

ACTUAL FINANCIAL DATA

AMBULANCE REVENUE and COST REPORT

GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Rural/Metro Corporation (Yuma) CON No. 65

D.B.A. (Doing Business As): Rural/Metro Ambulance - Yuma 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, 2021 To: December 31, 2021

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, 2022

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 (Yuma)

FOR THE PERIOD January 1, 2021 **TO:** December 31, 2021

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: | 68 | 7 | 5,902 | 5,977 |
| 2 | Number of BLS Billable Transports: | 5 | 3 | 3,047 | 3,055 |
| 3 | Number of Loaded Billable Miles: | 965 | 283 | 254,537 | 255,785 |
| 4 | Waiting Time (Hr. & Min.): | - | 0 | 8 | 8 |
| 5 | Canceled (Non-Billable) Runs: | | | 4,301 | 4,301 |
| | | | | | 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 (Yuma)

FOR THE PERIOD January 1, 2021 **TO:** December 31, 2021

STATISTICAL SUPPORT DATA

| <u>Line No.</u> | <u>Type of Service</u> | (1) <u>SUBSIDIZED PATIENTS</u> | (2) <u>NON-SUBSIDIZED PATIENTS</u> | (3) <u>TOTALS</u> |
|---------------------------------------|--|-----------------------------------|---------------------------------------|----------------------|
| 1 | Number of ALS Billable Transports: | _____ | 5,977 | 5,977 |
| 2 | Number of BLS Billable Transports: | _____ | 3,055 | 3,055 |
| 3 | Number of Loaded Billable Miles: | _____ | 255,785 | 255,785 |
| 4 | Waiting Time (Hr. & Min.): | _____ | 8 | 8 |
| 5 | Canceled (Non-Billable) Runs: | _____ | 4,301 | 4,301 |
| | | | | 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 (Yuma)

FOR THE PERIOD

FROM: January 1, 2021

TO: December 31, 2021

STATEMENT OF INCOME

| Line No. | <u>DESCRIPTION</u> | <u>FROM</u> | |
|--------------------------------------|---|---|------------------|
| Operating Revenues: | | | |
| 1 | Ambulance Service Routine Operating Revenue | 68 Page 3, Line 10 & Page 3.1, Line 10 | \$ 21,074,236 |
| Less: | | | |
| 2 | AHCCCS Settlement | Page 3.1, Line 11 | 2,168,197 |
| 3 | Medicare Settlement | Page 3.1, Line 12 | 6,113,614 |
| 4 | Contractual Discounts | Page 7, Line 22 | 3,901 |
| 5 | Subscription Service Settlement | Page 8, Line 4 | 5,571 |
| 6 | Other (Attach Schedule) | Page 3.1, Line 13 | 11,925 |
| 7 | Total | Sum of Lines 2 through 6 | 8,303,210 |
| 8 | Net Revenue from Ambulance Runs | Line 1, minus Line 7 | 12,771,027 |
| 9 | Sales of Subscription Service Contracts | Page 8, Line 8 | 34,701 |
| 10 | Total Operating Revenue | Line 8, plus Line 9 | \$ 12,805,728 |
| Ambulance Operating Expenses: | | | |
| 11 | Bad Debt (Includes Subscription Services Bad Debt) | | 3,866,122 |
| 12 | Wages, Payroll Taxes, and Employee Benefits | Page 4, Line 22 | 2,902,833 |
| 13 | General and Administrative Expenses | Page 5, Line 20 | 1,554,180 |
| 14 | Cost of Goods Sold | Page 3, Line 15 | 194,316 |
| 15 | Other Operating Expense | Page 6, Line 28 | 1,569,211 |
| 16 | Interest Expense (Attach Schedule IV) | Page 14, Line 15, Column 4 & 5 | - |
| 17 | Subscription Service Direct Selling | Page 8, Line 23 | - |
| 18 | Total Operating Expense | Sum of Lines 11 through 17 | 10,086,662 |
| 19 | Ambulance Service Income (Loss) | Line 10, minus Line 18 | 2,719,066 |
| Other Revenue / Expenses: | | | |
| 20 | Other Operating Revenue and Expense | Page 9, Line 17 | (33) |
| 21 | Non-Operating Revenue and Expense | | |
| 22 | Non-Deductible Expenses (Attach Schedule) | | |
| 23 | Total Other Revenues / Expenses | Sum of Lines 20 & 21 | (33) |
| 24 | Ambulance Service Income (Loss) - Before Income Taxes | Sum of Line 19, plus Line 23 | 2,719,033 |
| Provision for Income Taxes: | | | |
| 25 | Federal Income Tax | | 534,745 |
| 26 | State Income Tax | | 124,774 |
| 27 | Total Income Tax | Lines 25, plus Line 26 | 659,518 |
| 28 | Ambulance Service Net Income (Loss) | Line 24, minus Line 27 | 2,059,515 |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD

