



JCCS

ACCOUNTING
AUDIT
TAX
EMPLOYEE BENEFITS
SPECIALIZED SERVICES

RECEIVED

APR 02 2021

MONT. P.S. COMMISSION

To the Shareholders
Yellow Cab, Inc. of Missoula
1819 Holborn Unit B
Missoula, MT 59801

The accompanying financial statements of Yellow Cab, Inc. of Missoula as of and for the year ended December 31, 2020, were not subjected to an audit, review, or compilation engagement by us and, accordingly, we do not express an opinion, a conclusion, nor provide any assurance on them. These statements omit substantially all disclosures and the statement of cash flows required by accounting principles generally accepted in the United States of America.

The financial statements included in the accompanying prescribed form are presented in accordance with the requirements of the Montana Public Service Commission, and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the shareholders of Yellow Cab Inc. of Missoula and the Montana Public Service Commission, and is not intended to be and should not be used by anyone other than these specified parties.

Junkermier, Clark, Campanella, Stevens, P.C.

Missoula, Montana
March 30, 2021



Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

Yellow Cab, Inc. of Missoula

PSC Number

4821/1 B, 1663/1 B

See General Instruction # 5

See General Instruction # 1

Reporting Year

2020

Reporting Period (if other than
calendar year)

mm/yyyy to mm/yyyy format

/

to

/

CARRIER
OFFICIAL
ADDRESS
(SHOW AS ON
FILE IN
COMMISSION
RECORDS)

1819 Holborn Unit B, Missoula, MT 59801

Carrier e-mail
address

admin@yellowcabmissoula.com

Person Completing Report

Name

Alissa Grimm, CPA

Phone Number

406-549-4148

E-mail Address

alissa.grimm@jccscpa.com

Check One

YES

☒

NO

☐

**WERE REGULATED INTRASTATE MOVEMENTS
CONDUCTED DURING THE FILING PERIOD?**

If NO See General
instruction #3

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

Name	Yellow Cab, Inc. of Missoula	
PSC #	4821/1 B, 1663/1 B	
Year	2020	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	\$454,074
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$454,074
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$454,074
	Interstate Revenue	
	Non-Regulated Revenue	\$127,017
	TOTAL REVENUE	\$581,091
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	\$24,962
	Clerical & Administrative	\$34,091
	Drivers & Helpers	\$258,172
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
Fringes		
	Payroll Taxes	\$29,842
	Workman's Compensation	\$986
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$38,806
	Vehicle Parts	\$4,799
	Other Operating Supplies & Expenses	
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	\$1,562
	Other Taxes	\$611
Depreciation & Amortization		
	Revenue Equipment	\$18,024
	Other	\$101
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$18,550
	Communications & Utilities	\$19,251
	Building & Office Equipment Rents	\$10,472
	General Supplies & Expenses	\$71,541
	Miscellaneous Expenses	
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$531,770
	NET INCOME OR (LOSS)	\$49,321

Name	Yellow Cab, Inc. of Missoula	
PSC #	4821/1 B, 1663/1 B	
Year	2020	
	BALANCE SHEET	
	(ASSETS)	
	<u>CURRENT ASSETS</u>	
	Cash & Working Funds	\$101
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$6,722
	Prepayments	\$16,596
	Materials & Supplies	
	Other Current Assets	
	TOTAL CURRENT ASSETS	\$23,419
	<u>TANGIBLE PROPERTY</u>	
	Carrier Operating Property	\$286,999
	Less: Reserve for Depreciation (enter positive numbers only)	\$230,895
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	
	Less: Reserve for Depreciation (enter positive numbers only)	
	TOTAL TANGIBLE PROPERTY	\$56,104
	<u>INTANGIBLE PROPERTY</u>	
	Organization, Franchises & Permits	\$11,025
	Less: Reserve for Amortization (enter positive numbers only)	
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	\$11,025
	Other Accounts	
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	\$90,548

Name	Yellow Cab, Inc. of Missoula	
PSC #	4821/1 B, 1663/1 B	
Year	2020	
	BALANCE SHEET	
	(LIABILITIES)	
	<u>CURRENT LIABILITIES</u>	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	\$206,659
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	\$3,358
	TOTAL CURRENT LIABILITIES	\$210,017
	<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>	
	Equipment Obligations and other Debt	
	<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>	
	Advances Payable	
	Equipment Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	Other Long Term Obligations	\$226,202
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	\$226,202
	<u>Other</u>	
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
	Capital Stock	\$5,000
	Proprietors' Capital	
	Retained Earnings	(\$350,671)
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	(\$345,671)
	TOTAL LIABILITIES & SHAREHOLDERS'	
	<u>(OR PROPRIETORS') EQUITY</u>	\$90,548
	TOTAL ASSETS	\$90,548
	DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.	

Name	Yellow Cab, Inc. of Missoula		
PSC#	4821/1 B, 1663/1 B		
YEAR	2020		
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			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Name	Yellow Cab, Inc. of Missoula		
PSC#	4821/1 B, 1663/1 B		
Year			
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	JULY	AUGUST	SEPTEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	OCTOBER	NOVEMBER	DECEMBER
1			
2			
3			
4			
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6			
7			
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12			
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16			
17			
18			
19			
20			

Name	Yellow Cab, Inc. of Missoula
PSC#	4821/1 B, 1663/1 B
YEAR	2020

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:

<div></div>

Name	Yellow Cab, Inc. of Missoula
PSC#	4821/1 B, 1663/1 B
YEAR	2020

OATH

STATE OF _____

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.



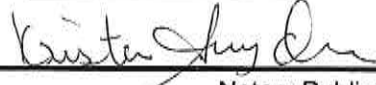
 (Signature of owner/officer/authorized representative)
 Owner

 (Title)

SUBSCRIBED AND SWORN to before me this

_____ 31 _____ day of _____ March _____ 20 21 _____

(SEAL)



 Notary Public
 In and for the State of _____ Montana _____

Residing at _____ Missoula County _____

My Commission Expires _____ 10-24-2021 _____

