Montana Public Service Commission Motor Carrier Annual Report

MAR 06 2019

MONT. P.S. COMP

Report must be filed on or before March 31st each year

All annual report filings must be signed by an owner or officer of the company and notarized by a notary public. (oath page)

Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)	ISAACS Sani-Serv INC.
PSC Number	5450 See General Instruction # 5
See Gene	eral Instruction # 1
	2018
Reporting Perio	
CARRIER ADDRESS	Circle M7 59215 City State Zip
YES NO	Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)? Check If the answer to the above question is NO do you want your official address changed to that shown above?
Carrier e-mail address	t Isaacs @ midrivers , com optional
Name Phone Number E-mail Address	Scott Stringham 801-296-1060 optional
YES NO If NO See Gener	DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE DURING THE FILING PERIOD?
instruction #3	Montana Public Service Commission Transportation Division

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

GENERAL INSTRUCTIONS

Enclosed is the motor carrier annual report form prescribed by the Montana Public Service Commission. This report must be filed with the Montana Public Service Commission on or before MARCH 31st of each year following that which the report is made. Filing of an annual report by motor carriers is prescribed by Section 69-12-401, MCA. Failure to submit this report in full may jeopardize your operating authority.

- 1. Report should represent operations for the calendar year (January 1st to December 31st). If your company wishes to file on a fiscal year, a written request must be submitted to the Commission for approval. All subsequent reports must then be filed on the fiscal year end.
- 2. All data may be reported to the nearest whole dollar or whole number.
- 3. If there were no regulated intrastate moves during the filing period, a negative report may be filed. To file a negative report, complete the cover sheet and note that no regulated intrastate passengers or commodities were transported. No further financial information is required. Mail the completed cover sheet and signed and notarized oath page to the public service commission.
- 4. All annual report filings must be signed an by owner or officer of the company and notarized by a notary public.
- 5. If a company operates under more than one PSC number, <u>registered in exactly the same</u> <u>company name</u>, a combined report may be filed. However that fact should be clearly noted on the cover of the report.

6. ALL CARRIERS MUST COMPLETE:

Schedule 1 (Income Statement)

Schedule 2 (Balance Sheet)

Schedule 3 (Intrastate Revenue)

Oath

7. Class D carriers <u>not generating</u> \$5,000 gross revenue from the Class D authority during the calendar year must complete:

Schedule 4 (Monthly Customer Listing)

8 Class D carriers NOT MEETING reporting requirements listed in the above schedules must complete:

Schedule 5 (Verified Statement)

PSC # Year	3450		
	12017	SCHEDULE 1	
		SCHEDULE	
		INCOME STATEMENT	

	Operating Re		
<u>l.</u>		tate Revenue	2.12,
2.		tate Revenue	
3.		Regulated Revenue	
4.	TOTAL REV	ENUE	212,
	10		
5.	Expenses	Officers & Companies and Berson al	
<u>J.</u>		es—Officers & Supervisory Personnel es & Wages	
6.	Salari	Clerical & Administrative	
0. 7.	 		
7. 8.		Drivers & Helpers Cargo Handlers	***************************************
8. 9.	 	Vehicle Repair & Service	
9. 10.	-	Other Labor	62,0
IU.	0.1		31, 3
11.	Otner	Fringes Payroll Taxes	
11.			
13.		Workman's Compensation Pension & Welfare Expenses	
15.	0	ting Supplies & Expenses	
14.	Opera	Fuel for Motor Vehicles	
15.		Vehicle Parts	
16.		Other Operating Supplies & Expenses	
10. 17.			
1/.	0-0-0	General Supplies & Expenses ting Taxes & Licenses	
18.	Opera	Gas, Fuel and Oil Taxes	J O C
19.		Real Estate & Personal Property Taxes	48,9
19. 20.		Vehicle License & Registration Fees	4,0
20. 21.	 	Other Taxes	
21. 22.	Insura		
22. 23.		nunications & Utilities	11, 3
23. 24.	· 	ciation & Amortization	6,5
24. 25.	Depre	Revenue Equipment	
25. 26.		Other	32,0
<u> </u>	Durch	ased Transportation	34,0
27.	Tuich	With Driver	
28.		Without Driver	
20. 29.	 	Other Purchased Transportation	
		Other I diolasses Transportation	
30.		ng & Office Equipment Rents	
31.	Gain o	or Loss on Disposition of Operating Assets	
32.	Misce	llaneous Expenses	29,59
33.	TOTAL EXP	FNSES	
<i></i>	I VIAL EAF	211525	, 226,8
34.	NET INCOM	F OD I OCC	(14.68

PSC#	5450		
Year	2018		
		SCHEDULE 2	
		BALANCE SHEET	
		(ASSETS)	
	CURRENT A		
1.		k Working Funds	89
2.	 	l Deposits	
3.		orary Cash Investments	
4.		Receivable	
5.		nts Receivable	
6.	Prepay	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
7.		als & Supplies	
8.	Other (Current Assets	
9.		TOTAL CURRENT ASSETS	
	TANGIBLE P	<u>ROPERTY</u>	
10.	Carrie	Operating Property	118.935
11.		Less: Reserve for Depreciation	(118,935
12.	Carrier	Operating Property Leased to Others	
13.		Less: Reserve for Depreciation	
14.	Non-C	arrier Operating Property	
15.		Less: Reserve for Depreciation	
16. TOTAL TANGIBLE PROPERTY		-0 -	
A.V.			
	INTANGIBLI	E PROPERTY	
17.	Organi	zation, Franchises & Permits	15,167
18.		Less: Reserve for Amortization	(15,147)
19.	Other 1	Intangible Property	
20.		Less: Reserve for Amortization	
21.		TOTAL INTANGIBLE PROPERTY	-0-
22.	Total I	nvestment Securities and Advances	
23.	Total S	special Funds	
24.		Deferred Debits	
25.	TOTAL ASSE	TTS	89

