

Control Number: 45491



Item Number: 1

Addendum StartPage: 0

45491



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PUBLIC UTILITY COMMISSION FILING CLERK

PUBLIC UTILITY COMMISSION OF TEXAS

CLASS B RATE/TARIFF CHANGE APPLICATION

Required Schedules for rate/tariff changes

WATER UTILITY NAME:	Rankin Park Maintenance & Utilities
CCN No.	WATER-12228 SEWER-20789
ADDRESS OF UTILITY:	P.O. Box 9648
	Street, P.O. Box and/or suite number
	Spring TX 77387
	City and Zip Code
PHONE NUMBER:	713- 417-4832
	area code
NAME OF PERSON TO CO	NTACT REGARDING THIS FILING:
NAME:	n. 0.1.1
NAME:	Pete Garland
PHONE:	713-417-4832
	Petegarland1@hotmail.com
	Maria de la companya del companya de la companya de la companya del companya de la companya de l
PUC CLASS SIZE:	B C (circle one)
	C
	25 121 60
INCREASE (DECREASE)	25, 636. 66 (From Sch. I-1, Line 33)
	donat anoun
	0.23 (From Sch. I-1, Line 34)
	percent above (below) current revenue requirement
DESCRIBE OWNERSHIP OF COM	PANY:
Beverly Oman -19%	
D-4- C 1 1 010/	n: . 0
Pete Garland - 81%	Private Ownership
DATE OF LAST OFHER ALPAST	DAGE PHING 01/12/04
DATE OF LAST GENERAL RATE O	CASE FILING: 01/13/04
DATE OF LAST NON-CENERAL P	ATE CHANGES. NA
DATE OF LAST NON-GENERAL R	ATE CHANGE*: <u>N/A</u>

RANKIN PARK MAINTENANCE & UTILITIES CO., INC. P.O. BOX 9648 SPRING, TX 77387

December 21, 2015

Public Utility Commission of Texas 1701 North Congress Avenue P.O. Box 13326 Austin, TX 78711-3326 Attention: Filing Clerk

RE: Application for a Wastewater Rate/Tariff Change

To Whom It May Concern:

Enclosed for your review and further handling is one original and ten copies of the Application for a Wastewater Rate/Tariff Change for captioned utility. Included with the Application are 1). A copy of the letter sent to all utility customers with the Notice of Proposed Rate Change, 2). The notarized Affidavit as contained in the Application, 3). The notarized Oath statement , 4). A copy of the Water and Wastewater Utilities Annual Report for the 2014 test year, and 5). Copies of invoices for those 2015 Known and Measurable Changes in Repairs and Maintenance. Please note, our original invoices are contained in our PUC Docket No. 45201 submission. Per my conversation with PUC Attorney Jason Haas, if original invoices are needed, please refer to our earlier submission of PUC Docket No. 45201. All original invoices were sent in with that submission.

Your attention to the review of this application is appreciated. Should you have any questions, I can be contacted at any time at 713-417-4343.

Best Regards,

Lori Keyser

Attachments

Income STATEMENT FIGURES ARE 3 INCLUDED IN THE ANNUAL REPORT FOR 2014 TEST YEAR.

WATER AND WASTEWATER UTILITIES ANNUAL REPORT

Docket No.____

(this number will be assigned by the Public Utility Commission after your document is filed)

of

PANKIN ARK NAIN/ENANCE UIIIII I'MS
Exact Legal Name of Utility/Respondent

12228

Certificate of Convenience and Necessity (CCN) No.

Submitted to the



for the

Calendar Year, Ended

Utility Name RAW LIN BRK MAIN IENINGE 'UTILITIES' Address P. D. BUX 9648 SPRING, TX '77387 Please check this box if your Official Address, which is noted on the enclosed letter, has changed. 837/959 Telephone Number 713 #### Fax Number 713 937 1956 E-mail Address LYNG 46 D. CONCAST NET Contact Person LINDA GADDY Title Office Manager Check the business ownership entity of the utility as filed with the Internal Revenue Service Individual Partnership Corporation Nonprofit Association Section 2: Utility Background Water CCN No. Number of PWSs TCEQ PWS ID No. TCEQ PWS ID No., please indicate in Section 10) Number of Wastewater Systems Sewer CCN No. TCEQ Sewer Discharge Permit No. (If the utility has more Discharge Permit No., please endicate in Section 10)	Section 1: Utility Information	
Address PONCX 9648 SPRING, TX 177387 Please check this box if your Official Address, which is noted on the enclosed letter, has changed. 137/959 Telephone Number 113 HT Fax Number 2/3 937/956 E-mail Address Ayng 46 D COMCAST NET Contact Person LINDA GADY Title Office Managed. Check the business ownership entity of the utility as filed with the Internal Revenue Service Individual Partnership Corporation Nonprofit Association Section 2: Utility Background Water CCN No. Number of PWSs TCEQ PWS ID No. TCEQ PWS ID No. TCEQ PWS ID Nos. please indicate in Section 10) Number of Wastewater Systems Sewer CCN No. TCEQ Sewer Discharge Permit No. TCEQ Sewer Discharge Permit No.	Utility Name RANKIN PARK MAIN 15A	INCE VIIII
Please check this box if your Official Address, which is noted on the enclosed letter, has changed. 137 959 Fax Number 2/3 937 956 E-mail Address		/
Telephone Number 113 HHT Fax Number 2/3 937 /956 E-mail Address	- SPRING, TX 7736	37
Telephone Number 713 #77 Fax Number 213 937 1936 E-mail Address		nclosed letter, has changed.
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TCEQ Sewer Discharge Permit No.	,	•
TCEQ Sewer Discharge Permit No.	•	1
TCEQ Sewer Discharge Permit No.		20187
	-	W80017621001

Section 3: Revenues

the state of the s	Water	Wastewater	Total
			Water + Wastewater
OPERATING REVENUES:			
Utility Service/Sales	80399	43084	\$ 0.00
Fees (Tap, Reconnection, etc.)	20218	-6 -	\$ 0.00
OTHER REVENUES:			
Please Identify:	٠		\$ 0.00
TOTAL REVENUES	\$ 0.00	\$ 0.00	\$ 0.00

* 145,051

Section 4: Expenses

	Water	Wastewater	Total
	STATE OF THE STATE		Water + Wustewate
Salaries & Wages	-0-	-0-	\$ 0 00
Contract Labor	5.5 18	10241	\$ 0,00
Purchased Water	-0 -	1 -	\$ 0.00
Chemicals for Treatment	2004	6011	\$0.00
Utilities (electricity)	7552	10621	\$ 0.00
Repairs/Maintenance/Supplies	6553	17134	\$0.00
Office Expenses	382	382	\$ 0.00
Professional Fees (Accounting, Legal)	575	575	\$ 0.00
Insurance	-to -	-0 -	\$ 0.00
Depreciation & Amortization	-0 -	-0 -	\$000
Miscellaneous (describe in remarks below) LAB	4115	4115	\$000
Subtotal	\$ 0.00	\$ 0.00	\$ 0.00
Taxes:	State of the state of		
Federal Income Taxes			\$0.00
Property and Other Taxes (Payroll, etc.)	1258	2533	\$ 0.00
Regulatory Expenses (Rate Case, Permits)	9348	6694	1 \$0.00
Other (describe in remarks below)			\$ 0.00
TOTAL EXPENSES	\$ 0.00	\$ 0.00	\$ 0.00
<u></u>	34365	18306	112670

Remarks:

Page 3 of 7 23 12 9/1/2014_Previous TCEQ Form 20052

Section 5: Operating Items

Debt Information:

Annual interest expense on long and/or short term debt?

