

Montana Public Service Commission

Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY) PSC Number 9447 See General Instruction # 1 Reporting Period (if other than calendar year) CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS) Carrier e-mail address Phone Number Check One YES X WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD? If NO See General Instruction # 5 Instruction # 5 See General Instruction # 5 See General Instruction # 5 Instruction # 5 See General Instruction # 5 See General Instruction # 5 Instruction # 5 See General Instruction # 5 See General Instruction # 5 Instruction # 5 See General Instruction # 5 See General Instruction # 5 Instruction # 5 See General Instruction # 5 Instruction # 5 See General Instruction # 5 See General Instruction # 5 Instruction # 5 See General Instruction # 5 See General Instruction # 5 Instruction # 5 Instruction # 5 See General Instruction # 5 Instruction # 5 Instruction # 5 Instruction # 5 Instruction # 1 Instru			Motor Carrie	er Annual Report	O. COMMISSION
SHOWN ON PSC AUTHORITY) PSC Number 9447 See General Instruction # 1 Reporting Year Reporting Period (if other than calendar year) CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS) Carrier e-mail address Person Completing Report Name Phone Number PHONE Number S41.944.1845 E-mail Address Prookes@wcnx.org Check One YES X WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILLING PERIOD?	Carrier Name	Waste C	onnections of Montana,	, Inc, DBA Bitter Root Disposal	-10 _W
PSC AUTHORITY) PSC Number 9447 See General Instruction # 5 See General Instruction # 1 Reporting Year Reporting Period (if other than calendar year) CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS) Note that we have relocated our office and this is our new/current legal mailing address. Carrier e-mail address Person Completing Report Name Phone Number Phone Number S41.944.1845 E-mail Address Check One YES X WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?	(EXACTLY AS				
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Carrier e-mail address brianh@wcnx.org Person Completing Report Name Brooke Bigam Phone Number 541.944.1845 E-mail Address brookes@wcnx.org Check One YES X WERE REGULATED INTRASTATE MOVEMENTS NO CONDUCTED DURING THE FILING PERIOD?	•				
Person Completing Report Name Brooke Bigam Phone Number 541.944.1845 E-mail Address brookes@wcnx.org Check One YES X WERE REGULATED INTRASTATE MOVEMENTS NO CONDUCTED DURING THE FILING PERIOD?					
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Montana Public Service Commission Transportation Division 1701 Prospect Avenue / PO Box 202601 Helena, MT 59620-2601

instruction #3

Name	Waste Connections of Montana, Inc, DBA Bitter Root Disposal	
PSC#	9447	
Year	2018	
	INTRASTATE REVENUES	
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	\$8,373,50
	TOTAL INTRASTATE REVENUE	\$8,373,50
	INCOME STATEMENT	
	Operating Revenue	
	Intrastate Revenue	\$8,373,50
	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$8,373,50
	Operating Expenses	
	Salaries & Wages	
	Salaries—Officers & Supervisory Personnel	\$302,99
	Clerical & Administrative	\$114,48
	Drivers & Helpers	\$803,04
	Cargo Handlers	
	Vehicle Repair & Service	\$144,66
	Other Labor	
	Fringes	
	Payroll Taxes	\$109,71
	Workman's Compensation	\$1,12
	Pension & Welfare Expenses	\$303,08
	Operating Supplies & Expenses	
	Fuel for Motor Vehicles	\$348,24
	Vehicle Parts	\$147,70
	Other Operating Supplies & Expenses	\$1,101,53
	Operating Taxes & Licenses	
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	\$7,16
***************************************	Vehicle License & Registration Fees	\$20,80
	Other Taxes	\$5,42
	Depreciation & Amortization	
	Revenue Equipment	\$445,83
	Other	
	Purchased Transportation	
	With Driver	
	Without Driver	
	Other Purchased Transportation	
	Office/General	
	Insurance	\$26,60
	Communications & Utilities	\$59,61
	Building & Office Equipment Rents	\$2,27
	General Supplies & Expenses	\$124,28
	Miscellaneous Expenses	\$1,597,20
,	Gain on Disposition of Operating Assets	(\$1,79
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	<u>\$5,664,01</u>
	NET INCOME OD (LOSS)	\$2 700 481
·	NET INCOME OR (LOSS)	\$2,709,482

