

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Maricopa) CON No. 109

D.B.A. (Doing Business As): Rural/Metro Ambulance - Maricopa Business Phone: 480-606-3630

Financial Records Address: 6363 S Fiddler's Green Circle, 14th Floor City: Greenwood Village Zip Code: 80111

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: President, Southwest Region - Glenn Kasprzyk

Report Contact Person: President, Southwest Region - Glenn Kasprzyk Business Phone: 480-606-3630 Ext. _____

Report for Period From: From: January 1, 2020 To: December 31, 2020

Method of Valuing Inventory: LIFO: _____ FIFO: (x) Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc., Envision Healthcare Holdings, Inc.

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: _____

Howard Gordon

Title: _____

Vice President, Finance, Southwest Region

Date: June 28, 2021

Mail to:

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 **TO:** December 31, 2020

STATISTICAL SUPPORT DATA

Line No.	<u>DESCRIPTION</u>	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:	35	-	4,694	4,729
2	Number of BLS Billable Transports:	-	-	345	345
3	Number of Loaded Billable Miles:	271	-	40,853	41,124
4	Waiting Time (Hr. & Min.):	-	-	-	-
5	Canceled (Non-Billable) Runs:			3,519	3,519
					Number
					Donated Hours
Volunteer Services: (OPTIONAL)					
6	Paramedic and IEMT				_____
7	Emergency Medical Technician - B				_____
8	Other Ambulance Attendants				_____
9	Total Volunteer Hours				-_____

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 **TO:** December 31, 2020

STATISTICAL SUPPORT DATA

		(1)	(2)	(3)
<u>Line No.</u>	<u>Type of Service</u>	<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
1	Number of ALS Billable Transports:		4,729	4,729
2	Number of BLS Billable Transports:		345	345
3	Number of Loaded Billable Miles:		41,124	41,124
4	Waiting Time (Hr. & Min.):		-	-
5	Canceled (Non-Billable) Runs:		3,519	3,519
				Number
				Donated Hours
	Volunteer Services: (OPTIONAL)			
6	Paramedic and IEMT			
7	Emergency Medical Technician - B			
8	Other Ambulance Attendants			
9	Total Volunteer Hours			-

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Maricopa)

FOR THE PERIOD

FROM: January 1, 2020

TO: December 31, 2020

STATEMENT OF INCOME

Line No.	<u>DESCRIPTION</u>	<u>FROM</u>	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ <u>7,332,683</u>
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	<u>295,072</u>
3	Medicare Settlement	Page 3.1, Line 12	<u>2,217,117</u>
4	Contractual Discounts	Page 7, Line 22	<u>-</u>
5	Subscription Service Settlement	Page 8, Line 4	<u>3,114</u>
6	Other (Attach Schedule)	Page 3.1, Line 13	<u>2,457</u>
7	Total	Sum of Lines 2 through 6	<u>2,517,760</u>
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	<u>4,814,924</u>
9	Sales of Subscription Service Contracts	Page 8, Line 8	<u>19,295</u>
10	Total Operating Revenue	Line 8, plus Line 9	\$ <u>4,834,219</u>
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt) .....	.....	<u>785,158</u>
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	<u>3,499,650</u>
13	General and Administrative Expenses	Page 5, Line 20	<u>760,187</u>
14	Cost of Goods Sold	Page 3, Line 15	<u>46,187</u>
15	Other Operating Expense	Page 6, Line 28	<u>783,840</u>
16	Interest Expense (Attach Schedule IV)	Page 14, Line 15, Column 4 & 5	<u>-</u>
17	Subscription Service Direct Selling	Page 8, Line 23	<u>-</u>
18	Total Operating Expense	Sum of Lines 11 through 17	<u>5,875,023</u>
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	<u>(1,040,804)</u>
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	<u>-</u>
21	Non-Operating Revenue and Expense .....	.....	<u>-</u>
22	Non-Deductible Expenses (Attach Schedule) .....	.....	<u>-</u>
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	<u>-</u>
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	<u>(1,040,804)</u>
Provision for Income Taxes:			
25	Federal Income Tax .....	.....	<u>(222,722)</u>
26	State Income Tax .....	.....	<u>(51,969)</u>
27	Total Income Tax	Lines 25, plus Line 26	<u>(274,691)</u>
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	<u>(766,113)</u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