Annual principal payment on debt?

Annual interest rate on debt?

Annual debt principal and interest?

Principal balance on outstanding debt at end of this reporting period?

\$ <u>11,149</u> \$ <u>-6 =</u>

9 %

\$ 11.149 \$ 123.875

Regulatory Assessment Fee:

What was the Regulatory Assessment fee amount submitted to TCEQ for the applicable Calendar Year

Rate Change:

What was the effective date of the last Rate Change?

1/13/04

Section 6: Customer Information

	Number of Connections at	
Connection Type	Beginning of the	End of the
Water	Calendar Year	Calendar Year
Total	40	48

	Number of (Connections at
Connection Type	Beginning of the	End of the
Wastewater	Calendar Year	Calendar Year
Total	40	48

Section 7: Water Production & Consumption	
A What is the total amount of water produced/pumped? B What is the total amount of water sold/billed? C How much water was lost? What is the total percent of water loss?	15 888300 gallons 11 860 00 0gallons 14 018 300 gallons 25 %
To calculate the above, please reference the attached document Water and Annual Report Instructions, Comments?	Wastewater Utilities
Section 8: Wastewater Treated	
What is the total amount of wastewater treated? Comments?	2,047,000 gallons
Section 9: Utility Management & Operations Assessme	ent
Utility Policy and Procedures	
Do you have an Application Form or Formal Process for New Customers?	Y Yes No
Do you have a copy of your approved tariff and drought contingency plan for customers to review?	Yes No
Do you have Written Operating Procedures for Routine Operations?	X Yes No
Do you have Written Emergency Actions Plan(s)?	Yes No
Do you have Written Personnel Procedures?	Yes No
Do you have Risk Management & Safety Policies?	Yes No
Do you have Customer Service Policies (including billing & collection)?	X Yes No
Do you have a Written Budget (normally updated annually)?	Yes No

Did you or any utility staff attend any other utility/business related conferences? this year? If so, please list them in Section 10.	
Do you record complaints or keep a complaint log?	Yes No
Is a customer service representative, water system employee, or	Yes No
answering service accessible by phone at all times to all customers?	<i>у</i>
Rules and Regulations	
If you own/operate a public water system, do you have a copy of	Yes No
or have access to 30 Texas Administrative Code (TAC) Chapter 290?	
If you own/operate a sewer system, do you have a copy of or have access to 30 TAC 30 Subchapter J, 30 TAC 217, 30 TAC 308, and 30 TAC 309?	Yes No
Do you have a copy of or have access to the TAC 16?	Yes No
Do you have a copy of or have access to Texas Water Code Chapter 13?	Yes No
Administrative Information Do you notify customers prior to shutting down the system for repairs? Yes No Sometimes Only if greater than 2	hours
How do you keep your customers informed? Billing Statements Newsletter Meetings Other	
Are water records kept separate from other business and personal records?	√ Vac □ Va
Are records kept for additions to fixed assets?	Yes No
Is the financial position of the system reviewed at least quarterly?	Yes No
Are accounting records for water and wastewater kept separately?	Yes No

Section 10: Remarks (please feel free to attach additional pages if necessary)	-
G - 41 11 · G G	
Section 11: Sworn Statement	
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS	
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS	
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (This document MUST be signed by the President or Owner of the	
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I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (This document MUST be signed by the President or Owner of the Utility) This // day of // MARCH , 2015. President or Owner:	
I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (This document MUST be signed by the President or Owner of the Utility) This // day of // MACH , 2015. President or Owner:	

NOTICE OF PROPOSED RATE CHANGE TO BE PROVIDED TO CUSTOMERS PURSUANT TO TEX. WATER CODE § 13.1871

RANKIN PARK MAINTENANCE & UTILITIES CO., INC. P.O. BOX 9648 SPRING, TX 77387

December 21, 2015

Rankin Park Utilities Customers

Re: Proposed Sewer Utility Rate Change

Gentlemen:

As you may be aware, a wastewater treating plant was constructed and placed on line during the summer of 2012. The amortization of the capital expenditures associated with this project in addition to the significant operating costs of the plant and it's gathering system is far exceeding system revenues. A State Representative was requested to complete a full review of the current economic viability of Rankin Park Utility System. The Representative has determined that the sewer utility tariff rate must be increased to assure the continued operation and viability of the sewer plant and it's gathering system. The Representative also determined that the current water utility tariff rate is adequate to support the continued operation of the water plant and it's distribution system and DOES NOT need to be increased.

The current water and sewer utility tariff rate schedule was approved by the state eleven years ago in June 2004. The sewer utility tariff rate remained adequate until Rankin Park Utility was forced to construct and operate it's own wastewater treating plant in 2012. Prior to start-up of the plant, all of Rankin Park wastewater was being treated by a neighboring Municipal Utility District (MUD) at the cost of \$1,000.00/month. Unfortunately, in 2011 the MUD refused any further wastewater treating and ordered our system to be disconnected from it's treating facilities. With the construction and start-up of Rankin Park's own wastewater treating plant, the operating costs of the wastewater system have increased significantly. Additionally, the system must also bear the capital expenditures for construction of the treating plant which exceeded \$123,000.00.

The State Representative has determined that the increased sewer utility tariff rate is required to provide for both the treating plant operating expenses and amortization of plant capital costs. Although the proposed rate may be considered high as compared to other systems, it should be noted that most utility systems have hundreds of customers allowing for a broader cost distribution. Rankin Park Utility is a small system with only 47 customers to support all capital and operational costs. The new sewer utility tariff rate schedule, as recommended by the State Representative, will be proposed to the State Authorities for final review and approval. A copy of the proposed rate schedule is attached for your information.

Very truly yours

Pete B. Garland
President/Owner

AFFIDAVIT

STATE OF TEXAS

COUNTY OF	HAR	RIS	
PROPOSED RATE (as (indicate relationship to other authorized representationship)		h capacity, I am qualifi	officer of corporation, or ed and authorized to file
I further represent that by	a copy of the attached NOTIC	E was provided	method of delivery)
	m is any person other than the ified Power of Attorney must	(Utility's Au Rankin Park Maintenance I sole owner, partner, of	NAME OF UTILITY
• • • • •	WORN TO BEFORE ME, day of Meenbe		ify
Notary Public My Commi	JOHNSEN , State of Texas ssion Expires er 17, 2018	• •	IN AND FOR THE TE OF TEXAS NAME OF NOTARY

