

TG-061259

**CLASS A & B
SOLID WASTE COLLECTION COMPANIES**

G000045 BRONKHORST, CECIL & JENNIE COUNTRY GARBAGE SERVICE 1301 WANETA RD GRANDVIEW, WA 98930	
Full name and address of Company	Correct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
for the
SEVEN MONTHS ENDED JULY 31, 2006

<p style="text-align: center; font-size: small;">TYPE OF PAYMENT (DO NOT SEND CASH IN THE MAIL)</p> <p style="font-size: x-small;"> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard </p>	<p style="text-align: center; font-size: small;"><i>For Commission Use Only</i></p> <p>Payment ID #: _____</p>				
Credit Card Number: <table border="1" style="width: 100%; height: 20px; font-size: x-small;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>					Expiration Date Month/Year
<p>CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the company, and that I agree to pay the above total amount according to the card issue agreement.</p>					
Name (Printed): _____	Title: _____				
Signature: _____	Date: _____				

<i>For Commission Use Only</i>	
Reception Number: _____	Ref. No. _____
001-111-02-68-227-01: _____	001-111-02-68-032-05: _____

Original form to be mailed to the Washington Utilities and Transportation Commission, PO Box 47280, Olympia, WA 98504-7250
Web Site: www.wutc.wa.gov

Posted

CERTIFICATION

I certify that I, CECIL BRONKHORST, the responsible official for COUNTRY GARBAGE SERVICE (company) have examined the attached report; that to the best of my knowledge, information, and belief all statements of fact contained in said report are true, and said report is a correct statement of the business and affairs of the above-named respondent (company) in respect to each and every matter set forth therein during the period from January 1, 2006 to July 31, 2006, inclusive.

Name (Printed): CECIL BRONKHORST

Title: OWNER

Signature: *Cecil Bronkhorst*

Date: 8/9/06

SOLID WASTE ANNUAL REPORT

Schedule 1 – Identification, Organization, and Control

1. Company Identification:

Company Name: Cecil and Jennie Bronkhorst Solid Waste Certificate No. G- 45

D/B/A: Country Garbage Service

2. Annual Report/Accounting Contact Person:

Name: David Proebstel

Title: CPA

Mailing Address: P.O. BOX 895

City/State/Zip: Sunnyside, WA 98944-0895

Physical Address: 1403 Yakima Valley Hwy

City/State/Zip: Sunnyside, WA 98944-0895

Telephone Number: (509) 839-2244

Fax Number: (509) 839-2243

E-mail Address: david@pmcpa.net

Web Site Address: _____

3. Identifying Numbers:

(a) Washington Unified Business Identifier (UBI) No.: 600 202 868

(Contact Washington Department of Licensing at 360-664-1400 for information)

(b) United States Department of Transportation (USDOT) No.: _____

4. Type of Business Structure (check that which applies):

Sole Proprietorship Partnership Corporation Other (S-Corp, LP, LLP, LLC, etc.)

5a. List the name, title, and percentage of partner's share or stock distribution of 5 major stockholders:

Name	Title	Percent
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5b. Total number of stockholders at year's end: _____

6. List the name, title, and address of officers:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Schedule 2 – Insurance, Safety, and Accident Information

Name of Current Insurance Company: Stonington – RF Mattei & Assoc.

Insurance Policy Number: SWP000790002 25027

Name of Company Operations Officer: Cecil Bronkhorst

Telephone Number: (509) 837-2488

Name of Company Safety Officer: Cecil Bronkhorst

Telephone Number: (509) 837-2488

Name of Customer Service Officer: Jennie Bronkhorst

Telephone Number: (509) 837-2488

Number of commercial motor vehicles operated during the year: 8

Number of commercial vehicle drivers employed during the year: 4

Number of recordable (*see note below*) accidents during the year: -0-

Total cost of recordable accidents during the year (net of insurance): \$ -0-

Total number of miles operated during the year: Through July 31, 2006 = \$64,032

Note: A recordable accident is defined as an occurrence involving a commercial motor vehicle on a public road in intrastate or interstate commerce that results in one or more of the following:

1. A fatality,
2. Injury to a person requiring treatment away from the scene of the accident, or
3. Disabling damage to a vehicle requiring it to be towed from the accident scene.

Schedule 3A – Comparative Balance Sheet – Total Company

Instructions: Complete this Balance Sheet in accordance with the beginning and end-of-year ledger figures as reflected in company books of account.

