

PK

RECEIVED  
MAY 09 2016  
MONT. P.S. COMMISSION

# Montana Public Service Commission

## Motor Carrier Annual Report

Carrier Name  
**(EXACTLY AS SHOWN ON PSC AUTHORITY)**

DBA LAME DEER HEALTH CENTER

PSC Number

9413      See General Instruction # 5

See General Instruction # 1

Reporting Year: 2015

Reporting Period (if other than calendar year): 10 / 2014 to 9 / 2015  
*mm/yyyy to mm/yyyy format*

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

PO Box 70, 100 Cheyenne Avenue, Lame Deer Mt. 59043-0070

Carrier e-mail address: mae.archambeau@ihs.gov

Person Completing Report

Name: Mae Archambeau

Phone Number: (406) 477-4404

E-mail Address: mae.archambeau@ihs.gov

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	DBA LAME DEER HEALTH CENTER	
PSC #	9413	
Year	2015	
<b>INTRASTATE REVENUES</b>		
	Household Goods	
	Passengers	\$30,394
	Class C	
	Class D (Garbage)	
	<b>TOTAL INTRASTATE REVENUE</b>	<b>\$30,394</b>
<b>INCOME STATEMENT</b>		
<b>Operating Revenue</b>		
	Intrastate Revenue	\$30,394
	Interstate Revenue	
	Non-Regulated Revenue	
	<b>TOTAL REVENUE</b>	<b>\$30,394</b>
<b>Operating Expenses</b>		
<b>Salaries &amp; Wages</b>		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	
	Drivers & Helpers	\$276,976
	Cargo Handlers	
	Vehicle Repair & Service	
	Other Labor	
<b>Fringes</b>		
	Payroll Taxes	
	Workman's Compensation	
	Pension & Welfare Expenses	
<b>Operating Supplies &amp; Expenses</b>		
	Fuel for Motor Vehicles	Gov't Issued Vehicles
	Vehicle Parts	
	Other Operating Supplies & Expenses	
<b>Operating Taxes &amp; Licenses</b>		
	Gas, Fuel and Oil Taxes	
	Real Estate & Personal Property Taxes	
	Vehicle License & Registration Fees	Gov't Issued Vehicles
	Other Taxes	
<b>Depreciation &amp; Amortization</b>		
	Revenue Equipment	
	Other	
<b>Purchased Transportation</b>		
	With Driver	
	Without Driver	
	Other Purchased Transportation	
<b>Office/General</b>		
	Insurance	Gov't Issued Vehicles
	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)	
	<b>TOTAL EXPENSES</b>	<b>\$276,976</b>
	<b>NET INCOME OR (LOSS)</b>	<b>(\$246,582)</b>

<b>Name</b>	<b>DBA LAME DEER HEALTH CENTER</b>	
<b>PSC #</b>	<b>9413</b>	
<b>Year</b>	<b>2015</b>	
<b>BALANCE SHEET (ASSETS)</b>		
<b><u>CURRENT ASSETS</u></b>		
	Cash & Working Funds	
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	
	Prepayments	
	Materials & Supplies	
	Other Current Assets	
	<b>TOTAL CURRENT ASSETS</b>	
<b><u>TANGIBLE PROPERTY</u></b>		
	Carrier Operating Property	
	<b>Less: Reserve for Depreciation (enter positive numbers only)</b>	
	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>INTANGIBLE PROPERTY</u></b>		
	Organization, Franchises & Permits	
	<b>Less: Reserve for Amortization (enter positive numbers only)</b>	
	Other Intangible Property	
	<b>Less: Reserve for Amortization (enter positive numbers only)</b>	
	<b>TOTAL INTANGIBLE PROPERTY</b>	
<b>Other Accounts</b>		
	Investment Securities and Advances	
	Special Funds	
	Deferred Debits	
	<b>Total Other</b>	
	<b>TOTAL ASSETS</b>	

Name	DBA LAME DEER HEALTH CENTER	
PSC #	9413	
Year	2015	
<b>BALANCE SHEET (LIABILITIES)</b>		
<b><u>CURRENT LIABILITIES</u></b>		
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	
	Wages Payable	
	C.O.D.'s Unremitted	
	Taxes Accrued	
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	
<b>TOTAL CURRENT LIABILITIES</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	
	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><u>Other</u></b>		
	Total Deferred Credits	
	Total Reserves	
<b>TOTAL OTHER</b>		
<b><u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u></b>		
	Capital Stock	
	Proprietors' Capital	
	Retained Earnings	
<b>TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>		
<b>TOTAL LIABILITIES &amp; SHAREHOLDERS' (OR PROPRIETORS') EQUITY</b>		
<b>TOTAL ASSETS</b>		
DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS.		

Name	DBA LAME DEER HEALTH CENTER
PSC#	9413
YEAR	2015

# OATH

STATE OF Montana

SS.

County of Rosebud

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.

Mae Ancker  
 (Signature of owner/officer/authorized representative)

FINANCIAL MANAGEMENT ANALYST  
 (Title)

SUBSCRIBED AND SWORN to before me this  
4th day of May 20 16

Iola Woodenthigh  
 Notary Public

In and for the State of Montana

Residing at Lame Deer,

My Commission Expires Oct. 15, 2016