ROUTINE OPERATING REVENUE

Line No.	<u>DESCRIPTION</u>							
Ambulance Service Routine Operating Revenue:								
1	ALS Base Rate Amount	Rate	\$ 965.67	x No. of Runs	1,316.00	=	\$ 1,270,822	
		Rate	997.05	x No. of Runs	3,413.00	=	3,402,932	
2	BLS Base Rate Amount	Rate	860.19	x No. of Runs	98.00	=	84,299	
		Rate	888.15	x No. of Runs	247.00	=	219,373	
3	Mileage Rate Amount	Rate	20.02	x No. of Billable Miles	11,785.00	=	235,936	
		Rate	20.67	x No. of Billable Miles	29,339.00	=	606,437	
4	Waiting Charge Amount	Rate	215.04	x No. of Hours	-	=	0	
		Rate	222.03	x No. of Hours	-	=	0	
5	Medical Supplies (Gross Charges to patients)							303,790
6	Nurses Charges							0
7	Total							6,123,588
8	Standby Revenue (Attach Schedule)							154,351
9	Other Ambulance Service Revenue (Attach Schedule)							1,054,744
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)						\$	7,332,683

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year				43,273		
12	Plus Purchases				55,326		
13	Plus Other Costs						
14	Less Inventory at End of Year				52,412		
15	Cost of Goods Sold (To Page 2, Line 14)					\$	46,187

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Maricopa)

FOR THE PERIOD

January 1, 2020

TO:

December 31, 2020

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	<u>DESCRIPTION</u>	<u>SUBSIDIZED PATIENTS</u>	<u>NON-SUBSIDIZED PATIENTS</u>	<u>TOTALS</u>
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$ _____	\$ 4,673,753	\$ 4,673,753
2	BLS Base Rate	_____	303,672	303,672
3	Mileage Charge	_____	842,373	842,373
4	Waiting Charge	_____	0	0
5	Medical Supplies (Gross Charges)	_____	303,790	303,790
6	Nurses' Charges	_____	0	0
7	Total	\$ 0	\$ 6,123,588	\$ 6,123,588
Plus:				
8	Standby Revenue (Attach Schedule)	_____	_____	154,351
9	Other Ambulance Service Revenue (Attach Schedule)	_____	_____	1,054,744
10	Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1)	_____	_____	\$ 7,332,683
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$ _____	\$ 295,072	\$ 295,072
12	Medicare Settlement (Post total to Pg 2, Line 3)	_____	2,217,117	2,217,117
13	Subsidy (Post total to Pg 2, Line 6)	_____	0	0
14	Other (Attach Schedule)	_____	2,457	2,457
15	Total Settlements (Post to Pg 2, Line 7)	\$ 0	\$ 2,514,646	\$ 2,514,646

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	<u>DESCRIPTION</u>	<u>No. of F.T.E.</u>	<u>AMOUNT</u>
OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ 0
2	Payroll Taxes		0
3	Employee Fringe Benefits		0
4	Total	0.0	0
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	2.3	185,646
6	Payroll Taxes		14,319
7	Employee Fringe Benefits		37,201
8	Total	2.3	237,167
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg .. ** Casual Wages			
9	Gross Wages		
	Paramedics and IEMT	14.5	649,204
10	Emergency Medical Technician (EMT)	45.5	1,904,798
11	Nurses	0.0	0
12	Payroll Taxes		196,910
13	Employee Fringe Benefits		511,570
14	Total	60.0	3,262,483
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages	0.0	0
16	Dispatch	0.0	0
17	Mechanics	0.0	0
18	Office and Clerical	0.0	0
19	Other	0.0	0
20	Payroll Taxes		0
21	Employee Fringe Benefits		0
21	Total	0.0	0
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits (Post to Pg 2, line 12)	62.3	\$ 3,499,650

