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Montana Public Service Commission Motor Carrier Annual Report

MONT. P.S. COMMISSION

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	Monta	na Trolley (Co., Inc.						
AUTHORITY)									
PSC Number	9486			S	ee Gener	al Inst	truction # 5	5	
See Ger	eral Instruction #	1 1							
Reporting Year	2018								
			mm/vvvv	to mm/yyy	v format				
	od (if other than lar year)	01 /	2018	to	12	1	2018		
CARRIER ADDRESS	448 5th Ave W	/est							
	City Kalispell		State	MT		Zip	59901		
YES NO	Check Is the address shown above the carriers official address now on file at the PSC YES X (address at which you now receive monthly notice and other materials from the PSC)?								
YES NO	changed to that shown above?			ess					
Carrier e-mail address	montanatrolley	co@gmail.co	om		optional				
_	Per	son Completing	Report						
Name	Jacqual	vn Kiensrud							
Phone Number	406-858-0899								
E-mail Address	montanatrolleyco@gmail.com optional								
•									
YES	Check One	THE CARRIE	R TRANSP	ORT ANY	REGIII	ATED	INTRAST	ΔTE	
NO		SENGERS, H					-		
If NO See Gene instruction #		FILING PERI	OD?						
		Montana Pu	blic Servic	e Comm	ission				

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#	9486		
'ear	2018		
		SCHEDULE 1	
		INCOME STATEMENT	
1		INCOME STATEMENT	
	Operating Re	evenue	
	Intras	tate Revenue	100.088.00
	Inters	tate Revenue	
	Non-Regulated Revenue		
٠.	TOTAL REV	/ENUE	100,088.00
	Expenses		
		es—Officers & Supervisory Personnel	1303.00
		es & Wages	
		Clerical & Administrative	
		Drivers & Helpers	23,121.00
		Cargo Handlers	0.00
		Vehicle Repair & Service	13429.00
0.		Other Labor	0
	Other	Fringes	
1.		Payroll Taxes	6,077
2.		Workman's Compensation	885.00
3.		Pension & Welfare Expenses	0.00
	Opera	ating Supplies & Expenses	
4.		Fuel for Motor Vehicles	9760.00
5.		Vehicle Parts	0.00
6.		Other Operating Supplies & Expenses	6653.
7.		General Supplies & Expenses	11271.00
	Opera	ating Taxes & Licenses	
8.		Gas, Fuel and Oil Taxes	
9.		Real Estate & Personal Property Taxes	
20.		Vehicle License & Registration Fees	285.00
1.		Other Taxes	288,00
2.	Insur		11,198.00
3.		nunications & Utilities	2,534
4.		eciation & Amortization	
5.		Revenue Equipment	
6.		Other	
	Purch	ased Transportation	
7.		With Driver	
28.		Without Driver	
9.		Other Purchased Transportation	
0.	Build	ing & Office Equipment Rents	2878.00
1.		or Loss on Disposition of Operating Assets	
32.		ellaneous Expenses	0
33.	TOTAL EXI	PENSES	89,682
4.	NET INCOM	<u>1E OR LOSS</u>	10,406.00

PSC#	;# 9486		
Year	2018		
		SCHEDULE 2	
AV		BALANCE SHEET	
-7/4		(ASSETS)	
	CURRENT ASSETS		1
1.		Cash & Working Funds	
2.		l Deposits	
3.		orary Cash Investments	
4.		Receivable	
5.	Accou	ints Receivable	
6.		yments	
7.	Mater	ials & Supplies	
8.	Other	Current Assets	
9.		TOTAL CURRENT ASSETS	
	TANGIBLE I	PROPERTY	
10.	Carrie	r Operating Property	219,000
11.		Less: Reserve for Depreciation	83,165.00
12.	Carrie	Carrier Operating Property Leased to Others	
13.		Less: Reserve for Depreciation	***************************************
14.	Non-C	Carrier Operating Property	
15.		Less: Reserve for Depreciation	
16.		TOTAL TANGIBLE PROPERTY	135,835
		E PROPERTY	
17.	Organ	ization, Franchises & Permits	
18.		Less: Reserve for Amortization	
19.	Other	Intangible Property	
20.		Less: Reserve for Amortization	
21.		TOTAL INTANGIBLE PROPERTY	
22	T-4-1	Investment Securities and Advances	
22. 23.			
		Special Funds	<u> </u>
24.	lotal	Deferred Debits	
25.	TOTAL ASSI	ETS	165,424.00

