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Item Number: 84

Addendum StartPage: 0



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# CLASS "C" WATER COMPANY PUC ANNUAL REPORT OF

	CCN Number
	12685
Official Company Name:	
Shalako Estates and Canyon Springs Water S	Systems
D/B/A Name(s)	
Shalako Water Supply, Canyon Springs Water	er System

# TO THE PUBLIC UTILITY COMMISSION OF TEXAS

For the Year Ended	12/31/2014
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# 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

	Similario Estates una Curry or	Springs Water Systems	
List all assumed name(s)	) or d/b/a name Shalako Estates Water	Supply, Canyon Springs Water System	
Certificate of Convenien	ace and Necessity No.	12685 Calendar Year Ending	12/31/2014
Street Address:	PO Box 326		
City or Town:	Hunt	CCN No.:	12685
Email Address	<u>vlasekwater@hctc.net</u>		
County:	Kerr	Zip Code:	78024
TCEQ PWS Number(s)		1330006, 1330119	
Water Quality Dicharge l	Permit Number(s)		***
	II. TYPE OF ORGANIZATION	ON AND PRINCIPAL OFFICERS	
Type of Ownership: Corporation:	Partnership:	Individual: X Ot	her:
=	thin for each partner	vidual or partnership, list the each. For parterships, please provide	
name of the individual or the percentage of owners	r each partner and provide the title for ship for each partner.  thip of this utility changed during the leads to the ship of the leads to the ship of the leads to the leads	each. For parterships, please provide ast twelve (12) months,	
name of the individual or the percentage of owners	r each partner and provide the title for ship for each partner.  hip of this utility changed during the lip change and the name and address of	ast twelve (12) months,  f the prior owner.	
name of the individual or the percentage of owners  If the controlling owners state the date of ownership the controlling ownership the controlling owners are the date of ownership the controlling own	r each partner and provide the title for ship for each partner.  hip of this utility changed during the lip change and the name and address of	each. For parterships, please provide  ast twelve (12) months,  f the prior owner.	/1992
name of the individual or the percentage of owners If the controlling ownersh state the date of ownersh Date the utility was formatise the utility under comm	r each partner and provide the title for ship for each partner.  hip of this utility changed during the lip change and the name and address could be defined or incorporated:  non ownership or control by another control by	ast twelve (12) months, If the prior owner.  10/12  10/12  10/12  10/12	/1992
name of the individual or the percentage of owners If the controlling ownersh state the date of ownersh Date the utility was formatise the utility under comm	r each partner and provide the title for ship for each partner.  hip of this utility changed during the lip change and the name and address could be defined or incorporated:  non ownership or control by another control by	ast twelve (12) months, If the prior owner.	/1992
name of the individual or the percentage of owners  If the controlling owners state the date of ownership Date the utility was formula the utility under comm	r each partner and provide the title for ship for each partner.  thip of this utility changed during the lip change and the name and address ceed or incorporated:  non ownership or control by another ceed.  TO CONTACT REGARDING TH	ast twelve (12) months, If the prior owner.  10/12  10/12  10/12  10/12	/1992
name of the individual or the percentage of owners  If the controlling owners state the date of ownership the utility was formals the utility under community	r each partner and provide the title for ship for each partner.  thip of this utility changed during the lip change and the name and address content of the	ast twelve (12) months, If the prior owner.  10/12  10/12  10/12  10/12	/1992
name of the individual or the percentage of owners  If the controlling owners state the date of ownership the utility was formed in the utility under community under communit	reach partner and provide the title for ship for each partner.  thip of this utility changed during the lip change and the name and address could be dor incorporated:  non ownership or control by another country to the lip change and the name and address of the lip change and the lip cha	ast twelve (12) months, if the prior owner.  10/12  orporation? Y If yes, by whom?  E INFORMATION SUPPLIED ON THESE	/1992
name of the individual or the percentage of owners  If the controlling owners state the date of ownership the utility was formed in the utility under community under community under community under the utility under community under commun	reach partner and provide the title for ship for each partner.  thip of this utility changed during the lip change and the name and address countries on ownership or control by another countries.  TO CONTACT REGARDING THE Ryan Smith PO Box 326 Hunt  Area Code: 830-238	ast twelve (12) months, if the prior owner.  10/12  orporation? Y If yes, by whom?  E INFORMATION SUPPLIED ON THESE	/1992
name of the individual or the percentage of owners  If the controlling owners state the date of ownership owners is the utility was formed in the utility under community of the utility under community of the utility under community of the utility	reach partner and provide the title for ship for each partner.  thip of this utility changed during the lip change and the name and address control of the properties of the control of the properties of the prop	ast twelve (12) months, if the prior owner.  10/12	/1992

