06/22/2004 Formula's Excluded

ACTUAL FINANCIAL DATA

AMBULANCE REVENUE and COST REPORT

GENERAL INFORMATION and CERTIFICATION

Legal Name of Company:	Rural/Metro Corporation (Pima)			CON No.	55
D.B.A. (Doing Business As):	Rural/Metro Ambulance - Pima	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:	То:	December 31, 2020	-	
Method of Valuing Inventory:	LIFO: FIFO: Other (Explain):			-	
	liated organizations (parents/subsidiaries) that exhibit at lea nc., Envision Healthcare Holdings, Inc.	ast 5% ownership/v	resting.		
I hereby verify that I have directed	d the preparation of the enclosed annual report in accordance with the	e reporting requiremen	nts 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 us	ing the accrual basis of accounting.				
Authorized Signature:	Hombilister			_	
Title:	Howard Gordon Vice President, Finance, Southwest Region	Date:	June 28, 2021		
Tiuc.	vice i resident, i mance, oculiwest region	Date.	June 20, 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 SERVICE ENTITY:		Rural/Metro Corporation	(Pima)		
FOR	THE PERIOD	January 1, 2020	то:	December 31, 2020	
STA	TISTICAL SUPPORT DATA	(1)	(0)**	(0)	(4)
		(1) SUBSCRIPTION SERVICE	(2)** TRANSPORTS UNDER	(3) TRANSPORTS NOT UNDER	(4)
Line <u>No.</u>	DESCRIPTION	TRANSPORTS	CONTRACT	CONTRACT	TOTALS
1	Number of ALS Billable Transports:	64_	242	10,155	10,461
2	Number of BLS Billable Transports:	6	100	4,226	4,332
3	Number of Loaded Billable Miles:	800	3,307	138,920	143,027
4	Waiting Time (Hr. & Min.):		2	87_	89
5	Canceled (Non-Billable) Runs:			5,248	5,248
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
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 SERVICE ENTITY:		Rural/Metro Corporation (Pima)					
FOR THE PERIOD		January 1, 2020	то:	December 31, 2020			
STATIS	STICAL SUPPORT DATA						
	_	(1)	(2)	(3)			
Line No.	Type of Service	SUBSIDIZED	NON- SUBSIDIZED	TOTALS			
NO.	Type of Service	<u>PATIENTS</u>	<u>PATIENTS</u>	IOTALS			
1	Number of ALS Billable Transports:		10,461	10,461			
2	Number of BLS Billable Transports:		4,332	4,332			
3	Number of Loaded Billable Miles:		143,027	143,027			
4	Waiting Time (Hr. & Min.):		89	89			
5	Canceled (Non-Billable) Runs:		5,248_	5,248			
				Number			
	Volunteer Services: (OPTIONA	AL)		Donated Hours			
6	Paramedic and IEMT						
7	Emergency Medical Technician - B						
8	Other Ambulance Attendants						
9	Total Volunteer Hours			<u> </u>			

Page 1.1

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

R TH	E PERIOD	FROM:	January 1, 2020	ТО:	December 31, 2020	
ATEN	IENT OF INCOME					
Line						
No.	DESCRIPTION		<u>FROM</u>			
	Operating Revenues:					
1	Ambulance Service Routine Operating Rev	enue	Page 3, Line 10 & Page 3	ge 3.1, Line 10		\$ 22,344,870
	Less:					
2			Page 3.1, Line 11		1,890,259	
3			Page 3.1, Line 12		7,103,276	
4 5			Page 7, Line 22		136,804	
5 6	·		Page 8, Line 4 Page 3.1, Line 13		3,468 41,253	
7	Total		•	Sum of Lines 2 through 6	41,255	9,175,059
8	Net Revenue from Ambulance Runs			Line 1, minus Line 7		13,169,811
9	Sales of Subscription Service Contracts		Page 8, Line 8			15,124
10	Total Operating Revenue			Line 8, plus Line 9		\$13,184,935_
	Ambulance Operating Expenses:					
11	Bad Debt (Includes Subscription Services Bad	Debt)			2,602,534	
12	Wages, Payroll Taxes, and Employee Benefits General and Administrative Expenses		Page 4, Line 22		5,547,058	
13	General and Administrative Expenses		Page 5, Line 20		2,765,404	
14	Cost of Goods Sold		Page 3, Line 15		205,134	
15	Other Operating Expense				1,730,084	
16	Interest Expense (Attach Schedule IV)					
17	Subscription Service Direct Selling		Page 8, Line 23		·	
18	Total Operating Expense			Sum of Lines 11 through 17		12,850,214
19	Ambulance Service Income (Loss)			Line 10, minus Line 18		334,721
	Other Revenue / Expenses:					
20	Other Operating Revenue and Expense		Page 9, Line 17		(15,988)	
21 22	Non-Operating Revenue and Expense Non-Deductible Expenses (Attach Schedule)					
22	, , ,					
23	Total Other Revenues / Expenses			Sum of Lines 20 & 21		(15,988)
24	Ambulance Service Income (Loss) - Before	e Income Tax	es	Sum of Line 19, plus Line 23		318,733
	Provision for Income Taxes:					
25	Federal Income Tax				39,982	
26	State Income Tax				9,329	
27	Total Income Tax			Lines 25, plus Line 26		49,311
	Ambulance Service Net Income (Los	· • ·		Line 24, minus Line 27		269,422