PSC# Year		
	SCHEDULE 2	
	BALANCE SHEET	
	(LIABILITIES)	
	CURRENT LIABILITIES	F7 405 00
26	Notes Payable & Matured Long Term Obligations	57,405.00
27	Accounts Payable 9,533.00	
28	Wages Payable	
29	C.O.D.'s Unremitted	
30	Taxes Accrued	
31	Interest Accrued Matured Interest	
32 33	Other Current Liabilities	
33 34	TOTAL CURRENT LIABILITIES	66,938.00
34	TOTAL CURRENT LIABILITIES	00,956.00
	LONG TERM DEBT DUE WITHIN ONE YEAR	
35	Equipment Obligations and other Debt	
<u>.</u>	Equipment Congations and other Deor	
	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	
42	Total Deferred Credits	
43	Total Reserves	
	SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
44.	Total Capital Stock	1,000.00
45	Total Proprietors' Capital	57,243.00
46	Total Retained Earnings	40,243.00
47	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	98,486.00
40	TOTAL LIABILITIES & CHAREHOLDERS (OR BRORRIETORS) FOLITY	105 101 00
48	TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	165,424.00
	DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR	***************************************
	PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE	
CORRECTIONS		
	Contabolion	

PSC #	
Year	
Company and a street of	
	SCHEDULE 3
	INTRASTATE OPERATING REVENUE
Complete the following	ng Schedule reflecting intrastate operating revenue.
	INTRASTATE REVENUE
Household Goods	
Passengers	100,088.00
Class C	
Class D (Garbage)	
twenty (20) customer	generating \$5,000 gross revenue From Class D transportation or serving s each month, go to Schedule 5.
TOTAL INTRASTATE REVENUE	100,088.00
REVENUE	
	Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.

PSC#	9486
Year	2018

SCHEDULE 4 MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE

	January	February	March
1			
2			
3			
4	**************************************		
5			
6			
7			
8			
9			
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1			
2			
3			
4			
5	***************************************		
6			
7			
8			
9			
0			
	April	May	June
1			
2			
3			
4			
4			
4 5 6			
4			
4			
4			
4			
4 55 66 77 88 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4			
4 55 66 77 88 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
4 5 5 6 6 7 8 8 9 0 1 1 2 2			
4 5 5 6 6 7 7 8 8 9 0 0 1 1 2 2 3 3 1 1 1 1 1 2 1 3 1 1 1 1 1 1			
4 5 5 6 6 7 8 8 9 0 1 1 2 2 3 3 4 4			
4 5 5 6 7 8 8 9 0 0 1 1 2 2 3 3 4 5 5 5 5 6 6 7 7 8 8 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
4 5 5 6 6 7 7 8 8 9 9 0 0 1 1 2 2 3 3 4 4 5 5 6 6 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7			
4 5 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			

PSC#	9486	
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			
20			
20	October	November	December
20		November	December
1 2		November	December
1		November	December
1 2		November	December
1 2 3		November	December
1 2 3 4		November	December
1 2 3 4 5		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	October	November	December
1 2 3 4 5 6 7 8 9	October	November	December
1 2 3 4 5 6 7 8 9	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 10 11 12 13 14 15	October	November	December

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PSC #9486	
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 # _9486		
Year <u>2018</u> OA	ТН	
STATE OF Montana		
	SS.	
County of Flathead		
I, the undersignedJacqualyn Kjensrud 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 record 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 thee foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.		
	(Signature of owner/officer/authorized representative)	
	Owner	
	(Title)	
SUBSCRIBED AND SWORN to before me this // day of My red, 20 19		
(SEAL)	Motary Public	
LYNN LUNDA NOTARY PUBLIC for the State of Montana Residing at Kalispell, Montana My Commission Expires February 07, 2022	In and for the State of Montania Residing at 124115 pell My Commission Expires 02-07-2032	