FROM: January 1, 2021

TO: December 31, 2021

ROUTINE OPERATING REVENUE

**Line
No.**

DESCRIPTION

Ambulance Service Routine Operating Revenue:

| | | | | | | | |
|----|--|------|-----------------|-------------------------|-------------------|---|-----------------------------|
| 1 | ALS Base Rate Amount | Rate | <u>1,438.06</u> | x No. of Runs | <u>5,977.00</u> | = | \$ <u>8,595,285</u> |
| | | Rate | | | | = | <u>0</u> |
| 2 | BLS Base Rate Amount | Rate | <u>1,438.06</u> | x No. of Runs | <u>3,055.00</u> | = | <u>4,393,273</u> |
| | | Rate | | x No. of Runs | | = | <u>0</u> |
| 3 | Mileage Rate Amount | Rate | <u>24.85</u> | x No. of Billable Miles | <u>255,785.00</u> | = | <u>6,356,257</u> |
| | | Rate | | x No. of Billable Miles | | = | <u>0</u> |
| 4 | Waiting Charge Amount | Rate | <u>359.51</u> | x No. of Hours | <u>8.25</u> | = | <u>2,966</u> |
| | | Rate | | x No. of Hours | | = | <u>0</u> |
| 5 | Medical Supplies (Gross Charges to patients) | | | | | | <u>737,422</u> |
| 6 | Nurses Charges | | | | | | <u>0</u> |
| 7 | Total | | | | | | <u>20,085,203</u> |
| 8 | Standby Revenue (Attach Schedule) | | | | | | <u>588,450</u> |
| 9 | Other Ambulance Service Revenue (Attach Schedule) | | | | | | <u>400,584</u> |
| 10 | Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1) | | | | | | \$ <u>21,074,236</u> |

Cost of Goods Sold: (Medical Supplies)

| | | | | | | | |
|----|--|--|--|--|----------------|--|--------------------------|
| 11 | Inventory at Beginning of Year | | | | <u>190,878</u> | | |
| 12 | Plus Purchases | | | | <u>173,226</u> | | |
| 13 | Plus Other Costs | | | | <u>169,788</u> | | |
| 14 | Less Inventory at End of Year | | | | <u>169,788</u> | | |
| 15 | Cost of Goods Sold (To Page 2, Line 14) | | | | | | \$ <u>194,316</u> |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Yuma)

FOR THE PERIOD

January 1, 2021

TO:

December 31, 2021

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 | \$ _____ | \$ 8,595,285 | \$ 8,595,285 |
| 2 | BLS Base Rate | _____ | 4,393,273 | 4,393,273 |
| 3 | Mileage Charge | _____ | 6,356,257 | 6,356,257 |
| 4 | Waiting Charge | _____ | 2,966 | 2,966 |
| 5 | Medical Supplies (Gross Charges) | _____ | 737,422 | 737,422 |
| 6 | Nurses' Charges | _____ | 0 | 0 |
| 7 | Total | \$ 0 | \$ 20,085,203 | \$ 20,085,203 |
| Plus: | | | | |
| 8 | Standby Revenue (Attach Schedule) | _____ | _____ | 588,450 |
| 9 | Other Ambulance Service Revenue (Attach Schedule) | _____ | _____ | 400,584 |
| 10 | Total Ambulance Service Routine Operating Revenue (Post to Pg 2, Line 1) | _____ | _____ | \$ 21,074,236 |
| Less: | | | | |
| 11 | AHCCCS Settlement (Post total to Pg 2, Line 2) | \$ _____ | \$ 2,168,197 | \$ 2,168,197 |
| 12 | Medicare Settlement (Post total to Pg 2, Line 3) | _____ | 6,113,614 | 6,113,614 |
| 13 | Subsidy (Post total to Pg 2, Line 6) | _____ | 0 | 0 |
| 14 | Other (Attach Schedule) | _____ | 11,925 | 11,925 |
| 15 | Total Settlements (Post to Pg 2, Line 7) | \$ 0 | \$ 8,293,737 | \$ 8,293,737 |

