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JUN 16 2017

MONT. P.S. COMMISSION

Montana Public Service Commission
Motor Carrier Annual Report

Report must be filed on or before March 31st each year

All annual report filings must be signed by an owner or officer of the company and notarized by a notary public. (oath page)

Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY) James Fortra dba - Electric City Party Productions

PSC Number 9497 See General Instruction # 5

See General Instruction # 1

Reporting Year 2016

Reporting Period (if other than calendar year) mm/yyyy to mm/yyyy format

CARRIER ADDRESS 2208 4th St. NE

City Great Falls State MT Zip 59404

Check YES NO Is the address shown above the carriers official address now on file at the PSC (address at which you now receive monthly notice and other materials from the PSC)?

Check YES NO If the answer to the above question is NO do you want your official address changed to that shown above?

Carrier e-mail address electriccitypartyproductions@hotmail.com optional

Person Completing Report

Name James Fortra

Phone Number 406-899-3162 optional

E-mail Address

Check One

YES NO DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS, HOUSEHOLD GOODS OR GARBAGE 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

PSC #			
Year			
SCHEDULE 1			
INCOME STATEMENT			
Operating Revenue			
1.		Intrastate Revenue	26,430
2.		Interstate Revenue	
3.		Non-Regulated Revenue	
4.		TOTAL REVENUE	
Expenses			
5.		Salaries—Officers & Supervisory Personnel	
		Salaries & Wages	
6.		Clerical & Administrative	
7.		Drivers & Helpers	
8.		Cargo Handlers	
9.		Vehicle Repair & Service	
10.		Other Labor	4,190
		Other Fringes	
11.		Payroll Taxes	
12.		Workman's Compensation	
13.		Pension & Welfare Expenses	
		Operating Supplies & Expenses	
14.		Fuel for Motor Vehicles	1,486
15.		Vehicle Parts	7,637
16.		Other Operating Supplies & Expenses	
17.		General Supplies & Expenses	3,920
		Operating Taxes & Licenses	
18.		Gas, Fuel and Oil Taxes	
19.		Real Estate & Personal Property Taxes	20
20.		Vehicle License & Registration Fees	
21.		Other Taxes	
22.		Insurance	2,924
23.		Communications & Utilities	2,836
24.		Depreciation & Amortization	
25.		Revenue Equipment	30,900
26.		Other	
		Purchased Transportation	
27.		With Driver	
28.		Without Driver	
29.		Other Purchased Transportation	
30.		Building & Office Equipment Rents	
31.		Gain or Loss on Disposition of Operating Assets	
32.		Miscellaneous Expenses	668
33.		TOTAL EXPENSES	59,571
34.		NET INCOME OR LOSS	(28,141)

PSC #			
Year	2016		
			SCHEDULE 2
			BALANCE SHEET
			(ASSETS)
			CURRENT ASSETS
1.		Cash & Working Funds	1238
2.		Special Deposits	
3.		Temporary Cash Investments	
4.		Notes Receivable	
5.		Accounts Receivable	
6.		Prepayments	
7.		Materials & Supplies	
8.		Other Current Assets	
9.		TOTAL CURRENT ASSETS	1238
			TANGIBLE PROPERTY
10.		Carrier Operating Property	59,500
11.		Less: Reserve for Depreciation	
12.		Carrier Operating Property Leased to Others	
13.		Less: Reserve for Depreciation	
14.		Non-Carrier Operating Property	
15.		Less: Reserve for Depreciation	
16.		TOTAL TANGIBLE PROPERTY	59,500
			INTANGIBLE PROPERTY
17.		Organization, Franchises & Permits	
18.		Less: Reserve for Amortization	
19.		Other Intangible Property	
20.		Less: Reserve for Amortization	
21.		TOTAL INTANGIBLE PROPERTY	
22.		Total Investment Securities and Advances	
23.		Total Special Funds	
24.		Total Deferred Debits	
			60,738
25.		TOTAL ASSETS	59,500

