



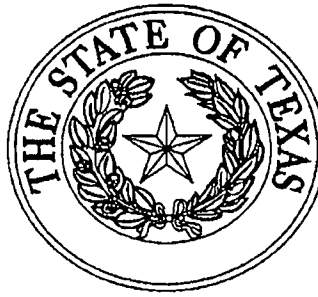
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PUBLIC UTILITY COMMISSION
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**CLASS "C" WATER COMPANY
PUC ANNUAL REPORT
OF**

CCN Number

12985, 20900

Official Company Name:

KATY-HOCKLEY CORP

D/B/A Name(s)

**TO THE
PUBLIC UTILITY COMMISSION
OF TEXAS**

For the Year Ended 12-31-15

210

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: KATY-HOCKLEY CORP
- List all assumed name(s) or d/b/a names: _____
- 2 Certificate of Convenience and Necessity No. 12985,20900 Calendar Year Ending 12-31-15
- 3 Street Address: 1222 ANTOINE
- 4 City or Town: HOUSTON, TX 77055 CCN No.: 12985,20900
- 5 Email Address: CUNNINGHAMDEVELOPE@sbcglobal.com
- 6 County: HARRIS Zip Code: _____
- 7 TCEQ PWS Number(s) 1013191
- 8 Water Quality Discharge Permit Number(s) 14109-001

II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

- 9 Type of Ownership:
Corporation: 76-057133 ☒ 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.
CHRISTOPHER CUNNINGHAM - TREASURER, SECRETARY, V PRESIDENT
RODNEY BROESCHE - PRESIDENT
- 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: 6/11/1998
- 13 Is the utility under common ownership or control by another corporation? Y ☒ N ☐ If yes, by whom? _____

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

- 14 Name and Title: CHRIS CUNNINGHAM
- 15 Address: 1222 ANTOINE
- 16 City: HOUSTON, TX 77055
- 17 Telephone Number with Area Code: 713-838-1212
- 18 Cell Phone Number with Area Code: _____
- 19 Fax Number with Area Code: 713-683-9300
- 20 e-mail address: CUNNINGHAMDEVELOPE@sbcglobal.com
- 21 If not an officer, owner or employee, give name of firm employed by: _____

1. Balance Sheet

Name of Utility: KATY HOCKLEY CORP

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	877,103	877,103
2	TOTAL UTILITY PLANT	877,103	877,103
3	108 Less: Accumulated Amortization		
4	110 Less: Accumulated Depreciation	695,489	643,739
5	NET UTILITY PLANT	181,614	233,364
6	<u>CURRENT ASSETS</u>	xxxx	xxxx
7	131-135 Cash	10,284	30,145
8	141-143 Accounts Receivable	130,495	130,495
9	151 Plant Materials and Supplies (not previously expensed)		
10	171-174 Other Current Assets		
11	TOTAL CURRENT ASSETS	140,799	160,640
12	<u>TOTAL ASSETS*</u>	322,393	394,004

LIABILITIES & EQUITY

EQUITY

13	201 Common Stock	7801	7801
14	211 Other paid in capital	607,715	607,715
15	215 Retained Earnings	(578,453)	(662,842)
16	218 Proprietary Capital		
17	TOTAL STOCKHOLDERS' EQUITY	37,063	(47,326)

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	285,330	441,330
	TOTAL CURRENT LIABILITIES	285,330	441,330
		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>	322,393	394,003

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

2. Statements of Income

Name of Utility: Katy Hockley Corp

Line #

Report Calendar Year 2015

Water Report Year	Sewer Report Year	Total Report Year
A	B	C=A+B
127,342	183,248	310,590