Line No.	Account Names (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
Current Assets:			
1	Cash and Working Funds	82,888	120,035
2	Special Deposits		
3	Temporary Cash Investments		
4	Notes Receivable		
5	Receivables from Affiliated Companies		
6	Accounts Receivable		
7	Less: Allowance for Uncollectables		
8	Net Accounts Receivable		
9	Prepayments		
10	Materials and Supplies		
11	Other Current Assets		
12	Total Current Assets	82,888	120,035
Tangible Property:			
13	Solid Waste Operating Property (Sched. 3C, Line 13)	887,938	887,938
14	Less: Accumulated Depreciation (Sched. 3C, Line 25)	689,117	708,901
15	Net Solid Waste Operating Property	198,821	179,037
16	Non-Operating Property		
17	Less: Accumulated Depreciation		
18	Net Non-operating Property		
19	Total Net Tangible Property		
Intangible Property:			
20	Organization, Franchises, and Permits		
21	Accumulated Amortization – Credit		
22	Other Intangible Property		
23	Accumulated Amortization – Credit		
24	Total Net Intangible Property		
Other Assets and Deferred Items:			
25	Investment and Advances		
26	Undistributed Earnings from Subsidiaries		
27	Deferred Debits		
28	Other Assets		
29	Total Other Assets and Deferred Items		
30	Total Assets (Lines 12, 19, 24 and 29)	281,709	299,072

Schedule 3B – Comparative Balance Sheet – Total Company

Instructions: Complete this Balance Sheet in accordance with the beginning and end-of-year ledger figures as reflected in company books of account.

Line No.	Account Name (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)
	Current Liabilities:		
1	Notes Payable		
2	Payables to Affiliated Companies		
3	Accounts Payable		
4	Salaries and Wages Payable		
5	Accrued Taxes		
6	Current Portion of Long Term Debt (Equip. and Other)	10,720	
7	Other Current Liabilities		
8	Total Current Liabilities	10,720	
	Long Term Debt After 1 Year:		
9	Equipment Obligations		
10	Other Long Term Debt		
11	Unamortized Premium/Discount on Debt – (net)		
12	Total Long Term Debt Due After 1 year		
	Deferred Credits and Other Items:		
13	Deferred Credits		
14	Other Credits	10,720	
15	Total Deferred and Other Credits		
16	Total Liabilities (Lines 8, 12, and 15)		
	Shareholder's and Proprietor's Equity:		
17	Capital Stock		
18	Capital Stock		
19	Paid in Capital in Excess of Par		
20	Other Capital		
21	Total Capital Stock		
22	Proprietor's Capital		
23	Sole Proprietor's Capital	270,989	299,072
24	Partnership Capital		
25	Total Proprietor's Capital	270,989	299,072
26	Retained Earnings		
27	Total Equity (Lines 21 and 25, or 26)	270,989	299,072
28	Total Liabilities and Equity (Lines 16 and 27)	281,709	299,072

Schedule 3C – Total Company Solid Waste Operating Property

Instructions: Classify regulated and non-regulated fixed assets and reserves in company books of account, including those related to disposal and transfer stations facilities, into the categories listed below. Non-operating related items should be excluded from this schedule and instead shown in total in Schedule 3A, Lines 16-18.

Line No.	Acct. (a)	Fixed Assets (b)	Balance at Beginning of Year (c)	Balance at Close of Year (d)
1	1211	Land	20,000	20,000
2	1212	Structures	13,549	13,549
3	1222	Solid Waste Collection Equipment	256,941	256,941
4	1224	Bins, Containers, Toters, Drop Boxes, etc.	477,260	477,260
5	1226	Disposal/Landfill/Transfer Station Facilities and Equipment		
7	1230	Service Cars and Equipment	84,456	84,456
8	1240	Shop and Garage Equipment	6,373	6,373
9	1250	Office Furniture and Fixtures	29,359	29,359
10	1270	Leasehold Improvements		
11	1280	Other Solid Waste Operating Property		
12		Total	887,938	887,938

Line No.	Acct. (a)	Accumulated Depreciation (b)	Balance at Beginning of Year (c)	Balance at Close of Year (d)
13	1213	Structures	13,549	13,549
14	1223	Solid Waste Collection Equipment	184,559	193,407
15	1225	Bins, Containers, Toters, Drop Boxes, etc.	376,248	386,232
16	1227	Disposal/Landfill/Transfer Station Facilities and Equipment		
17	1231	Service Cars and Equipment	81,056	81,213
18	1241	Shop and Garage Equipment	6,373	6,373
19	1251	Office Furniture and Fixtures	27,332	28,127
20	1271	Leasehold Improvements		
21	1281	Other Solid Waste Operating Property		
22		Total	689,117	708,901

(Mark the schedule below that applies to this report)

 Schedule 4A – Sole Proprietor’s Capital

 Schedule 4B – Partnership Capital

Instructions: Non-incorporated Companies show the requested information concerning the items included in their Proprietor or Partner Equity Accounts during the year.

