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Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name  
(EXACTLY AS  
SHOWN ON  
PSC  
AUTHORITY)

AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.

PSC Number 8996 See General Instruction # 5

See General Instruction # 1  
Reporting Year 2015 Jan-Dec  
Reporting Period (if other than calendar year) 1 / 2015 to 12 / 2015  
mm/yyyy to mm/yyyy format

CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS) 1701 Montana Avenue Billings, MT 59101

Carrier e-mail address brian.hansen@amr.net

Person Completing Report  
Name Ben Southwick  
Phone Number 206-265-9882  
E-mail Address ben.southwick@amr.net

Check One  
YES  X  
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	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2015 Jan-Dec	
<b>INTRASTATE REVENUES</b>		
	Household Goods	
	Passengers	\$ 19,850.49
	Class C	
	Class D (Garbage)	
	<b>TOTAL INTRASTATE REVENUE</b>	<b>\$19,850</b>
<b>INCOME STATEMENT</b>		
<b>Operating Revenue</b>		
	Intrastate Revenue	\$19,850
	Interstate Revenue	
	Non-Regulated Revenue	
	<b>TOTAL REVENUE</b>	<b>\$19,850</b>
<b>Operating Expenses</b>		
<b>Salaries &amp; Wages</b>		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	\$3,523
	Drivers & Helpers	\$29,273
	Cargo Handlers	
	Vehicle Repair & Service	\$753
	Other Labor	
<b>Fringes</b>		
	Payroll Taxes	\$2,641
	Workman's Compensation	\$1,645
	Pension & Welfare Expenses	\$5,770
<b>Operating Supplies &amp; Expenses</b>		
	Fuel for Motor Vehicles	\$1,315
	Vehicle Parts	\$1,691
	Other Operating Supplies & Expenses	\$802
<b>Operating Taxes &amp; Licenses</b>		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	(\$61)
	Vehicle License & Registration Fees	\$29
	Other Taxes	\$108
<b>Depreciation &amp; Amortization</b>		
	Revenue Equipment	
	Other	
<b>Purchased Transportation</b>		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
<b>Office/General</b>		
	Insurance	\$1,473
	Communications & Utilities	\$1,365
	Building & Office Equipment Rents	\$2,486
	General Supplies & Expenses	\$1,379
	Miscellaneous Expenses	\$305
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	<b>TOTAL EXPENSES</b>	<b>\$54,497</b>
	<b>NET INCOME OR (LOSS)</b>	<b>(\$34,646)</b>

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2015 Jan-Dec	
<b>BALANCE SHEET (ASSETS)</b>		
<b><u>CURRENT ASSETS</u></b>		
Cash & Working Funds		\$1
Special Deposits		
Temporary Cash Investments		
Notes Receivable		
Accounts Receivable		\$5,804
Prepayments		\$10
Materials & Supplies		\$545
Other Current Assets		
<b>TOTAL CURRENT ASSETS</b>		<b><u>\$6,360</u></b>
<b><u>TANGIBLE PROPERTY</u></b>		
Carrier Operating Property		\$2,819
Less: Reserve for Depreciation (enter positive numbers only)		\$1,655
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)		
<b>TOTAL TANGIBLE PROPERTY</b>		<b><u>\$1,164</u></b>
<b><u>INTANGIBLE PROPERTY</u></b>		
Organization, Franchises & Permits		
Less: Reserve for Amortization (enter positive numbers only)		
Other Intangible Property		\$31,145
Less: Reserve for Amortization (enter positive numbers only)		
<b>TOTAL INTANGIBLE PROPERTY</b>		<b><u>\$31,145</u></b>
<b>Other Accounts</b>		
Investment Securities and Advances		
Special Funds		
Deferred Debits		
<b>Total Other</b>		
<b>TOTAL ASSETS</b>		<b><u>\$38,669</u></b>

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2015 Jan-Dec	
<b>BALANCE SHEET (LIABILITIES)</b>		
<b><u>CURRENT LIABILITIES</u></b>		
Notes Payable & Matured Long Term Obligations		
Accounts Payable		\$221
Wages Payable		\$508
C.O.D.'s Unremitted		
Taxes Accrued		
Interest Accrued		
Matured Interest		
Other Current Liabilities		\$14,267
<b>TOTAL CURRENT LIABILITIES</b>		<b>\$14,996</b>
<b><u>LONG TERM DEBT DUE WITHIN ONE YEAR</u></b>		
Equipment Obligations and other Debt		
<b><u>LONG TERM DEBT DUE AFTER ONE YEAR</u></b>		
Advances Payable		
Equipment Obligations		
Less reacquired and nominally issued (enter positive number only)		
Other Long Term Obligations		\$58
Less reacquired and nominally issued (enter positive number only)		
<b>TOTAL LONG TERM DEBT</b>		<b>\$58</b>
<b><u>Other</u></b>		
Total Deferred Credits		
Total Reserves		
<b>TOTAL OTHER</b>		
<b><u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u></b>		
Capital Stock		
Proprietors' Capital		\$13,639
Retained Earnings		\$9,975
<b>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>		<b>\$23,615</b>
<b>TOTAL LIABILITIES &amp; SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>		<b>\$38,669</b>
<b>TOTAL ASSETS</b>		<b>\$38,669</b>
DO TOTAL ASSETS <b>EQUAL</b> TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
PSC#	8996
YEAR	2015 Jan-Dec

# 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.

*[Signature]*  
(Signature of owner/officer/authorized representative)

Operations Manager  
(Title)

SUBSCRIBED AND SWORN to before me this 31 day of May 20 16

(SEAL) *[Signature]* Notary Public  
In and for the State of Montana

Residing at Billings MT.

My Commission Expires 11-01-2017