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 (Yuma)

FOR THE PERIOD FROM: January 1, 2021 TO: December 31, 2021

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 | 0.0 | 7 |
| 6 | Payroll Taxes | | 1 |
| 7 | Employee Fringe Benefits | | 1 |
| 8 | Total | 0.0 | 9 |
| AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg 11) ** Casual Wages | | | |
| Gross Wages | | | |
| 9 | Paramedics and IEMT | 18.1 | 825,640 |
| 10 | Emergency Medical Technician (EMT) | 34.3 | 1,568,838 |
| 11 | Nurses | 0.0 | 0 |
| 12 | Payroll Taxes | | 182,477 |
| 13 | Employee Fringe Benefits | | 325,869 |
| 14 | Total | 52.4 | 2,902,824 |
| OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11) | | | |
| Gross Wages | | | |
| 15 | Dispatch | 0.0 | 0 |
| 16 | Mechanics | 0.0 | 0 |
| 17 | Office and Clerical | 0.0 | 0 |
| 18 | Other | 0.0 | 0 |
| 19 | Payroll Taxes | | 0 |
| 20 | 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) | 52.4 | \$ 2,902,833 |

* 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 (Yuma)

FOR THE PERIOD FROM: January 1, 2021 TO: December 31, 2021

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) | 0.0 | 7 | 100% | 7 | |
| 2 | Payroll Taxes | | 1 | 100% | 1 | |
| 3 | Employee Fringe Benefits | | 1 | 100% | 1 | |
| 4 | Total | 0.0 | 9 | | 9 | |
| AMBULANCE PERSONNEL | | | | | | |
| | | ** Contractual | Wages | | | |
| | Gross Wages (Attach Schedule II) | Labor | | | | |
| 5 | Paramedics and IEMT | \$ | 18.1 | 825,640 | 100% | 825,640 |
| 6 | Emergency Medical Technician (EMT) | | 34.3 | 1,568,838 | 100% | 1,568,838 |
| 7 | Nurses | | 0.0 | 0 | 100% | 0 |
| 8 | Drivers | | 0.0 | | 100% | 0 |
| 9 | Payroll Taxes | | | 182,477 | 100% | 182,477 |
| 10 | Employee Fringe Benefits | | | 325,869 | 100% | 325,869 |
| 11 | Total | | 52.4 | 2,902,824 | | 2,902,824 |
| 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) | 52.4 | 2,902,833 | | \$ 2,902,833 |

* 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 (Yuma)

FOR THE PERIOD January 1, 2021 **TO:** December 31, 2021

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 (Yuma)

FOR THE PERIOD January 1, 2021 **TO:** December 31, 2021

GENERAL and ADMINISTRATIVE EXPENSES

| Line No. | <u>DESCRIPTION</u> | | |
|--|--|----|----------------------------|
| Professional Service: | | | |
| 1 | Legal Fees | \$ | - |
| 2 | Collection Fees | | <u>290,731</u> |
| 3 | Accounting and Auditing | | - |
| 4 | Data Processing Fees | | - |
| 5 | Other (Attach Schedule) From Pg 5.a G&A Supporting Detail | | <u>2,226</u> |
| 6 | Total | | \$ <u>292,958</u> |
| Travel and Entertainment: | | | |
| 7 | Meals and Entertainment | | <u>161</u> |
| 8 | Transportation - Other Company Vehicles | | - |
| 9 | Travel | | <u>1,567</u> |
| 10 | Other (Attach Schedule) From Pg 5.a G&A Supporting Detail | | - |
| 11 | Total | | <u>1,728</u> |
| Other General and Administrative: | | | |
| 12 | Office Supplies | | <u>15,594</u> |
| 13 | Postage | | <u>4,203</u> |
| 14 | Telephone | | <u>45,309</u> |
| 15 | Advertising | | <u>769</u> |
| 16 | Professional Liability Insurance | | <u>51,666</u> |
| 17 | Dues and Subscriptions | | <u>2,577</u> |
| 18 | Other (Attach Schedule) From Pg 5.a G&A Supporting Detail | | <u>1,139,376</u> |
| 19 | Total | | <u>1,259,494</u> |
| 20 | Total General and Administrative Expenses (Post to Page 2, Line 13) | | \$ <u>1,554,180</u> |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD

January 1, 2021

TO: December 31, 2021

GENERAL and ADMINISTRATIVE EXPENSES

| Line No. | <u>DESCRIPTION</u> | | | | |
|--|---|----|-----------|----|-----------|
| Professional Service: | | | | | |
| 1 | Consulting | \$ | 700 | | |
| 2 | Medical Director | | 0 | | |
| 3 | Temp Staffing | | 0 | | |
| 4 | Other Professional Fees | | 1,526 | | |
| 5 | ..... |  | 0 | | |
| 6 | Total | | | \$ | 2,226 |
| Travel and Entertainment: | | | | | |
| 7 | ..... |  | 0 | | |
| 8 | ..... |  | 0 | | |
| 9 | ..... |  | 0 | | |
| 10 | ..... |  | 0 | | |
| 11 | Total | | | | 0 |
| Other General and Administrative: | | | | | |
| 12 | Employee Relations & Training | | 50,351 | | |
| 13 | Lobbying & Political | | 250 | | |
| 14 | Printing | | 549 | | |
| 15 | Software Licenses & Maintenance | | 1,721 | | |
| 16 | Recruiting | | 2,954 | | |
| 17 | Sales & Use Tax | | 1,744 | | |
| 18 | Fines and Penalties | | 0 | | |
| 19 | Misc G&A | | -4,424 | | |
| 20 | NBV of Disposed Asset | | 0 | | |
| 21 | Corporate and Regional Overhead Support | | 1,086,231 | | |
| 22 | Total | | | | 1,139,376 |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD January 1, 2021 **TO:** December 31, 2021

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

| Line No. | <u>DESCRIPTION</u> | (1) Total Expenditure | (2) Allocation Percentage | (3) Ambulance Amount |
|--|--|-----------------------------|---------------------------------|----------------------------|
| Professional Service: | | | | |
| 1 | Legal Fees | \$ 0 | 100% | \$ 0 |
| 2 | Collection Fees | 290,731 | 100% | 290,731 |
| 3 | Accounting and Auditing | 0 | 100% | 0 |
| 4 | Data Processing Fees | 0 | 100% | 0 |
| 5 | Other (Attach Schedule) | 2,226 | 100% | 2,226 |
| 6 | Total | 292,958 | | 292,958 |
| Travel and Entertainment: | | | | |
| 7 | Meals and Entertainment | 161 | 100% | 161 |
| 8 | Transportation - Other Company Vehicles | 0 | 100% | 0 |
| 9 | Travel | 1,567 | 100% | 1,567 |
| 10 | Other (Attach Schedule) | 0 | 100% | 0 |
| 11 | Total | 1,728 | | 1,728 |
| Other General and Administrative: | | | | |
| 12 | Office Supplies | 15,594 | 100% | 15,594 |
| 13 | Postage | 4,203 | 100% | 4,203 |
| 14 | Telephone | 45,309 | 100% | 45,309 |
| 15 | Advertising | 769 | 100% | 769 |
| 16 | Professional Liability Insurance | 51,666 | 100% | 51,666 |
| 17 | Dues and Subscriptions | 2,577 | 100% | 2,577 |
| 18 | Other (Attach Schedule) | 1,139,376 | 100% | 1,139,376 |
| 19 | Total | 1,259,494 | | 1,259,494 |
| 20 | Total General and Administrative Expenses (Post to Page 2, Line 13) | \$ 1,554,180 | | 1,554,180 |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD January 1, 2021 TO: December 31, 2021

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 (Yuma)

