

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

Montana GoMini's Inc.

PSC Number

304

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)

1041 4th Ave N PO Box 1116 Billings, MT 59103

Carrier e-mail
address

deals59105@yahoo.com

Person Completing Report

Name Charmaine Johnston

Phone Number 406-259-0400

E-mail Address deals59105@yahoo.com

Check One

YES ☒

NO ☐

If NO See General
instruction #3

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

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

Name	Montana GoMini's Inc.	
PSC #	304	
Year	2020	
INTRASTATE REVENUES		
	Household Goods	\$32,622
	Passengers	
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$32,622
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$32,622
	Interstate Revenue	
	Non-Regulated Revenue	\$109,204
	TOTAL REVENUE	\$141,826
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	\$9,567
Fringes		
	Payroll Taxes	
	Workman's Compensation	
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$3,598
	Vehicle Parts	\$2,190
	Other Operating Supplies & Expenses	\$3,864
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	\$34
	Vehicle License & Registration Fees	\$156
	Other Taxes	
Depreciation & Amortization		
	Revenue Equipment	\$42,553
	Other	\$939
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$5,466
	Communications & Utilities	\$2,020
	Building & Office Equipment Rents	\$32,065
	General Supplies & Expenses	\$7,914
	Miscellaneous Expenses	\$2,790
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$113,156
	NET INCOME OR (LOSS)	\$28,670

Name	Montana GoMini's Inc.	
PSC #	304	
Year	2020	
BALANCE SHEET		
(ASSETS)		
<u>CURRENT ASSETS</u>		
	Cash & Working Funds	\$120,413
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$3,094
	Prepayments	
	Materials & Supplies	
	Other Current Assets	\$18,703
	TOTAL CURRENT ASSETS	<u>\$142,210</u>
<u>TANGIBLE PROPERTY</u>		
	Carrier Operating Property	\$122,826
	Less: Reserve for Depreciation (enter positive numbers only)	\$122,826
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$78,582
	Less: Reserve for Depreciation (enter positive numbers only)	\$75,115
	TOTAL TANGIBLE PROPERTY	<u>\$3,467</u>
<u>INTANGIBLE PROPERTY</u>		
	Organization, Franchises & Permits	\$14,085
	Less: Reserve for Amortization (enter positive numbers only)	\$7,042
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	<u>\$7,043</u>
Other Accounts		
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	\$152,720

Name	Montana GoMini's Inc.	
PSC #	304	
Year	2020	
BALANCE SHEET		
(LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	\$525
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
	TOTAL CURRENT LIABILITIES	\$525
<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	
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	
<u>Other</u>		
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
	Capital Stock	\$42,947
	Proprietors' Capital	
	Retained Earnings	\$109,248
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$152,195
	TOTAL LIABILITIES & SHAREHOLDERS'	
	<u>(OR PROPRIETORS') EQUITY</u>	\$152,720
	TOTAL ASSETS	\$152,720
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	Montana GoMini's Inc.		
PSC#	304		
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			
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15			
16			
17			
18			
19			
20			

Name	Montana GoMini's Inc.		
PSC#	304		
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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15			
16			
17			
18			
19			
20			

Name	Montana GoMini's Inc.
PSC#	304
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:

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Name	Montana GoMini's Inc.
PSC#	304
YEAR	2020

OATH

STATE OF Montana

SS.

County of Yellowstone

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.

Kevin Johnson
 (Signature of owner/officer/authorized representative)
President
 (Title)

SUBSCRIBED AND SWORN to before me this

_____ day of _____ 20 _____

(SEAL)

 Notary Public

In and for the State of _____

Residing at _____

My Commission Expires _____

CCNY

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YEAR	2020

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Dennis Johnson
(Signature of owner/officer/authorized representative)

Owner
(Title)

SUBSCRIBED AND SWORN to before me this

31st day of March 20 21

(SEAL)

Kori Bender
Notary Public

In and for the State of Montana

Residing at Billings

My Commission Expires May 14, 2021