MY COMMISSION EXPIRES 9-17-2018

P.U.C. DOCKET NO. ____*

NOTICE OF PROPOSED RATE CHANGE PURSUANT TO Tex. Water Code § 13.1871

Rank	in Park Maint	enance & Utility, Co.	2078	9 - SEWER		
		Company Name		CCN N	umber(s)	
applica applica TX 787 or susp combin rates th	ation may be a tion at your untion at your untion. The proposed by the med protest let the Commission we date, the m	nge application with the reviewed online at interstility's office at the addressed rates will apply to a Commission. If the Otter, from at least 10% in has original jurisdiction latter will be set for hear	change.puc.texas.gov. ress below or at the Com- service received after the Commission receives a se [number of] ratepayers (n) or from any affected n	You may also amission's officine effective dat sufficient num (10 percent of nunicipality be	inspect a copy of the rate (1701 N. Congress Ave provided below, unless ber of protests, separate the utility's customers of fore the 91st day after the	ate change ve, Austin, s modified ely or in a over whose e proposed
(must b	oe at least 35 de sed rates reques	ATE OF PROPOSE ays after notice is provided ted by the utility are not fillected during the pendence	ed to customers and 35 dinal. The Commission ma	y modify the rat	es and order a refund or ci	redit against rest.)
	The second secon	posed Rate Change:	The state of the s	It has been 11	years and 5 months since (our last increase.
BILL	ING COMP	PARISON-SEWE	R			
oa tioa	Existing Existing Existing	10,000 gallons: 10,000 gallons: 10,000 gallons:	\$ (8.00 /mo \$ 94.00 /mo \$ 158.00 /mo	Proposed Proposed Proposed	10,000 gallons: 10,000 gallons: 10,000 gallons:	\$ 112,95/mo \$ 146,98/mo \$ 299.55/mo
00	Existing Existing	10,000 gallons: 10,000 gallons:	\$ <u>235.</u>	Proposed Proposed	10,000 gallons: 10,000 gallons:	458.64 /mo \$ 829.85 /mo
Ra	nkin Park Mainl	tenance & Utilities				
		Subdivision	(s) or System(s) Affecte	d by Rate Cha	nge	THE SECOND SECOND
PiC	D. Box 9648 Company	y Address	Spring City	The state of the s	77387 Zip	
<u>(71</u>	3) 417-4832					
25	,636.00					
<i>تىنلىقى</i>	Annual R	evenue Increase	Dat	e Notice Deliv	ered	
		6/17/2004 e of Last Rate Change		CH MONTH Typically Rea	`	
	Dan	OI Last Kate Change	Date Mictels	, Thiodily rec	•••	

^{*} Prior to providing notice, the utility shall file a request for the assignment of a docket number for the application.

P.U.C. DOCKET NO.

RATEPAYER PROTEST

If you wish to PROTEST the proposed rate change, you must submit this form and 10 copies to:

Filing Clerk
Public Utility Commission of Texas
1701 North Congress Avenue
P.O. Box 13326
Austin, Texas 78711-3326

Unless protests are received from at least 10% of ratepayers or from any affected municipality, or the Commission Staff requests a hearing, no hearing will be held and the rates will be effective as proposed.

First Name:	Last Name:
Phone Number:	Fax Number:
Location where service is received:_	
(if different from the mailing address)	
Please fill out the following:	
I wish to PROTEST the following	proposed rate action/s:
☐ Water Rate Change ☐ Sewer Rate	Change Both Water and Sewer Rate Change
Other (please specify below)	
Signature of Protestant:	

Si desea informacion en Espanol, puede llamar al 1-888-782-8477

Hearing- and speech-impaired individuals with text telephones may contact the PUC's Customer Assistance
Hotline at
512-936-7136

N	NOTICE OF PROPOSED RATE CHANGE –SEWER					
CURRENT RATES		PROPOSED RATES				
Monthly base rate including	ing 2,000 gallons	Monthly base rate including	g 0 gallons			
Meter Size:		Meter Size:	•			
_	mercial	Com	mercial			
5/8" or 3/4"	\$ 44.00	5/8" or 3/4"	\$ 79.55			
1"	\$ 70.00	1"	\$ 132.58			
1 1/2"	\$ 134.00	1 1/2"	\$ 265.15			
2"	\$ 211.00	2"	\$ 424.24			
3"	\$ 391.00	3"	\$ 795,45			
Other:	\$	Other:	\$			
GALLONAGE O	OR FIXED CHARGE:	GALLONAGE OF	R FIXED CHARGE:			
\$ 3.00		\$3.44				
per month; OR		per month; OR				
⊠ for each additional 1.0	000 gallons over the minimum.	☑ for each additional 1,00	0 gallons over the minimum.			
-	termined based on average	Gallonage charges are dete	rmined based on average			
consumption for winter p		consumption for winter per				
following months:		following months:				
	ANEOUS FEES	MISCELLA	NEOUS FEES			
Tap Fee	\$ ACTUAL COST	Tap Fee	\$ ACTUAL COST			
Reconnect fee:		Reconnect fee:				
Non-payment	and the second s	Non-payment				
-	\$ 25,00	(Maximum - \$25.00)	\$ 25.00			
Customer's Request	\$ 25.00	Customer's Request	\$ 25,00			
Transfer Fee	\$ 25.00	Transfer Fee	\$ 25.00			
Late Charge	\$ 0.10	Late charge: (Indicate	0.10			
	10%	either \$5.00 or 10%)	\$ 10%			
Returned Check Charge	\$ 25.00	Returned Check Charge	\$ 30.00			
Deposit		Deposit				
	\$ 50.00	(Maximum \$50.00)	\$ 50.00			
Meter test fee	\$ 25.00	Meter test fee	\$ 25.00			
		(Maximum - \$25.00)				

Regulatory Assessment of 1% is added to base rate and gallonage charges. Additional fees and meter sizes may be shown on a separate page.

I	If applicable, list any bill payment assistance programs to low income Ratepayers.				
NONE			A #		
	19 g				
15	Fig. 5.		, i		
en ĝe Li	etis et e				

CLASS B RATE/TARIFF CHANGE APPLICATION

Required Schedules for rate/tariff changes

**Please read the "Class B Investor-Owned Utilities water and/or sewer Instructions for Rate/Tariff Change Application" completing these schedules. **

These schedules are organized in a manner whereby the user can work through each section to:

- 1st Record historical test year data on Schedule I-1, Column D. Enter your test year end on the table of contents.
- 2nd Provide historical revenue information on Schedule 1-2.
- 3rd Calculate operating expenses and make adjustments (Section II).
- 4th Calculate return for rate making purposes (Section III).
- 5th Calculate adjusted taxes other than income (Section IV).
- 6th Calculate federal income taxes (Section V).
- 8th Determine revenue requirements (Schedule I).
- 9th Design proposed rates (Section VI).

These schedules are intended to assist the utility in calculation of its new rates. The process consists of a number of relatively complex steps. Utilities are required to provide all the information necessary to support amounts included in the schedules and to cross-reference all information. If the applicant does not use a schedule, it should be noted as "N/A", and an explanation provided.