FOR THE PERIOD FROM: January 1, 2021 TO: December 31, 2021

OTHER OPERATING EXPENSES

| Line No. | <u>DESCRIPTION</u> | | |
|---|---|--------------------------------------|----------------------------|
| Depreciation and Amortization: | | | |
| 1 | Depreciation (Attach Schedule III) | (From Pg 13, Line 20, Col I) | \$ 260,124 |
| 2 | Amortization | | <u>77,576</u> |
| 3 | Total | | \$ <u>337,701</u> |
| 4 | Rent / Lease (Attach Schedule III) | (From Pg 13, Line 20, Col K) | <u>152,036</u> |
| Building / Station Expense: | | | |
| 5 | Building and Cleaning Supplies | | <u>44,831</u> |
| 6 | Utilities | | <u>37,834</u> |
| 7 | Property Taxes | | <u>(168)</u> |
| 8 | Property Insurance | | <u>0</u> |
| 9 | Repairs and Maintenance | | <u>37,281</u> |
| 10 | Other (Attach Schedule) | From Pg 6a, Oth Operating Exp Detail | <u>0</u> |
| 11 | Total | | <u>119,778</u> |
| Vehicle Expense - Ambulance Units: | | | |
| 12 | License / Registration | | <u>16,277</u> |
| 13 | Fuel | | <u>293,970</u> |
| 14 | General Vehicle & Equip Service and Maint | | <u>170,786</u> |
| 15 | Major Repairs | | <u>0</u> |
| 16 | Insurance - Service Vehicles | | <u>164,654</u> |
| 17 | Other (Attach Schedule) | From Pg 6a, Oth Operating Exp Detail | <u>20,156</u> |
| 18 | Total | | <u>665,843</u> |
| Other Expenses: | | | |
| 19 | Dispatch | | <u>0</u> |
| 20 | Education / Training | | <u>0</u> |
| 21 | Uniforms and Uniform Cleaning | | <u>54,462</u> |
| 22 | Meals and Travel for Ambulance personnel | | <u>0</u> |
| 23 | Maintenance Contracts | | <u>0</u> |
| 24 | Minor Equipment - Not Capitalized | | <u>82,479</u> |
| 25 | Ambulance Supplies - Nonchargeable | | <u>0</u> |
| 26 | Other (Attach Schedule) | From Pg 6a, Oth Operating Exp Detail | <u>156,913</u> |
| 27 | Total | | <u>293,854</u> |
| 28 | Total Other Operating Expenses | (Post to Page 2, Line 15) | \$ <u>1,569,211</u> |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD FROM: January 1, 2021 TO: December 31, 2021

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 | 20,156 | |
| 9 | ..... | _____ |  |
| 10 | ..... | _____ |  |
| 11 | ..... | _____ |  |
| 12 | ..... | _____ |  |
| 13 | ..... | _____ |  |
| 14 | Total | | 20,156 |

Other Expenses:

| | | | |
|----|--------------------------|-----------|---------|
| 15 | Radio & Comm equip | 6,092 | |
| 16 | Lab & Physicals | 47,829 | |
| 17 | Other Misc | \$102,992 | |
| 18 | ..... | _____ |  |
| 19 | ..... | _____ |  |
| 20 | ..... | _____ |  |
| 21 | ..... | _____ |  |
| 22 | ..... | _____ |  |
| 23 | Total | | 156,913 |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD January 1, 2021 **TO:** December 31, 2021