AMBULANCE SERVICE ENTITY:	Rural/Metro Corporation (Pima)
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FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020

ROUTINE OPERATING REVENUE

	ina	
_	IIIE	

No. <u>DESCRIPTION</u>

Ambulance Service Routine Operating Revenue:

	Ambalance oci vice Routii	ic operating rever	iuo.				
1	ALS Base Rate Amount	Rate \$	1,237.74 1,277.97	x No. of Runs x No. of Runs	2,995.00 7,466.00	= \$	3,707,031 9,541,324
2	BLS Base Rate Amount	Rate Rate	1,110.75 1,146.85	x No. of Runs x No. of Runs	1,161.00 3,171.00	= :	1,289,581 3,636,661
3	Mileage Rate Amount	Rate Rate	21.17 21.86	x No. of Billable Miles x No. of Billable Miles		= :	804,460 2,295,890
4	Waiting Charge Amount	Rate Rate	277.70 286.73	x No. of Hours x No. of Hours	44.75 44.50	= =	12,426 12,759
5	Medical Supplies (Gross Charge	es to patients)					453,980
6	Nurses Charges						0
7	Total						21,754,113
8	Standby Revenue (Attach Scher	dule)					189,506
9	Other Ambulance Service Reven	ue (Attach Schedule)					401,251
10	Total Ambulance Service Routi	ne Operating Revenue	(To Page 2, Line 1)			\$	22,344,870
	Cost of Goods Sold: (Me						
11 12 13 14	Inventory at Beginning of Year Plus Purchases Plus Other Costs Less Inventory at End of Year				205,166 210,377 210,409		
15	Cost of Goods Sold (To Page	2, Line 14)				\$	205,134

AMBULANCE SERVICE ENTITY:			Rural/Metro Corporation (Pima)					
FOR TH	IE PERIOD		January 1, 2020	_	TO:	_	December 31, 2020	
ROUTIN	NE OPERATING REVENUE	Identified by subsidize	d and non-subsidized pa (1)	tients	(2)		(3)	
Line <u>No.</u>	DESCRIPTION		SUBSIDIZED <u>PATIENTS</u>		NON- SUBSIDIZED <u>PATIENTS</u>		<u>TOTALS</u>	
	AMBULANCE SERVICE OPERAT							
1	ALS Base Rate		\$	_ \$_	13,248,355	. \$_	13,248,355	
2	BLS Base Rate				4,926,242	-	4,926,242	
3	Mileage Charge				3,100,350	-	3,100,350	
4	Waiting Charge				25,186	_	25,186	
5	Medical Supplies	(Gross Charges)			453,980	-	453,980	
6	Nurses' Charges				0	_	0	
7	Total		\$0	_ \$_	21,754,113	\$_	21,754,113	
8	Plus: Standby Revenue	(Attach Schedule)				_	189,506	
9	Other Ambulance Service Re	venue (Attach Schedule) .				_	401,251	
10	Total Ambulance Service Rou	tine Operating Revenue	(Post to Pg 2, Line	1)		\$_	22,344,870	
	Less:							
11	AHCCCS Settlement	(Post total to Pg 2, Line 2)	\$	_ \$_	1,890,259	\$_	1,890,259	
12	Medicare Settlement	(Post total to Pg 2, Line 3)			7,103,276	_	7,103,276	
13	Subsidy	(Post total to Pg 2, Line 6)			0	_	0	
14	Other	(Attach Schedule)			41,253	_	41,253	
15	Total Settlements	(Post to Pg 2, Line 7)	\$0	_ \$_	9,034,787	\$_	9,034,787	

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

AMBULANCE SERVICE ENTITY:		Rural/Metro Corporation (Pima)				
	FOR THE PERIOD	FROM:	January 1, 2020	TO:	December 31, 2020	

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line <u>No.</u>	DESCRIPTION		No. of *F.T.E.	<u>AMOUNT</u>
1 2 3 4	OFFICERS / OWNERS Gross Wages Payroll Taxes Employee Fringe Benefits Total	(Attach Schedule 1, Wage Category; Pg 10, Line 7)	0.0	\$0 0 0
5 6 7 8	MANAGEMENT Gross Wages Payroll Taxes Employee Fringe Benefits Total	(Attach Schedule II, Wage Detail; Pg 11)	1.6	10,598 1,302 3,838 15,737
9 10 11 12 13 14	AMBULANCE PERSONNEL Gross Wages Paramedics and IEMT Emergency Medical Technician (EMT) Nurses Payroll Taxes Employee Fringe Benefits Total	(Attach Schedule II, Wage Detail; Pg ** Casual Labor \$ 2,154,429	45.2 47.7 0.1	2,154,429 1,563,464 6,275 457,412 1,348,548 5,530,128
15 16 17 18 19 20 21	OTHER PERSONNEL Gross Wages Dispatch Mechanics Office and Clerical Other Payroll Taxes Employee Fringe Benefits Total	(Attach Schedule II, Wage Detail; Pg 11)	0.0 0.0 0.0 0.0	803 0 0 0 0 99 291 1,193
22	Total F.T.E., Wages, Payroll Taxes, & E	Employee Benefits (Post to Pg 2, line 12)	94.6	\$ 5,547,058