PSC#	5450		
Year	2018		7.88
		SCHEDULE 2	
		BALANCE SHEET	
	T - T	(LIABILITIES)	**************************************
2.6	CURRENT LIA		
26		able & Matured Long Term Obligations	
27	Accounts		
28	Wages Pa		
29		Unremitted	
30	Taxes Acc		
31	Interest A		
32	Matured I		
33	Other Cur	rent Liabilities	
34		TOTAL CURRENT LIABILITIES	
	LONG TERM D	DEBT DUE WITHIN ONE YEAR	
35		t Obligations and other Debt	
	Equipmen	t obligations and other Boot	
	LONG TERM D	DEBT DUE AFTER ONE YEAR	1
36	Advances		
37		t Obligations	
38		Less reacquired and nominally issued	
39		g Term Obligations	19,345
40		Less reacquired and nominally issued	
41		TOTAL LONG TERM DEBT	19,345
42	<u> </u>	erred Credits	
43	Total Rese	erves	
	SHAREHOLDE	RS' (OR PROPRIETORS') EQUITY	
44.	Total Cap		
45		orietors' Capital	_
46		ined Earnings	19.256
47		TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	2 19,256>
48	TOTAL LIABII	LITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	89
		SETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR ETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS	

PSC #		
`	Year	
		CCHEDIU E 2
		SCHEDULE 3
		INTRASTATE OPERATING REVENUE
Complete the foll	lowii	ng Schedule reflecting intrastate operating revenue.
		INTRASTATE REVENUE
Household Goo	ods	,
Passengers		
Class C		
Class D (Garba	ge)	212,058
Class D carriers	NO'	T HAVING \$5,000 gross revenue from Class D transportation go to Schedule 4
		. 45.000
§		generating \$5,000 gross revenue From Class D transportation or serving
twenty (20) custo	mers	each month, go to Schedule 5.
TOTAL		
INTRASTATE		
REVENUE		
		Note: Total Intrastate Revenue must equal the intrastate revenue amount
217 15		shown on Line 1, Schedule 1, Income Statement.
212,05	٥	2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2
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PSC#	5450
Year	2018

SCHEDULE 4

MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE

Customer listing must include at least 20 customers per month during each month of the calendar year

	January	February	March
1			
2			
3			
4			
5			
6			
7			
8			
9			!
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	April	May	June
1	April	May	June
2	April	May	June
	April	May	June
2	April	May	June
2 3 4 5	April	May	June
2 3 4	April	May	June
2 3 4 5 6 7	April	May	June
2 3 4 5 6 7 8	April	May	June
2 3 4 5 6 7 8 9	April	May	June
2 3 4 5 6 7 8 9		May	June
2 3 4 5 6 7 8 9 10		May	June
2 3 4 5 6 7 8 9 10 11 12		May	June
2 3 4 5 6 7 8 9 10 11 12 13		May	June
2 3 4 5 6 7 8 9 10 11 12 13 14		May	June
2 3 4 5 6 7 8 9 10 11 12 13 14 15		May	June
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16		May	June
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		May	June
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18		May	June
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17		May	June

PSC#	5450
Year	2018

SCHEDULE 4 cont.

	July	August	September
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
1			
20			
20	October	November	December
20 1		November	December
		November	December
1	October	November	December
1 2	October	November	December
1 2 3	October	November	December
1 2 3 4	October	November	December
1 2 3 4 5	October	November	December
1 2 3 4 5 6	October	November	December
1 2 3 4 5 6 7	October	November	December
1 2 3 4 5 6 7 8 9	October	November	December
2 3 4 5 6 7 8 9 10	October	November	December
1 2 3 4 5 6 7 8 9 10 11	October	November	December
1 2 3 4 5 6 7 8 9 10 11 12	October	November	December
1 2 3 4 5 6 7 8 9 10 11 12 13	October	November	December
1 2 3 4 5 6 7 8 9 10 11 12 13 14	October	November	December
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	October	November	December
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	October	November	December
1 2 3 4 5 6 7 8 9	October	November	December

20		
20		

PSC#	5450	
Year	2018	

SCHEDULE 5 VERIFIED STATEMENT

Schedule 5 must be completed by Class D carriers who did not generate \$5,000 gross revenue from Class D operations and did not serve twenty (20) customers for each month of the calendar year.

The verified statement will be reviewed by the Commission and a determination made whether the certificate should be cancelled.

STATEMENT:

PSC # <u>5450</u> Year <u>2018</u>	ATH		
STATE OF Montand	X111		
County of Miline	SS.		
I, the undersigned that the foregoing return has been prepared, under my dire motor carrier; that I have carefully examined the same and of the business and affairs of said motor carrier in respect best of my knowledge, information and belief; and I further gross earnings or receipts herein set forth except those she figures contained in thee foregoing return embrace all of the period for which said return is filed.	I declare the same to be a complete and correct statement to each and every matter and thing therein set forth, to the er say that no deductions were made before stating the own in the foregoing accounts; and that the accounts and		
	Signature of owner/officer/authorized representative) P125; du A		
Title) SUBSCRIBED AND SWORN to before me this day of			
SEAL EMILY K GULDBORG NOTARY PUBLIC for the State of Montana Residing at Brockway, Montana My Commission Expires July 30, 2020	Notary Public In and for the State of		