

Montana Public Service Commission Motor Carrier Annual Report

MAR 30 2020

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

MONT. P.S. COMMISSION

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)	Michael	Spreadury	da	The Helen	a TOWN	Car C	Empany	
PSC Number	94	94		Se	ee General	Instructio	n # 5	
=								
See Gen	eral Instruction	n # 1						
Reporting Year	2019							
Daniel Daniel	ad //f athou thou		mm/yyyy	to mm/yyyy	y format			
	od (if other than lar year)	- I		to		1		
CARRIER ADDRESS	P.O. Helen	Box 5522		MT	24	5	9604	
j	City		State	- 1	TI E	Zip	100	
YES NO YES NO	Check If the	ess at which you n	ove ques	PSC)?) do you v	vant your		
Carrier e-mail address					optional			
8		Person Completing R	Report					
Name	Michael	Spreadby	d.					
Phone Number	400	3/ 1	ð					
		0202			optional			
E-mail Address	_				J			
	Check One	\\						
YES NO		DID THE CARRIER	(이 기업 중위원()()()				170 277 J. J. G 212 (1971)	
If NO See Gen	eral .	PASSENGERS, HO THE FILING PERIO		.b GOODS	OK GAR	BAGE DI	JRING	
		Montana Put			nission			

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.

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

 Class D carriers not generating \$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:

PSC #	9494		
Year	2019		
	· · · · · ·	SCHEDULE 1	
		INCOME STATEMENT	
	Operating R	evenue	Aller I Series I Halfa Control of Series Section 1
1.		state Revenue	100 00
2,	100000000000000000000000000000000000000	state Revenue	100,000,00
3.	The second secon	Regulated Revenue	7 51 275 00
4.	TOTAL REV		201,300
.02	TOTALERE	, BIVOE	201, 330.00
	Expenses		
5.		ies—Officers & Supervisory Personnel	
		ies & Wages	
6.	Saiai	Clerical & Administrative	DAVE OLS HE END FROM THE
7.		Drivers & Helpers	20 85-
8.		Cargo Handlers	39 825
9.		Vehicle Repair & Service	0.2 512
10.		Other Labor	22 813
10.	Othor	Fringes	
11.	Other	Payroll Taxes	1305
12.	_		6395
13.		Workman's Compensation Pension & Welfare Expenses	2490
15.	Onon	ating Supplies & Expenses	
14.	Opera	Fuel for Motor Vehicles	
15.		Vehicle Parts	29 619
16.			3 007
17.		Other Operating Supplies & Expenses	17012
17.		General Supplies & Expenses	45 449
10	Opera	ating Taxes & Licenses	
18. 19.		Gas, Fuel and Oil Taxes	3136
		Real Estate & Personal Property Taxes	2000
20. 21.		Vehicle License & Registration Fees	13 533
	1	Other Taxes	21 500 04
22.	Insura		24,000
23.		nunications & Utilities	3 38
24.	Depre	eciation & Amortization	The state of the s
25. 26.		Revenue Equipment	
20.	Descrip	Other	
77	Purch	ased Transportation	
27. 28.		With Driver	
		Without Driver	50,000
29.		Other Purchased Transportation	24 090
30.		ing & Office Equipment Rents	1464 18 264
31.	TO THE REAL PROPERTY.	or Loss on Disposition of Operating Assets	
32.	Misce	ellaneous Expenses	
33.	TOTAL EXP	PENSES	255, 014
			733 1017
34.	NET INCOM	IE OR LOSS	46 316

Schedule 5 (Verified Statement)

PSC#	9494		
Year	2019		
		SCHEDULE 2	
		BALANCE SHEET	
		(LIABILITIES)	
	CHREENELL	A DAY MAYOR	
26	CURRENT LI		
26		yable & Matured Long Term Obligations	
27 28	The state of the s	s Payable	
28 29	Wages P		
30	Taxes A	Unremitted	
31	Interest		
32	Matured		
33	0.0740000000000000000000000000000000000	rrent Liabilities	
34	Oner Ct	TOTAL CURRENT LIABILITIES	
<i>-</i> 7		TOTAL CURRENT LIABILITIES	
-	LONG TERM	DEBT DUE WITHIN ONE YEAR	
35		ent Obligations and other Debt	0-
,,	Equipme	ant Congations and other Debt	30,000
_	LONG TERM	DEBT DUE AFTER ONE YEAR	
36		s Payable	
37			
38	Equipment Obligations Less reacquired and nominally issued		
39	Other Lo	ong Term Obligations	
40	Other Be	Less reacquired and nominally issued	
41		TOTAL LONG TERM DEBT	150.000
		TOTAL LONG TERRITOEDT	150,000
42	Total De	ferred Credits	
43	Total Re		
100			
	SHAREHOLD	ERS' (OR PROPRIETORS') EQUITY	
44.	Total Ca	pital Stock	
45	Total Pro	prietors' Capital	
46	Total Re	tained Earnings	
47		TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
48	TOTAL LIABI	ILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	180,000
		SSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR IETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE	YES
		CORRECTIONS	