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 SERVICE ENTITY:		ENTITY:	Rural/Metro Corporation (Pima)				
	FOR THE PERIOD	FROM:	January 1, 2020	TO:	December 31, 2020		

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line <u>No.</u>	DESCRIPTION		(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
110.				Exportantaro	<u>r oroomago</u>	7 tillouit
	MANAGEMENT				4.0.004	40.00
1	•	chedule II)	1.6	10,598	100%_	10,598
2	Payroll Taxes		-	1,302	100%	1,302
3	Employee Fringe Benefits		_	3,838	100%	3,838
4	Total		1.6	15,737		15,737
	AMBULANCE PERSONNEL	** Contractual Wages				
	Gross Wages (Attach Se	chedule II Labor				
5	Paramedics and IEMT	\$	45.2	2,154,429	100%_	2,154,429
6	Emergency Medical Technician (EMT)		47.7	1,563,464	100%	1,563,464
7	Nurses		0.1	6,275	100%	6,275
8	Drivers		0.0		100%	0
9	Payroll Taxes		_	457,412	100%	457,412
10	Employee Fringe Benefits		_	1,348,548	100%	1,348,548
11	Total		93.0	5,530,128		5,530,128
	OTHER PERSONNEL					
	Gross Wages (Attach Se	chedule II)				
12	Dispatch		0.0	803	100%	803
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		_	99	100%	99
17	Employee Fringe Benefits		_	291	100%	291
18	Total		0.0	1,193		1,193
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS	(Post to Pg 2, line 12)	94.6	5,547,058	9	5,547,058

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 (Pima) January 1, 2020 TO: December 31, 2020 FOR THE PERIOD BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al. **Basis of Allocations** Line **DESCRIPTION** No. 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 Total 100% ambulance services Contractual Wages **Gross Wages - AMBULANCE PERSONNEL** Paramedics and IEMT 100% ambulance services 5 6 Emergency Medical Technician (EMT) 100% ambulance services 7 Nurses 100% ambulance services 8 Drivers 100% ambulance services 9 Payroll Taxes 100% ambulance services **Employee Fringe Benefits** 10 100% ambulance services Total 100% ambulance services 11 **Gross Wages - OTHER PERSONNEL** 12 Dispatch 100% ambulance services 13 Mechanics 100% ambulance services 14 Office and Clerical 100% ambulance services 100% ambulance services Other

Page 4.1.a

15

16 17

18

Payroll Taxes

Total

Employee Fringe Benefits

100% ambulance services

100% ambulance services

100% ambulance services

IBULANCE SERVICE ENTITY:	Rural/Metro Corporation (Pima)			
R THE PERIOD	January 1, 2020	TO: _	December 31, 2020	
NERAL and ADMINISTRATIVE EXPENSES				
ne o <u>. </u>				
Professional Service:				
1 Legal Fees		\$_	<u>-</u>	
2 Collection Fees		_	456,761	
Accounting and Auditing		_	<u>-</u>	
Data Processing Fees		_	<u>-</u>	
Other (Attach Schedule)		_	(6)	
6 Total				\$ 456,756
Travel and Entertainment:				
7 Meals and Entertainment		_	2,068	
Transportation - Other Company Vehicles		_	<u>-</u>	
Travel		_	2,661	
O Other (Attach Schedule)		_	<u> </u>	
l Total				 4,729
Other General and Administrative:				
2 Office Supplies		_	2,209	
3 Postage		_	207	
4 Telephone		_	75,970	
5 Advertising		_	2,992	
Professional Liability Insurance		_	180,568	
7 Dues and Subscriptions		_	271	
8 Other (Attach Schedule)		_	2,041,702	
9 Total				 2,303,919
0 Total General and Administrative Expenses	(Post to Page 2, Line 13)			\$ 2,765,404

R T	HE PERIOD	January 1, 2020	TO: <u>December 31, 2020</u>	
NE	RAL and ADMINISTRATIVE EXPENSES			
ne lo.	DESCRIPTION			
	Professional Service:			
	Consulting		\$0	
	Medical Director		0	
	Temp Staffing		0	
ļ	Other Professional Fees		-6	
5			0	
6	Total			\$
	Travel and Entertainment:			
			0	
			0	
			0	
)			0	
	Total			0
	Other General and Administrative:			
2	Employee Relations & Training		5,646	
3	Lobbying & Political		93	
ļ	Printing		146	
5	Software Licenses & Maintenance		1,265	
6	Recruiting		4,769	
	Sales & Use Tax		2,477	
	Fines and Penalties		0	
3	Misc G&A		-32,037	
			23,991	
3 9 0	NBV of Disposed Asset		25,991	

