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MONT. P.S. COMMISSION

Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name (EXACTLY AS SHOWN ON PSC AUTHORITY)	Stericycle, Inc.
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PSC Number	9342	See General Instruction # 5
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See General Instruction # 1	
Reporting Year	2018
Reporting Period (if other than calendar year)	mm/yyyy to mm/yyyy format

CARRIER OFFICIAL ADDRESS (SHOW AS ON FILE IN COMMISSION RECORDS)	Stericycle, Inc. 20320 8th Ave S. Kent, WA 95032 Attn Chris Dunn
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Carrier e-mail address	cdunn@stericycle.com
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Person Completing Report	
Name	Peggy Lepek
Phone Number	847-607-2049
E-mail Address	plepek@stericycle.com

Check One	WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?
YES <input checked="" type="checkbox"/>	
NO <input type="checkbox"/>	
If NO See General instruction #3	

Montana Public Service Commission  
 Transportation Division  
 1701 Prospect Avenue / PO Box 202601  
 Helena, MT 59620-2601

Name	Stericycle, Inc.	
PSC #	9342	
Year	2018	
<b>INTRASTATE REVENUES</b>		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	\$4,476,735
	<b>TOTAL INTRASTATE REVENUE</b>	<b>\$4,476,735</b>
<b>INCOME STATEMENT</b>		
<b>Operating Revenue</b>		
	Intrastate Revenue	\$4,476,735
	Interstate Revenue	
	Non-Regulated Revenue	
	<b>TOTAL REVENUE</b>	<b>\$4,476,735</b>
<b>Operating Expenses</b>		
<b>Salaries &amp; Wages</b>		
	Salaries—Officers & Supervisory Personnel	\$55,237
	Clerical & Administrative	
	Drivers & Helpers	\$543,906
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	\$176,364
<b>Fringes</b>		
	Payroll Taxes	
	Workman's Compensation	\$15,403
	Pension & Welfare Expenses	\$190,817
<b>Operating Supplies &amp; Expenses</b>		
	Fuel for Motor Vehicles	\$331,043
	Vehicle Parts	\$31,737
	Other Operating Supplies & Expenses	\$729,459
<b>Operating Taxes &amp; Licenses</b>		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	\$9,064
	Vehicle License & Registration Fees	\$762
	Other Taxes	
<b>Depreciation &amp; Amortization</b>		
	Revenue Equipment	\$59,241
	Other	
<b>Purchased Transportation</b>		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
<b>Office/General</b>		
	Insurance	\$20,513
	Communications & Utilities	\$74,124
	Building & Office Equipment Rents	\$16,555
	General Supplies & Expenses	
	Miscellaneous Expenses	
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	<b>TOTAL EXPENSES</b>	<b>\$2,254,223</b>
	<b>NET INCOME OR (LOSS)</b>	<b>\$2,222,512</b>

Name	Stericycle, Inc.	
PSC #	9342	
Year	2018	
<b>BALANCE SHEET</b>		
<b>(ASSETS)</b>		
<b><u>CURRENT ASSETS</u></b>		
	Cash & Working Funds	\$34,307,274
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$599,625,249
	Prepayments	\$49,999,398
	Materials & Supplies	
	Other Current Assets	\$63,421,051
	<b>TOTAL CURRENT ASSETS</b>	<b><u>\$747,352,971</u></b>
<b><u>TANGIBLE PROPERTY</u></b>		
	Carrier Operating Property	\$1,421,630,473
	<b>Less: Reserve for Depreciation (enter positive numbers only)</b>	\$678,126,299
	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>\$743,504,174</u></b>
<b><u>INTANGIBLE PROPERTY</u></b>		
	Organization, Franchises & Permits	\$5,359,720,241
	<b>Less: Reserve for Amortization (enter positive numbers only)</b>	\$499,887,919
	Other Intangible Property	
	<b>Less: Reserve for Amortization (enter positive numbers only)</b>	
	<b>TOTAL INTANGIBLE PROPERTY</b>	<b><u>\$4,859,832,322</u></b>
<b>Other Accounts</b>		
	Investment Securities and Advances	\$104,802,519
	Special Funds	
	Deferred Debits	
	<b>Total Other</b>	<b>\$104,802,519</b>
	<b>TOTAL ASSETS</b>	<b><u>\$6,455,491,986</u></b>