ALLOCATION of OTHER OPERATING EXPENSES

| Line No. | <u>DESCRIPTION</u> | (1) Total Expenditure | (2) Allocation Percentage | (3) Ambulance Amount |
|---|---|-----------------------------|---------------------------------|----------------------------|
| Depreciation and Amortization: | | | | |
| 1 | Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I) | \$ 260,124 | 100% | \$ 260,124 |
| 2 | Amortization | 77,576 | 100% | 77,576 |
| 3 | Total | 337,701 | | 337,701 |
| 4 | Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K) | 152,036 | 100% | 152,036 |
| Building / Station Expense: | | | | |
| 5 | Building and Cleaning Supplies | 44,831 | 100% | 44,831 |
| 6 | Utilities | 37,834 | 100% | 37,834 |
| 7 | Property Taxes | (168) | 100% | (168) |
| 8 | Property Insurance | 0 | 100% | 0 |
| 9 | Repairs and Maintenance | 37,281 | 100% | 37,281 |
| 10 | Other (Attach Schedule) | 0 | 100% | 0 |
| 11 | Total | 119,778 | | 119,778 |
| Vehicle Expense - Ambulance Units: | | | | |
| 12 | License / Registration | 16,277 | 100% | 16,277 |
| 13 | Fuel | 293,970 | 100% | 293,970 |
| 14 | General Vehicle Service and Maintenance | 170,786 | 100% | 170,786 |
| 15 | Major Repairs | 0 | 100% | 0 |
| 16 | Insurance - Service Vehicles | 164,654 | 100% | 164,654 |
| 17 | Other (Attach Schedule) | 20,156 | 100% | 20,156 |
| 18 | Total | 665,843 | | 665,843 |
| Other Expenses: | | | | |
| 19 | Dispatch | 0 | 100% | 0 |
| 20 | Education / Training | 0 | 100% | 0 |
| 21 | Uniforms and Uniform Cleaning | 54,462 | 100% | 54,462 |
| 22 | Meals and Travel - Ambulance Personnel | 0 | 100% | 0 |
| 23 | Maintenance Contracts | 0 | 100% | 0 |
| 24 | Minor Equipment - Not Capitalized | 82,479 | 100% | 82,479 |
| 25 | Ambulance Supplies - Nonchargeable | 0 | 100% | 0 |
| 26 | Other (Attach Schedule) | 156,913 | 100% | 156,913 |
| 27 | Total | 293,854 | | 293,854 |
| 28 | Total Other Operating Expenses (Post to Page 2, Line 15) .. | \$ 1,569,211 | | \$ 1,569,211 |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD

January 1, 2021

TO: December 31, 2021

BASIS of ALLOCATION OF OTHER EXPENSES

| <u>Line No.</u> | <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 (Yuma)

FOR THE PERIOD January 1, 2021 TO: December 31, 2021

DETAIL OF CONTRACTUAL ALLOWANCES

| Line No. | <u>Name of Contracting Entity</u> | <u>Total Billable Runs</u> | <u>Gross Billing</u> | <u>Percent Discount</u> | <u>Allowance</u> |
|----------|-----------------------------------|----------------------------|----------------------|-------------------------|------------------|
| 1 | ONE CALL MEDICAL TRANSPORT | 10 | \$ 13,005 | 30% | \$ 3,901 |
| 2 | | - | | | \$ - |
| 3 | | - | | | \$ - |
| 4 | | - | | | \$ - |
| 5 | | - | | | \$ - |
| 6 | | - | | | \$ - |
| 7 | | - | | | \$ - |
| 8 | | - | | | \$ - |
| 9 | | - | | | \$ - |
| 10 | | - | | | \$ - |
| 11 | | - | | | \$ - |
| 12 | | - | | | \$ - |
| 13 | | - | | | \$ - |
| 14 | | - | | | \$ - |
| 15 | | - | | | \$ - |
| 16 | | - | | | \$ - |
| 17 | | - | | | \$ - |
| 18 | | - | | | \$ - |
| 19 | | - | | | \$ - |
| 20 | | - | | | \$ - |
| 21 | | - | | | \$ - |
| 22 | | - | | | \$ - |
| 23 | | - | | | \$ - |
| 24 | | - | | | \$ - |
| 25 | | - | | | \$ - |
| 26 | | - | | | \$ - |
| 27 | | - | | | \$ - |
| 28 | | - | | | \$ - |
| 29 | | - | | | \$ - |
| 30 | | - | | | \$ - |
| 31 | | - | | | \$ - |
| 32 | (Post Total to Page 2, Line 4) | 10 | \$ 13,005 | | \$ 3,901 |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Rural/Metro Corporation (Yuma)