AME	BULANCE SERVICE ENTITY:	Rural/Metro Corporation (Pima)			_								
FOR	THE PERIOD	January 1, 2020	TO: _December 31, 2020										
ALL	LLOCATION of GENERAL and ADMINISTRATIVE EXPENSES (1) (2) (2)												
Line <u>No.</u>	<u>DESCRIPTION</u>		(1) Total <u>Expenditure</u>	(2) Allocation <u>Percentage</u>	(3) Ambulance <u>Amount</u>								
	Professional Service:												
1	Legal Fees		\$ 0	100% \$	0								
2	Collection Fees		456,761	100%	456,761								
3	Accounting and Auditing		0	100%	0								
4	Data Processing Fees		0	100%	0								
5	Other (Attach Schedule)		(6)	100%_	(6)								
6	Total		456,756		456,756								
	Travel and Entertainment:												
7	Meals and Entertainment		2,068	100%	2,068								
8	Transportation - Other Company Vehicles		0	100%	0								
9	Travel		2,661	100%	2,661								
10	Other (Attach Schedule)		0	100%	0								
11	Total		4,729		4,729								
	Other General and Administrative:												
12	Office Supplies		2,209	100%	2,209								
13	Postage		207	100%	207								
14	Telephone		75,970	100%	75,970								
15	Advertising		2,992	100%	2,992								
16	Professional Liability Insurance		180,568	100%	180,568								
17	Dues and Subscriptions		271_	100%	271_								
18	Other (Attach Schedule)		2,041,702	100%	2,041,702								
19	Total		2,303,919		2,303,919								
20	Total General and Administrative Exp	enses (Post to Page 2, Line 13)	\$2,765,404_		2,765,404								

Line No. P 1 L. 2 C. 3 A	E PERIOD of ALLOCATION OF GENERAL and OF ALLOCATION OF ALLOCATION OF ALLOCATION OF GENERAL AND OF ALLOCATION OF	Basis of Allocation 100% Ambulance Services 100% Ambulance Services
Line No. P	DESCRIPTION Professional Service: egal Fees Collection Fees Accounting and Auditing	Basis of Allocation 100% Ambulance Services 100% Ambulance Services
No. P	Professional Service: egal Fees collection Fees accounting and Auditing	100% Ambulance Services 100% Ambulance Services
1 L 2 C 3 A	egal Fees Collection Fees Accounting and Auditing	100% Ambulance Services
2 C 3 A	Collection Fees Accounting and Auditing	100% Ambulance Services
		1000/ Ambulance Comings
	<u> </u>	100% Ambulance Services 100% Ambulance Services
	Other (Attach Schedule)	100% Ambulance Services
Т	ravel and Entertainment:	
	Meals and Entertainment	100% Ambulance Services
9 T	ransportation - Other Company Vehicles ravel	100% Ambulance Services 100% Ambulance Services
	Other (Attach Schedule)	100% Ambulance Services 100% Ambulance Services
11 T	otal	
C	Other General and Administrative:	
	Office Supplies	100% Ambulance Services
	Postage	100% Ambulance Services
	elephone	100% Ambulance Services
	dvertising	100% Ambulance Services
	Professional Liability Insurance	100% Ambulance Services
	Oues and Subscriptions Other (Attach Schedule)	100% Ambulance Services 100% Ambulance Services
10 0	oner (Attach Schedule)	100% Affibulance Services
19 T	otal	

ME	BULANCE SERVICE ENTITY:	Rural/Metro Corporation (Pima)		
OR	THE PERIOD	FROM: January 1, 2020 TO: Dece	mber 31, 2020	
TH	ER OPERATING EXPENSES			
ine No.	DESCRIPTION			
	Depreciation and Amortization:			
1	Depreciation (Attach Schedule III) Amortization	,	498,022 159,330	
3	Total			\$657,352
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		88,927
	Building / Station Expense:			
5 6 7 8 9	Building and Cleaning Supplies Utilities Property Taxes Property Insurance Repairs and Maintenance Other (Attach Schedule)		20,259 66,146 19,024 0 43,166	
11	Total			148,596
	Vehicle Expense - Ambulance Units	s:		
12 13 14 15 16	License / Registration Fuel General Vehicle & Equip Service and Maint Major Repairs Insurance - Service Vehicles Other (Attach Schedule)		3,848 224,525 76,391 0 221,094 33,017	
18	Total			558,874
	Other Expenses:			
19 20 21 22 23 24 25 26	Dispatch Education / Training Uniforms and Uniform Cleaning Meals and Travel for Ambulance personnel Maintenance Contracts Minor Equipment - Not Capitalized Ambulance Supplies - Nonchargeable Other (Attach Schedule)		0 0 35,417 0 0 30,379 0 210,539	
27	Total			276,335
28	Total Other Operating Expenses	(Post to Page 2, Line 15)		\$ 1,730,084

