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MONT. P.S. COMMISSION
Montana Public Service Commission

FINAL RETURN -
NO longer operating
in the
State.

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

See General Instruction # 1

Reporting Year

2017

Reporting Period (if other than
calendar year)

mm/yyyy to mm/yyyy format

/ to /

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

1500 32ND STREET S; GREAT FALLS, MT 59405

Carrier e-mail
address

Person Completing Report

Name Michael Bean

Phone Number 502-596-7300

E-mail Address BETH.PAYTON@KINDRED.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	KINDRED NURSING CENTERS WEST, LLC dba PARK PLACE HEALTHCARE	
PSC #	7458/1B	
Year	2017	
INTRASTATE REVENUES		
	Household Goods	
	Passengers	\$11,256
	Class C	
	Class D (Garbage)	
	TOTAL INTRASTATE REVENUE	\$11,256
INCOME STATEMENT		
Operating Revenue		
	Intrastate Revenue	\$11,256
	Interstate Revenue	
	Non-Regulated Revenue	
	TOTAL REVENUE	\$11,256
Operating Expenses		
Salaries & Wages		
	Salaries—Officers & Supervisory Personnel	
	Clerical & Administrative	\$29,451
	Drivers & Helpers	\$21,335
	Cargo Handlers	
	Vehicle Repair & Service	\$3,612
	Other Labor	
Fringes		
	Payroll Taxes	\$5,984
	Workman's Compensation	\$1,826
	Pension & Welfare Expenses	
Operating Supplies & Expenses		
	Fuel for Motor Vehicles	\$3,037
	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	\$65,245
	NET INCOME OR (LOSS)	(\$53,989)

Name	KINDRED NURSING CENTERS WEST, LLC dba PARK PLACE HEALTHCARE	
PSC #	7458/1B	
Year	2017	
BALANCE SHEET		
(ASSETS)		
<u>CURRENT ASSETS</u>		
	Cash & Working Funds	\$28,914
	Special Deposits	
	Temporary Cash Investments	
	Notes Receivable	
	Accounts Receivable	\$625,776
	Prepayments	
	Materials & Supplies	
	Other Current Assets	
	TOTAL CURRENT ASSETS	\$654,690
<u>TANGIBLE PROPERTY</u>		
	Carrier Operating Property	
	Less: Reserve for Depreciation (enter positive numbers only)	
	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>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	
	Deferred Debits	
	Total Other	
	TOTAL ASSETS	\$654,690

Name	KINDRED NURSING CENTERS WEST, LLC dba PARK PLACE HEALTHCARE	
PSC #	7458/1B	
Year	2017	
	BALANCE SHEET	
	(LIABILITIES)	
	<u>CURRENT LIABILITIES</u>	
	Notes Payable & Matured Long Term Obligations	
	Accounts Payable	\$32,398
	Wages Payable	\$442
	C.O.D.'s Unremitted	
	Taxes Accrued	\$56,109
	Interest Accrued	
	Matured Interest	
	Other Current Liabilities	\$28,839
	TOTAL CURRENT LIABILITIES	\$117,788
	<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	\$543,915
	Less reacquired and nominally issued (enter positive number only)	
	TOTAL LONG TERM DEBT	\$543,915
	Other	
	Total Deferred Credits	
	Total Reserves	
	TOTAL OTHER	
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>	
	Capital Stock	
	Proprietors' Capital	\$10,743,737
	Retained Earnings	(\$10,750,750)
	TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	(\$7,013)
	TOTAL LIABILITIES & SHAREHOLDERS'	
	<u>(OR PROPRIETORS') EQUITY</u>	
		\$654,690
	TOTAL ASSETS	
		\$654,690
	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	2017


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)

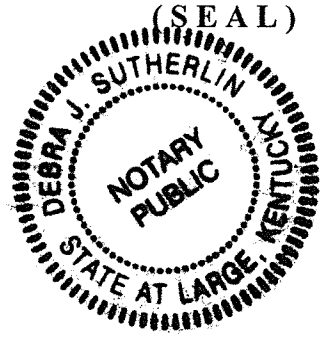
 VP- TAX

 (Title)

SUBSCRIBED AND SWORN to before me this
 20 day of February 20 18

 Debra J. Sutherlin

 Notary Public
 In and for the State of Kentucky



Residing at _____
 My Commission Expires _____ My Commission Expires 03-06-2018