# 1. Balance Sheet

Name of Utility:

Line	ASSETS		End of Year	End of Prior Year
#	ASSETS		12/31/2014	<u>12/31/2013</u>
]	<u>UTIL</u> ITY PLANT			
1	101 Utility Plant in Service			N/A
2	TOTAL UTILITY PLANT	\$	456,905	
3	108 Less: Accumulated Amortization			
4	110 Less: Accumulated Depreciation	\$	428,148	
5	NET UTILITY PLANT	\$	28,757	
6 9	CURRENT ASSETS		XXXX	XXXX
7	131-135 Cash	\$	12,075	
8	141-143 Accounts Receivable	\$	7,196	
9	151 Plant Materials and Supplies (not previously expensed)			****
10	171-174 Other Current Assets			
11	TOTAL CURRENT ASSETS	\$	19,271	
12	TOTAL ASSETS*	\$	48,028	
<u>]</u> 13	EQUITY 201 Common Stock			
14	211 Other paid in capital	<u></u>	40.022	
15	215 Retained Earnings	\$	40,832	
16	218 Proprietary Capital	⊕ ⊕	40.922	
17	TOTAL STOCKHOLDERS' EQUITY	\$	40,832	
	LONG-TERM DEBT		XXXX	XXXX
18	224 Long-term debt (more than 1 year)	\$_	-	<u></u>
,	CLIDDENIE LIADU ITIEC (L d		XXXX	XXXX
_	CURRENT LIABILITIES (less than 1 year)	\$	XXXX	XXXX
19	231 Accounts Payable	1	-	
20 21	232 Notes Payable	<u> </u>		
∠1	241.0 Other Current Liabilities  TOTAL CURRENT LIABILITIES	\$		
	TOTAL CORRENT LIABILITIES	D.	-	VVVV
,	OTHER LIABILITIES and DEFERRED CREDITS	-	XXXX	XXXX
22	253 Other Deferred Credits			
23	271-272 Net Contributions in Aid of Construction			
	TOTAL OTHER LIABILITIES and DEFERRED CREDITS	\$		
25	TOTAL LIABILITIES & EQUITY*	\$	40,832	
23	TOTAL MADILITIES & EVOIT	4	70,032	

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

# 2. Statements of Income

Name of Utility: Shalako Estates and Canyon Springs Water Systems

				Water	Sewer	T	Total
Line#			Rei	oort Year	Report Year	Rep	ort Year
	Report Calendar Yea	ur 2014			*	<u> </u>	
				A	В	C	=A+B
1	Total Revenue:		\$	156,952			
			<u> </u>	•			
	Operating Expenses	S:					
2	601 O & M Salarie		<b>T</b> \$	18,942		<b>       </b>	18,942
3	604 Employee Bene	efits				\$	-
4	631, 635, 636 O &	M Contract labor				\$	_
5	620 Operating/Mai	int Supplies	\$	57,861	<u>,                                    </u>	\$	57,861
6	610 Purchased Wa	ter				\$	-
7	615 Purchased Pov	ver	\$	10,349		\$	10,349
8	635 Testing Expen	se	\$	2,891		\$	2,891
9	618 Chemicals		\$	3,666		\$	3,666
10	656-659 Insurance		\$	6,725		\$	6,725
11	601 General Office	Salaries				\$	-
12	675 General Office	Expenses	\$	34,626		\$	34,626
13	632 Contract Accou	ınting				\$	_
14	633 Legal		\$	1,440		\$	1,440
15	634 Management					\$	-
16	666 Amortization-	Rate Case Expense				\$	-
17	403 Depreciation F	Expense				\$	_
18	667-675 Other Mis	c. Expenses				\$	-
	Taxes:			XXXX	XXXX	XXXX	
19	409 Federal Incom	e Taxes				\$	-
20	409.0 State Franch	ise Taxes/Reg Assess.	\$	1,701		\$	1,701
21	408 All Other Taxe	es	\$	2,944		\$	2,944
22	Total Expenses		\$	141,145	\$ -	\$	141,145
						\$	-
23	<b>Net Operating Inco</b>	<u>me</u>	\$	15,807	\$ -	\$	15,807
						\$	-
24						\$	_
	Non-Operating Ded	luctions:				\$	-
25						\$	-
26						\$	-
27	Net Income		\$	15,807		\$	15,807