MBULANCE SERVICE ENTITY	Rural/Metro Corporation (Pima	J	
OR THE PERIOD	FROM: January 1, 2020	TO: _ December 31, 2020_	
THER OPERATING EXPENSES			
ine <u>lo. </u>			
Building / Station Expense Oth	er:		
1 Other building/station expenses		0	
2			
.			
; ;			
,		<u> </u>	
7 Total		·····	0
Vehicle Expense - Ambulance	Jnits Other:		
		00.047	
3 Tires		33,017	
0			
1			
2			
3			
4 Total			33,017
4 I Otal		-	30,017
Other Expenses:			
5 Radio & Comm equip		1,119	
6 Lab & Physicals		504	
7 Other Misc		\$208,916	
8			
9			
0			
11 22			
2		····	
			210,539

Rural/Metro Corporation (Pima)

AMBULANCE SERVICE ENTITY:

FOR THE PERIOD		January 1, 2020	TO:	ecember 31, 2020		
ALL	OCATION of OTHER OPERATING EX	<u>PENSES</u>				
Line <u>No.</u>	DESCRIPTION			(1) Total <u>Expenditure</u>	(2) Allocation <u>Percentage</u>	(3) Ambulance <u>Amount</u>
	Depreciation and Amortization:					
1 2	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$	498,022 159,330	100% \$ 100%	498,022 159,330
3	Total			657,352	_	657,352
4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		88,927	100%	88,927
	Building / Station Expense:					
5 6	Building and Cleaning Supplies Utilities			20,259 66,146	100% 100%	20,259 66,146
7	Property Taxes			19,024	100%	19,024
8	Property Insurance			0	100%	0
9	Repairs and Maintenance			43,166	100%	43,166
10	Other (Attach Schedule)			0	100%	0
11	Total			148,596		148,596
	Vehicle Expense - Ambulance Units	»:			-	
12	License / Registration			3,848	100%	3,848
13	Fuel			224,525	100%	224,525
14	General Vehicle Service and Maintenance			76,391	100%	76,391
15	Major Repairs			0	100%	0
16	Insurance - Service Vehicles			221,094	100%	221,094
17	Other (Attach Schedule)			33,017	100%	33,017
18	Total			558,874	-	558,874
	Other Expenses:					
19	Dispatch			0_	100%	0
20	Education / Training			0	100%	0
21	Uniforms and Uniform Cleaning			35,417	100%	35,417
22	Meals and Travel - Ambulance Personnel			0	100%	0
23	Maintenance Contracts			0	100%	0
24	Minor Equipment - Not Capitalized			30,379	100%	30,379
25	Ambulance Supplies - Nonchargeable			0	100%	0
26	Other (Attach Schedule)			210,539	100%	210,539
27	Total			276,335	-	276,335
	Total Other Operating Expenses	(Post to Page 2, Line 15)		1,730,084		1,730,084

R 1	THE PERIOD	January 1, 2020 TO: December 31, 2020
ASIS	of ALLOCATION OF OTHER EXPENSES	<u>s</u>
_ine	DECORIDATION	Desir of Allegation
<u>No.</u>	DESCRIPTION	Basis of Allocation
	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

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima)

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

DETAIL OF CONTRACTUAL ALLOWANCES

Line <u>No.</u>	Name of Contracting Entity	Total Billable <u>Runs</u>	Gross <u>Billing</u>		Percent <u>Discount</u>	Allowance	
1	BANNER SUPPORT SERVICES	41_	\$	53,124	30%	\$ 15,937	
2	CARONDELET ST JOSEPHS HOSPITAL	10_	\$	10,488	30%	\$ 3,146	
3	CASA DE LUZ HOSPICE	11_	\$	3,345	30%	\$ 1,004	
4	CORNERSTONE HOSPITAL OF SE AZ	35_	\$	(188)	30%	\$ (56)	
5	CURAHEALTH TUCSON	6	\$	6,514	30%	\$ 1,954	
6	ENCOMPASS HEALTH REHAB OF S AZ	2	\$	<u>-</u>	30%	\$ -	
7	ENCOMPASS HEALTH RIT	4	\$	3,752	30%	\$ 1,126	
8	GATEWAY INTERNATIONAL EMS	1_	\$		30%	\$ -	
9	NORTHWEST HSP SAHUARITA	2	\$		30%	\$ -	
10	NORTHWEST MEDICAL CENTER	177	\$	313,467	30%	\$ 94,040	
11	NORTHWEST MEDICAL CENTER ADMIN	2	\$		30%	\$ -	
12	ONE CALL MEDICAL TRANSPORT	11	\$	13,759	30%	\$ 4,128	
13	ORO VALLEY HOSPITAL LLC	30	\$	43,846	30%	\$ 13,154	
14	TMC DBA TUCSON MEDICAL CENTER	9	\$	7,907	30%	\$ 2,372	
15	TMC HOSPICE	1	\$		30%	\$ -	
16	0	<u> </u>	\$	<u>-</u>	30%	\$ -	
17	0		\$		30%	\$ -	
18	0	<u> </u>	\$	<u>-</u>	30%	\$ -	
19	0	<u> </u>	\$	<u>-</u>	30%	\$ -	
20	0	<u> </u>	\$		30%	\$ -	
21	0		\$		30%	\$ -	
22	0	<u> </u>	\$		30%	\$ -	
23	0	<u> </u>	\$		30%	\$ -	
24	0	<u> </u>	\$		30%	\$ -	
25	0	<u> </u>	\$		30%	\$ -	
26	0	<u> </u>	\$		30%	\$ -	
27	0		\$		30%	\$ -	
28	0	<u> </u>	\$	<u>-</u>	30%	\$ -	
29	0	<u> </u>	\$	<u>-</u>	30%	\$ -	
30 31	0		\$	<u> </u>	30%	\$ -	
32	(Post Total to Page 2, Line 4)	342	\$	456,013		\$ 136,804	

