEMPE ST LUKES | 23 | 25,094 | 30% | 7,528 |
| 41 | UNITED HEALTHCARE | 152 | 173,146 | 30% | 51,944 |
| 42 | | | | | |
| 43 | | | | | |
| ALLOWANCE TOTAL To Page 2 Line 4 | | 3,216 | \$3,692,508 | | \$1,107,752 |

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AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

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) | \$77,793 |
| 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, | ===== |

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AMBULANCE SERVICE ENTITY: Southwest Ambulance (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 | ..... | <u>\$74,802</u> |
| 10 | Gain On Sale of Operating Property | ..... | <u>0</u> |
| 11 | Other: | ..... | _____ |
| 12 | Total Other Operating Revenues | | <u>\$74,802</u> |
| Other Operating Expenses: | | | |
| 13 | (Loss) On Sale of Operating Property | ..... | <u>(\$13,278)</u> |
| 14 | Other: | ..... | _____ |
| 15 | Other: | ..... | _____ |
| 16 | Total Other Operating Expenses | | <u>(\$13,278)</u> |
| 17 | Net Other Operating Revenues and Expenses (To Page 2, Line 20) | | <u><u>\$61,523</u></u> |

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AMBULANCE SERVICE ENTITY: Southwest Ambulance (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 | | \$ | | | | \$ | | | | | \$ | |
| 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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**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% | | | | | | | \$56,250 |
| 02 | Equipment Rental | | | 100% | | | | | | | \$51,978 |
| 03 | | | | | | | | | | | |
| 04 | Ambulances | Various | \$3,571,730 | 100% | \$3,571,730 | SL | Various | \$0 | \$806,439 | \$2,826,730 | |
| 05 | Accessorial Equipment | Various | \$1,327,900 | 100% | \$1,327,900 | SL | Various | \$0 | \$505,384 | \$822,517 | |
| 06 | | | | | | | | | | | |
| 07 | | | | | | | | | | | |
| 08 | | | | | | | | | | | |
| 09 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | SUBTOTAL | | \$4,899,631 | | \$4,899,631 | | | | \$1,311,823 | | \$108,228 |

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

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% | | | | | | | \$1,193,069 |
| 02 | OH Vehicle Rental | | | 100% | | | | | | | \$0 |
| 03 | OH Equipment Rental | | | 100% | | | | | | | \$112,940 |
| 04 | | | | | | | | | | | |
| 05 | Other Vehicles | Various | \$36,500 | 100% | \$36,500 | SL | Various | \$0 | \$16,547 | \$19,953 | |
| 06 | Non-Vehicle Fixed Assets | Various | \$112,164 | 100% | \$112,164 | SL | Various | \$0 | \$39,635 | \$72,528 | |
| 07 | | | | | | | | | | | |
| 08 | OH Vehicles | Various | | 100% | | SL | Various | | \$53,199 | | |
| 09 | OH Non-Vehicle Fixed Assets | Various | | 100% | | SL | Various | | \$378,109 | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | SUBTOTAL (above) | | \$148,664 | | \$148,664 | | | \$0 | \$487,490 | | \$1,305,008 |
| 19 | SUBTOTAL (from Pg 12 Ln 20) | | \$4,899,631 | | \$4,899,631 | | | | \$1,311,823 | | \$108,228 |
| 20 | SUM of Ln 18 and 19 | | \$5,048,295 | | \$5,048,295 | | | \$0 | \$1,799,313 | | \$1,414,237 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance (Maricopa)

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

**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 | \$3,708,961 |
| 12 | | | | | | |
| 13 | | | | | | |
| <u>Other</u> | | | | | | |
| <u>Name of Payee:</u> | | | | | | |
| 14 | | % | \$ | | \$ | |
| 15 | TOTAL | | N/A | N/A | 0 | \$3,708,961 |

