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Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

Stericycle, Inc.

PSC Number

9342

See General Instruction # 5

See General Instruction # 1

Reporting Year

2019

Reporting Period (if other than
calendar year)

mm/yyyy to mm/yyyy format

/ / to / /

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

Stericycle, Inc.
20320 8th Ave S.
Kent, WA 96032
Attn Chris Dunn

Carrier e-mail
address

Cdunn@stericycle.com

Person Completing Report

Name Peggy Lepek

Phone Number 847-607-2049

E-mail Address Plepek@stericycle.com

Check One

YES ☒
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	Stericycle, Inc.	
PSC #	9342	
Year	2019	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	
	Class C	
	Class D (Garbage)	\$4,449,610
	TOTAL INTRASTATE REVENUE	\$4,449,610
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$4,449,610
	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$4,449,610
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	\$30,000
	Clerical & Administrative	
	Drivers & Helpers	\$595,912
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	\$232,450
Fringes		
	Payroll Taxes	
	Workman's Compensation	\$17,978
	Pension & Welfare Expenses	\$213,406
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$248,152
	Vehicle Parts	\$62,024
	Other Operating Supplies & Expenses	\$852,871
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	\$19,994
	Vehicle License & Registration Fees	\$8,153
	Other Taxes	
Depreciation & Amortization		
	Revenue Equipment	\$81,896
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$19,086
	Communications & Utilities	\$72,273
	Building & Office Equipment Rents	\$22,728
	General Supplies & Expenses	
	Miscellaneous Expenses	
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$2,476,923
	NET INCOME OR (LOSS)	\$1,972,687

Name	Stericycle, Inc.	
PSC #	9342	
Year	2019	
	BALANCE SHEET	
	(ASSETS)	
	<u>CURRENT ASSETS</u>	
	Cash & Working Funds	\$34,693,748
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$544,272,423
	Prepayments	\$60,669,199
	Materials & Supplies	
	Other Current Assets	\$67,041,834
	TOTAL CURRENT ASSETS	<u>\$706,677,204</u>
	<u>TANGIBLE PROPERTY</u>	
	Carrier Operating Property	\$1,985,319,642
	Less: Reserve for Depreciation (enter positive numbers only)	\$751,890,060
	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>\$1,233,429,582</u>
	<u>INTANGIBLE PROPERTY</u>	
	Organization, Franchises & Permits	\$4,989,509,052
	Less: Reserve for Amortization (enter positive numbers only)	\$584,872,996
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	<u>\$4,404,636,056</u>
	Other Accounts	
	Investment Securities and Advances	\$92,261,341
	Special Funds	
	Deferred Debits	
	Total Other	\$92,261,341
	TOTAL ASSETS	<u>\$6,437,004,183</u>

Name	Stericycle, Inc.	
PSC #	9342	
Year	2019	
	BALANCE SHEET	
	(LIABILITIES)	
	<u>CURRENT LIABILITIES</u>	
	Notes Payable & Matured Long Term Obligations	\$103,088,467
	Accounts Payable	\$220,071,161
	Wages Payable	\$63,449,177
	C.O.D.'s Unremitted	
	Taxes Accrued	\$47,648,885
	Interest Accrued	\$21,339,423
	Matured Interest	
	Other Current Liabilities	\$301,311,271
	TOTAL CURRENT LIABILITIES	\$756,908,384
	<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	\$2,559,305,693
	Equipment Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	Other Long Term Obligations	
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	\$2,559,305,693
	<u>Other</u>	
	Total Deferred Credits	\$786,109,494
	Total Reserves	
	TOTAL OTHER	\$786,109,494
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
	Capital Stock	\$912,348
	Proprietors' Capital	\$891,390,661
	Retained Earnings	\$1,442,377,603
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$2,334,680,612
	TOTAL LIABILITIES & SHAREHOLDERS'	
	(OR PROPRIETORS') EQUITY	\$6,437,004,183
	TOTAL ASSETS	
		\$6,437,004,183
	DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.	

