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Montana Public Service Commission

Motor Carrier Annual Report

Carrier Name
(EXACTLY AS SHOWN ON PSC AUTHORITY)

Kindred Nursing Centers West, LLC dba Park Place Healthcare

PSC Number

7458/1B	See General Instruction # 5
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See General Instruction # 1

Reporting Year	2015
Reporting Period (if other than calendar year)	<input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/>

mm/yyyy to mm/yyyy format

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

1500 32nd Street S; Great Falls, MT 59405

Carrier e-mail address

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Person Completing Report

Name	Rose Michels
Phone Number	502-596-7300
E-mail Address	rose.michels@kindred.com

Check One

YES	<input checked="" type="checkbox"/>	WERE REGULATED INTRASTATE MOVEMENTS CONDUCTED DURING THE FILING PERIOD?
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	Kindred Nursing Centers West, LLC dba Park Place Healthcare	
PSC #	7458/1B	
Year	2015	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	\$18,108
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$18,108
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$18,108
	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$18,108
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	\$32,077
	Drivers & Helpers	\$30,781
	Cargo Handlers	
	Vehicle Repair & Service	\$4,686
	Other Labor	
Fringes		
	Payroll Taxes	\$4,533
	Workman's Compensation	\$1,501
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$4,757
	Vehicle Parts	
	Other Operating Supplies & Expenses	
Operating Taxes & Licenses		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	
	Other Taxes	
Depreciation & Amortization		
	Revenue Equipment	
	Other	
Purchased Transportation		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
Office/General		
	Insurance	
	Communications & Utilities	
	Building & Office Equipment Rents	
	General Supplies & Expenses	
	Miscellaneous Expenses	
	Gain on Disposition of Operating Assets	
	Loss on Disposition of Operating Asset (enter as positive number)	
	TOTAL EXPENSES	\$78,335
	NET INCOME OR (LOSS)	(\$60,227)

Name	Kindred Nursing Centers West, LLC dba Park Place Healthcare	
PSC #	7458/1B	
Year	2015	
BALANCE SHEET (ASSETS)		
<u>CURRENT ASSETS</u>		
	Cash & Working Funds	\$20,246
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$974,212
	Prepayments	
	Materials & Supplies	\$36,198
	Other Current Assets	
	TOTAL CURRENT ASSETS	<u>\$1,030,656</u>
<u>TANGIBLE PROPERTY</u>		
	Carrier Operating Property	\$52,759
	Less: Reserve for Depreciation (enter positive numbers only)	\$52,759
	Carrier Operating Property Leased to Others	
	Less: Reserve for Depreciation (enter positive numbers only)	
	Non-Carrier Operating Property	\$1,814,560
	Less: Reserve for Depreciation (enter positive numbers only)	\$1,491,888
	TOTAL TANGIBLE PROPERTY	<u>\$322,672</u>
<u>INTANGIBLE PROPERTY</u>		
	Organization, Franchises & Permits	
	Less: Reserve for Amortization (enter positive numbers only)	
	Other Intangible Property	
	Less: Reserve for Amortization (enter positive numbers only)	
	TOTAL INTANGIBLE PROPERTY	
Other Accounts		
	Investment Securities and Advances	
	Special Funds	\$4,990
	Deferred Debits	
	Total Other	\$4,990
	TOTAL ASSETS	<u>\$1,358,318</u>

Name	Kindred Nursing Centers West, LLC dba Park Place Healthcare	
PSC #	7458/1B	
Year	2015	
BALANCE SHEET (LIABILITIES)		
<u>CURRENT LIABILITIES</u>		
Notes Payable & Matured Long Term Obligations		
Accounts Payable		\$137,915
Wages Payable		\$156,631
C.O.D.'s Unremitted		
Taxes Accrued		\$101,945
Interest Accrued		
Matured Interest		
Other Current Liabilities		\$19,126
TOTAL CURRENT LIABILITIES		\$415,617
<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		\$3,417,231
Less reacquired and nominally issued (enter positive number only)		
TOTAL LONG TERM DEBT		\$3,417,231
<u>Other</u>		
Total Deferred Credits		
Total Reserves		
TOTAL OTHER		
<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
Capital Stock		
Proprietors' Capital		(\$2,115,112)
Retained Earnings		(\$359,417)
TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY		(\$2,474,529)
TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY		\$1,358,319
TOTAL ASSETS		\$1,358,318
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	Kindred Nursing Centers West, LLC dba Park Place Healthcare
PSC#	7458/1B
YEAR	2015

OATH

STATE OF Kentucky

SS.

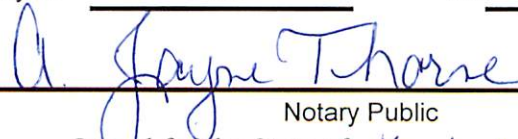
County of Jefferson

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.


 (Signature of owner/officer/authorized representative)

 Vice President, Tax
 (Title)

SUBSCRIBED AND SWORN to before me this
 29th day of March 20 16

(SEAL) 
 Notary Public
 In and for the State of Kentucky

Residing at Jefferson

My Commission Expires 3/26/2017

