Montana Public Service Commission Motor Carrier Annual Report KURTZ SANITATION, INC Carrier Name (EXACTLY AS **SHOWN ON PSC AUTHORITY)** 2740 **PSC Number** See General Instruction # 5 See General Instruction # 1 2015 Reporting Year mm/yyyy to mm/yyyy format Reporting Period (if other than calendar year) to CARRIER 156 HIGHWAY 200S, GLENDIVE, MT 59330 **OFFICIAL** ADDRESS (SHOW AS ON **FILE IN** COMMISSION RECORDS) Carrier e-mail address **Person Completing Report** Name CHMS,PC Phone Number (406) 377-3361 E-mail Address **Check One** YES WERE REGULATED INTRASTATE MOVEMENTS NO **CONDUCTED DURING THE FILING PERIOD?** If NO See General

Montana Public Service Commission Transportation Division 1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601

instruction #3

| # 2740 | | |
|--------------|---|---------------------------------------|
| 2015 | | |
| | INTRASTATE REVENUES | |
| | Household Goods | |
| | Passengers | |
| | Class C | |
| | Class D (Garbage) | |
| | TOTAL INTRASTATE REVENUE | |
| 1 | | |
| | INCOME STATEMENT | |
| Opera | ting Revenue | |
| | Intrastate Revenue | |
| | Interstate Revenue | |
| | Non-Regulated Revenue | |
| - | TOTAL REVENUE | \$: |
| | ting Expenses | |
| Sal | aries & Wages | |
| | Salaries—Officers & Supervisory Personnel | |
| | Clerical & Administrative | |
| | Drivers & Helpers | |
| - | Cargo Handlers | |
| | Vehicle Repair & Service | |
| E- | Other Labor | |
| Fr | inges | |
| | Payroll Taxes | |
| | Workman's Compensation | |
| 07 | Pension & Welfare Expenses | |
| - Opi | erating Supplies & Expenses | |
| | Fuel for Motor Vehicles | |
| | Vehicle Parts | |
| On | Other Operating Supplies & Expenses | |
| Ope | erating Taxes & Licenses | |
| | Gas, Fuel and Oil Taxes | |
| | Real Estate & Personal Property Taxes | |
| | Vehicle License & Registration Fees | |
| Don | Other Taxes reciation & Amortization | |
| Dep | Revenue Equipment | |
| - | Other | |
| Pur | chased Transportation | |
| 7 41 | With Driver | |
| | With Driver Without Driver | |
| | Other Purchased Transportation | |
| Offi | ce/General | · · · · · · · · · · · · · · · · · · · |
| — | Insurance | |
| <u> </u> | Communications & Utilities | |
| | Building & Office Equipment Rents | |
| <u> </u> | General Supplies & Expenses | |
| | Miscellaneous Expenses | |
| - | Gain on Disposition of Operating Assets | |
| Loss on | Disposition of Operating Asset (enter as positive number) | |
| | TOTAL EXPENSES | 60 |
| | TOTAL EAT ENSES | <u>\$2</u> |
| | NET INCOME OR (LOSS) | |

| PSC# | 2740 | |
|------|--|---------------------------------------|
| Year | 2015 | |
| | BALANCE SHEET | |
| | (ASSETS) | |
| | CURRENT ASSETS | |
| | Cash & Working Funds | \$121,805 |
| | Special Deposits | Ψ121,000 |
| | Temporary Cash Investments | <u> </u> |
| | Notes Receivable | \$28,578 |
| | Accounts Receivable | 420,010 |
| | Prepayments | |
| | Materials & Supplies | \$12,000 |
| | Other Current Assets | ,,, |
| | TOTAL CURRENT ASSETS | \$162,383 |
| | TANGIBLE PROPERTY | |
| | Carrier Operating Property | \$741,137 |
| | Less: Reserve for Depreciation (enter positive numbers only) | \$656,309 |
| | Carrier Operating Property Leased to Others | · · · · · · · · · · · · · · · · · · · |
| | Less: Reserve for Depreciation (enter positive numbers only) | |
| | Non-Carrier Operating Property | |
| | Less: Reserve for Depreciation (enter positive numbers only) | |
| | TOTAL TANGIBLE PROPERTY | \$84,828 |
| | INTANGIBLE PROPERTY | |
| | Organization, Franchises & Permits | · |
| | Less: Reserve for Amortization (enter positive numbers only) | |
| | Other Intangible Property | \$31,000 |
| | Less: Reserve for Amortization (enter positive numbers only) | , , |
| | TOTAL INTANGIBLE PROPERTY | \$31,000 |
| | Other Accounts | |
| | Investment Securities and Advances | \$84,803 |
| | Special Funds | |
| | Deferred Debits | |
| | Total Other | \$84,803 |
| 1 | TOTAL ASSETS | \$363,014 |