* 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) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
MANAGEMENT					
1	Gross Wages (Attach Schedule II)	2.3	185,646	100%	185,646
2	Payroll Taxes		14,319	100%	14,319
3	Employee Fringe Benefits		37,201	100%	37,201
4	Total	2.3	237,167		237,167
AMBULANCE PERSONNEL					
			** Contractual		
			Wages		
	Gross Wages (Attach Schedule II)		Labor		
5	Paramedics and IEMT	14.5	649,204	100%	649,204
6	Emergency Medical Technician (EMT)	45.5	1,904,798	100%	1,904,798
7	Nurses	0.0	0	100%	0
8	Drivers	0.0		100%	0
9	Payroll Taxes		196,910	100%	196,910
10	Employee Fringe Benefits		511,570	100%	511,570
11	Total	60.0	3,262,483		3,262,483
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	0.0	0	100%	0
13	Mechanics	0.0	0	100%	0
14	Office and Clerical	0.0	0	100%	0
15	Other	0.0	0	100%	0
16	Payroll Taxes		0	100%	0
17	Employee Fringe Benefits		0	100%	0
18	Total	0.0	0		0
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS (Post to Pg 2, line 12)	62.3	3,499,650		\$ 3,499,650

* 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) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.'s, do not include casual labor hours worked or expenses incurred.

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 **TO:** December 31, 2020

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
1	Gross Wages - MANAGEMENT	All personnel are 100% dedicated to ambulance services.	
2	Payroll Taxes	100% ambulance services	
3	Employee Fringe Benefits	100% ambulance services	
4	Total	100% ambulance services	
		Contractual	Wages
	Gross Wages - AMBULANCE PERSONNEL		
5	Paramedics and IEMT		100% ambulance services
6	Emergency Medical Technician (EMT)		100% ambulance services
7	Nurses		100% ambulance services
8	Drivers		100% ambulance services
9	Payroll Taxes		100% ambulance services
10	Employee Fringe Benefits		100% ambulance services
11	Total		100% ambulance services
	Gross Wages - OTHER PERSONNEL		
12	Dispatch		100% ambulance services
13	Mechanics		100% ambulance services
14	Office and Clerical		100% ambulance services
15	Other		100% ambulance services
16	Payroll Taxes		100% ambulance services
17	Employee Fringe Benefits		100% ambulance services
18	Total		100% ambulance services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 **TO:** December 31, 2020

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>				
Professional Service:					
1	Legal Fees	.....	\$	457	
2	Collection Fees	.....		37,966	
3	Accounting and Auditing	.....		-
4	Data Processing Fees	.....		-
5	Other (Attach Schedule)	.....		16,347	
6	Total	.....			\$ 54,770
 Travel and Entertainment:					
7	Meals and Entertainment	.....		1,256	
8	Transportation - Other Company Vehicles	.....		-
9	Travel	.....		1,122	
10	Other (Attach Schedule)	.....		-
11	Total	.....			2,379
 Other General and Administrative:					
12	Office Supplies	.....		1,661	
13	Postage	.....		7,703	
14	Telephone	.....		16,881	
15	Advertising	.....		7,333	
16	Professional Liability Insurance	.....		99,952	
17	Dues and Subscriptions	.....		2,306	
18	Other (Attach Schedule)	.....		567,202	
19	Total	.....			703,038
20	Total General and Administrative Expenses	(Post to Page 2, Line 13)			\$ 760,187

