PSCNO. 3948/2B

APR 01 2019

MONT. P.S. COMMISSION

Motor Carrier ANNUAL REPORT

FOR THE REPORTING PERIOD

OF <u>2018</u>

PSC No.: 8949

KINDFATHERS, INC. DBA LIMO SCENE LIMOUSINE SERVICE 1509 ROSEBUD LANE BILLINGS, MT 59101

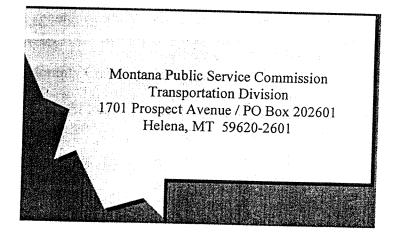


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GENERAL INSTRUCITONS

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, 'NO REGULATED INTRASTATE MOVEMENTS WERE CONDUCTED DURING THE FILING PERIOD' should be indicated on the Income Statement (Schedule 1). No further financial information is required. However, the report must be signed and notarized.
- 4. All annual report filings must be signed an owner or officer of the company and notarized by a notary public.
- 5. If a company operates under more than one PSC number, registered in exactly the same company name, 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)

INCOME STATEMENT

	Operating Revenue	for the state of t
1.	Intrastate Revenue	110.113
2.	Interstate Revenue	
3.	Non-Regulated Revenue	
	,	
4.	TOTAL REVENUE	
_	Expenses	
5.	Salaries—Officers & Supervisory Personnel	
	Salaries & Wages	77.0
6.	Clerical & Administrative	
7.	Drivers & Helpers	
8.	Cargo Handlers	
9.	Vehicle Repair & Service	
10.	Other Labor	
	Other Fringes	
11.	Payroll Taxes	
12.	Workman's Compensation	
13.	Pension & Welfare Expenses	
	Operating Supplies & Expenses	
14.	Fuel for Motor Vehicles	28/24,00
15.	Vehicle Parts	13 313.31
16.	Other Operating Supplies & Expenses	14)
17.	General Supplies & Expenses	
	Operating Taxes & Licenses	
18.	Gas, Fuel and Oil Taxes	
19.	Real Estate & Personal Property Tayes	15910
20.	Vehicle License & Registration Fees	11000
21.	Other Taxes	272,50
22.	Insurance	
23.	Communications & Utilities	
24.	Depreciation & Amortization	
25.	Revenue Equipment	
26.	Other	
20.		
27.	rurenased transportation	
	With Driver	
28.	Without Driver	
29.	Other Purchased Transportation	
30.	Building & Office Equipment Rents	7,732,91
31.	Gain or Loss on Disposition of Operating Assets	13,912,01
32.	Miscellaneous Expenses	
33.	TOTAL EXPENSES	61576.64
		60,475,51
34.	NET INCOME OR LOSS	60 47551
		-) 15,51

BALANCE SHEET (ASSETS)

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60,000,0
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68,000,00

BALANCE SHEET (LIABILITIES)

	CURRENT LIABILITIES	yeur.
-26.	Notes Payable & Matured Long Term Obligations	
27.	Accounts Payable	
28.	Wages Payable	
29.	C.O.D.'s Unremitted	
30.	Taxes Accrued	
31.	Interest Accrued	
32.	Matured Interest	
33.	Other Current Liabilities	
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34.	TOTAL CURRENT LIABILITIES	
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	LONG TERM DEBT DUE WITHIN ONE YEAR	
35.	Equipment Obligations and other Debt	
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	LONG TERM DEBT DUE AFTER ONE YEAR	
36.	Advances Payable	
37.	Equipment Obligations	
38.	Less reacquired and nominally issued	
39.	Other Long Term Obligations	
40.	Less reacquired and nominally issued	
41.	TOTAL LONG TERM DEBT	
11,		
42.	Total Deferred Credits	
43.	Total Reserves	
17.1		
	SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
	4.	
44.	Total Capital Stock	60,000,00
45.	Total Proprietors' Capital	
46.	Total Retained Earnings	
47.	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
48.	TOTAL LIABILITIES & SHAREHOLDERS'	
	(OR PROPRIETORS') EQUITY	60,000,00

INTRASTATE OPERATING REVENUE

Complete the following Schedule reflecting intrastate operating revenue.

	INTRASTATE REVENUE	
Household Goods		
Passengers	110,113	
Class C		
Class D (Garbage)		
Note: Class D carriers NOT HAVING \$5,000 gross revenue from Class D transportation go to Schedule 4 Class D carrier not generating \$5,000 gross revenue From Class D transportation or serving twenty (20) customers each month, go to Schedule 5.		
TOTAL INTRASTATE REVENUE Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.		

MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE
Customer listing must include at least 20 customers per month during each month of the calendar year.

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SCHEDULE 4 cont.

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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:

OATH

STATE OF Montera.			
	SS.		
County of Yelloustone			
I, the undersigned of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and records of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct statement of the business and affairs of said motor carrier in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief; and I further say that no deductions were made before stating the gross earnings or receipts herein set forth except those shown in the foregoing accounts; and that the accounts and figures contained in the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.			
SUBSCRIBED AND SWORN to before me this _	(Signature of owner/officer) ruthorized representative) Seester (Title) 28 Hay of March, 20 19.		
KENDRA R. MCANULTY NOTARY PUBLIC for the State of Montana Residing at Billings, Montana My Commission Expires September 04, 2021	Notary Public In and for the State of Montana Residing at Billingp		