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Montana Public Service Commission

APR 03 2017

Motor Carrier Annual Report

MONT. P.S. COMMISSION

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 2016 Jan-Dec
Reporting Period (if other than calendar year) 1 / 2016 to 12 / 2016

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	2016 Jan-Dec	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	\$ 21,952.37
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$21,952
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$21,952
	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$21,952
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	\$4,823
	Drivers & Helpers	\$30,837
	Cargo Handlers	
	Vehicle Repair & Service	\$1,100
	Other Labor	
Fringes		
	Payroll Taxes	\$2,857
	Workman's Compensation	\$1,867
	Pension & Welfare Expenses	\$6,781
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$1,592
	Vehicle Parts	\$1,248
	Other Operating Supplies & Expenses	\$1,296
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	\$219
	Vehicle License & Registration Fees	\$44
	Other Taxes	\$335
Depreciation & Amortization		
	Revenue Equipment	
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$2,012
	Communications & Utilities	\$1,497
	Building & Office Equipment Rents	\$2,924
	General Supplies & Expenses	\$834
	Miscellaneous Expenses	\$421
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$60,689
	NET INCOME OR (LOSS)	(\$38,737)

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2016 Jan-Dec	
	BALANCE SHEET	
	(ASSETS)	
	<u>CURRENT ASSETS</u>	
	Cash & Working Funds	\$1
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$7,812
	Prepayments	\$77
	Materials & Supplies	\$619
	Other Current Assets	
	TOTAL CURRENT ASSETS	<u>\$8,508</u>
	<u>TANGIBLE PROPERTY</u>	
	Carrier Operating Property	\$4,733
	Less: Reserve for Depreciation (enter positive numbers only)	\$3,304
	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)	
	TOTAL TANGIBLE PROPERTY	<u>\$1,429</u>
	<u>INTANGIBLE PROPERTY</u>	
	Organization, Franchises & Permits	
	Less: Reserve for Amortization (enter positive numbers only)	
	Other Intangible Property	(\$51)
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	<u>(\$51)</u>
	Other Accounts	
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	<u>\$9,886</u>

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2016 Jan-Dec	
BALANCE SHEET (LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	\$353
	Wages Payable	\$696
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	\$8,292
	TOTAL CURRENT LIABILITIES	\$9,340
<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	\$48
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	\$48
<u>Other</u>		
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	\$498
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$498
	TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$9,886
	TOTAL ASSETS	\$9,886
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
PSC#	8996
YEAR	2016 Jan-Dec

OATH

STATE OF Montana

SS.

County of Yellowstone

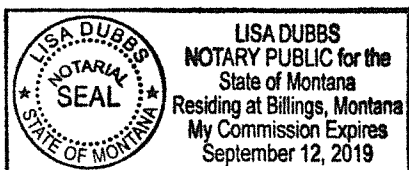
I, the undersigned representative of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and records of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct 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.

Brunetta
 (Signature of owner/officer/authorized representative)

Operations Manager
 (Title)

SUBSCRIBED AND SWORN to before me this 24th day of March 20 17

(SEAL) Lisa Dubbs
 Notary Public
 In and for the State of Montana



Residing at Billings, MT
 My Commission Expires 9/12/2019