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 **TO:** December 31, 2020

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>				
Professional Service:					
1	Consulting	\$	2,480		
2	Medical Director		0		
3	Temp Staffing		0		
4	Other Professional Fees		13,867		
5	.....		0		
6	Total			\$	16,347
 Travel and Entertainment:					
7	.....		0		
8	.....		0		
9	.....		0		
10	.....		0		
11	Total				0
 Other General and Administrative:					
12	Employee Relations & Training		16,632		
13	Lobbying & Political		475		
14	Printing		1,299		
15	Software Licenses & Maintenance		37		
16	Recruiting		1,325		
17	Sales & Use Tax		2,749		
18	Fines and Penalties		0		
19	Misc G&A		-95,551		
20	NBV of Disposed Asset		3,399		
21	Corporate and Regional Overhead Support		636,838		
22	Total				567,202

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 TO: December 31, 2020

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total <u>Expenditure</u>	(2) Allocation <u>Percentage</u>	(3) Ambulance <u>Amount</u>
Professional Service:				
1	Legal Fees	\$ 457	100%	\$ 457
2	Collection Fees	37,966	100%	37,966
3	Accounting and Auditing	0	100%	0
4	Data Processing Fees	0	100%	0
5	Other (Attach Schedule)	16,347	100%	16,347
6	Total	<u>54,770</u>		<u>54,770</u>
Travel and Entertainment:				
7	Meals and Entertainment	1,256	100%	1,256
8	Transportation - Other Company Vehicles	0	100%	0
9	Travel	1,122	100%	1,122
10	Other (Attach Schedule)	0	100%	0
11	Total	<u>2,379</u>		<u>2,379</u>
Other General and Administrative:				
12	Office Supplies	1,661	100%	1,661
13	Postage	7,703	100%	7,703
14	Telephone	16,881	100%	16,881
15	Advertising	7,333	100%	7,333
16	Professional Liability Insurance	99,952	100%	99,952
17	Dues and Subscriptions	2,306	100%	2,306
18	Other (Attach Schedule)	567,202	100%	567,202
19	Total	<u>703,038</u>		<u>703,038</u>
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ <u>760,187</u>		<u>760,187</u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 TO: December 31, 2020

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
11	Total	
Other General and Administrative:		
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>		
Depreciation and Amortization:			
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$	218,129
2	Amortization		70,025
3	Total	\$	288,154
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)		152,899
Building / Station Expense:			
5	Building and Cleaning Supplies		17,283
6	Utilities		39,740
7	Property Taxes		7,414
8	Property Insurance		0
9	Repairs and Maintenance		20,838
10	Other (Attach Schedule)		0
11	Total		85,276
Vehicle Expense - Ambulance Units:			
12	License / Registration		643
13	Fuel		46,506
14	General Vehicle & Equip Service and Maint		37,233
15	Major Repairs		0
16	Insurance - Service Vehicles		41,245
17	Other (Attach Schedule)		10,874
18	Total		136,500
Other Expenses:			
19	Dispatch		0
20	Education / Training		0
21	Uniforms and Uniform Cleaning		21,837
22	Meals and Travel for Ambulance personnel		0
23	Maintenance Contracts		0
24	Minor Equipment - Not Capitalized		27,167
25	Ambulance Supplies - Nonchargeable		0
26	Other (Attach Schedule)		72,006
27	Total		121,011
28	Total Other Operating Expenses (Post to Page 2, Line 15)	\$	783,840

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

OTHER OPERATING EXPENSES

Line
No. **DESCRIPTION**

Building / Station Expense Other:

1	Other building/station expenses	0	
2	.....	_____
3	.....	_____
4	.....	_____
5	.....	_____
6	.....	_____
7	Total		0

Vehicle Expense - Ambulance Units Other:

8	Tires	10,874	
9	.....	_____
10	.....	_____
11	.....	_____
12	.....	_____
13	.....	_____
14	Total		10,874

Other Expenses:

15	Radio & Comm equip	6,041	
16	Lab & Physicals	23,559	
17	Other Misc	\$42,406	
18	.....	_____
19	.....	_____
20	.....	_____
21	.....	_____
22	.....	_____
23	Total		72,006