FOR THE PERIOD

FROM: January 1, 2021 **TO:** December 31, 2021

**SUBSCRIPTION SERVICE REVENUE AND
DIRECT SELLING EXPENSES**

| <u>Line No.</u> | <u>Description</u> | |
|--|---|-------------------|
| 1 | Billings at Fully Established Rate | \$ <u>136,454</u> |
| <u>Less:</u> | | |
| 2 | AHCCCS Settlement | \$ <u>0</u> |
| 3 | Medicare Settlement | <u>81,183</u> |
| 4 | Subscription Service Settlement (Post to Pg 2, Line 5) ... | <u>5,571</u> |
| 5 | Subscription Service Bad Debt | <u>6,604</u> |
| 6 | Total | <u>93,358</u> |
| <u>Plus:</u> | | |
| 7 | Net Revenue from Subscription Service Runs | <u>43,097</u> |
| 8 | Sales of Subscription Service (Post to Pg 2, Line 9) | <u>34,701</u> |
| 9 | Other Revenue (attach schedule) | <u>0</u> |
| 10 | Total Subscription Service Revenue (total of Lines 7, 8 and 9) | <u>77,798</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 (Yuma)

FOR THE PERIOD FROM: January 1, 2021 TO: December 31, 2021

OTHER OPERATING REVENUES & EXPENSES

| <u>Line No.</u> | <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: _____ | (33) |
| 11 | Other: _____ | _____ |
| 12 | Total Other Operating Revenues | \$ _____ (33) |
| 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) | \$ _____ (33) |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR THE PERIOD FROM: January 1, 2021 TO: December 31, 2021

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 (Yuma)

FOR THE PERIOD FROM: January 1, 2021 TO: December 31, 2021

**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 (Yuma)

FOR # _____ **FROM:** January 1, 2021 **TO:** December 31, 2021

**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 | 1,312,982 | 100% | 1,312,982 | SL | Various | 599,146 | 180,875 | 532,961 | |
| 2 | | | | | | | | | | | |
| 3 | Equipment - Ambulance | Various | 449,244 | 100% | 449,244 | SL | Various | 413,132 | 8,966 | 27,146 | |
| 4 | | | | | | | | | | | |
| 5 | Equipment Rental | | | | | | | | | | (2,465) |
| 6 | | | | | | | | | | | |
| 7 | | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | | | | | | | | | | | |
| 19 | | | | | | | | | | | |
| 20 | SUBTOTAL | | | | | | | | 189,841 | 560,107 | -2,465 |

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 (Yuma)

FOR THE PERIOD FROM: January 1, 2021 TO: December 31, 2021

**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 | 28,340 | 100% | 28,340 | SL | Various | 3,988 | 5,559 | 18,792 | |
| 4 | Vehicle - Other | Various | 194,601 | 100% | 194,601 | SL | Various | 114,785 | 14,435 | 65,381 | |
| 5 | Equipment - Computer | Various | 351,182 | 100% | 351,182 | SL | Various | 136,377 | 49,318 | 165,487 | |
| 6 | Computer Software | Various | 2,467 | 100% | 2,467 | SL | Various | 2,467 | - | - | |
| 7 | Office Furn/Equip | Various | - | 100% | - | SL | Various | - | - | - | |
| 8 | Equipment - Fleet Maint | Various | 4,852 | 100% | 4,852 | SL | Various | 3,154 | 970 | 728 | |
| 9 | Rented Real Estate | | | | | | | | | | 154,501 |
| 10 | | | | | | | | | | | |
| 11 | | | | | | | | | | | |
| 12 | | | | | | | | | | | |
| 13 | | | | | | | | | | | |
| 14 | | | | | | | | | | | |
| 15 | | | | | | | | | | | |
| 16 | | | | | | | | | | | |
| 17 | | | | | | | | | | | |
| 18 | SUBTOTAL above | | | | | | | 70,283 | | 250,388 | 154,501 |
| 19 | SUBTOTAL from Page 12, Line 20 | | | | | | | 189,841 | | 560,107 | -2,465 |
| | | | | | | | | Post from Pg 12, Line 20 Column I | | | Post from Pg 12, Line 20 Column K |
| 20 | SUM of Line 18 & 19 | | | | | | | 260,124 | | 810,495 | 152,036 |
| | | | | | | | | 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 (Yuma)

FOR THE PERIOD

FROM:

January 1, 2021

TO:

December 31, 2021

**Schedule IV
DETAIL OF INTEREST**

| Line No. | Description | (1) Interest Rate | (2) Principal Balance | | (5) Interest Expense | |
|----------|--|----------------------|-----------------------|---------------|----------------------------------|------------|
| | | | Beginning of Period | End of Period | Related Persons or Organizations | Other |
| | 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 (Yuma)

