

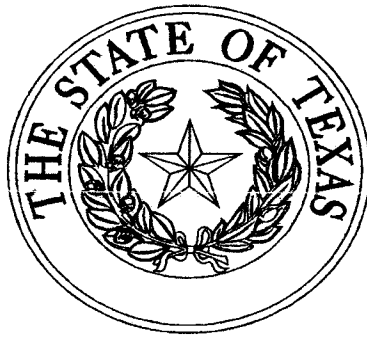


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PUBLIC UTILITY COM. REGISTRATION
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**CLASS "C" WATER COMPANY
PUC ANNUAL REPORT
OF**

CCN Number

12819

Official Company Name:

ABE, INC

D/B/A Name(s)

CLEAR WATER DISTRIBUTION

**TO THE
PUBLIC UTILITY COMMISSION
OF TEXAS**

For the Year Ended 2015

Annual Report for Class C Water and/or Sewer Utilities

PUBLIC UTILITY COMMISSION OF TEXAS
1701 N. CONGRESS AVE., PO BOX 13326, AUSTIN, TX 78711-3326
pursuant to TWC § 13.136

I. NAME OF UTILITY, OFFICE MAILING ADDRESS AND AREA SERVED

1 Utility Name: ABF, INC
List all assumed name(s) or d/b/a names: CLEARWATER DISTRIBUTION
2 Certificate of Convenience and Necessity No. 12819 Calendar Year Ending 2015
3 Street Address: 4201 SPRING VALLEY # 1102
4 City or Town: DALLAS CCN No.: 12819
5 Email Address: Frenchassoc@hotmail.com
6 County: DALLAS Zip Code: 75244
7 TCEQ PWS Number(s) 1020063
8 Water Quality Discharge Permit Number(s) N/A

II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:
Corporation: ☒ Partnership: _____ Individual: _____ Other: _____
10 If a corporation, list names and titles of the officers. If an individual or partnership, list the name of the individual or each partner and provide the title for each. For partnerships, please provide the percentage of ownership for each partner.
ANDY B FRENCH, JR, PRESIDENT, SECRETARY / TREASURER
11 If the controlling ownership of this utility changed during the last twelve (12) months, state the date of ownership change and the name and address of the prior owner.
N/A
12 Date the utility was formed or incorporated: JULY 25, 1994
13 Is the utility under common ownership or control by another corporation? ☒ N If yes, by whom? _____

III. PERSON TO CONTACT REGARDING THE INFORMATION SUPPLIED ON THESE FORMS

14 Name and Title: ANDY B FRENCH, JR PRESIDENT
15 Address: 4201 SPRING VALLEY # 1102
16 City: DALLAS
17 Telephone Number with Area Code: 972-788-0886
18 Cell Phone Number with Area Code: 214-734-7717
19 Fax Number with Area Code: 972-702-0705
20 e-mail address: Frenchassoc@hotmail.com
21 If not an officer, owner or employee, give name of firm employed by: _____

1. Balance Sheet

Name of Utility: CLEARWATER DISTRIBUTION

Line #	ASSETS	End of Year mm/dd/yyyy 12/31/15	End of Prior Year mm/dd/yyyy 12/31/14
	<u>UTILITY PLANT</u>		
1	101 Utility Plant in Service	198,085	198,085
2	TOTAL UTILITY PLANT		
3	108 Less: Accumulated Amortization		
4	110 Less: Accumulated Depreciation	65,314	63,795
5	NET UTILITY PLANT	132,771	134,290
6	<u>CURRENT ASSETS</u>	xxxx	xxxx
7	131-135 Cash	12,858	9,770
8	141-143 Accounts Receivable	1,949	2,193
9	151 Plant Materials and Supplies (not previously expensed)		
10	171-174 Other Current Assets		
11	TOTAL CURRENT ASSETS		
12	<u>TOTAL ASSETS*</u>	147,578	146,253

LIABILITIES & EQUITY

EQUITY

13	201 Common Stock	1,000	1,000
14	211 Other paid in capital		
15	215 Retained Earnings	142,828	141,503
16	218 Proprietary Capital		
17	TOTAL STOCKHOLDERS' EQUITY	143,828	142,503

LONG-TERM DEBT

18	224 Long-term debt (more than 1 year)	xxxx	xxxx
		xxxx	xxxx
		xxxx	xxxx

CURRENT LIABILITIES (less than 1 year)

19	231 Accounts Payable		
20	232 Notes Payable		
21	241.0 Other Current Liabilities	3,750	3,750
	TOTAL CURRENT LIABILITIES	3,750	3,750
		xxxx	xxxx

OTHER LIABILITIES and DEFERRED CREDITS

22	253 Other Deferred Credits		
23	271-272 Net Contributions in Aid of Construction		
24	TOTAL OTHER LIABILITIES and DEFERRED CREDITS	0	0
25	<u>TOTAL LIABILITIES & EQUITY*</u>	147,578	146,253

Add NARUC accounts as needed, and if not shown above.