UTILITY NAME: Rankin Park Maintenance & Utilities GENERAL WATER RATE/TARIFF CHANGE APPLICATION SCHEDULES

Complete all of the following schedules for your Class A or B utility (if the schedule does not apply, include it marked "N/A")

TABLE OF CONTENTS (Page 1 of 2)

	FOR TEST YEAR ENDED:	12/31/2014		
	DATE SUBMITTED TO PUC:	12/22/2015		
			Attachment Schedule	Items Checked
SECTION I	REVENUES AND REVENUE REQ	UIREMENT		
	Revenue Requirement Summary		I-1	<u>√</u>
	Historical Revenue Summary		I-2	
	Include the appropriate schedules:			
	Metered Active Connections by Meter	er Size	I-3	
	Unmetered Active (Flat Rate) Custon	mers	I-4	
SECTION II	OPERATIONS AND EXPENSES			
	Water Production (no unmetered rate	es)	II-1(a)	\checkmark
	Water Production (with unmetered ra		II-1(b)	
	Other Revenues & Expenses passed	through	II-3	\checkmark
	Purchased Power	-	II-4	
	Other Volume Related Expenses		II-5	
	Payroll Cost Allocation		II-6	
	Materials		II-7	/
	Contract Work		II-8	
	Transportation Expenses		II-9	
	Other Plant Maintenance		II-10	
	Employee Pensions/Benefits		II-11	
	Bad Debts/uncollectables		II-12	
	Office Services and Rentals		II-13	
	Office Supplies and Expense		II-14	
	Professional Services		II-15	\checkmark
	Insurance		II-16	
	Rate Case Expense		II-17	
	Regulatory Commission Expense		II-18	$\sqrt{}$
	Miscellaneous Expense		II-19	\checkmark



UTILITY NAME: Rankin Park Maintenance & Utilities GENERAL WATER RATE/TARIFF CHANGE APPLICATION SCHEDULES TABLE OF CONTENTS (Page 2 of 2)

		Attachment Schedule	Items Checked
SECTION III	RETURN AND RATE BASE		
	Requested Return Rate Base Utility Plant Utility Plant reconciled to previous filing Developer Construction work in progress Materials and Supplies Inventory Working Cash Notes Payable Accumulated Depreciation Advances for Construction Contributions in Aid of Construction Deferred Income Taxes Deferred Investment Tax Credits Deferred Assets	III-1 III-2 III-3 III-3(a) III-4(a) III-4(b) III-5 III-6 III-7 III-8(a) III-8(b) III-9(a) III-9(b) III-10(a)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
SECTION IV	TAXES OTHER THAN INCOME Property, Payroll and Other Taxes Revenue Related Taxes	IV(a) IV(b)	✓
SECTION V	FEDERAL INCOME TAXES (FIT) Income Taxes at Present Rates-effective rate	V	\square
SECTION VI	RATE DESIGN Rate Design Worksheet	VI	\Box

INSTRUCTIONS REV REQUIREMENT

UTILITY NAME: ___ Rankin Park Maintenance & Utilities

SCHEDULES - CLASS B RATE/TARIFF CHANGE

SECTION I - REVENUE REQUIREMENTS AND REVENUES

The purpose of Section I is to summarize the revenue requirement and provide revenues and meter information for the test year.

Instructions for Section I - Revenue Requirement and Revenues

Carefully complete the label for each workpaper. Your application docket number should be included on each page.

Schedule I-1 is a **SUMMARY**. Complete column D, historical test year information first using financial records, then work through the remainder of the sections and schedules other than the rate design, Schedule VI, to calculate the utility's changes to its historical test year in Column E. Column G provides the workpaper source for amounts in Columns E & F.

Schedule I-2 reports historical revenues collected and Schedules I-3 and 1-4 report connection information. Use historical financial data and data from recent annual reports (PUC Rpt.) to complete the schedules.

Please complete Schedule II-3 prior to I-2.

Insert and reference additional workpapers as necessary. For example, you may wish to add schedules that apply to unique situations in your utility.

The schedules are based on NARUC chart of accounts and include sub-accounts as necessary for detail needed to determine reasonable and necessary expenditures.

UTILITY NAME: Rankin Park Maintenance & Utilities

SCHEDULES - CLASS B RATE/TARIFF CHANGE

I-1 REVENUE REQUIREMENT SUMMARY

	PUC Docket No. Test Year End: 12/31/2014						
Α	В	С	Ď	Е	F=D+E	G	
4.1			Historical	K&M	Adjusted		
			Test Year	Changes	Test Year		
Line	Acct.	Account Name				Reference/	
	No.	Account Name				Instructions	
110.	*	Volume related expenses:				Histauctivits	
1	610	Purchased water	-	-	-	Schedule II-3	
2	615	Power Expense-production only	12,091		12,091	Schedule II-4	
3	618	Other volume related expenses	-	-		Schedule II-5	
4		Total volume related exp.	12,091		12,091	Add Lines 1-3	
3e 1		Non-volume related expenses:					
5	601-1	Employee labor	-	-	_	Schedule II-6, Line 1	
6	620	Materials	3,623	-	3,623	Schedule II-7	
7	631-636	Contract work	10,241	-		Schedule II-8	
8	650	Transportation expenses	-	-	<u> </u>	Schedule II-9	
9	664	Other plant maintenance	26,868	34,682	61,550	Schedule II-10	
10		Total non-volume related exp.	40,732	34,682	75,414	Add Lines 5-9	
		Admin. & general expenses:	* * * * * * * * * * * * * * * * * * *	7 4 4 8 A			
11	601-2	Office salaries	-	-	-	Schedule II-6, line 2	
12	601-3	Mgmt. salaries	-	-	-	Schedule II-6, line 3	
13	604	Employee pensions & benefits	_	-	_	Schedule II-11	
14	615	Purchased power-Office only	382	-	382	Schedule II-4	
15	670	Bad debt expense	-	-		Schedule II-12	
16	676	Office services & rentals	_	-		Schedule II-13	
17	677	Office supplies & expenses	382	-		Schedule II-14	
18	678	Professional services	575	_	575	Schedule II-15	
19	684	Insurance	-		-	Schedule II-16	
20	666	Regulatory (rate case) expense	1,922	-	1,922	Schedule II-17	
21 22	667	Regulatory expense (other) Miscellaneous expenses	4,929	-	4,929	Schedule II-18	
23	675	7		-		Schedule II-19	
		Total admin. & general expense	8,190	-		Add Lines 11-22	
24		Total operating Expenses	61,013	34,682		Lines 4 + 10 + 23	
25		Depreciation	10,650	-		Sch III-3, Col E, Line 50	
26	408	Taxes Other than Income				Sch IV(b), Line 8	
27	409/10	Income Tax Expense	2,294	1,427		Schedule V, Line 7	
28		TOTAL EXPENSES	73,957	36,109	109,908	Line 24+25+26+27	
29	2.00	TOTAL HISTORIC REVENUE	73,306			Sch I-2, Line 6	
30		HISTORICAL TEST YEAR RETURN	(651)			Line 30 less Line 29	
31		REQUESTED RETURN	Ì	+ 1	25,636	Schedule III-1, Line 3	
32		TOTAL REVENUE REQUIREMENT		Part of the second		Line 28 plus Line 31	
		REQUESTED ANNUAL REVENUE		*	155,514	Zv wo prod Dillo 31	
33		INCREASE		(to notice)	25 636	Line 32 less Line 29	
55				(to notice)	23,030	Line 33 divided by Line	
34		PERCENTAGE INCREASE			0.2300	29	
					0.200	Sch. II-3(b), Col. D,	
35		LESS: OTHER REVENUES		4.5	_	Line 8	
36		Revenue for Rate Design		(to VI, line 1)		Line 32 minus Line 35	

UTILITY NAME: Rankin Park Maintenance & Utilities

SCHEDULES - CLASS B RATE/TARIFF CHANGE

FOR TEST YEAR ENDED:

12/31/2014

I-2 HISTORICAL REVENUE SUMMARY

Line No.	NARUC A/C Description	Historical Test Year	
1.	461 Metered connections base rate revenue	49,183.00	From financial records
2.	461 Metered connection gallonage rate revenue	24,123.00	From financial records
3.	460 Unmetered (Flat rate) revenue	0	From financial records
4.	Total Metered & Flat Rate Revenue	73,306.00	
5.	Plus: Total Other Revenues	0	From II-3, Column B, line 7
6.	Total Historic Test Year Revenues per income statement and Annual Report*	73,306.00	Line 4 plus line 5

(to I-1, Column D, line 29)

^{*}Provide all calculations and explanations for any differences between the applicant's annual report and this schedule.