intrastate revenue income statement page 2

PSC#	9447	
Year	2018	
	BALANCE SHEET	
	(ASSETS)	
	CURRENT ASSETS	
	Cash & Working Funds	\$17,931
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$1,374,063
	Prepayments	\$14,276
	Materials & Supplies	\$48,556
	Other Current Assets	
	TOTAL CURRENT ASSETS	\$1,454,827
	TANGIBLE PROPERTY	
	Carrier Operating Property	\$8,363,634
	Less: Reserve for Depreciation (enter positive numbers only)	\$5,289,676
	Carrier Operating Property Leased to Others	
<u> </u>	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	
	Less: Reserve for Depreciation (enter positive numbers only)	
	TOTAL TANGIBLE PROPERTY	\$3,073,95 8
	<u>INTANGIBLE PROPERTY</u>	
	Organization, Franchises & Permits	
	Less: Reserve for Amortization (enter positive numbers only)	
	Other Intangible Property	\$6,127,420
	Less: Reserve for Amortization (enter positive numbers only)	\$132,250
	TOTAL INTANGIBLE PROPERTY	<u>\$5,995,170</u>
	Other Accounts	
	Investment Securities and Advances	
	Special Funds	\$87,127,140
	Deferred Debits	
	Total Other	\$87,127,140
	TOTAL ASSETS	\$97,651,095

PSC#	9447	
ear	BALANCE SHEET	
	(LIABILITIES)	
	(LIABILITIES)	
	CURRENT LIABILITIES	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	\$83,914
	Wages Payable	\$31,611
	C.O.D.'s Unremitted	
	Taxes Accrued	\$964
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	\$1,378,708
	TOTAL CURRENT LIABILITIES	\$1,495,197

	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	\$57,892,623
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	\$57,892,623
	<u>Other</u>	
	Total Deferred Credits	
	Total Reserves	
and a second	TOTAL OTHER	
	SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	\$38,263,275
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$38,263,275
	TOTAL LIABILITIES & SHAREHOLDERS'	
	(OR PROPRIETORS') EQUITY	\$97,651,095
	TOTAL ASSETS	\$97,651,095
	DO TOTAL ASSETS ${f EQUAL}$ TOTAL LIABILITIES & SHAREHOLDERS' (GEOUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.	JA FAUFRIETUKS)

Name	Waste Connections of Mon	tana, Inc, DBA Bitter Root Disposa	al
PSC#	9447		
YEAR	2018		
			4-7-
	MONTHLY CUST	TOMER LISTING FOR CLASS	S D SERVICE
Cu	stomer listing must include at le	east 20 customers per month during e	each month of the calendar year.
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Name	Waste Connections of Montan	a, Inc, DBA Bitter Root Disposal	
PSC#	9447		
Year			
	MONTHLY CUSTO	OMER LISTING FOR CLASS	S D SERVICE
Cı	ustomer listing must include at lea	st 20 customers per month during e	ach month of the calendar year.

	JULY	AUGUST	SEPTEMBER
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	OCTOBER	NOVEMBER	DECEMBER
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Name	Waste Connections of Montana, Inc, DBA Bitter Root Disposal
PSC#	9447
YEAR	2018

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:	

Name	Waste Connections of Montana, Inc, DBA Bitter Root Disposal
PSC#	9447
YEAR	2018

SS. County of
I, the undersigned representative 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. Cighature of owner/officer/authorized representative)
I, the undersigned representative 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. (Signature of owner/officer/authorized representative)
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. (Signature of owner/officer/authorized representative)
DiSTrict Manager (Title)
(Lighte)
SUBSCRIBED AND SWORN to before me this
day of March 20 19
JENNY M WOOD Notary Public NOTARY PUBLIC for the State of Door to the
State of Montana Residing at
Libby , Montana My Commission Expires December 01, 2021 My Commission Expires