

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name  
(EXACTLY AS  
SHOWN ON  
PSC  
AUTHORITY)

Willson LLC DBA City Cab

RECEIVED  
NOV 09 2016  
MONT. P.S. COMMISSION

PSC Number

7489

See General Instruction # 5

See General Instruction # 1

Reporting Year

2015

Reporting Period (if other than  
calendar year)

mm/yyyy to mm/yyyy format

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

P O Box 2333, Billings, Montana 59103

Carrier e-mail  
address

Willsonllc@willsonllc.com

Person Completing Report

Name Barry T Willson

Phone Number 406-254-2900

E-mail Address Willsonllc@willsonllc.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	Willson LLC DBA City Cab	
PSC #	7489	
Year	2015	
<b>INTRASTATE REVENUES</b>		
	Household Goods	
	Passengers	\$446,294
	Class C	
	Class D (Garbage)	
	<b>TOTAL INTRASTATE REVENUE</b>	<b>\$446,294</b>
<b>INCOME STATEMENT</b>		
<b>Operating Revenue</b>		
	Intrastate Revenue	\$446,294
	Interstate Revenue	
	Non-Regulated Revenue	\$62,489
	<b>TOTAL REVENUE</b>	<b>\$508,783</b>
<b>Operating Expenses</b>		
<b>Salaries &amp; Wages</b>		
	Salaries—Officers & Supervisory Personnel	\$56,552
	Clerical & Administrative	\$199,153
	Drivers & Helpers	\$187,084
	Cargo Handlers	
	Vehicle Repair & Service	\$33,895
	Other Labor	
<b>Fringes</b>		
	Payroll Taxes	\$14,433
	Workman's Compensation	\$10,917
	Pension & Welfare Expenses	
<b>Operating Supplies &amp; Expenses</b>		
	Fuel for Motor Vehicles	\$10,850
	Vehicle Parts	\$6,586
	Other Operating Supplies & Expenses	\$800
<b>Operating Taxes &amp; Licenses</b>		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	
	Other Taxes	
<b>Depreciation &amp; Amortization</b>		
	Revenue Equipment	\$8,666
	Other	
<b>Purchased Transportation</b>		
	With Driver	\$27,994
	Without Driver	
	Other Purchased Transportation	\$3,200
<b>Office/General</b>		
	Insurance	\$2,005
	Communications & Utilities	\$10,210
	Building & Office Equipment Rents	\$16,000
	General Supplies & Expenses	\$18,131
	Miscellaneous Expenses	\$8,997
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	\$5,360
	<b>TOTAL EXPENSES</b>	<b>\$610,113</b>
	<b>NET INCOME OR (LOSS)</b>	<b>(\$101,330)</b>



Name	Willson LLC DBA City Cab	
PSC #	7489	
Year	2015	
	<b>BALANCE SHEET</b>	
	<b>(ASSETS)</b>	
	<b><u>CURRENT ASSETS</u></b>	
	Cash & Working Funds	\$7,937
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	(\$7,209)
	Prepayments	
	Materials & Supplies	
	Other Current Assets	\$56,909
	<b>TOTAL CURRENT ASSETS</b>	<b><u>\$57,637</u></b>
	<b><u>TANGIBLE PROPERTY</u></b>	
	Carrier Operating Property	\$18,278
	<b>Less: Reserve for Depreciation (enter positive numbers only)</b>	
	Carrier Operating Property Leased to Others	
	<b>Less: Reserve for Depreciation (enter positive numbers only)</b>	
	Non-Carrier Operating Property	
	<b>Less: Reserve for Depreciation (enter positive numbers only)</b>	
	<b>TOTAL TANGIBLE PROPERTY</b>	<b><u>\$18,278</u></b>
	<b><u>INTANGIBLE PROPERTY</u></b>	
	Organization, Franchises & Permits	
	<b>Less: Reserve for Amortization (enter positive numbers only)</b>	
	Other Intangible Property	
	<b>Less: Reserve for Amortization (enter positive numbers only)</b>	
	<b>TOTAL INTANGIBLE PROPERTY</b>	
	<b>Other Accounts</b>	
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	<b>Total Other</b>	
	<b>TOTAL ASSETS</b>	<b>\$75,915</b>

Name	Willson LLC DBA City Cab	
PSC #	7489	
Year	2015	
	<b>BALANCE SHEET</b>	
	<b>(LIABILITIES)</b>	
	<b><u>CURRENT LIABILITIES</u></b>	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	(\$975)
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	\$14,811
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	\$116,422
	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$130,258</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	\$17,322
	Less reacquired and nominally issued (enter positive number only)	
	Other Long Term Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	<b>TOTAL LONG TERM DEBT</b>	<b>\$17,322</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	
	Retained Earnings	(\$71,665)
	<b>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>	<b>(\$71,665)</b>
	<b>TOTAL LIABILITIES &amp; SHAREHOLDERS'</b>	
	<b><u>(OR PROPRIETORS') EQUITY</u></b>	<b>\$75,915</b>
	<b>TOTAL ASSETS</b>	<b>\$75,915</b>
	DO TOTAL ASSETS <b>EQUAL</b> TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.	



<b>Name</b>	Willson LLC DBA City Cab		
<b>PSC#</b>	7489		
<b>YEAR</b>	2015		
<b>MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE</b>			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	<b>JANUARY</b>	<b>FEBRUARY</b>	<b>MARCH</b>
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	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>
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<b>Name</b>	Willson LLC DBA City Cab		
<b>PSC#</b>	7489		
<b>Year</b>			
<b>MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE</b>			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	<b>JULY</b>	<b>AUGUST</b>	<b>SEPTEMBER</b>
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	<b>OCTOBER</b>	<b>NOVEMBER</b>	<b>DECEMBER</b>
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PSC#	7489
YEAR	2015

### **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:**



Name	Willson LLC DBA City Cab
PSC#	7489
YEAR	2015

## 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.



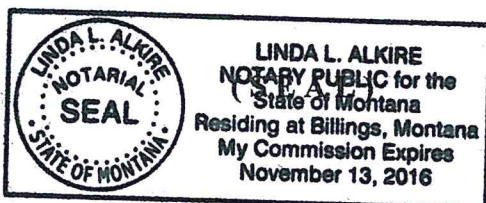
(Signature of owner/officer/authorized representative)

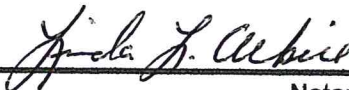
Member Manager

(Title)

SUBSCRIBED AND SWORN to before me this

7th day of November 20 16





Notary Public

In and for the State of Montana

Residing at Billings

My Commission Expires November 13, 2016