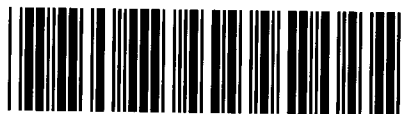


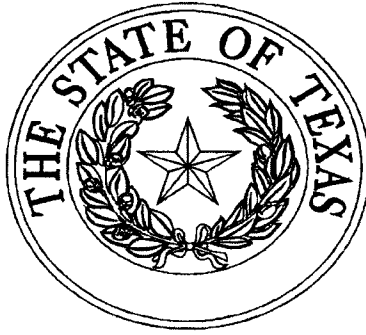


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**CLASS "C" WATER COMPANY  
PUC ANNUAL REPORT  
OF**

CCN Number

12858

Official Company Name:

Myrick Development Company

D/B/A Name(s)

Lindsay Pure Water Company

**TO THE  
PUBLIC UTILITY COMMISSION  
OF TEXAS**

***For the Year Ended: 12/31/2015***

102

# 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: Lindsay Pure Water  
List all assumed name(s) or d/b/a name N/A  
2 Certificate of Convenience and Necessity No. 12858 Calendar Year Ending 12/31/2015  
3 Street Address: PO Box 5  
4 City or Town: Lindsay CCN No.: 12858  
5 Email Address: jimmyrick41@yahoo.com  
6 County: Cooke Zip Code: 76250  
7 TCEQ PWS Number(s) CCN 12858  
8 Water Quality Discharge Permit Number(s) n/a

## II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:  
Corporation: X 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.  
Jim Myrick (President) 12.5%, Ken Hesse 12.5%, Patrick R. Fuhrmann (Secretary/Treasurer) 12.5%  
Joe Odell (VP) 12.5%, Bernard 12.5%, Corporate Stock 37.5%  
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: 5/19/1997  
13 Is the utility under common ownership or control by another corporation? No                      If yes, by whom?                     

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

14 Name and Title: Jim Myrick - President  
15 Address: PO Box 5  
16 City: Lindsay  
17 Telephone Number with Area Code: 940-665-0977  
18 Cell Phone Number with Area Code: 940-736-4413  
19 Fax Number with Area Code: n/a  
20 e-mail address: jimmyrick41@yahoo.com  
21 If not an officer, owner or employee, give name of firm employed by:

# 1. Balance Sheet

Name of Utility: Lindsay Pure Water Company

Line #	ASSETS	End of Year 12/31/2015	End of Prior Year 12/31/2014
	<u>UTILITY PLANT</u>		
1	101 Utility Plant in Service	\$ 197,850	\$180,565.00
2	TOTAL UTILITY PLANT		
3	108 Less: Accumulated Amortization		
4	110 Less: Accumulated Depreciation	\$137,225.00	\$129,123.00
5	NET UTILITY PLANT	\$60,625.00	\$51,442.00
6	<u>CURRENT ASSETS</u>	xxxx	xxxx
7	131-135 Cash	\$7,634.00	\$18,208.00
8	141-143 Accounts Receivable		
9	151 Plant Materials and Supplies (not previously expensed)		
10	171-174 Other Current Assets		
11	TOTAL CURRENT ASSETS	\$7,634.00	\$18,208.00
12	<u>TOTAL ASSETS*</u>	\$68,259.00	\$69,650.00

## LIABILITIES & EQUITY

### EQUITY

13	201 Common Stock	\$25,000.00	\$25,000.00
14	211 Other paid in capital	\$16,00.00	\$16,000.00
15	215 Retained Earnings	(\$114,490.00)	(\$113,099.00)
16	218 Proprietary Capital	(\$6,000.00)	(\$6,000.00)
17	TOTAL STOCKHOLDERS' EQUITY	(\$79,490.00)	(\$78,099.00)

### 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	\$147,749.00	\$147,749.00
	TOTAL CURRENT LIABILITIES	\$147,749.00	\$147,749.00

### 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 &amp; EQUITY*</u>	\$68,259.00	\$69,650.00

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

## 2. Statements of Income

Name of Utility: Lindsay Pure Water Company

Line #	Report Calendar Year	2015		
		Water	Sewer	Total
		Report Year	Report Year	Report Year
		2015		2015
		A	B	C=A+B
1	<b>Total Revenue:</b>	\$22,858.00		\$22,858.00
	<b>Operating Expenses:</b>			
2	601 O & M Salaried Labor	N/A		
3	604 Employee Benefits	N/A		
4	631, 635, 636 O & M Contract labor	\$7,650.00		\$7,650.00
5	620 Operating/Maint Supplies	\$200.00		\$200.00
6	610 Purchased Water	None		
7	615 Purchased Power	\$4,832.00		\$4,832.00
8	635 Testing Expense	\$338.00		\$338.00
9	618 Chemicals	\$200.00		\$200.00
10	656-659 Insurance	None		None
11	601 General Office Salaries	None		None
12	675 General Office Expenses	None		None
13	632 Contract Accounting	\$525.00		\$525.00
14	633 Legal	\$200.00		\$200.00
15	634 Management	None		None
16	666 Amortization- Rate Case Expense	None		None
17	403 Depreciation Expense	\$8,102.00		\$8,102.00
18	667-675 Other Misc. Expenses	\$66.00		\$66.00
	<b>Taxes:</b>	xxxx	xxxx	xxxx
19	409 Federal Income Taxes	None		None
20	409.0 State Franchise Taxes/Reg Assess.	None		None
21	408 All Other Taxes	\$2,136.00		\$2,136.00
22	<b>Total Expenses</b>	\$ 24,249	\$ -	\$ 24,249
23	<b>Net Operating Income</b>	\$ (1,391)	\$ -	\$ (1,391)
24	421, 433 Non-Operating Income			
	<b>Non-Operating Deductions:</b>			
25	426 Other			
26	427 Interest			
27	<b>Net Income</b>	\$ (1,391)	\$ -	\$ (1,391)