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

Name of Utility: Shalako Estates and Canyon Springs Water Systems

Total Change the Last	Annual Report	\$2,586	\$2,915	\$5,862	\$2,525	0\$	0\$	80	0\$	80	0\$	0\$	80	0\$	0\$	80	0\$	80	0\$	80	80	80	80	0\$	80	80		\$13,888
Plant	Adjustments		\$ 1,310	\$ 4,754	\$ 1,140																							\$7,204
ro.	Amounts		\$ 1,310	\$ 11,186	\$ 1,140																							\$13,636
Plant Retirements	List Major Items by Class	addition	5 hp booster pump	10 hp pump & motor	1.5 hp booster pump																						L	
S	Amounts	\$ 2,586	\$ 2,915	12,294	2,525																							\$20,320
Plant Additions	List Major Items by Class	86 gal pressure tank	5 hp booster pump	15 hp 80 gpm pump & motor	2 hp booster pump																						<b>L</b>	TOTALS
Date Plant Installed/Retired	mm/yyyy	01/2014 CS	08/2014 CS	03/2014 S	08/2014 S																							

PUC Annual Report Page 4

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

Name of Utility:

# Changes Since Annual Report the Last 80 Adjustments Plant 80 Amounts Plant Retirements List Major Items by Class \$0 Amounts Plant Additions TOTALS List Major Items by Class Installed/Retired Date Plant mm/yyyy SEWER WATER

\$0 \$0

\$ 20 \$ 0 \$ 0 \$ 0

80

\$ 0\$

PUC Annual Report Page 5

## 4. Other Operating Information

Connection information		End of Pri	or	Connection information	End of Year	End of Prior Year
WATER	End of Year	Year	12 (	CEWED	mm/dd/yyyy	y ear
WATER:  Number of active water connections	<u>12/31/2014</u> 233	12/31/20		SEWER Number of active sewer connections	N/A	
	233		_	Residential	IN/A	
5/8" or 3/4"	210	Φ 2		Non-residential	-	
3/4"	219			Non-residential		
1"	12	\$	14			
1 1/2"	2	\$	2			
2"			—∣,	T		
List all additional meter sizes:				List all additional meter sizes:		
Unmetered water connections				Unmetered water connections		
2 Number of inactive water connections	6		[]	Number of inactive water connections		
5/8" or 3/4"						
3/4"	6					
1"						
1 1/2"						
2"						
List all additional meter sizes:				List all additional meter sizes:		
	•					
Unmetered, inactive connections			1	Unmetered, inactive connections		
			$\neg$			
3 Number of active sewer connections				Number of active sewer connections		
4 Number of mactive sewer connections				Number of inactive sewer connections	·	
5 Total gallons purchased	0					
6 Total gallons pumped	22,800,306					
Total Water Produced	22,800,306					
7 Total gallons sold	16,646,558					
8 Gallons unaccounted for	6,153,748					
				Total amount of sewer treated (gallons)		

### **Management and Operations** Yes or No Yes 1 Do you have an Application form or formal process for new customers? 2. Do you have a copy of your approved tariff and TCEQ approved Yes drought contingency plan for customer review? 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? Yes

- 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.