R T	HE PERIOD	FROM:	January 1, 2020	TO:	December 31, 2020	
_	CRIPTION SERVICE REVENUE AND					
ine						
<u>lo.</u>	<u>Description</u>					
1	Billings at Fully Established Rate					\$ 107,218
	<u>Less:</u>					
2	AHCCCS Settlement			\$	1,563	
3	Medicare Settlement			-	51,085	
4	Subscription Service Settlement		(Post to Pg 2, Line 5)		3,468	
5	Subscription Service Bad Debt				19,341	
6	Total					 75,457
	<u>Plus:</u>					
7	Net Revenue from Subscription Service Runs					31,761
8	Sales of Subscription Service		(Post to Pg 2, Line 9)			15,124
9	Other Revenue		(attach schedule)			0
10	Total Subscription Service Revenue		(total of Lines 7, 8 and	9)		 46,885
	Direct Expenses Incurred Selling Subscription C	Contracts				
11	Salaries / Wages					
12	Payroll Taxes			_		
13	Employee Fringe Benefits					
14	Professional Services			_		
15	Contract Labor			_		
16	Travel			-		
17	Other General & Administrative Expenses			-		
8	Depreciation / Amortization			-		
9	Rent / Lease			-		
20	Building / Station Expense			-		
21	Transportation / Vehicles			-		
22	Other:	(attach s	chedule)	_		

OR 1	THE PERIOD	FROM:	January 1, 2020	TO:	December 31, 2020
THE	R OPERATING REVENUES & EXP	<u>ENSES</u>			
Line	Description				
<u>No.</u>	<u>Description</u>				
	Other Operating Revenue	s:			
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 / Organia	ration			
8	Interest Earned - Other				
9	Gain on Sale of Operating Property				
10	Other: Interest Income/Expense	_	(15,988)		
11	Other:				
12	Total Other Operating Revenues			\$_	(15,988)
	Other Operating Expenses:				
13	Loss on Sale of Operating Property				
14	Other:				
15	Other:				
16	Total Other Operating Expenses			-	0

AMBU	LANCE SERVICE ENTI	ITY:	Rural/Metro Corporation (Pir	na)			_							
FOR TH	IE PERIOD	FROM:	January 1, 2020	то:_	December 31, 2020	_								
DETA	Schedule I AIL OF SALARIES / WAGES <u>Officers / Owners</u>	s												
Line <u>No.</u>	<u>Name</u>		<u>Title</u>	% of Ownership	<u>Management</u>	<u>*FTE</u>	CEP IEMT <u>EMT</u>	<u>*FTE</u>	OFFICE	<u>*FTE</u>	OTHER	<u>*FTE</u>	WAGES PAID TO <u>OWNERS</u>	*FTE
							<u>EWI</u>						OWNERS	
1 _				\$_			\$		\$		\$		\$	
3 _														
4 <u> </u>														-
6 _														
7	TOTAL			\$			\$		\$		\$		\$	
* F	ull-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