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 **TO:** December 31, 2020

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	<u>DESCRIPTION</u>	(1) Total <u>Expenditure</u>	(2) Allocation <u>Percentage</u>	(3) Ambulance <u>Amount</u>
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 218,129	100%	\$ 218,129
2	Amortization	70,025	100%	70,025
3	Total	288,154		288,154
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	152,899	100%	152,899
Building / Station Expense:				
5	Building and Cleaning Supplies	17,283	100%	17,283
6	Utilities	39,740	100%	39,740
7	Property Taxes	7,414	100%	7,414
8	Property Insurance	0	100%	0
9	Repairs and Maintenance	20,838	100%	20,838
10	Other (Attach Schedule)	0	100%	0
11	Total	85,276		85,276
Vehicle Expense - Ambulance Units:				
12	License / Registration	643	100%	643
13	Fuel	46,506	100%	46,506
14	General Vehicle Service and Maintenance	37,233	100%	37,233
15	Major Repairs	0	100%	0
16	Insurance - Service Vehicles	41,245	100%	41,245
17	Other (Attach Schedule)	10,874	100%	10,874
18	Total	136,500		136,500
Other Expenses:				
19	Dispatch	0	100%	0
20	Education / Training	0	100%	0
21	Uniforms and Uniform Cleaning	21,837	100%	21,837
22	Meals and Travel - Ambulance Personnel	0	100%	0
23	Maintenance Contracts	0	100%	0
24	Minor Equipment - Not Capitalized	27,167	100%	27,167
25	Ambulance Supplies - Nonchargeable	0	100%	0
26	Other (Attach Schedule)	72,006	100%	72,006
27	Total	121,011		121,011
28	Total Other Operating Expenses (Post to Page 2, Line 15)	\$ 783,840		\$ 783,840

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD

January 1, 2020

TO: December 31, 2020

BASIS of ALLOCATION OF OTHER EXPENSES

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
Building / Station Expense:		
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
Vehicle Expense - Ambulance Units:		
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
Other Expenses:		
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD January 1, 2020 **TO:** December 31, 2020

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
1		0	-	30%	\$ -
2		0	-	30%	\$ -
3		0	-	30%	\$ -
4		0	-	30%	\$ -
5		0	-	30%	\$ -
6		0	-	30%	\$ -
7		0	-	30%	\$ -
8		0	-	30%	\$ -
9		0	-	30%	\$ -
10		0	-	30%	\$ -
11		0	-	30%	\$ -
12		0	-	30%	\$ -
13		0	-	30%	\$ -
14		0	-	30%	\$ -
15		0	-	30%	\$ -
16		0	-	30%	\$ -
17		0	-	30%	\$ -
18		0	-	30%	\$ -
19		0	-	30%	\$ -
20		0	-	30%	\$ -
21		0	-	30%	\$ -
22		0	-	30%	\$ -
23		0	-	30%	\$ -
24		0	-	30%	\$ -
25		0	-	30%	\$ -
26		0	-	30%	\$ -
27		0	-	30%	\$ -
28		0	-	30%	\$ -
29		0	-	30%	\$ -
30		0	-	30%	\$ -
31					
32	(Post Total to Page 2, Line 4)	-	-		\$ -

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Maricopa)

FOR THE PERIOD

FROM: January 1, 2020 **TO:** December 31, 2020

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

Line No.	Description	
1	Billings at Fully Established Rate	\$ <u>41,470</u>
	<u>Less:</u>	
2	AHCCCS Settlement	\$ <u>0</u>
3	Medicare Settlement	<u>24,176</u>
4	Subscription Service Settlement (Post to Pg 2, Line 5) ...	<u>3,114</u>
5	Subscription Service Bad Debt	<u>198</u>
6	Total	<u>27,487</u>
	<u>Plus:</u>	
7	Net Revenue from Subscription Service Runs	<u>13,983</u>
8	Sales of Subscription Service (Post to Pg 2, Line 9)	<u>19,295</u>
9	Other Revenue (attach schedule)	<u>0</u>
10	Total Subscription Service Revenue (total of Lines 7, 8 and 9)	<u>33,278</u>
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 Expense	_____
21	Transportation / Vehicles	_____
22	Other: _____ (attach schedule)	_____
23	Total Subscription Service Expenses (Post to Pg 2, Line 17)	\$ <u>0</u>