Assets

| Name | KURTZ SANITATION, INC | |
|--------------|---|---------------------------------------|
| PSC# | 2740 | |
| ear | 2015 | |
| | BALANCE SHEET | |
| | (LIABILITIES) | |
| | CURRENT LIABILITIES | |
| | Notes Payable & Matured Long Term Obligations | |
| | Accounts Payable | |
| | Wages Payable | · · · · · · · · · · · · · · · · · · · |
| | C.O.D.'s Unremitted | |
| | Taxes Accrued | \$7,529 |
| | Interest Accrued | Ψ7,020 |
| - | Matured Interest | |
| | Other Current Liabilities | \$3,832 |
| | TOTAL CURRENT LIABILITIES | \$11,361 |
| | | |
| | LONG TERM DEBT DUE WITHIN ONE YEAR | |
| | Equipment Obligations and other Debt | |
| | LONG TERM DEBT DUE AFTER ONE YEAR | |
| | Advances Payable | |
| | Equipment Obligations | |
| | Less reacquired and nominally issued (enter positive number only) | |
| | Other Long Term Obligations | |
| | Less reacquired and nominally issued (enter positive number only) | |
| | TOTAL LONG TERM DEBT | |
| | Other | |
| | Total Deferred Credits | |
| | Total Reserves | |
| | TOTAL OTHER | |
| | SHAREHOLDERS' (OR PROPRIETORS') EQUITY | |
| | Capital Stock | \$50,000 |
| | Proprietors' Capital | (\$73,097 |
| | Retained Earnings | \$374,750 |
| | TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY | \$351,653 |
| | TOTAL LIABILITIES & SHAREHOLDERS' | |
| | (OR PROPRIETORS') EQUITY | \$363,014 |
| | TOTAL ACCEPTS | 4000 044 |
| | TOTAL ASSETS | \$363,014 |
| | DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' | (OR PROPRIETORS) |
| E | EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS. | |

Page 4

| Name | KURTZ SANITATION, INC |
|------|-----------------------|
| PSC# | 2740 |
| YEAR | 2015 |

OATH

| | OMIN |
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| STATE OF MONTANA | |
| | SS. |
| County of Dawson | |
| records of said motor carrier; the complete and correct statement and every matter and thing there and I further say that no deduct set forth except those shown in | re or the motor carrier, above named, on my oath say that the ared, under my direction, from the original books, papers and nat I have carefully examined the same and declare the same to be a of the business and affairs of said motor carrier in respect to each ein set forth, to the best of my knowledge, information and belief; ions were made before stating the gross earnings or receipts herein the foregoing accounts; and that the accounts and figures contained all of the financial operations of said motor carrier during the filed. |
| | |
| | Cy Elem |
| | (Signature of owner/officer/authorized representative) |
| | (Title) |
| SUBSCRIBED AND SWOF | RN to before me this |
| | |
| (SEAL) | Notary Public In and for the State of MONTANA |
| JAMES F STEFFEN NOTARY PUBLIC for the | Residing at SAVAGE, MT |
| SEAL State of Montana Residing at Savage, Montana My Commission Expires December 15, 2017 | My Commission Expires 12-15-2017 |
| , | |