^{*} If the utility provides other than residential retail service (wholesale, industrial, etc), provide a work paper with the detail of this account by NARUC sub account number.

UTILITY NAME: Rankin Park Maintenance & Utilities
SCHEDULES - CLASS B RATE/TARIFF CHANGE

I-3 METERED ACTIVE CONNECTIONS BY METER SIZE

FOR TEST YEAR ENDED: 12/31/2014

Α	В	С	D	Е	F	G	Н
			Numbe	er of Connections			
Line No.	Meter Size	End of Prior Year	Test Year Additions	End of Test Year	Average	Meter Ratios	Meter Equivalencies End of TY
F.C.		PUC report Sch. 9		(C+D)	(C + E) /2		(E x G)
1.	5/8" x 3/4"	0	0	0	0	1.0	0
2.	3/4"	9	0	9	9	1.5	13.5
3.	1"	15	2	17	16	2.5	42.5
4.	1 1/2"	6	4	10	8	5.0	50
5.	2"	10	1	11	10.5	8.0	88
6.							
7.							
8.							
9.	Total						194
10	Average				43.5		

9/17/15



UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE I-4 UNMETERED (FLAT RATE) ACTIVE CONNECTIONS FOR TEST YEAR ENDED: 12/31/2014

Α	В	С	D	Е	F
.4		Number of Active Connections			
Line No.	Flat Rate Unit	End of Prior Year	Test Year Additions	End of Year	Average
		PUC report Sch. 9	To the	(C + D)	(C + E) /2
1.	N/A	0	0		
2.	N/A	0	0		
3.	N/A	0	0		
4.	N/A	0	0		
5.	Total	0	0		

INSTRUCTIONS - OPERATIONS AND MAINTENANCE



UTILITY NAME: Rankin Park Maintenance & Utilities

SCHEDULES - CLASS B RATE/TARIFF CHANGE

SECTION II - OPERATIONS AND MAINTENANCE

The purpose of Section II is to report expense information and allow for for the known and measurable changes to operating expenses to determine the revenue requirement in Schedule I-1.

Instructions for Section II

Compile financial and source information to determine known and measurable changes to the test year expenses. Provide copies of source documents, such as increased utility bill notices, to verify the applicant's proposed known and measurable changes. Show calculations and explanations for all known and measurable changes on all schedules, where applicable. Attach extra workpapers if needed.

Working through Schedules II-4 through II-19, complete each and transfer test year amounts to column G of Schedule I-1. Depreciation expense, other taxes, FIT and return will be determined using later schedules. Wait until those schedules are complete, and then transfer the amounts to Schedule I-1.

Insert and reference additional workpapers as necessary. For example, the applicant may use additional schedules that address unique aspects of the utility.

UTILITY NAME: Rankin Park Maintenance & Utilities

SCHEDULES - CLASS B RATE/TARIFF CHANGE

П-1(a) AND II-1(b) - HISTORICAL OF WATER PRODUCTION

FOR TEST YEAR ENDED: 12/31/2014

SCHEDULE II-1(a): WATER PRODUCTION: (COMPANIES WITH METERED RATE CUSTOMERS)

Line No.	Water Production (1,000 Gallons)	A	В	C= A+B	D
		Test Year	K & M Changes	Adjusted Test Year	Reference
1	Total water pumped	15,888,300			PUC Annual Report
2	Total water purchased	0	0		PUC Annual Report
3	Total water produced	15,888,300	0	୲ଽଌଌଌଽ	Line 1 + line 2
4	Total water sold	11,860,000			PUC Annual Report
5	Total accounted for non-revenue water*	0	0	0	
6	Total unaccounted for water	4,028,300	0	4,028,300	Lines 3 less 4 less 5
7	Percentage	25%	0	25%	Line 6 divided by Line 3

^{*} Describe the tracking technique for calculating line 5 and provide the records reflecting the calculation.

Known and measurable calculations and explanations:

SCHEDULE II-1(b) WATER PRODUCTION (COMPANIES WITH UNMETERED (FLAT) RATE CUSTOMERS)

		A	В	C=A+B	D
Line		Test	K&M	Adjusted	Reference
No.	Description	Year	Change	Test Year	Reference
1	Water Purchased (1,000 gallons)	0	0		PUC report Sch. D-1
2	Water Pumped (1,000 gallons)	0	0		PUC report 0 Sch. D-1
3	Total production (1,000 gallons)	0	0		Lines 13 + 0 14

UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE

II-3 OTHER REVENUES & EXPENSES PASSED THROUGH

FOR TEST YEAR ENDED: 12/31/2014

II-3(a) Purchased Water or Other Pass Through Expenses

Line	A	В	С	D	D
No.					
	Purchased from:	Units purchased (in) (e.g. 1,000 gal, AC - FT)	Price Per Unit	Total Calculated Cost (B x C)	Actual Cost paid per financial records
1.	n/a	n/a	n/a	n/a	n/a
2.	n/a	n/a	n/a	n/a	n/a
3.	n/a	n/a	n/a	n/a	n/a
4.	Total *				

^{*} Must agree with Schedule II-1(a), Line 2, column A, or provide a reconciliation.

II-3(b) Other revenues collected from customers

Line	A	В	(8.7)	D
No.				
	Item passed thru or type of other revenue	Test year historical revenues collected		Test year revenues netted against COS
1.	Tap Fees*	0		1025/21/2014
2.	Late Fees	0		0
3.	Meter Test Fees	0		0
4.	Reconnect Fees	C		0
5.	Purchased Water Fees	C		0
6.	Groundwater Conservation District Fees	O		0
7.	Other (attach detail**)	C		0
8.	Total Other Revenues	C		0

(to Sch. I-2, line 5)

(to Sch. I-1, line 35)

^{*} Tap fees should be reported on Sch. III-8-CIAC, Line 1.

^{**} If the utility provides other than residential retail service (wholesale, industrial, etc), provide a work paper with the detail of this account by NARUC sub account number.

UTILITY NAME:

II-4 SCHEDULES - CLASS B RATE/TARIFF CHANGE PURCHASED POWER

FOR TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1.

References below refer to Schedule I-1.

Line No.	Account No.	Account Name
2.	615.1 Pur	chased Power (electric) -production

II-4(a) Volume related expenses (Electric used for production of water/sewer)

List the amount spent on purchased power (electricity) for the last two record periods and actual for the Test Year. Indicate the kinds of expenses included in this account by identifying all large* items. If the actual for the Test Year is higher than previous years, indicate the reason for the increase:

* A large item is more than 10% of the test year account balance and more than \$1,000.