<u>Line No.</u>	<u>Description</u> <u>(a)</u>	<u>Total</u> <u>(b)</u>
1	Balance at Beginning of Year	270,989
2	Net Income (Loss) from Current Period	28,083
3	Additional Investments During Year	
4	Other Credits and Additions (Specify)	
5		
6		
7	Withdrawals and Disbursements	
8	Other Debits and Reductions (Specify)	
9		
10		
11	Balance at Year End	299,072

Schedule 4C – Corporate Retained Earnings

Instructions: Corporations show the requested information concerning the items included in their Retained Earnings Account during the year.

<u>Line No.</u>	<u>Description</u> <u>(a)</u>	<u>Total</u> <u>(b)</u>
12	Balance at Beginning of Year	
13	Net Income (Loss) from Current Period	
14	Dividend Appropriations	
15	Other Debits and Reductions (Specify)	
16		
17		
18	Other Credits and Additions (Specify)	
19		
20		
21	Balance at Year End	

Schedule 5 – Income Statement

Instructions: Complete this Total Company Income Statement in accordance with the end-of-year accumulated figures as reflected in company books of account.

Line No.	Account (a)	Total Company (b)
Revenues		
1	Solid Waste Operating Revenues (Line 12d, Schedule 6A)	495,745
2	Other	_____
3	Total Revenues	<u>495,745</u>
Expenses		
4	Driver Wages and Benefits	124,571
5	Truck Operating Costs	43,858
6	Repair and Maintenance	32,188
7	Insurance and Safety	38,464
8	Disposal and Processing	114,354
9	Depreciation	19,784
10	Selling and Advertising	2,162
11	Office and Administration	42,370
12	Management Fees	_____
13	Taxes and Licenses	37,128
14	Rents	7,000
15	Other Expenses	_____
16	Total Expenses before Other Items	(add Lines 4 thru 15) <u>461,879</u>
17	Net Income before Other Items	(Line 3 minus Line 16) <u>33,866</u>
Other Income and Expenses		
18	Other Income/(Loss)	_____
19	Interest, Dividends, and Other Investment Income/(Loss)	_____
20	Distrib./Undistrib. Income/(Loss) from Subsidiaries	_____
21	Interest Expense	827
22	Other Deductions	_____
23	Extraordinary Items (Net)	_____
24	Total Other Income and Expense	(add Lines 18 thru 23) <u>827</u>
25	Net Income before Federal Income Taxes	(Line 17 and Line 24) <u>33,039</u>
26	Federal Income Taxes	4,956
27	Net Income/(Loss)	<u>28,083</u>

Schedule 6A – Revenues

Instructions: Classify revenues reflected in company's books of account for the year into the categories listed below.

Line No.	Account (a)	Regulated Revenue (b)	Non-Regulated Revenue (c)	Total Company Solid Waste Revenue (d)
Garbage Collection				
1	Residential Collection	94,208		94,208
2	Commercial Collection	282,850		282,850
3	Drop Box/Compactor Collection	76,663		76,663
4	Drop Box/Com. Pass Thru Disposal	42,024		42,024
5	Other Garbage Collection			
Recycling, Yard Waste, and Medical Waste				
6	Residential Recycling Collection			
7	Multi-family Recycling Collection			
8	Sale of Recycle Commodities			
9	Yard Waste Collection			
10	Medical Waste Collection			
11	Other Revenue			
12	Total Solid Waste Operating Revenue	495,745		495,745

Schedule 6B – Customers

Instructions: Provide the requested information for each customer classification as of year-end.

Line No.	Customer Classification (a)	Number of Regulated Customers (b)	Number of Non-Regulated Customers (c)	Total Solid Waste Customers (d)
Garbage Collection				
13	Residential Collection	1,522		1,522
14	Commercial Collection	1,121		1,121
15	Drop Box and Compactors	38		38
16	Other Garbage Collection			
Recycling, Yard Waste, and Medical Waste				
17	Residential Recycling			
18	Multi-family Recycling			
19	Yard Waste Collection			
20	Medical Waste Collection			
21	Other Customers			
22	Total Customers	2,681		2,681

Schedule 7 – Regulated Recycle and Yard Waste Programs
 (Attach additional sheets if necessary)

7A: Summarize your Regulated RESIDENTIAL recycling program, separately by commodity.