**Name of Utility:** Lindsay Pure Water Company

PUC Annual Report  
Page 4

# 3-S. Sewer Plant-in-Service - Changes since the last Annual Report

Name of Utility:

Date Plant Installed/Retired mm/yyyy	Plant Additions		Plant Retirements		Plant Adjustments	Changes Since the Last Annual Report
	List Major Items by Class	Amounts	List Major Items by Class	Amounts		
WATER						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
SEWER						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTALS					\$0	\$0

## 4. Other Operating Information

<u>Connection information</u>		End of Year mm/dd/yyyy	End of Prior Year mm/dd/yyyy	<u>Connection information</u>		End of Year mm/dd/yyyy	End of Prior Year
<u>WATER:</u>				<u>SEWER:</u>			
1 Number of active water connections				Number of active sewer connections			
5/8" or 3/4"	\$	37		Residential	\$	38	
3/4"				Non-residential	\$	1	
1"	\$	1					
1 1/2"							
2"							
List all additional meter sizes:	None			List all additional meter sizes:	None		
Unmetered water connections				Unmetered water connections			
2 Number of inactive water connections				Number of inactive water connections			
5/8" or 3/4"	\$	6			\$	5	
3/4"	None				None		
1"	None				None		
1 1/2"	None				None		
2"	None				None		
List all additional meter sizes:	None			List all additional meter sizes:	None		
Unmetered, inactive connections	None			Unmetered, inactive connections	None		
3 Number of active sewer connections	None			Number of active sewer connections			
4 Number of inactive sewer connections				Number of inactive sewer connections			
5 Total gallons purchased	None						
6 Total gallons pumped	7,140,600						
Total Water Produced							
7 Total gallons sold	6,802,850						
8 Gallons unaccounted for	337,750						
				Total amount of sewer treated (gallons)			
<u>Management and Operations</u>				Yes or No			
1 Do you have an Application form or formal process for new customers?				Yes			
2 Do you have a copy of your approved tariff and TCEQ approved drought contingency plan for customer review?				Yes			
3 Do you have written operating procedures for routine operations?				Yes			
4 Do you have a written emergency action plans?				Yes			
5 Do you have written personnel policies and procedures?				Yes			
6 Do you have risk management and safety procedures?				Yes			
7 Do you have customer service policies (including billing and collection)?				Yes			
8 Do you prepare an annual written budget for financial planning purposes?				No			
9 Provide a list of all affiliates and entities under Common Control (if any).				N/A			
10. If you purchase wholesale water or sewer services, please list the name(s) of the wholesaler and describe the service(s) purchased from each.				N/A			
11. If you have a current capital improvement/replacement plan, please attach a copy.				No			



Name of Utility: Lindsay Pure Water Company

## 5. Affiliated Transactions

### Charges by an Affiliate to the Reporting Utility

Name of Affiliated company: N/A

NARUC Account and/or type of service		Total Affiliated Company	Total Texas	Total for reporting entity
Account #	Account name or type of service	(Dollars transacted)	(Dollars transacted)	(Dollars transacted)

### Charges by an Reporting Utility to Affiliates

Name of Affiliated company: \_\_\_\_\_

NARUC Account and/or type of service		Total Affiliated Company	Total Texas	Total for reporting entity
Account #	Account name or type of service	(Dollars transacted)	(Dollars transacted)	(Dollars transacted)

## VERIFICATION

### OATH

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

State of Texas

County of Cooke

as.

Jim Myrick

(Name of affiant)

President

(Official title of affiant)

of Jim Myrick, President

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 1st January, 2015 to and including 31st December 2015

Subscribed and sworn to and before me, a the undersigned  
in and for the State and County above-named, this 26 day of May, 2016.

My commission expires

Kristi Kleinert  
(Signature of officer authorized to administer oaths)

[Signature]  
(Signature of affiant)

### SUPPLEMENTAL OATH

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

State of \_\_\_\_\_

as:

County of \_\_\_\_\_

mak \_\_\_\_\_

(Name of affiant)

of \_\_\_\_\_

(Official title of affiant)

(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 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 before me, a \_\_\_\_\_  
in and for the State and County above-named, this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires

[Signature]  
(Signature of officer authorized to administer oaths)

[Signature]  
(Signature of affiant)

