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MONT. P.S. COMMISSION

Motor Carrier ANNUAL REPORT

FOR THE REPORTING PERIOD

OF

2020

PSC No.

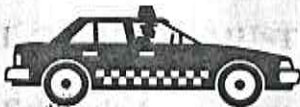
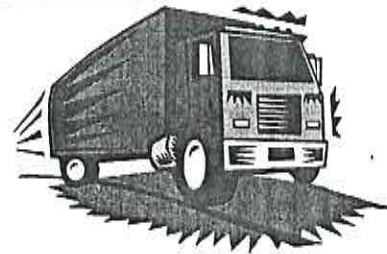
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Kindsfather's, Inc.
dba Billings Trolley Co.
1509 Rosebud Lane
Billings, MT 59101

(406) 252-1778 ACT AB

If address shown on label is incorrect
Please make appropriate changes



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, '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 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:

Schedule 5 (Verified Statement)

SCHEDULE 1

INCOME STATEMENT

<u>Operating Revenue</u>		
1.	Intrastate Revenue	13,012.01
2.	Interstate Revenue	
3.	Non-Regulated Revenue	
4.	<u>TOTAL REVENUE</u>	
<u>Expenses</u>		
5.	Salaries—Officers & Supervisory Personnel	
	Salaries & Wages	
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	3,530.09
15.	Vehicle Parts	290.32
16.	Other Operating Supplies & Expenses	
17.	General Supplies & Expenses	
	Operating Taxes & Licenses	
18.	Gas, Fuel and Oil Taxes	
19.	Real Estate & Personal Property Taxes	
20.	Vehicle License & Registration Fees	28.88
21.	Other Taxes	
22.	Insurance	
23.	Communications & Utilities	
24.	Depreciation & Amortization	
25.	Revenue Equipment	
26.	Other	
	Purchased Transportation	
27.	With Driver	
28.	Without Driver	
29.	Other Purchased Transportation	
30.	Building & Office Equipment Rents	2,671.20
31.	Gain or Loss on Disposition of Operating Assets	4,001.20
32.	Miscellaneous Expenses	
33.	<u>TOTAL EXPENSES</u>	10,571.69
34.	<u>NET INCOME OR LOSS</u>	2,440.32

SCHEDULE 2

BALANCE SHEET (ASSETS)

	<u>CURRENT ASSETS</u>	
1.	Cash & Working Funds	
2.	Special Deposits	
3.	Temporary Cash Investments	
4.	Notes Receivable	
5.	Accounts Receivable	
6.	Prepayments	
7.	Materials & Supplies	
8.	Other Current Assets	
9.	<u>TOTAL CURRENT ASSETS</u>	
	<u>TANGIBLE PROPERTY</u>	
10.	Carrier Operating Property	1,000.00
11.	Less: Reserve for Depreciation	
12.	Carrier Operating Property Leased to Others	
13.	Less: Reserve for Depreciation	
14.	Non-Carrier Operating Property	
15.	Less: Reserve for Depreciation	
16.	<u>TOTAL TANGIBLE PROPERTY</u>	
	<u>INTANGIBLE PROPERTY</u>	
17.	Organization, Franchises & Permits	
18.	Less: Reserve for Amortization	
19.	Other Intangible Property	
20.	Less: Reserve for Amortization	
21.	<u>TOTAL INTANGIBLE PROPERTY</u>	
22.	Total Investment Securities and Advances	
23.	Total Special Funds	
24.	Total Deferred Debits	
25.	<u>TOTAL ASSETS</u>	1,000.00

SCHEDULE 2

BALANCE SHEET (LIABILITIES)

	<u>CURRENT LIABILITIES</u>	
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	
34.	<u>TOTAL CURRENT LIABILITIES</u>	
	<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>	
35.	Equipment Obligations and other Debt	
	<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>	
36.	Advances Payable	
37.	Equipment Obligations	
38.	Less reacquired and nominally issued	
39.	Other Long Term Obligations	
40.	Less reacquired and nominally issued	
41.	<u>TOTAL LONG TERM DEBT</u>	
42.	Total Deferred Credits	
43.	Total Reserves	
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
44.	Total Capital Stock	4000.00
45.	Total Proprietors' Capital	
46.	Total Retained Earnings	
47.	<u>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
48.	<u>TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	4000.00

SCHEDULE 3

INTRASTATE OPERATING REVENUE

Complete the following Schedule reflecting intrastate operating revenue.

	INTRASTATE REVENUE
Household Goods	
Passengers	13,012.01
Class C	
Class D (Garbage)	
<i>Note: Class D carriers NOT HAVING \$5,000 gross revenue from Class D transportation go to Schedule 4</i> <i>Class D carrier not generating \$5,000 gross revenue From Class D transportation or serving twenty (20) customers each month, go to Schedule 5.</i>	
TOTAL INTRASTATE REVENUE	
<i>Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.</i>	

SCHEDULE 4**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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APRIL**MAY****JUNE**

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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:

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OATH

STATE OF

Montana

SS.

County of

Yellowstone

I, the undersigned Bon Kindstatter 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.

Bon Kindstatter

(Signature of owner/officer/authorized representative)

President

(Title)

SUBSCRIBED AND SWORN to before me this 23rd day of March, 20 21.

(SEAL)



DAWN MARIE SCHWINDT
NOTARY PUBLIC for the
STATE OF MONTANA
Residing in Billings, Montana
My Commission Expires
09/09/2024

Dawn Marie Schwindt

Notary Public

In and for the State of MT

Residing at

Billings, MT