<u>Commodity</u>	<u>Annual Tonnage</u>	<u>Commodity Revenue</u>
N/A		
Total		

7B: Summarize your Regulated Multi-family recycling program, separately by commodity.

<u>Commodity</u>	<u>Annual Tonnage</u>	<u>Commodity Revenue</u>
N/A		
Total		

7C: Summarize your Regulated Residential Yard Waste program:

Yard Waste Annual Tonnage: _____

Schedule 8 – City Contracts

Instructions: List each city that the company has had a contract with any time during the reporting year. Place an "X" in each customer classification to which the contract applies. Attach additional sheets, if necessary.

Line No.	City (a)	Residential Garbage (b)	Residential Recycling (c)	Residential Multi- family Recycling (d)	Residential Yard- Waste (e)	Commercial Garbage (f)	Dropbox & Compactor Garbage (g)	Total Contract Revenue (h)
1	N/A							
2								
3								
4								
5								
6								
7								
8								
9								
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11								
12								
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28								
29								
30								
31								
32								
33								
34								
35								
36	Total City Contract Revenue – Total of Column (h):							\$

Schedule 9A – Garbage Disposal Fees

Instructions: If the company does not have the exact number of tons/yards by category, make a reasonable estimate. Attach additional sheets as necessary. Total Pass Through Disposal Expenses should equal Total Pass Through Revenue in Schedule 6A.

Line No	Residential & Commercial			Pass Through			Total Disposal Fees
	Unit Type (a)	No. of Units (b)	\$ Expense (c)	Unit Type (d)	No. of Units (e)	\$ Expense (f)	(g) = (c) + (f)
	Site A (Specify): <u>Snipes Transfer</u>			Basic MSW Disp. Fee	\$23.20	per ton	(unit)
1	Tons	3,118	72,330	Tons	1,725	42,024	114,354
2	Loose Yds.			Loose Yds.			
3	Compact Yds.			Compact Yds.			
4	Other			Other			
	Site B (Specify): _____			Basic MSW Disp. Fee	\$ _____	per _____	(unit)
5	Tons			Tons			
6	Loose Yds.			Loose Yds.			
7	Compact Yds.			Compact Yds.			
8	Other			Other			
	Site C (Specify): _____			Basic MSW Disp. Fee	\$ _____	per _____	(unit)
9	Tons			Tons			
10	Loose Yds.			Loose Yds.			
11	Compact Yds.			Compact Yds.			
12	Other			Other			
	Site D (Specify): _____			Basic MSW Disp. Fee	\$ _____	per _____	(unit)
13	Tons			Tons			
14	Loose Yds.			Loose Yds.			
15	Compact Yds.			Compact Yds.			
16	Other			Other			
	Site E (Specify): _____			Basic MSW Disp. Fee	\$ _____	per _____	(unit)
17	Tons			Tons			
18	Loose Yds.			Loose Yds.			
19	Compact Yds.			Compact Yds.			
20	Other			Other			
21	Sub Total This Page		72,330		42,024		114,354

Schedule 9B – Other Disposal and Processing

Instructions: If the respondent does not have the exact number of tons/yards, by category, make a reasonable estimate.
Attach additional sheets as necessary.

Line No.	Category	Processing/ Disposal Site	No. of Units		Disposal/Processing \$ Expense
			Tons	Yds.	
			(c)	(d)	
	(a)	(b)		(e)	
22	Residential Recycling				
23	N/A				
24					
25					
26					
27	Multi-Family Recycling				
28					
29					
30					
30					
31					
32	Other Recycling				
33					
34					
35					
36					
37	Yard Waste				
38					
39					
40					
41					
42	Medical Waste				
43					
44					
45					
46					
47	Other Disposal/Processing				
48					
49					
50					
51					
52	Total Of All Disposal and Processing - Sched. 9B, Lines 22(e) through 51(e) +Sched. 9A, Line 21 (g)				

Schedule 10 – Total Company Employee Classification and Compensation

<u>Line No</u>	<u>Employee Classification</u>	<u>Number of Employees</u>	<u>Salary/Wages</u>
1	Drivers and Helpers	5	\$ 124,571 (1)
2	Mechanics and Service		\$
3	Disposal and Transfer		\$
4	Office and Administration	2	\$ 32,380 (2)
5	Officers and Directors		\$
6	Other		\$
7	Totals	7	\$ 156,951

Because both proprietors and active:

- (1) Includes \$35,000 allowance for Cecil Bronkhorst
- (2) Includes \$17,500 allowance for Jennie Bronkhorst