

Montana Public Service Commission

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Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB

PSC Number

9218 See General Instruction # 5

See General Instruction # 1

Reporting Year

2015

Reporting Period (if other than
calendar year)

mm/yyyy to mm/yyyy format

/ to /

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

300 MONTANA AVENUE PO BOX 638 PABLO MT 59855

Carrier e-mail
address

Person Completing Report

Name

CANDI HENDRICKSON

Phone Number

406-544-5514

E-mail Address

canj52@hotmail.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	DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB	
PSC #	9218	
Year	2015	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	\$43,472
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$43,472
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$43,472
	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$43,472
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
Fringes		
	Payroll Taxes	
	Workman's Compensation	
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$13,198
	Vehicle Parts	\$1,902
	Other Operating Supplies & Expenses	\$4,087
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	\$195
	Other Taxes	
Depreciation & Amortization		
	Revenue Equipment	\$768
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$2,700
	Communications & Utilities	\$3,432
	Building & Office Equipment Rents	
	General Supplies & Expenses	\$3,513
	Miscellaneous Expenses	\$3,250
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$33,045
	NET INCOME OR (LOSS)	\$10,427

Name	DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB	
PSC #	9218	
Year	2015	
BALANCE SHEET (ASSETS)		
<u>CURRENT ASSETS</u>		
	Cash & Working Funds	\$2,732
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	
	Prepayments	
	Materials & Supplies	
	Other Current Assets	
	TOTAL CURRENT ASSETS	<u>\$2,732</u>
<u>TANGIBLE PROPERTY</u>		
	Carrier Operating Property	\$40,700
	Less: Reserve for Depreciation (enter positive numbers only)	\$37,641
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$12,428
	Less: Reserve for Depreciation (enter positive numbers only)	\$12,428
	TOTAL TANGIBLE PROPERTY	<u>\$3,059</u>
<u>INTANGIBLE PROPERTY</u>		
	Organization, Franchises & Permits	\$71,000
	Less: Reserve for Amortization (enter positive numbers only)	\$71,000
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	
<u>Other Accounts</u>		
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	<u>\$5,791</u>

Name	DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB	
PSC #	9218	
Year	2015	
BALANCE SHEET (LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
TOTAL CURRENT LIABILITIES		
<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	
	Proprietors' Capital	(\$360,419)
	Retained Earnings	\$366,210
TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY		\$5,791
TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		\$5,791
TOTAL ASSETS		\$5,791
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	DENNIS F ORR, SR DBA SOUTH LAKE MEDI-CAB
PSC#	9218
YEAR	2015

OATH

STATE OF MONTANA

SS.

County of LAKE

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

12TH day of MAY 20 16



Notary Public

In and for the State of MONTANA

Residing at CHARLO

My Commission Expires 2/11/2019