PSC#	9494			
Year	2019			
		SCHEDULE 2		
		BALANCE SHEET		
		(ASSETS)		
		(
	CURRENT A	SSETS		
1.		रे Working Funds	5,000	
2.		1 Deposits		
3.	Tempo	orary Cash Investments		
4.		Receivable	20,000	
5.	Accou	nts Receivable	5,000	
6.	Prepay			
7.		als & Supplies		
8.	Other	Current Assets		
9.		TOTAL CURRENT ASSETS	30,000	
	TANGIBLE F	PROPERTY	um was in	
10.		r Operating Property	150,000	
11.	Carrie	Less: Reserve for Depreciation	130,000	
12.	Corrio	r Operating Property Leased to Others		
13.	Carrie			
14.	Non-C	Less: Reserve for Depreciation Non-Carrier Operating Property		
15.	Tyon-c	Less: Reserve for Depreciation		
16.		TOTAL TANGIBLE PROPERTY	150,000	
		E PROPERTY		
17	Organization, Franchises & Permits			
18.		Less: Reserve for Amortization		
19.	Other	Intangible Property		
20.		Less: Reserve for Amortization	-6	
21.		TOTAL INTANGIBLE PROPERTY	Ψ	
22.	Total	Investment Securities and Advances		
23.	Total Special Funds			
24.	Total	Deferred Debits		
25.	TOTAL ASS	ETS	180,000	

Year	9494
	2019
F *100 00 00 F 100	
	SCHEDULE 3
	INTRASTATE OPERATING REVENUE
	INTRASTATE OF EXATING REVENUE
Complete the following	ng Schedule reflecting intrastate operating revenue.
	INTRASTATE REVENUE
Household Goods	
Passengers	100,000
Class C	
Class D (Garbage)	
	generating \$5,000 gross revenue From Class D transportation or serving each month, go to Schedule 5.
TOTAL INTRASTATE	
INTRASTATE REVENUE	Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.
INTRASTATE REVENUE	[4] [[1] [[1] [[1] [[1] [[1] [[1] [[1] [
INTRASTATE REVENUE	shown on Line 1, Schedule 1, Income Statement.
INTRASTATE REVENUE	Shown on Line 1, Schedule 1, Income Statement. MONTANA SCHOOL OF DEAF & BLIND CONTRACT
INTRASTATE REVENUE 45 660 55 600	Shown on Line 1, Schedule 1, Income Statement. MONTANA SCHOOL OF DEAF & BLIND CONTRACT
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INTRASTATE REVENUE 45 660 55 600	Shown on Line 1, Schedule 1, Income Statement. MONTANA SCHOOL OF DEAF & BLIND CONTRACT

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PSC#	
Year	

SCHEDULE 4

MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE

January	least 20 customers per month during ea February	March
April	May	June
		A A
		7
		7

PSC #	
Year	
	OATH
STATE OF	
STATE OF	
	SS.
County of	
motor carrier; that I have carefully examined the sam of the business and affairs of said motor carrier in res best of my knowledge, information and belief; and I is gross earnings or receipts herein set forth except thos	y direction, from the original books, papers and record of said are and declare the same to be a complete and correct statement spect to each and every matter and thing therein set forth, to the further say that no deductions were made before stating the se shown in the foregoing accounts; and that the accounts and all of the financial operations of said motor carrier during the
	(Title)
	(Title)
SUBSCRIBED AND SWORN to before m	ne this 30 day of MARCH, 20 20
(SEAL)	MA
KRISTINA L. WING NOTARY PUBLIC for the State of Montana Residing at Helena, Montana My Commission Expires June 25, 2023	In and for the State of Mondon Residing at House My Commission Expires Jule 25,2023

ž.

PSC #	
Year	

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:

SEAL NOTARY PUBLIC for the state of Montana Northwale State of Montana Nort