Name	Stericycle, Inc.	
PSC #	9342	
Year	2018	
<b>BALANCE SHEET</b>		
<b>(LIABILITIES)</b>		
<b><u>CURRENT LIABILITIES</u></b>		
Notes Payable & Matured Long Term Obligations		\$104,261,774
Accounts Payable		\$225,765,216
Wages Payable		\$58,504,362
C.O.D.'s Unremitted		
Taxes Accrued		\$42,205,597
Interest Accrued		\$14,706,981
Matured Interest		
Other Current Liabilities		\$287,746,718
<b>TOTAL CURRENT LIABILITIES</b>		<b>\$733,190,649</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		\$2,663,853,221
Equipment Obligations		
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>\$2,663,853,221</b>
<b><u>Other</u></b>		
Total Deferred Credits		\$461,337,035
Total Reserves		
<b>TOTAL OTHER</b>		<b>\$461,337,035</b>
<b><u>SHAREHOLDERS' (OR PROPRIETORS' ) EQUITY</u></b>		
Capital Stock		\$906,788
Proprietors' Capital		\$807,015,301
Retained Earnings		\$1,789,188,992
<b>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>		<b>\$2,597,111,081</b>
<b>TOTAL LIABILITIES &amp; SHAREHOLDERS'</b>		
<b><u>(OR PROPRIETORS') EQUITY</u></b>		
		<b>\$6,455,491,986</b>
<b>TOTAL ASSETS</b>		
		<b>\$6,455,491,986</b>
DO TOTAL ASSETS <b>EQUAL</b> TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

<b>Name</b>	Stericycle, Inc.		
<b>PSC#</b>	9342		
<b>YEAR</b>	2018		
<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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19			
20			
	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>
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<b>Name</b>	Stericycle, Inc.		
<b>PSC#</b>	9342		
<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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20			
	<b>OCTOBER</b>	<b>NOVEMBER</b>	<b>DECEMBER</b>
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Name	Stericycle, Inc.
PSC#	9342
YEAR	2018

**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	Stericycle, Inc.
PSC#	9342
YEAR	2018

# OATH

STATE OF ILLINOIS

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.

*[Handwritten Signature]*

\_\_\_\_\_  
(Signature of owner/officer/authorized representative)

DANIEL VIGNETTI, EVP & CFO  
(Title)

SUBSCRIBED AND SWORN to before me this  
22nd day of MARCH 20 19

*[Handwritten Signature]*

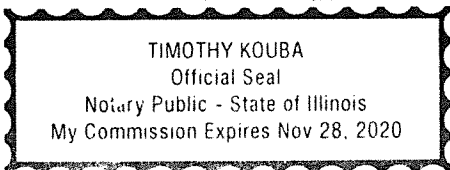
\_\_\_\_\_  
Notary Public

(SEAL)

In and for the State of ILLINOIS

Residing at 2816 INKETH DR LAKE FOREST IL

My Commission Expires NOV 28, 2020





### WORKSHEET INSTRUCTIONS

- 1 ✓ Fill in required information on cover sheet. Information will carry forward to other worksheets.
- 2 ✓ Enter financial information, worksheet will calculate totals.
- 3 ✓ **Always enter positive numbers.**
- 4 ✓ Print Workbook by selecting that option on the Excel print menu or print each sheet.
- 5 **Sign report and have report notarized.**
- 6 Mail report to Public Service Commission.
- 7 **Completed report can only be saved to your local computer.**

### GENERAL INSTRUCTIONS

Enclosed is the motor carrier annual report form prescribed by the Montana Public Service Commission. This report must be filed with the Montana Public Service Commission on or before **MARCH 31st** of each year following that which the report is made. Filing of an annual report by motor carriers is prescribed by Section 69-12-401, MCA. Failure to submit this report in full may jeopardize your operating authority.

1. Report should represent operations for the calendar year (January 1st to December 31st). If your company wishes to file on a fiscal year, a written request must be submitted to the Commission for approval. All subsequent reports must then be filed on the fiscal year end.
2. All data may be reported to the nearest whole dollar or whole number.
3. If there were no regulated intrastate moves during the filing period, a negative report may be filed. To file a negative report, 'Check **no** in the appropriate box on Cover Sheet'. No further financial information is required. **However, the report must be signed and notarized.**
4. All annual report filings must be signed by an owner or officer of the company and notarized by a notary public.
5. If a company operates under more than one PSC number, registered in exactly the same company name, a combined report may be filed. However that fact should be clearly noted on the cover of the report.

6. **ALL CARRIERS MUST COMPLETE :**

**Cover Sheet**  
**Intrastate Revenue**  
**Income Statement**  
**Balance Sheet**  
**Oath**

#### **Class D Carriers**

7. Class D carriers not generating \$5,000 gross revenue from the Class D authority during the calendar year must complete: (Monthly Customer Listing)
8. Class D carriers NOT MEETING reporting requirements (\$5,000 in revenue or 20 customers per month) must complete: (Verified Statement)