FOR TI #N/A

FROM: January 1, 2021

TO: December 31, 2021

BALANCE SHEET

ASSETS

CURRENT ASSETS

| | | | | |
|----|---------------------------------------|----|-------------|---------------------|
| 1 | Cash | \$ | 1,500 | |
| 2 | Accounts Receivable | | 4,863,946 | |
| 3 | Less: Allowance for Doubtful Accounts | | (3,308,873) | |
| 4 | Inventory | | 169,788 | |
| 5 | Prepaid Expenses | | 50,312 | |
| 6 | Other Current Assets | | - | |
| 7 | TOTAL CURRENT ASSETS | | | \$ 1,776,673 |
| 9 | PROPERTY & EQUIPMENT | | | 2,343,667 |
| 10 | Less: Accumulated Depreciation | | | (1,533,173) |
| 11 | OTHER NON CURRENT ASSETS | | | 313,834 |
| 12 | TOTAL ASSETS | | | \$ 2,901,002 |

LIABILITIES & EQUITY

CURRENT LIABILITIES

| | | | | |
|----|-----------------------------------|----|----------------|-------------------|
| 13 | Accounts Payable | \$ | 2,112 | |
| 14 | Current Portion of Notes Payable | | - | |
| 15 | Current Portion of Long-Term Debt | | 138,905 | |
| 16 | Deferred Subscription Income | | - | |
| 17 | Accrued Expenses and Other | | 120,512 | |
| 18 | | | | |
| 19 | | | | |
| 20 | TOTAL CURRENT LIABILITIES | | | \$ 261,530 |
| 21 | NOTES PAYABLE | | 0 | |
| 22 | LONG-TERM DEBT OTHER | | 176,969 | |
| 23 | TOTAL LONG-TERM DEBT | | | 176,969 |

EQUITY & OTHER CREDITS

Paid-In Capital:

| | | | | |
|----|--|--|-------------|---------------------|
| 24 | Common Stock | | | |
| 25 | Paid-In Capital in Excess of Par Value | | | |
| 26 | Contributed Capital | | | |
| 27 | Retained Earnings | | 12,210,058 | |
| 28 | Intercompany Payable to Parent | | (9,747,555) | |
| 29 | | | | |
| 30 | Fund Balance | | | |
| 31 | TOTAL EQUITY | | | 2,462,504 |
| 32 | TOTAL LIABILITIES & EQUITY | | | \$ 2,901,002 |

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Rural/Metro Corporation (Yuma)

FOR TI #N/A **FROM:** January 1, 2021 **TO:** December 31, 2021

STATEMENT OF CASH FLOWS

| | | |
|----------------------------------|--|---------------------|
| OPERATING ACTIVITIES: | | |
| 1 | Net (loss) Income | \$ 2,059,515 |
| | <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 E) | 337,701 |
| 3 | Deferred Income Tax | - |
| 4 | Loss (gain) on Disposal of Property & Equipment | - |
| | <i>(Increase) Decrease in:</i> Note: a decrease in these accounts improves cash flow | |
| 5 | Accounts Receivable | 26,300 |
| 6 | Inventories | 21,091 |
| 7 | Prepaid Expenses | (1,858) |
| | <i>Increase (Decrease) in:</i> Note: a increase in these accounts improves cash flow | |
| 8 | Accounts Payable | (18,559) |
| 9 | Accrued Expenses | (48,740) |
| 10 | Deferred Subscription Income | - |
| 11 | NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES | \$ 2,375,448 |
| INVESTING ACTIVITIES: | | |
| 12 | Purchases of Property & Equipment | (736,300) |
| 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 | (1,704,932) |
| 19 | NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES | (2,441,232) |
| 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 | 67,283 |
| 27 | NET INCREASE (Decrease) IN CASH | 1,500 |
| 28 | CASH AT BEGINNING OF YEAR | - |
| 29 | CASH AT END OF YEAR | 1,500 |
| SUPPLEMENTAL DISCLOSURES: | | |
| | <i>Non-cash Investing and Financing Transactions:</i> | |
| 30 | ..... | - |
| 31 | ..... | - |
| 32 | ..... | - |
| 33 | Interest Paid (Net of Amounts Capitalized) | - |
| 34 | Income Taxes Paid | \$ 659,518 |