	Year	Amount	
•••	2012	\$ 9,417.00	_
400	2013	\$ 10,028.00	_
Test Year	2014	\$ 12,091.00	
K & M Change	······································	\$ •	(to I-1, Column E, Line 2)
Adjusted Test year		\$ 12,091.00	(to I-1, Column F, Line 2)

Explanation and calculations of known and measurable change:

II-4(b) Office related expenses (Electric used for production of water/sewer)

Line No.	Account No.	Account Name
14	615.2 I	Purchased Power (electric) Expense for office

Volume related expenses

List the amount spent on purchased power (electricity) for the last two record periods and actual for the Test Year. Indicate the kinds of expenses included in this account by identifying all large items. If the actual for the Test Year is higher than previous years, indicate the reason for the increase:

	Year	A	mount	
	2012	\$	297.00	
	2013	\$	606.00	•
a. Test Year	2014	\$	382.00	•
b. K & M Change		\$	<u>-</u>	(to I-1, Column E, Line14)
c. Adjusted Test year	· (a. + b.)	\$	382.00	(to I-1, Column F, Line 14)

Explanation and calculations of known and measurable change:

UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE II-5 OTHER RELATED VOLUME EXPENSES FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1.

Line No.	Account No.	Account Name
3.	618	Other volume related expenses

Other volume related expenses

List the amount spent on other volume related expenses for the last two record periods and actual for the Test Year. Indicate the kinds of expenses included in this account by identifying all large* items. If the actual for the Test Year is higher than previous years, indicate the reason for the increase:

* A large item is more than 10% of the test year account balance and more than \$1,000.

	Year		Amount	
	N/A	\$	N/A	
	N/A	\$	N/A	
a. Test Year	N/A	_ \$	N/A	
b. K & M Ch	ange	\$	N/A	(to I-1, Column E, Line 3)
c. Adjusted 7	Cest year (a.+b.)	\$	N/A	(to I-1, Column F, Line 3)

Explanation and calculations of known and measurable change:

Page 15

SCHEDULES - CLASS B RATE/TARIFF CHANGE II-6 ALLOCATION OF PAYROLL EXPENSES FOR THE ADJUSTED TEST YEAR UTILITY NAME

SOME SALARIES MUST BE CAPITALIZED IN THIS REPORT IF EMPLOYEES INSTALL PLANT IN SERVICE II-6(a) PAYROLL COSTS:

ear Capitalized Expensed oll Payroll Payroll Line 9, column F divided			A	В	J	4	Ц	T		П
O. Name Payroll Payroll Payroll N/A Total Payroll P	Line	Employee	Test Year	Capitalized	Expensed	lst		7,001 to 9,001 to over	over	Total
N/A Total Percentage Capitalized Line 9, column F divided	No.	Name	Payroll	Payroll	Payroll	7000 or new limit		118500 or new limit	118500 or new limit	Payroll
N/A Total Percentage Capitalized						(FUTA max)	(SUTA max)	(or FICA max)		•
Total Percentage Capitalized		N/A								
Total Percentage Capitalized	2.									
Total Percentage Capitalized	3.									
Total Percentage Capitalized	4.									
Total Percentage Capitalized	5.									
Total Percentage Capitalized	6.									
Total Percentage Capitalized	7.									
Total Percentage Capitalized	· 80									
Percentage Capitalized	9.	Total								
	10.	Percentage Capitalized		Line 9, colum	ın F divided	by line 9, co	lumn E=			

II-6(b) ALLOCATION OF PAYROLL TO EXPENSE:

Line 'Total Payroll Expenses' should equal the total from 'Expensed Payroll' (Column C, Line 9) above

Line No.	Line Acct.	Account Name	Test Yr Expense	
	601-1	601-1 Employee labor	N/A	to Schedule I-1, Line 5.
2.	601-2	601-2 Office salaries	N/A	to Schedule I-1, Line 11.
3.	601-3	601-3 Management salaries	N/A	to Schedule I-1, Line 12.
4.		Total Payroll Expenses	N/A	(should equal II-6(a), Column C, Line 9.)

^{*}Attach a brief summary of the utility's capitalization policy and explain any changes in capitalization rates of more the 5% per year.

^{**} Attach an explanation and calculation for K&M salary changes from test year.



UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE II-7 MATERIALS FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

Line No.	Account No.	Account Name
6.	620	Materials

II-7(a) Materials

List the amount spent on materials for the last two record periods and for the Test Year. Indicate the kinds of expenses included in this account by identifying all large* items in the list below. If the Test Year is higher than previous years, indicate the reason for the anticipated increase:

	Year	Amount	
	2012	\$1,612.00	
	2013	\$2,044.00	
a. Test Year	2014	\$3,623.00	
b. K & M Ch	ange	\$ (to I-1, Column E, Lin	ne 6
c. Adjusted T	est year (a. + b.)	\$	ne 6

^{*} A large item is more than 10% of the test year account balance and more than \$1,000.00

Expensed materials may not be included in rate base in materials and supplies inventories.

Explanation and calculations of known and measurable change:

II-7(b) Large Items:

Description	Amount	Date in service
N/A	N/A	N/A
· · · · · · · · · · · · · · · · · · ·		

UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE II-8 CONTRACT WORK FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information.	It is required to complete Schedule I-1.
References below refer to Schedu	ıle I-1.

Line No.	Account No.	Account Name			
7.	631, 635, 636	Contract work	(non-capitalized engineering, testing, other)		

II-7(a) Contract work

List the amount spent on contract work for the last two record periods and for the Test Year. Indicate the kinds of expenses included in this account by identifying all large* items. If the Test Year is higher than previous years, indicate the reason for the anticipated increase.

	Year			
		\$		
	2012	\$	9,540.00	
-	2013	\$	9,540.00	
a. Test Year	2014	\$	10,241.00 (to	o I-1, Column D, Line 7)
b. K & M Change		\$	0.00 (to	o I-1, Column E, Line 7)
c. Adjusted Test ye	ear (a. + b.)	\$	10,241.00 (to	I-1, Column F, Line 7)

^{*} A large item is more than 10% of the test year account balance more than \$1,000.

Explanation and calculations of known and measurable change:

II-8(b) Large Items:

Description	Amount	Date in service
N/A	N/A	N/A
Mary Control of the C		
	1	



UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE

II-9 TRANSPORTATION

FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule L-1

	low refer to Schedule	e I-1.	complete Schedule 1-1.	
Line No.	Account No.	Account	Name	
8.	650	Transportation exp	pense	
II-9(a) Transp	oortation expense			
For example, activities too?	is there one vehicle u	sed solely for the utility	e percent used for busin y, or is it used for non-b ne Company's Plant in S	usiness
factor include operating and The purpose of	d. A vehicle which is maintenance expens of this supplemental p	s part of the Plant in Se ses (oil, gas, repairs, ma	nts per mile) have the de ervice should show only hintenance) excluding in ehicle expense will be re or totally omitted.	actual surance.
	Year		Amount	
	2012	\$_		
	2013	s _	-	
a. Test Year	2014	\$_	<u> </u>	
b. K & M Cha	inge	\$_	- (to I-1, Co	olumn E, Line 8)
c. Adjusted Te	est year (a. + b.)	\$_	- (to I-1, Co	olumn F, Line 8)
Explanation a	nd calculations of kn	own and measurable c	hange:	
II-9(b) Large	Items*:			
	cription	Amount	Date in service	
N/A		N/A	N/A	7
				_
				4

^{*} A large item is more than 10% of the test year account balance and more than \$1,000.

UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE II-10 OTHER PLANT MAINTENANCE FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

Line No.	Account No.	Account Name		
9.	664	Other plant maintenance		

II-10(a) Other plant maintenance

List the amount spent on other plant maintenance for the last two record periods and estimated for the Test Year. Indicate the kinds of expenses included in this account by identifying all large* items. If the Test Year is higher than previous years, indicate the reason for the anticipated increase:

	Year	Amount
	2012	\$26,281.00
,	2013	\$8
a. Test Year	2014	\$26,868.00
b. K & M Cha	inge	\$ (to I-1, Column E, Line 9)
c. Adjusted To	est year (a. + b.)	\$61,550.00 (to I-1, Column F, Line 9)

^{*} A large item is more than 10% of the test year account balance more than \$1,000.

Explanation and calculations of known and measurable change:

II-10(b) Large Items:

Description	Amou	nt	Date in service
Sewer Smoke Test	\$	9,700.00	
Sewer Repairs	\$	8,800.00	
Electrical Repairs	\$	16,182.00	

Russ	ECC	CRA1 3/86	ULEG	23	6.5	\$ 279	47	39 <i>6</i>	55
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Hydro Tech Utilities

Estimate

PO Box 279

Spring, TX 77383

Phone # 713-540-1084 www.hydrotechutilities.com

5/27/2015

Date

Estimate # 3834

Fax #

281-288-3336

Name / Address

Rankin Park Utilities Accounts Payable PO Box 9648 Spring, TX 77387

Description

Qty

U/M

Price

8,708.70T

Dual 5hp, 460Vac, 60hZ Variable Frequency Drive, alternating starter with the following equipment:

- •Enclosure, Powder Coated Gray, with Backpan and Wall Mount **Brackets**
- Swing out Panel
- •Drip Shield
- •NEMA 3R Filter / Fan / Thermostat

with the following components and modifications:

- oDimensions: 30.00"Hx 24.00"W x 16.00" estimated
- oInstalled Operator Components on swing out Panel:
- 71 x Green "Pump 1 Running" indicating light, 115VAC 71 x Green "Pump 2 Running" indicating light, 115VAC
- ?1 x 3-position "Pump 1 Hand-Off-Auto" selector switch
- ?1 x 3-position "Pump 2 Hand-Off-Auto" selector switch
- ?2 x Elapse Time Meters
- •Electrical Components
- 02 x TOSHIBA \$15 VFD, 9.5 AMPS, VFS15-4037PL-W
- 02 x CIRCUIT BREAKERS 15AMP GMCP015E0C
- o1 x Control Power Transformer (CPT), 460:24Vac, with primary and secondary fusing 500VA
- o1 x Timemark, Phase and voltage monitor, 380-480V
- o1 x Timemark, alternator relay
- oReceptacle 120v
- oTerminal blocks for customer interface of:
- ?Stop Pumps Alarm Switch
- ?Start Lead Switch
- ?Start Lag Switch
- : ?Motor 1 Fault (if needed)
- ?Motor 2 Fault (if needed)

Total

Customer Signature

Page 1



Hydro Tech Utilities

PO Box 279

Spring, TX 77383

713-540-1084 Phone #

281-288-3336

www.hydrotechutilities.com

Date 5/27/2015 Estimate # 3834

Name / Address

Rankin Park Utilities Accounts Payable PO Box 9648 Spring, TX 77387

Description

U/M

Price

6,240.00T

Labor •Remove the existing mounting rack and Lift Pump Panel. Remove all unused conduit, fittings, and wire.

- •Install new mounting rack for a new Lift Pump Control Panel.
- ·Install new Lift Pump Control Panel on the new Rack. Install a new 100 Amp Main Fusible Discount Switch on the Rack for a Main for the new Lift Pump Control Panel.
- ·Install new conduit and wire from the new Main Disconnect Switch to the new Lift Pump Control Panel.
- •Install new conduit and wire from the new Lift Pump Control Panel to the Lift Pump Motors.
- •Install new conduit and wire from the new Lift Pump Control Panel to the existing Float Switches located in the Wet Well.

