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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 **2017 Jan-Dec**
Reporting Period (if other than calendar year) **1 / 2017 to 12 / 2017**
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	2017 Jan-Dec	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	\$ 28,304.20
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$28,304
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$28,304
	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$28,304
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	\$5,602
	Drivers & Helpers	\$34,180
	Cargo Handlers	
	Vehicle Repair & Service	\$1,234
	Other Labor	
Fringes		
	Payroll Taxes	\$3,258
	Workman's Compensation	\$1,773
	Pension & Welfare Expenses	\$8,091
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$2,454
	Vehicle Parts	\$1,099
	Other Operating Supplies & Expenses	\$2,180
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	\$277
	Vehicle License & Registration Fees	\$65
	Other Taxes	\$47
Depreciation & Amortization		
	Revenue Equipment	
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$1,772
	Communications & Utilities	\$2,280
	Building & Office Equipment Rents	\$3,518
	General Supplies & Expenses	\$1,713
	Miscellaneous Expenses	\$566
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$70,107
	NET INCOME OR (LOSS)	(\$41,802)

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2017 Jan-Dec	
BALANCE SHEET		
(ASSETS)		
<u>CURRENT ASSETS</u>		
Cash & Working Funds		\$3
Special Deposits		
Temporary Cash Investments		
Notes Receivable		
Accounts Receivable		\$7,919
Prepayments		\$89
Materials & Supplies		\$789
Other Current Assets		
TOTAL CURRENT ASSETS		<u>\$8,799</u>
<u>TANGIBLE PROPERTY</u>		
Carrier Operating Property		\$6,393
Less: Reserve for Depreciation (enter positive numbers only)		\$4,492
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>\$1,901</u>
<u>INTANGIBLE PROPERTY</u>		
Organization, Franchises & Permits		
Less: Reserve for Amortization (enter positive numbers only)		
Other Intangible Property		(\$60)
Less: Reserve for Amortization (enter positive numbers only)		
TOTAL INTANGIBLE PROPERTY		<u>(\$60)</u>
Other Accounts		
Investment Securities and Advances		
Special Funds		
Deferred Debits		
Total Other		
TOTAL ASSETS		\$10,640

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2017 Jan-Dec	
	BALANCE SHEET	
	(LIABILITIES)	
	<u>CURRENT LIABILITIES</u>	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	\$476
	Wages Payable	\$889
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	\$2,478
	TOTAL CURRENT LIABILITIES	\$3,844
	<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	\$33
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	\$33
	<u>Other</u>	
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	\$6,763
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$6,763
	TOTAL LIABILITIES & SHAREHOLDERS'	
	<u>(OR PROPRIETORS') EQUITY</u>	
		\$10,640
	TOTAL ASSETS	
		\$10,640
	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	2017 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.

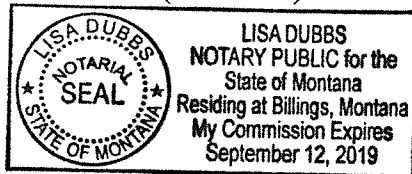
Bruce A. [Signature]
 (Signature of owner/officer/authorized representative)

Operations Manager
 (Title)

SUBSCRIBED AND SWORN to before me this 8th day of May 20 18

Lisa Dubbs [Signature]

(SEAL)



Notary Public

In and for the State of Montana

Residing at Billings MT

My Commission Expires 9/12/2019