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THE PERIOD FROM		January 1, 2020	TO:	December 31, 2020	
	Schedule II of SALARIES / W lance Personne	/AGES I, Other Personnel			
Detail of Salaries / \	Wages - Other T	han Officers / Owners			
IANAGEMENT:					
Certification and / or Title		Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
Operational Man	nagers	40+ week		Varies	
AR Supervis	sor	40+ week		Varies	
711 Oupcivis				\	
Facilities Coordi	inator	40+ week		Varies	
Facilities Coordi Clinical Compliance	Manager	40+ week		Varies	
Facilities Coordi	Manager				
Facilities Coordi Clinical Compliance General Mana	Manager ager	40+ week		Varies	
Facilities Coordi Clinical Compliance General Mana	Manager ager NEL:	40+ week	Varies	Varies	
Facilities Coordi Clinical Compliance General Mana MBULANCE PERSONI CEP/EMT Full	Manager ager NEL:	40+ week 40+ week	Varies Varies	Varies	
Facilities Coordi Clinical Compliance General Mana MBULANCE PERSON	Manager ager NEL: time r CEP	40+ week 40+ week 48 hrs/week		Varies	
Facilities Coordi Clinical Compliance General Mana MBULANCE PERSONI CEP/EMT Full Field Supervisor	Manager ager NEL: time r CEP	40+ week 40+ week 48 hrs/week 50 hrs/week	Varies	Varies	
Facilities Coordi Clinical Compliance General Mana AMBULANCE PERSONI CEP/EMT Full Field Supervisor EMT Full tim	Manager ager NEL: time r CEP	40+ week 40+ week 48 hrs/week 50 hrs/week 48 hrs/week	Varies Varies	Varies	
Facilities Coordi Clinical Compliance General Mana MBULANCE PERSONI CEP/EMT Full Field Supervisor EMT Full tim RNs	Manager ager NEL: time r CEP	40+ week 40+ week 48 hrs/week 50 hrs/week 48 hrs/week as needed	Varies Varies Varies	Varies	
Facilities Coordi Clinical Compliance General Mana MBULANCE PERSONI CEP/EMT Full Field Supervisor EMT Full tim RNs THER PERSONNEL: Dispatch	Manager ager NEL: time r CEP	40+ week 40+ week 48 hrs/week 50 hrs/week 48 hrs/week as needed	Varies Varies Varies	Varies	
Facilities Coordi Clinical Compliance General Mana MBULANCE PERSONI CEP/EMT Full Field Supervisor EMT Full tim RNs OTHER PERSONNEL: Dispatch Mechanic	Manager ager NEL: time r CEP	40+ week 40+ week 48 hrs/week 50 hrs/week 48 hrs/week as needed 36 hrs/week 40+ week	Varies Varies Varies Varies Varies	Varies	
Facilities Coordi Clinical Compliance General Mana MBULANCE PERSONI CEP/EMT Full Field Supervisor EMT Full tim RNs OTHER PERSONNEL: Dispatch Mechanic Office Staff	Manager ager NEL: time r CEP ne	40+ week 40+ week 48 hrs/week 50 hrs/week 48 hrs/week as needed 36 hrs/week 40+ week 40+ week	Varies Varies Varies Varies Varies Varies Varies	Varies	
Facilities Coordi Clinical Compliance General Mana AMBULANCE PERSONI CEP/EMT Full Field Supervisor EMT Full tim RNs OTHER PERSONNEL: Dispatch Mechanic	Manager ager NEL: time r CEP ne	40+ week 40+ week 48 hrs/week 50 hrs/week 48 hrs/week as needed 36 hrs/week 40+ week	Varies Varies Varies Varies Varies	Varies	

AMBULANCE REVENUE AND COST REPORT AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima) FOR FROM: January 1, 2020 December 31, 2020 Schedule III DEPRECIATION and/or RENT / LEASE EXPENSE **AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY** С Ε F G Κ Line Description of Date Placed Cost or **Business Use** Basis for Method Recovery Depreciation Current Remaining Rent / Lease No. Property in Service Other Percent Depreciation "straight line" Period Prior Years Year Basis Amounts * Depreciation Basis (in years) Depreciation 1 Vehicle - Ambulance 1,069,264 100% 1,069,264 Various 494,720 200,251 374,293 Various 2 3 Equipment - Ambulance Various 503,015 100% 503.015 SL Various 139.815 100.087 263,114 4 5 781 Equipment Rental 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 SUBTOTAL 300,338 637,407

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

Post to Pg 13, Line 19, Column I _____<u>781___</u> Post to Pg 13, Line 19,

Column K

AMBU	JLANCE SERVICE ENTITY:	Rural/Metro Corpor	ration (Pima)			_					
FOR T	HE PERIOD FF	ROM: _ January 1, 2020	TO:	December 31, 2020							
DEPRI	Schedule III ECIATION and/or RENT / LEASE EXPENSI ALL OTHER ITEMS	Ē									
Line <u>No.</u>	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	l 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	5,695	100%	5,695	SL	Various		95	5,600	
4	Vehicle - Other	Various	255,854	100%	255,854	SL	Various	156,505	56,545	42,804	
5	Equipment - Computer	Various	912,622	100%	912,622	SL	Various	304,462	126,714	481,445	
6	Computer Software	Various		100%	-	SL	Various				
7	Office Furn/Equip	Various	71,646	100%	71,646	SL	Various	23,882	14,329	33,435	
8	Equipment - Fleet Maint	Various	. <u> </u>	100%	-	SL	Various				
9	Rented Real Estate	 -							<u> </u>	ļ	88,146
10		 -								ļ	
11										ļ	
12										ļ	
13											
14											
15			+								
16											
17											
18	SUBTOTAL above								197,684	563,284	88,146
19	SUBTOTAL from Page 12, Line 20								300,338	637,407	781
	-								Post from Pg 12, Line 20 Column I	·	Post from Pg 12, Line 20 Column K
20	SUM of Line 18 & 19	 							498,022	1,200,691	88,927
* Comp	lete Description of property, date placed in service, and	rent/lease amount only.				Page 13			Post to Pg 6, Line 1		Post to Pg 6, Line 4