Name	Stericycle, Inc.		
PSC#	9342		
YEAR	2019		
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	JANUARY	FEBRUARY	MARCH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	APRIL	MAY	JUNE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Class D Carrier

Customer listing

Name	Stericycle, Inc.		
PSC#	9342		
Year			
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE			
Customer listing must include at least 20 customers per month during each month of the calendar year.			
	JULY	AUGUST	SEPTEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
	OCTOBER	NOVEMBER	DECEMBER
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Class D Carrier

Customer listing

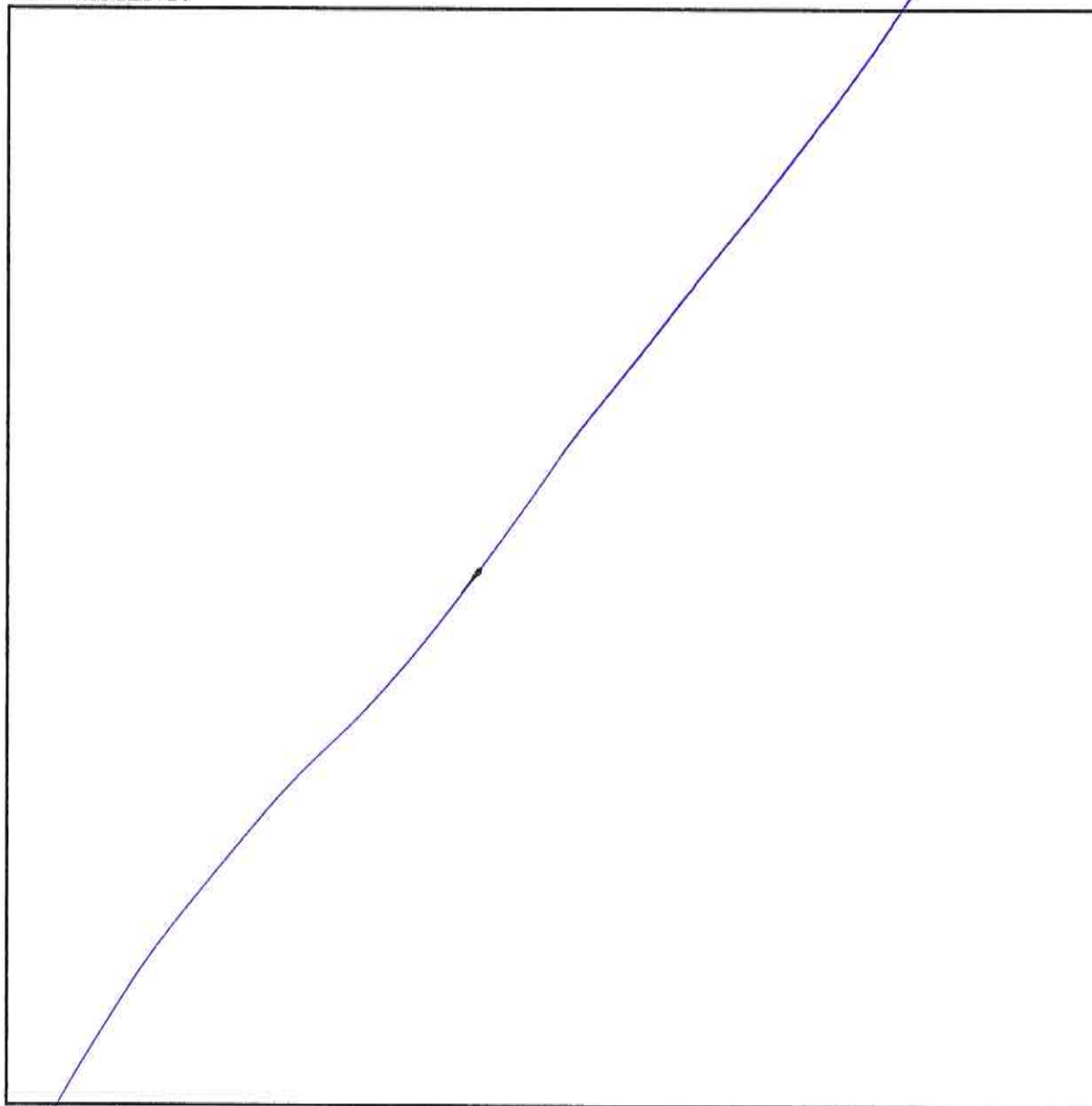
Name	Stericycle, Inc.
PSC#	9342
YEAR	2019

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	2019

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.

Janet H. Zlinka
 (Signature of owner/officer/authorized representative)
Executive Vice President and Chief Financial Office
 (Title)

SUBSCRIBED AND SWORN to before me this 9TH day of April 20 20

(SEAL)

TIMOTHY KOUBA
 Notary Public

In and for the State of ILLINOIS

Residing at 2355 WAKEGAM ROAD
BANNOCKBURN IL 60015

My Commission Expires NOV 28, 2020