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

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance (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 | \$ 2,315 |
| 02 | Restricted cash | 147 |
| 03 | Accounts receivable, net | 13,891 |
| 04 | Inventories | 651 |
| 05 | Deferred tax assets, net | 2,978 |
| 06 | Prepaid expenses and other current assets | 997 |
| 07 | Total current assets | 20,978 |
| 08 | Property and equipment, net | 6,358 |
| 09 | Goodwill | 13,797 |
| 10 | Intangible assets, net | 18,041 |
| 11 | Deposits | 3,866 |
| 12 | Deferred tax assets, net | 0 |
| 13 | Other assets | 595 |
| 14 | Total assets | \$ 63,634 |
| | | |
| LIABILITIES AND STOCKHOLDER'S EQUITY | | |
| 15 | Accounts payable | \$ 2,840 |
| 16 | Accrued and other current liabilities | 3,860 |
| 17 | Deferred revenue | 1,748 |
| 18 | Deferred tax liabilities, net | 0 |
| 19 | Current portion of long-term debt | 2,289 |
| 20 | Total current liabilities | 10,737 |
| 21 | Long-term debt, net of current portion | 33,963 |
| 22 | Deferred tax liabilities, net | 9,658 |
| 23 | Other liabilities | 3,646 |
| 24 | Total liabilities | 58,004 |
| Stockholder's equity: | | |
| 25 | Common stock, \$0.01 par value, 900 shares authorized, 100 shares issued and outstanding | 0 |
| 26 | Preferred stock, \$0.01 par value, 100 shares authorized, zero shares issued and outstanding | 0 |
| 27 | Additional paid-in capital | 9,881 |
| 28 | Accumulated other comprehensive loss | (186) |
| 29 | Accumulated deficit | (4,065) |
| 30 | Total stockholder's equity | 5,630 |
| 31 | Total liabilities and stockholder's equity | \$ 63,634 |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance (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 | \$ (4,065) |
| Adjustments to reconcile net loss to net cash used in operating activities: | | |
| 02 | Depreciation and amortization | 2,758 |
| 03 | Amortization of debt issuance costs | 91 |
| 04 | Accretion of interest on debt | 376 |
| 05 | Share-based compensation expense | 21 |
| 06 | Loss on sale of assets and property and equipment | 39 |
| 07 | Impairment of property and equipment, goodwill and intangible assets | 208 |
| Change in assets and liabilities: | | |
| 08 | Accounts receivable, net | (5,772) |
| 09 | Inventories | 41 |
| 10 | Prepaid expenses and other current assets | 294 |
| 11 | Deposits | (20) |
| 12 | Other assets | 135 |
| 13 | Accounts payable | (395) |
| 14 | Accrued and other current liabilities | 719 |
| 15 | Deferred revenue | (41) |
| 16 | Other liabilities | 624 |
| 17 | Net cash used in operating activities | <u>(4,986)</u> |
| Cash flows from investing activities: | | |
| 18 | Purchase of property and equipment | (2,106) |
| 19 | Proceeds from the sale/disposal of property and equipment | 38 |
| 20 | Decrease in restricted cash | 1,180 |
| 21 | Net cash used in investing activities | <u>(887)</u> |
| Cash flows from financing activities: | | |
| 22 | Borrowings on Working Capital Loan | 2,059 |
| 23 | Payments on capital leases | (72) |
| 24 | Reduction of Deposits related to Backstop Loan | 39 |
| 25 | Payments on Backstop Loan | (39) |
| 26 | Debt issuance costs | (292) |
| 27 | Proceeds received from Reorganized Parent's issuance of equity | 2,217 |
| 28 | Net cash provided by financing activities | <u>3,912</u> |
| 29 | Decrease in cash and cash equivalents | (1,961) |
| 30 | Cash and cash equivalents, beginning of period | 4,276 |
| 31 | Cash and cash equivalents, end of period | <u>\$ 2,315</u> |

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Southwest Ambulance (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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