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

OTHER OPERATING REVENUES & EXPENSES

Line No.	<u>Description</u>	\$
Other Operating Revenues:		
1	Supportive Funding - Local (attach schedule)	_____
2	Grant Funds - State (attach schedule)	_____
3	Grant Funds - Federal (attach schedule)	_____
4	Grant Funds - Other (attach schedule)	_____
5	Patient Finance Charges	_____
6	Patient Late Payment Charges	_____
7	Interest Earned - Related Person / Organization	_____
8	Interest Earned - Other	_____
9	Gain on Sale of Operating Property	_____
10	Other: <u>Interest Income/Expense</u>	0
11	Other: _____	_____
12	Total Other Operating Revenues	\$ _____ 0
Other Operating Expenses:		
13	Loss on Sale of Operating Property	_____
14	Other: _____	_____
15	Other: _____	_____
16	Total Other Operating Expenses	_____ 0
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$ _____ 0

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

Schedule I
DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1	_____	_____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7	TOTAL		_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

Post Total to Pg 4, Column 2, Line 1 Post Total to Pg 4, Column 1, Line 1

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

**Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel**

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

1 MANAGEMENT:

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
Operational Managers	40+ week		Varies	
AR Supervisor	40+ week		Varies	
Facilities Coordinator	40+ week		Varies	
Clinical Compliance Manager	40+ week		Varies	
General Manager	40+ week		Varies	

2 AMBULANCE PERSONNEL:

CEP/EMT Full time	48 hrs/week	Varies		
Field Supervisor CEP	50 hrs/week	Varies		
EMT Full time	48 hrs/week	Varies		
RNs	as needed	Varies		

3 OTHER PERSONNEL:

Dispatch	36 hrs/week	Varies		
Mechanic	40+ week	Varies		
Office Staff	40+ week	Varies		
Maintenance & Supply	40+ week	Varies		

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR FROM: January 1, 2020 **TO:** December 31, 2020

**Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY**

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Vehicle - Ambulance	Various	839,821	100%	839,821	SL	Various	410,280	150,409	279,132	
2											
3	Equipment - Ambulance	Various	177,945	100%	177,945	SL	Various	93,309	28,749	55,887	
4											
5	Equipment Rental										189
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL								179,159	335,019	189

Post to Pg 13, Line 19, Column I Post to Pg 13, Line 19, Column K

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

**Schedule III
DEPRECIATION and/or RENT / LEASE EXPENSE
ALL OTHER ITEMS**

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Land	Various	-	100%	-	SL	Various	-	-	-	
2	Buildings	Various	-	100%	-	SL	Various	-	-	-	
3	LHI	Various	40,668	100%	40,668	SL	Various	9,441	6,712	24,515	
4	Vehicle - Other	Various	63,816	100%	63,816	SL	Various	40,440	9,490	13,886	
5	Equipment - Computer	Various	160,058	100%	160,058	SL	Various	69,477	17,837	72,743	
6	Computer Software	Various	1,453	100%	1,453	SL	Various	359	484	610	
7	Office Furn/Equip	Various	3,969	100%	3,969	SL	Various	1,844	658	1,467	
8	Equipment - Fleet Maint	Various	22,356	100%	22,356	SL	Various	5,147	3,790	13,419	
9	Rented Real Estate										152,710
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL above								38,970	126,641	152,710
19	SUBTOTAL from Page 12, Line 20								179,159	335,019	189
								Post from Pg 12, Line 20 Column I		Post from Pg 12, Line 20 Column K	
20	SUM of Line 18 & 19								218,129	461,660	152,899
								Post to Pg 6, Line 1		Post to Pg 6, Line 4	

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

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Maricopa)

FOR THE PERIOD

FROM:

January 1, 2020

TO:

December 31, 2020

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1) Interest Rate	(2) Principal Balance		(4) Interest Expense	
			(3) Beginning of Period	(3) End of Period	(4) Related Persons or Organizations	(5) Other
	Service Vehicles & Accessorial Equipment Name of Payee:					
1	_____	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
	Communication Equipment Name of Payee:					
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
	Other Property and Equipment Name of Payee:					
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
	Working Capital Name of Payee:					
11	_____	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____	_____
	Other Name of Payee:					
14	_____	_____ %	_____	_____	_____	_____
15	TOTAL		\$ _____ 0	\$ _____ 0	\$ _____ 0	\$ _____ 0

Post totals of Column 4 & 5 to Pg 2, Line 16

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR TI #N/A

FROM: January 1, 2020

TO: December 31, 2020

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash	\$	(238)	
2	Accounts Receivable		233,447	
3	Less: Allowance for Doubtful Accounts		(219,619)	
4	Inventory		52,412	
5	Prepaid Expenses		15,382	
6	Other Current Assets		-	
7	TOTAL CURRENT ASSETS			\$ 81,384
9	PROPERTY & EQUIPMENT			1,310,086
10	Less: Accumulated Depreciation			(848,427)
11	OTHER NON CURRENT ASSETS			481,892
12	TOTAL ASSETS			\$ 1,024,936

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable	\$	8,568	
14	Current Portion of Notes Payable		-	
15	Current Portion of Long-Term Debt		108,386	
16	Deferred Subscription Income		-	
17	Accrued Expenses and Other		1,154,660	
18				
19				
20	TOTAL CURRENT LIABILITIES			\$ 1,271,614
21	NOTES PAYABLE		0	
22	LONG-TERM DEBT OTHER		376,124	
23	TOTAL LONG-TERM DEBT			376,124

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock			
25	Paid-In Capital in Excess of Par Value			
26	Contributed Capital			
27	Retained Earnings		(457,961)	
28	Intercompany Payable to Parent		(164,841)	
29				
30	Fund Balance			
31	TOTAL EQUITY			(622,802)
32	TOTAL LIABILITIES & EQUITY			\$ 1,024,936

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Maricopa)

FOR TI #N/A **FROM:** January 1, 2020 **TO:** December 31, 2020

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:		
1	Net (loss) Income	\$ (766,113)
<i>Adjustments to Reconcile Net Income to Net Cash</i>		
<i>Provided by Operating Activities:</i> Note: a increase in these accounts improves cash flow		
2	Depreciation & Amortizaion Ex	288,154
3	Deferred Income Tax	-
4	Loss (gain) on Disposal of Property & Equipment	(3,399)
<i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable	17,380
6	Inventories	(9,139)
7	Prepaid Expenses	(867)
<i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow		
8	Accounts Payable	3,866
9	Accrued Expenses	10,564
10	Deferred Subscription Income	-
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES	\$ (459,554)
INVESTING ACTIVITIES:		
12	Purchases of Property & Equipment	(144,665)
13	Proceeds from Disposal of Property & Equipment	-
14	Purchases of Investments	-
15	Proceeds from Disposal of Investments	-
16	Loans Made	-
17	Collections on Loans	-
18	Net Working capital payments from/(to) Parent	229,495
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES	84,831
FINANCING ACTIVITIES:		
<i>New Borrowings:</i>		
20	Long-Term	-
21	Short-Term	-
<i>Debt Reduction:</i>		
22	Long-Term	-
23	Short-Term	-
24	Capital Contributions	-
25	Dividends Paid	-
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES	372,497
27	NET INCREASE (Decrease) IN CASH	(2,226)
28	CASH AT BEGINNING OF YEAR	1,988
29	CASH AT END OF YEAR	(238)
SUPPLEMENTAL DISCLOSURES:		
<i>Non-cash Investing and Financing Transactions:</i>		
30	.....	-
31	.....	-
32	.....	-
33	Interest Paid (Net of Amounts Capitalized)	-
34	Income Taxes Paid	\$ (274,691)