# 5. Affiliated Transactions

# Charges by an Affiliate to the Reporting Utility

Name of Affiliated company:

NAR	UC 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

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)

(Company Name)

Subscribed and sworn to before me, a \_ in and for the State and County above-named, this\_

My commission expires

VERIFICATION
OATH  (To be made by the officer having control of the accounting of the respondent)
State of <u>TEXAS</u> as:
County of KERR
Name of affiant)  makes oath and says that he/she is
Name of affiant)  of Shalaho Estates+ Canyon Springs Water Systems  (Exact legal title or name of the respondent)  makes oath and says that he/she is water Operator Co Management (Official title of affiant)
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 <u>January 1, 2014</u> to and including <u>December 31, 2014</u> .
Subscribed and sworn to and before me, a Wotary Public
in and for the State and County above-named, this and day of the State and County above-named, this
My commission expires  (Signature of officer authorized to administer oatis)  CRYSTAL CHAMBLE nature if affiant)  Notory Public, State of fexos  My Commission Expires  October 22, 2018
SUPPLEMENTAL OATH
(By the president or other chief officer of the respondent)
State of
County of
mak
(Name of affiant) (Official tutle of affiant)
Of
(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 constatement of the business and affairs of the above named respondent during the period of time from and including

day of \_

(Signature of officer authorized to administer oaths)

(Signature of affiant)

CCN 12685		2014		CCN 11570	0		
	Canyon Springs	Shalako	TOTAL 12685	Mary Meade	Rustic Hills	Vilage West	TOTAL 11570
REVENUES						•	125.0
Operating Revenues							
Utility Service/Sales			100		:		
Fees (Tap/Reconnect)							
Other Revenues				***			
Surcharges					i	,	
TOTAL REVENUES	ا ج	ر ج		ا ج	ا ج	, \$	9
EXPENSES					į		
Salaries & Wages	\$ 15,686.57	\$ 3,255.70	\$ 18,942.27	\$ 10,063.08	\$ 7,603.52	\$ 5,237.51	\$ 22,904.11
Contract Labor							\$
Purchased Water			·- \$				3
Chemicals for Treatment		\$ 220.74	\$ 3,665,50	\$ 1,133.54	\$ 604.63	\$ 198.67	\$ 1,936.84
Utilities	\$ 7,976.88	\$ 2,371.86	\$ 10,348.74	\$ 8,240.46	\$ 2,537.47	\$ 2,283.89	\$ 13,061.82
Repairs/Maintenance/Supplies		\$ 19,494.00	\$ 57,861.31	\$ 21,918.59	\$ 29,726.37	\$ 8,478.63	\$ 60,123.59
Office Expenses	\$ 28,815.73	\$ 5,810.08	3	\$ 9,942.32	\$ 5,709.74	\$ 4,893.86	\$ 20,545,92
Professional Fees	\$ 1,440.00						3
Insurance	\$ 5,535.06	\$ 1,189.64	\$ 6,724.70	\$ 1,648.27	\$ 1,019.34	\$ 685.02	\$ 3,352.63
Depreciation & Amortization			1				
Miscellaneous				- 1			
Subtotal	\$101,266.31	\$ 32,342.02	\$ 133,608,33	\$ 52,946.26	\$ 47,201.07	\$ 21,777.58	\$ 121,924.91
Taxes							
Federal Income Taxes					ر ج	, \$	
Property	\$ 921.87	38	~	\$ 233.57	\$ 975.72	\$ 422.57	\$ 1,631.86
Payroll	\$ 1,369.98	\$ 284.34	\$ 1,654.31	\$ 878.85	\$ 516.97	\$ 465.27	\$ 1,861.09
Subtotal Prop / Payroll			\$				
Regulatory Expenses	\$ 2,160.01	\$ 414.52	\$ 703.18	\$ 794.71	\$ 952.38	\$ 730.12	\$ 2,477.21
Other	İ			10.2			
Lab Fees	\$ 1,134.00	\$ 234.00	\$ 1,368.00	\$ 760.00	\$ 234.00	\$ 234.00	\$ 1,228.00
TOTAL EXPENSES	\$106 8E2 46	¢ 32 642 48	€ 40E B70 E4	& FF 612 20	& 40 000 14	& 22 744 70	
IOIAL EAFENDES	\$ 100,002. IO	\$ 55,042.10	- 20 20 20 9			- 1	7 2000