2. Statements of Income

Name of Utility: _____

Line #

Report Calendar Year 2015

Water Report Year	Sewer Report Year	Total Report Year
2015	N/A	2015
A	B	C=A+B
46,008		46,008

1	Total Revenue:			
	Operating Expenses:			
2	601 O & M Salaried Labor			
3	604 Employee Benefits			
4	631, 635, 636 O & M Contract labor	14,250		14,250
5	620 Operating/Maint Supplies	13,987		13,987
6	610 Purchased Water			
7	615 Purchased Power			
8	635 Testing Expense			
9	618 Chemicals	996		996
10	656-659 Insurance			
11	601 General Office Salaries			
12	675 General Office Expenses	1,600		1,600
13	632 Contract Accounting	2,000		2,000
14	633 Legal			
15	634 Management			
16	666 Amortization- Rate Case Expense			
17	403 Depreciation Expense	1,519		1,519
18	667-675 Other Misc. Expenses	1,229		1,229
	Taxes:	xxxx	xxxx	xxxx
19	409 Federal Income Taxes			
20	409.0 State Franchise Taxes/Reg Assess.	4027		4027
21	408 All Other Taxes	265		265
22	Total Expenses	\$ 39,873	\$ -	\$ 39,873
23	Net Operating Income	\$ -	\$ -	\$ -
24	421, 433 Non-Operating Income			
	Non-Operating Deductions:			
25	426 Other			
26	427 Interest			
27	Net Income	\$ 6135	\$ -	\$ 6135

Name of Utility: CLEARWATER DISTRIBUTION

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$$\frac{A}{2}$$

Date Plant

mm/yyyy

[illegible]

WATER

[illegible]

SEWER

TOTALS

\$0

\$0

5

5

Name of Utility:

4. Other Operating Information

<u>Connection information</u>		End of Year	End of Prior Year	<u>Connection information</u>		End of Year	End of Prior Year
		mm/dd/yyyy	mm/dd/yyyy			mm/dd/yyyy	Year
<u>WATER:</u>				<u>SEWER:</u>			
1 Number of active water connections		66	76	Number of active sewer connections	N/A		
5/8" or 3/4"		66	76	Residential			
3/4"				Non-residential			
1"							
1 1/2"							
2"							
List all additional meter sizes:				List all additional meter sizes:			
Unmetered water connections		0	0	Unmetered water connections			
2 Number of inactive water connections				Number of inactive water connections			
5/8" or 3/4"							
3/4"							
1"							
1 1/2"							
2"							
List all additional meter sizes:				List all additional meter sizes:			
Unmetered, inactive connections		0	0	Unmetered, inactive connections			
3 Number of active sewer connections		66	76	Number of active sewer connections			
4 Number of inactive sewer connections		0	0	Number of inactive sewer connections			
5 Total gallons purchased		0					
6 Total gallons pumped, 000's		5584					
Total Water Produced		\$44,867					
7 Total gallons sold 000's		4754					
8 Gallons unaccounted for 000's		830					
				Total amount of sewer treated (gallons)			

Management and Operations

Yes or No

- Do you have an Application form or formal process for new customers? ☒
- Do you have a copy of your approved tariff and TCEQ approved drought contingency plan for customer review? ☒
- Do you have written operating procedures for routine operations? ☒
- Do you have a written emergency action plans? ☒
- Do you have written personnel policies and procedures? ☒
- Do you have risk management and safety procedures? ☒
- Do you have customer service policies (including billing and collection)? ☒
- Do you prepare an annual written budget for financial planning purposes? ☒
- Provide a list of all affiliates and entities under Common Control (if any).
- If you purchase wholesale water or sewer services, please list the name(s) of the wholesaler and describe the service(s) purchased from each.
- If you have a current capital improvement/replacement plan, please attach a copy.

ABE, INC DBA CLEARWATER DISTRIBUTION For the Year Ended 2015
(Company Name)

VERIFICATION

OATH

(To be made by the officer having control of the accounting of the respondent)

State of TEXAS

County of DALLAS as:

ANDY B FRENCH, JR makes oath and says that he/she is PRESIDENT
(Name of affiant) (Official title of affiant)

of ABE, INC
(Exact legal title or name of the respondent)

The signed officer has reviewed the report.

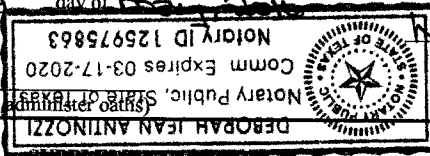
Based on the officer's knowledge, the report does not contain any untrue statements of a material fact or omit to state a material fact necessary in order to make the statements made, in light of the circumstances under which such statements were made, not misleading.

Based on such officer's knowledge, the financial statements, and other financial information included in the report, fairly present in all material respects the financial condition and results of operations of the issuer as of, and for, the periods presented in the report.

He/she swears that all other statements contained in the said report are true, and that the said report is a correct and complete statement of the business and affairs of the above-named respondent during the period of time from and including _____ to and including _____

Subscribed and sworn to and before me, a NOTARY PUBLIC
in and for the State and County above-named, this 26TH day of MAY, 2016

My commission expires MARCH 17, 2020
(Signature of officer authorized to administer oaths)



(Signature of affiant)

SUPPLEMENTAL OATH

(By the president or other chief officer of the respondent)

State of TEXAS

County of DALLAS as:

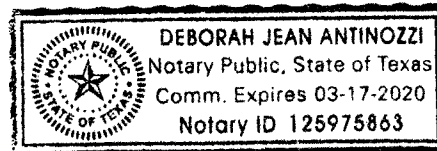
ANDY B FRENCH, JR makes oath and says that he/she is PRESIDENT
(Name of affiant) (Official title of affiant)

of ABE, INC
(Exact legal title or name of the respondent)

that he/she has carefully examined the foregoing report; that he/she swears that all statements of fact contained in the said report are true, and that the said report is a statement of the business and affairs of the above named respondent during the period of time from and including _____ to and including _____

Subscribed and sworn to before me, a NOTARY PUBLIC
in and for the State and County above-named, this 26TH day of MAY, 2016

My commission expires MARCH 17, 2020
(Signature of officer authorized to administer oaths)



(Signature of affiant)