Montana Public Service Commission Motor Carrier Annual Report

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	Mich	neel	SpR	eadbo	ry .	dba Th	e Helena	Town	J Cer	- Co.		
SHOWN ON					t							
PSC												
AUTHORITY)												
PSC Number		94	74					Soo Gonos	ral Inet	ruction # 5		
r SC Nulliber		. ,	, ,					See Gener	ai ilisti	ruction # c		_
See Gen			n # 1									
Reporting Year	202	0										
						mm/yyyy	to mm/yyy	y format	,			
Reporting Peri	od (if othe lar year)	er than			1		to		1			
	iai yeai,											
CARRIER ADDRESS	PC	P	XX	552	2							
	City	Hele	na			State	ILT		Zip	596	Def]
	Check	s the	addre	ess she	own al	bove the	carriers o	fficial ad	Idress	now on f	ile at the	PSC
YES, NO	1						ve month	ly notice				
	a											
YES	Check	If the	ansv	wer to	the ab	-	tion is N	-		your offic	cial addı	ress
NO						changed	to that s	nown ab	ove?			
Carrier e-mail								optional				
address								Ориона				
			Persor	n Comp	letina R	Report						
Name Michael Spreadbiry												
	(406	-	1127	1 - 5	2001							
Phone Number	(-106	5) 4	101	r - (120	>		optional				
E-mail Address												
Check One YES DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE												
NO							D GOOD					
If NO See Gene	eral			ILING								
instruction #	3											
			M	lontan	a Put	olic Servi	ce Comr	nission				

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

PSC#	9494		
Year	2020		
		SCHEDULE 1	
		INCOME STATEMENT	
	Operating R	OVANNA	
1.		tate Revenue	70 - 2
2.		tate Revenue	79.000
3.		Regulated Revenue	216,000
4.	TOTAL REV		105 0
	TOTAL RE	ENCE	295, 00 0
	Expenses		
5.		es—Officers & Supervisory Personnel	
		es & Wages	
5.	Salari	Clerical & Administrative	750 00
7.		Drivers & Helpers	750,
3.		Cargo Handlers	27, 407.
9.		Vehicle Repair & Service	25 10.
10.		Other Labor	35, 121
10.	Other	Fringes	
11.	Other	Payroll Taxes	5381
12.		Workman's Compensation	2,264
13.		Pension & Welfare Expenses	2,264
13.	Opera	tting Supplies & Expenses	
14.	Орега	Fuel for Motor Vehicles	05 505
15.		Vehicle Parts	25, 626
16.		Other Operating Supplies & Expenses	5,718
17.		General Supplies & Expenses	15,896
1 /.	Opera	tting Taxes & Licenses	17,717
18.	Орега	Gas, Fuel and Oil Taxes	21105
19.		Real Estate & Personal Property Taxes	3495
20.		Vehicle License & Registration Fees	2752
21.		Other Taxes	2250
22.	Insura		6480
23.		nunications & Utilities	25,641
24.		eciation & Amortization	3978
25.	Верге	Revenue Equipment	(10 ====
26.		Other	40,000
	Purch	ased Transportation	
27.	<u>r arch</u>	With Driver	
28.		Without Driver	±100 000
29.		Other Purchased Transportation	7100,000
		1	
30.	Build	ing & Office Equipment Rents	19,464
31.		or Loss on Disposition of Operating Assets	1, 70
32.		Illaneous Expenses	
33.	TOTAL EXP	FNSES	2/0 221
, , ,	TOTALEAL	LINDES	360,554
34.	NET INCOM	E OR LOSS	(73 334)
			(10/001)