AMBULANCE REVENUE AND COST REPORT AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Pima) FOR THE PERIOD FROM: January 1, 2020 TO: December 31, 2020 Schedule IV **DETAIL OF INTEREST** (1) (3) (4) (2) (5) **Principal Balance** Interest Expense Line Interest Beginning of Related Persons or End of **Description** No. Rate Period Period **Organizations** Other Service Vehicles & Accessorial Equipment Name of Payee: 2 3 Communication Equipment Name of Payee: 5 6 Other Property and Equipment Name of Payee: 8 9 10 Working Capital Name of Payee: 12 13 Other Name of Payee: 14

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15 TOTAL

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

AMBULANCE SERVICE ENTITY:		ITITY:	Rural/Metro Corporation (Pima)						
OR TI	#N/A	FROM:	January 1, 2020	то:	December 31, 2020				
ALANCE	SHEET								
,	ASSETS								
CURR	RENT ASSETS								
1 Cas	sh			\$	<u> </u>				
Acc	counts Receivable			-	4,569,619				
L	ess: Allowance for Doubtful	Accounts			(2,663,587)				
	entory			-	210,409				
	epaid Expenses			-	9,562				
Oth	ner Current Assets				<u> </u>				
ТО	TAL CURRENT ASSETS					\$2,126,003			
PROP	PERTY & EQUIPMENT					2,818,096			
0 Le	ess: Accumulated Depreciat	ion				(1,617,405)			
1 OTHER	R NON CURRENT ASSETS	;				98,025			
2 TOTA	L ASSETS					\$ 3,424,720			
	_,,,,,,,					<u> </u>			
LIABILI	TIES & EQUITY								
CLIBB	RENT LIABILITIES								
	counts Payable			\$	50,915				
1 Cui	rrent Portion of Notes Payat	ale		Ψ.	-				
	rrent Portion of Long-Term [83,851				
	ferred Subscription Income			-	-				
	crued Expenses and Other			•	735,505				
3	·								
<u> </u>				······					
TOTA	L CURRENT LIABILITIES	3				\$870,271_			
1 NOTES	S PAYABLE				0				
	-TERM DEBT OTHER			-	108,183				
	L LONG-TERM DEBT			•		100 102			
IOIA	L LONG-TERM DEDT					108,183_			
EQUIT	TY & OTHER CREDITS								
	n Capital:								
1 Coi	mmon Stock			-					
	id-In Capital in Excess of Pa	r Value							
	ntributed Capital								
	ed Earnings				4,899,924				
	mpany Payable to Parent				(2,453,658)				
) <u> </u>	N. I								
) Fund B				·······					
TOTA	L EQUITY					2,446,266			
) TOTAL	L LIABILITIES & EQUITY	,				\$ 3,424,720			
LIJIA	L LINDILITIES & EQUITI				••	Ψ 3,424,120			

AMBULANCE SERVICE ENTITY:			Rural/Metro Corporation (Pima)					
FOR	TI #N/A	FROM:	January 1, 2020	то:				
STAT	TEMENT OF CASH FLOW	<u>s</u>						
1	DPERATING ACTIVITIES: Net (loss) Income			\$	269,422			
	Adjustments to Reconcile Net							
2	Provided by Operating Activity Depreciation & Amortizai		Note: a increase in these accou	ants improves cash now	657,352			
3	Deferred Income Tax				-			
4	Loss (gain) on Disposal o		uipment		(23,991)			
	(Increase) Decrease in:		Note: a decrease in these acco	unts improves cash flow				
5	Accounts Receivable				(593,370)			
6	Inventories				(5,243)			
7	Prepaid Expenses				(4,620)			
	Increase (Decrease) in:		Note: a increase in these accou	unts improves cash flow				
8	Accounts Payable				24,397			
9	Accrued Expenses				362,999			
10	Deferred Subscription Inc	come						
11	NET CASH PROVIDED (Use	d) BY OPERATI	NG ACTIVITIES			\$686,946		
I	NVESTING ACTIVITIES:							
12	Purchases of Property & Equi				(559,908)			
13	Proceeds from Disposal of Pr	operty & Equipm	ent					
14	Purchases of Investments							
15 16	Proceeds from Disposal of Inv Loans Made	estments/						
17	Collections on Loans							
18		s from/(to) Parer	t		(226,013)			
19	NET CASH PROVIDED (Use	d) BY INVESTIN	IG ACTIVITIES			(785,921)		
F	INANCING ACTIVITIES:							
	New Borrowings:							
20	Long-Term							
21	Short-Term							
	Debt Reduction:							
22	Long-Term							
23	Short-Term							
24	Capital Contributions							
25	Dividends Paid			\$				
26	•	•	IG ACTIVITIES			97,775		
27	NET INCREASE (Decrease)					(1,200)		
28 29	CASH AT BEGINNING OF YI CASH AT END OF YEAR	EAK				1,200		
5	SUPPLEMENTAL DISCLOSE							
30	Non-cash Investing and Finar	icing i ransactio	<u> 18.</u>					
31								
32 33	Interest Paid (Net of Amounts	Capitalized)						
34	Income Taxes Paid	Capitalizou)				\$ 49,311		
						·		