

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
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See General Instruction # 1

Reporting Year

2020 Jan-Dec							
Reporting Period (if other than calendar year)	1	/	2020	to	12	/	2020

mm/yyyy to mm/yyyy format

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

1701 Montana Avenue Billings, MT 59101
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Carrier e-mail
address

brian.hansen@amr.net

Person Completing Report

Name
Phone Number
E-mail Address

Ben Southwick
206-265-9882
ben.southwick@amr.net

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	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2020 Jan-Dec	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	\$ 32,666.66
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$32,667
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$32,667
	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$32,667
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	\$5,984
	Drivers & Helpers	\$33,976
	Cargo Handlers	
	Vehicle Repair & Service	\$1,288
	Other Labor	
Fringes		
	Payroll Taxes	\$3,312
	Workman's Compensation	\$1,215
	Pension & Welfare Expenses	\$3,958
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$2,321
	Vehicle Parts	\$796
	Other Operating Supplies & Expenses	\$1,732
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	\$294
	Vehicle License & Registration Fees	\$74
	Other Taxes	\$214
Depreciation & Amortization		
	Revenue Equipment	
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	\$2,540
	Communications & Utilities	\$2,148
	Building & Office Equipment Rents	\$4,087
	General Supplies & Expenses	\$380
	Miscellaneous Expenses	\$947
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	\$21
	TOTAL EXPENSES	\$65,246
	NET INCOME OR (LOSS)	(\$32,579)

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2020 Jan-Dec	
	BALANCE SHEET (ASSETS)	
	<u>CURRENT ASSETS</u>	
	Cash & Working Funds	
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$5,466
	Prepayments	\$76
	Materials & Supplies	\$1,003
	Other Current Assets	
	TOTAL CURRENT ASSETS	<u>\$6,545</u>
	<u>TANGIBLE PROPERTY</u>	
	Carrier Operating Property	\$9,502
	Less: Reserve for Depreciation (enter positive numbers only)	\$8,022
	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>\$1,480</u>
	<u>INTANGIBLE PROPERTY</u>	
	Organization, Franchises & Permits	
	Less: Reserve for Amortization (enter positive numbers only)	
	Other Intangible Property	\$1,580
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	<u>\$1,580</u>
	Other Accounts	
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	<u>\$9,605</u>

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.	
PSC #	8996	
Year	2020 Jan-Dec	
	BALANCE SHEET	
	(LIABILITIES)	
	<u>CURRENT LIABILITIES</u>	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	\$105
	Wages Payable	\$665
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	\$955
	TOTAL CURRENT LIABILITIES	\$1,726
	<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	\$980
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	\$980
	<u>Other</u>	
	Total Deferred Credits	
	Total Reserves	(\$12,503)
	TOTAL OTHER	(\$12,503)
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	\$19,402
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	\$19,402
	TOTAL LIABILITIES & SHAREHOLDERS'	
	<u>(OR PROPRIETORS') EQUITY</u>	\$9,605
	TOTAL ASSETS	\$9,605
	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	2020 Jan-Dec		
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			

Name	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
PSC#	8996
YEAR	2020 Jan-Dec

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	AMERICAN MEDICAL RESPONSE AMBULANCE SERVICE, INC.
PSC#	8996
YEAR	2020 Jan-Dec

OATH

STATE OF Montana

SS.

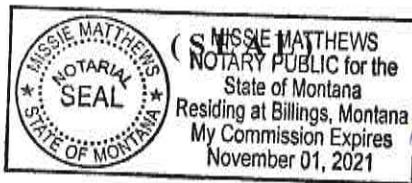
County of Yellowstone

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.

Bruetta
(Signature of owner/officer/authorized representative)

Operations Manager
(Title)

SUBSCRIBED AND SWORN to before me this 2nd day of March 20 21



Missie Matthews
Notary Public
In and for the State of Montana
Residing at Billings MT
My Commission Expires 11-01-2021