PSC#	9494				
Year	2020				
		SCHEDULE 2			
		BALANCE SHEET			
		(ASSETS)			
		(ASSETS)			
	CURRENT A	CCETC			
1.			12 500		
2.		& Working Funds al Deposits	13,500		
3.		orary Cash Investments			
4.		Receivable	11.30		
5.			4,500		
		unts Receivable			
6.		yments			
7.		ials & Supplies			
8.	Other	Current Assets	10		
9.		TOTAL CURRENT ASSETS	18,000		
	TANGIBLE				
10.	Carrie	er Operating Property	215,000		
11.		Less: Reserve for Depreciation			
12.	Carrie	Carrier Operating Property Leased to Others			
13.		Less: Reserve for Depreciation			
14.	Non-C	Non-Carrier Operating Property			
15.		Less: Reserve for Depreciation			
16.		TOTAL TANGIBLE PROPERTY	215,000		
		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.	Total	Investment Securities and Advances			
23.	Total Special Funds				
24.	Total Deferred Debits				
25.	TOTAL ASS	FTS	no2		
23.	I O I AL ASS.		233,000		

PSC#	9494					
Year	2020					
	2020	SCHEDULE 2				
		BALANCE SHEET				
		(LIABILITIES)				
	CURRENT LIA	BILITIES				
26	Notes Pay	able & Matured Long Term Obligations	171,000			
27	Accounts	Payable				
28	Wages Pa	Wages Payable				
29	C.O.D.'s U	Unremitted				
30	Taxes Acc	rued				
31	Interest A					
32	Matured In					
33	Other Cur	rent Liabilities				
34		TOTAL CURRENT LIABILITIES				
		EBT DUE WITHIN ONE YEAR				
35	Equipmen	t Obligations and other Debt	32, 400			
		EBT DUE AFTER ONE YEAR				
36	Advances					
37		t Obligations	30,000			
38		Less reacquired and nominally issued				
39		g Term Obligations				
40		Less reacquired and nominally issued				
41		TOTAL LONG TERM DEBT				
42		Total Deferred Credits				
43	Total Reserves					
	SHADEHOI DE	RS' (OR PROPRIETORS') EQUITY				
44.						
45		Total Capital Stock Total Proprietors' Capital				
46		Total Retained Earnings				
47	Total Rota	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	0			
		, and the second of the second				
48	TOTAL LIABII	ITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$233,000			
		SETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR				
	PROPRIE	CTORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE				
		CORRECTIONS				

PSC #	9494
Year	2020
(T. Brazari est serin, b. apri	
	SCHEDULE 3
	INTRASTATE OPERATING REVENUE
Complete the followi	ng Schedule reflecting intrastate operating revenue.
	INTRASTATE REVENUE
Household Goods	
Passengers	\$ 295,000
Class C	
Class D (Garbage)	
Class D carriers not	T HAVING \$5,000 gross revenue from Class D transportation go to Schedule 4 generating \$5,000 gross revenue From Class D transportation or serving s each month, go to Schedule 5.
TOTAL INTRASTATE REVENUE	
	Note: Total Intrastate Revenue must equal the intrastate revenue amount shown on Line 1, Schedule 1, Income Statement.
\$216,000	

PSC # 9494 Year 2020							
OA	TH						
STATE OF MMYMM							
	SS.						
County of LWIS + CLAMP							
I, the undersigned MCM Spread that the foregoing return has been prepared, under my direct motor carrier; that I have carefully examined the same and of the business and affairs of said motor carrier in respect to best of my knowledge, information and belief; and I further gross earnings or receipts herein set forth except those show figures contained in thee foregoing return embrace all of the period for which said return is filed.	declare the same to be a complete and correct statement of each and every matter and thing therein set forth, to the resay that no deductions were made before stating the two in the foregoing accounts; and that the accounts and the financial operations of said motor earlier during the (Signature of owner/officer/authorized representative)						
	(Title)						
SUBSCRIBED AND SWORN to before me this	s $\underline{\hspace{1cm}}$ day of $\underline{\hspace{1cm}}$ $\hspace{1cm$						
(SEAL)	Mostary Public						
SELISSE ARTHUN NOTARY PUBLIC for the	Notary Public In and for the State of						

Residing at #

My Commission Expires ____

SELISSE ARTHUN NOTARY PUBLIC for the State of Montana Residing at Helena, Montana My Commission Expires January 18, 2022