1	Total Revenue:			
	Operating Expenses:			
2	601 O & M Salaried Labor			
3	604 Employee Benefits			
4	631, 635, 636 O & M Contract labor	92,934	76,653	169,587
5	620 Operating/Maint Supplies			
6	610 Purchased Water			
7	615 Purchased Power			
8	635 Testing Expense			
9	618 Chemicals			
10	656-659 Insurance	742	1,068	1,810
11	601 General Office Salaries			
12	675 General Office Expenses	2,049	2,949	4,998
13	632 Contract Accounting	543	784	1,327
14	633 Legal	1,728	2,487	4,215
15	634 Management			
16	666 Amortization- Rate Case Expense			
17	403 Depreciation Expense	19,149	32,601	51,750
18	667-675 Other Misc. Expenses			
	Taxes:	xxxx	xxxx,	xxxx
19	409 Federal Income Taxes			
20	409.0 State Franchise Taxes/Reg Assess.			
21	408 All Other Taxes	2,098	3,019	5,117
22	Total Expenses	\$ 119,243 -	\$ 119,558 -	\$ 238,801 -
23	Net Operating Income	\$ 8,099 -	\$ 63,690 -	\$ 71,789 -
24	421, 433 Non-Operating Income	5,166	7,434	12,600
	Non-Operating Deductions:			
25	426 Other			
26	427 Interest			
27	Net Income	\$ 13,265 -	\$ 71,124 -	\$ 84,389 -

3. Water Plant-in-Service - changes since the last Annual Report

Name of Utility: KATY HOCKLEY CORP

[illegible]

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

Name of Utility: KATY HOCKLEY CORP

	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
SEWER							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTALS			\$0		\$0	\$0	\$0

Name of Utility:

KATY HOCKLEY CORP**4. Other Operating Information**

Connection information		12/31/15	12/31/14	Connection information		12/31/15	12/31/14
		End of Year mm/dd/yyyy	End of Prior Year mm/dd/yyyy			End of Year mm/dd/yyyy	End of Prior Year mm/dd/yyyy
WATER:				SEWER:			
1 Number of active water connections				Number of active sewer connections			
5/8" or 3/4"		194	192	Residential		195	199
3/4"						190	192
1"		3	5	Non-residential		5	6
1 1/2"							
2"		2	1				
List all additional meter sizes:				List all additional meter sizes:			
Unmetered water connections				Unmetered water connections			
2 Number of inactive water connections				Number of inactive water connections			
5/8" or 3/4"		5	7				
3/4"							
1"							
1 1/2"							
2"							
List all additional meter sizes:				List all additional meter sizes:			
Unmetered, inactive connections				Unmetered, inactive connections			
3 Number of active sewer connections		198	198	Number of active sewer connections		198	198
4 Number of inactive sewer connections		5	7	Number of inactive sewer connections		5	6
5 Total gallons purchased							
6 Total gallons pumped		16,251,000					
Total Water Produced		5					
7 Total gallons sold		15,090,000					
8 Gallons unaccounted for		1,161,000					
				Total amount of sewer treated (gallons)			

Management and Operations

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? **NO**
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).
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.
11. If you have a current capital improvement/replacement plan, please attach a copy.

Name of Utility: Katy Hockley Corp

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: 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)

KATY HOCKLEY CORP
(Company Name)

For the Year Ended 12/31/2015

VERIFICATION

OATH

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

State of TEXAS as

County of HARRIS

CHRISTOPHER W. CUNNINGHAM make oath and says that he/she is SECRETARY
(Name of affiant) (Official title of affiant)

of KATY HOCKLEY CORP
(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 1-01-2015 to and including 12-31-2015

Subscribed and sworn to and before me, a notary public
in and for the State and County above-named, this 10 day of November 2017

My commission expires

(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 as

County of HARRIS

CHRISTOPHER W. CUNNINGHAM make SECRETARY
(Name of affiant) (Official title of affiant)

of KATY HOCKLEY CORP
(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 1-01-2015 to and including 12-31-2015

Subscribed and sworn to before me, a notary public
in and for the State and County above-named, this 10 day of November 2017

My commission expires

(Signature of officer authorized to administer oaths)

(Signature of affiant)