PSC #			
Year	2016		
SCHEDULE 2			
BALANCE SHEET			
(LIABILITIES)			
<u>CURRENT LIABILITIES</u>			
26	Notes Payable & Matured Long Term Obligations		
27	Accounts Payable		
28	Wages Payable		
29	C.O.D.'s Unremitted		
30	Taxes Accrued		
31	Interest Accrued		
32	Matured Interest		
33	Other Current Liabilities		
34	TOTAL CURRENT LIABILITIES		
<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>			
35	Equipment Obligations and other Debt		
<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>			
36	Advances Payable		
37	Equipment Obligations		
38	Less reacquired and nominally issued		
39	Other Long Term Obligations		
40	Less reacquired and nominally issued		
41	TOTAL LONG TERM DEBT		
42	Total Deferred Credits		
43	Total Reserves		
<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>			
44	Total Capital Stock		
45	Total Proprietors' Capital		
46	Total Retained Earnings		60,738
47	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY		
48	TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		60,738
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS			

PSC # _____
Year _____

OATH

STATE OF Montana

SS.

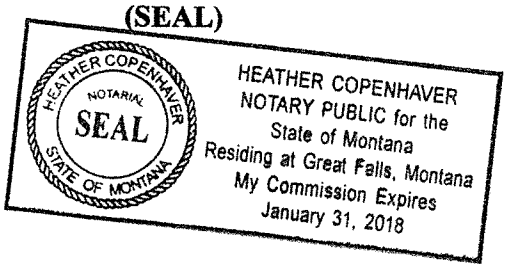
County of Cascade

I, the undersigned Debra J Poitra 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 record 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.

Debra J Poitra
(Signature of owner/officer/authorized representative)

authorized representative
(Title)

SUBSCRIBED AND SWORN to before me this 14 day of June, 2017.



Heather Copenhaver
Notary Public

In and for the State of Montana

Residing at Great Falls

My Commission Expires Jan 31, 2018

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2016

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

JAMES POITRA

A Principal business or profession, including product or service (see instructions)

PARTY BUS

B Enter code from instructions

► **485300**

C Business name. If no separate business name, leave blank.

ELECTRIC CITY PARTY PRODUCTIONS

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ► **2208 4TH ST NE 2**

City, town or post office, state, and ZIP code **GREAT FALLS MT 59404**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ►

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here Yes No

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	<input checked="" type="checkbox"/> 26,430
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	26,430
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	26,430
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	26,430

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8	<input checked="" type="checkbox"/> 3,423	18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	<input checked="" type="checkbox"/> 4,190	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	<input checked="" type="checkbox"/> 30,900	21	Repairs and maintenance	21	<input checked="" type="checkbox"/> 7,637
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	<input checked="" type="checkbox"/> 2,924	23	Taxes and licenses	23	<input checked="" type="checkbox"/> 20
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	<input checked="" type="checkbox"/> 455
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	<input checked="" type="checkbox"/> 21
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	5,001
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31		28		28	54,571
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32a	<input checked="" type="checkbox"/> All investment is at risk.	29		29	-28,141
		32b	<input type="checkbox"/> Some investment is not at risk.	31		31	-28,141

JAMES POITRA

Schedule C (Form 1040) 2016 PARTY BUS

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
 a Business b Commuting (see instructions) c Other

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

 b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

CLEANING	X	68
FUEL	X	1,476
MISCELLANEOUS	X	192
CELL PHONE	X	2,836
Merchant Exps.	X	429

48 Total other expenses. Enter here and on line 27a 48 5,001

Federal Asset Report

PARTY BUS

FYE: 12/31/2016

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
2	H2 Stretch Hummer	7/01/16	40,000		X	20,000	5 HY 200DB	0	24,000
3	VIP Party Buss	7/01/16	7,500		X	3,750	5 HY 200DB	0	4,500
			<u>47,500</u>			<u>23,750</u>		<u>0</u>	<u>28,500</u>
Other Depreciation:									
1	Bus	7/01/15	12,000			12,000	5 MO S/L	1,200	2,400
	Total Other Depreciation		<u>12,000</u>			<u>12,000</u>		<u>1,200</u>	<u>2,400</u>
	Total ACRS and Other Depreciation		<u>12,000</u>			<u>12,000</u>		<u>1,200</u>	<u>2,400</u>
	Grand Totals		59,500			35,750		1,200	30,900
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>59,500</u>			<u>35,750</u>		<u>1,200</u>	<u>30,900</u>