Qty

~~~~ CHANGE ORDER ~~~~ September 21, 2015 > Removed 1 Control Building. (-\$3,220.00) Total change to estimate -\$3,220.00

Sales Tax

1,233.27

Total

**Customer Signature** 

40

## UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE

#### **II-11 EMPLOYEE PENSIONS AND BENEFITS**

FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

NONE

Cost per Employee:

| TOTOTORICES D                                                                                                |                                                                                                                                                                  | icauic I-I.                                                                                           |                                                                                                   |                                                                                                      |                                                                                                              |                                                                         |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Line No.                                                                                                     | Account No.                                                                                                                                                      | Accour                                                                                                | nt Name                                                                                           |                                                                                                      |                                                                                                              |                                                                         |
| 13.                                                                                                          | 604                                                                                                                                                              | Employee pension                                                                                      | ns and benefits                                                                                   |                                                                                                      |                                                                                                              |                                                                         |
| Employee pens                                                                                                | ions and benefits                                                                                                                                                |                                                                                                       |                                                                                                   |                                                                                                      |                                                                                                              |                                                                         |
| Year. Indicate<br>Pensions includinsurance, etc.<br>employee. As a<br>as actuarial stu<br>obligation. If the | t spent on Employe<br>the kinds of expens<br>les such items as ES<br>Also include the nu<br>pplicable, provide in<br>dies, discussing net<br>the Test Year amoun | es included in this a GOPs and IRAs. The imber of employees information on any of pension costs as we | account by ident<br>e "Other" colun<br>covered and cha<br>qualified pension<br>ell as current fun | ifying all items b<br>nn includes such<br>arged to account<br>as offered to emp<br>ding status of th | y category. For e<br>items as dental, vi<br>674 and indicate to<br>ployees and docum<br>e utility's projecte | xample,<br>ision, life<br>the cost per<br>tentation, such<br>ed benefit |
| NONE                                                                                                         |                                                                                                                                                                  | s                                                                                                     | S                                                                                                 | \$                                                                                                   | \$                                                                                                           | \$                                                                      |
| Year                                                                                                         |                                                                                                                                                                  | Total Amount                                                                                          | Pensions                                                                                          | Health                                                                                               | Other                                                                                                        | Amount Capitalized*                                                     |
| Cost per Emplo                                                                                               | oyee:                                                                                                                                                            | NONE                                                                                                  | _                                                                                                 |                                                                                                      |                                                                                                              |                                                                         |
| NONE                                                                                                         |                                                                                                                                                                  | \$                                                                                                    | \$                                                                                                | \$\$                                                                                                 | \$                                                                                                           | \$\$                                                                    |
| Year                                                                                                         |                                                                                                                                                                  | Total Amount                                                                                          | Pensions                                                                                          | Health                                                                                               | Other                                                                                                        | Amount Capitalized*                                                     |
| Number of Em                                                                                                 | ployees covered:                                                                                                                                                 | NONE                                                                                                  | _                                                                                                 |                                                                                                      |                                                                                                              |                                                                         |
| Cost per Emplo                                                                                               | yee:                                                                                                                                                             | NONE                                                                                                  | _                                                                                                 |                                                                                                      |                                                                                                              |                                                                         |
| List types of Pe                                                                                             | ensions & Benefits:                                                                                                                                              |                                                                                                       |                                                                                                   |                                                                                                      |                                                                                                              |                                                                         |
|                                                                                                              |                                                                                                                                                                  | \$                                                                                                    | \$                                                                                                | \$                                                                                                   | \$                                                                                                           | \$                                                                      |
| Year                                                                                                         |                                                                                                                                                                  | Total Amount                                                                                          | Pensions                                                                                          | Health                                                                                               | Other                                                                                                        | Amount Capitalized*                                                     |
| Number of Em                                                                                                 | ployees covered:                                                                                                                                                 | NONE                                                                                                  |                                                                                                   |                                                                                                      |                                                                                                              |                                                                         |

\*(use % on Sch 11-6(a), line 10)



# UTILITY NAME<u>Rankin Park Maintenance & Utilities</u> SCHEDULES - CLASS B RATE/TARIFF CHANGE II-12 BAD DEBTS

FOR THE TEST YEAR ENDED:

12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

| Line No. | Account No. | Account Name     |  |
|----------|-------------|------------------|--|
| 15.      | 670         | <b>Bad Debts</b> |  |

#### II-12 Bad debts/Uncollectibles

List the recorded amount the company was unable to collect for the last two years, and estimate the uncollectible amount for the Test Year. If the the Test Year is higher than previous years, indicate the reason for the anticipated increase.

|                | Year               | Amount    |                                        |                             |  |
|----------------|--------------------|-----------|----------------------------------------|-----------------------------|--|
|                | 2012               | s         | -                                      | _                           |  |
|                | 2013               | <u> </u>  | <del>-</del>                           | _                           |  |
| a. Test Year   | 2014               | s         | -                                      | _                           |  |
| b. K & M Cha   | ange               | \$        |                                        | (to I-1, Column E, Line 15) |  |
| c. Adjusted To | est year (a. + b.) | <b>\$</b> | —————————————————————————————————————— | (to I-1, Column F, Line 15) |  |

Explanation and calculations of known and measurable change:

II-12(b) Large Items\*:

| Description | Amount | Date in service |  |
|-------------|--------|-----------------|--|
| N/A         | N/A    | N/A             |  |
|             |        |                 |  |
|             |        | 190             |  |
|             |        |                 |  |
|             |        |                 |  |
|             |        |                 |  |

<sup>\*</sup> A large item is more than 10% of the test year account balance and more than \$1,000.



# UTILITY NAME: Rankin Park Maintanance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE II-13 OFFICE SERVICES AND RENTALS

### FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1.

| References be                       | low refer to Schedu                        | ıle I-1.                    |                           |                                                                                 |
|-------------------------------------|--------------------------------------------|-----------------------------|---------------------------|---------------------------------------------------------------------------------|
| Line No.                            | Account No.                                |                             | Acc                       | ount Name                                                                       |
| 16.                                 | 678                                        | Office                      | services (                | & rentals                                                                       |
| II-13(a) Office                     | e services and renta                       | <u>ls</u>                   |                           |                                                                                 |
| and estimate fo<br>by identifying a |                                            | icate the ki<br>e Test Year | nds of exp<br>r is higher | the last two record periods<br>penses included in this account<br>than previous |
|                                     | Year                                       | Ar                          | nount                     |                                                                                 |
|                                     | 2012                                       | \$                          | -                         | _                                                                               |
|                                     | 2013                                       | \$                          | -                         | _                                                                               |
| a. Test Year                        | 2014                                       | \$                          | _                         | _                                                                               |
| b. K & M Cha                        | inge                                       | \$                          | _                         | (to I-1, Column E, Line 16)                                                     |
| c. Adjusted Te                      | est year (a. + b.)                         | \$                          |                           | (to I-1, Column F, Line 16)                                                     |
|                                     | nd calculations of k<br>is more than 10% o |                             |                           | ble change:<br>ount balance and more than \$1,000.                              |
|                                     | cription                                   | Amo                         | ount                      | Date in service                                                                 |
|                                     | N/A                                        | N/                          | Ά                         | N/A                                                                             |
|                                     |                                            |                             |                           |                                                                                 |
|                                     |                                            |                             |                           |                                                                                 |
|                                     |                                            |                             |                           |                                                                                 |
|                                     |                                            |                             |                           |                                                                                 |

# UTILITY NAMERankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE II-14 OFFICE SUPPLIES

FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

| Line No. | Account No. | Account Name               |  |
|----------|-------------|----------------------------|--|
| 17.      | 681         | Office supplies & expenses |  |

#### II-14(a) Office supplies & expenses

List the amount spent on office supplies and expenses for the last two record periods and estimate for the Test Year. Indicate the kinds of expenses included in this account by identifying all large\* items. If the Test Year is higher than previous years, indicate the reason for the anticipated increase:

|                      | Year         |             | Amount |                             |
|----------------------|--------------|-------------|--------|-----------------------------|
|                      | 2012         | <b>\$</b> _ | 297.00 |                             |
|                      | 2013         | <b>\$</b> _ | 606.00 |                             |
| a. Test Year         | 2014         | \$          | 382.00 |                             |
| b. K & M Change      |              | \$          | -      | (to I-1, Column E, Line 17) |
| c. Adjusted Test yea | ar (a. + b.) | <b>\$</b> _ | 382.00 | (to I-1, Column F, Line 17) |

Explanation and calculations of known and measurable change:

\* A large item is more than 10% of the test year account balance and more than \$1,000.

II-14(b) Large Items:

| Description | Amount | Date in service |
|-------------|--------|-----------------|
| N/A         | N/A    | N/A             |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |
| L           |        |                 |



# UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE II-15 PROFESSIONAL SERVICES

FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

| Line No. | Account No. | Account Name          |  |
|----------|-------------|-----------------------|--|
| 18.      | 682         | Professional services |  |

#### II-15(a) Professional services

List the amount spent on professional services for the last two record periods and estimate for the Test Year. Indicate the kinds of expenses included in this account by identifying all large items\*. If the Test Year is higher than previous years, indicate the reason for the anticipated increase:

| Year                    | Year     |             | Amount   |                             |
|-------------------------|----------|-------------|----------|-----------------------------|
| -                       | 2012     | <b>\$</b> _ | 1,863.00 |                             |
|                         | 2013     | <b>\$</b> _ | 2,075.00 |                             |
| a. Test Year            | 2014     | <b>\$</b>   | 575.00   |                             |
| b. K & M Change         |          | <b>\$</b>   | -        | (to I-1, Column E, Line 18) |
| c. Adjusted Test year ( | a. + b.) | \$          | 575.00   | (to I-1, Column F, Line 18) |

Explanation and calculations of known and measurable change:

II-15(b) Large Items:

| Description | Amount | Date in service |
|-------------|--------|-----------------|
| N/A         | N/A    | N/A             |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |

<sup>\*</sup> A large item is more than 10% of the test year account balance and more than \$1,000.

## UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE

#### **II-16 INSURANCE**

FOR THE TEST YEAR ENDED: 12/31/2015

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

Insurance

Account No.

684

List the amount spent on insurance for the last two record

Explanation and calculations of known and measurable change:

Line No.

19.

**Insurance** 

Account Name

| periods and estimate for the Test included in this account by identi Year is higher than previous year anticipated increase: | fying a | ll large items*. | If the Test                 |         |
|------------------------------------------------------------------------------------------------------------------------------|---------|------------------|-----------------------------|---------|
| Year                                                                                                                         |         | Amount           |                             |         |
| 2012                                                                                                                         | \$      | -                |                             |         |
| 2013                                                                                                                         | \$      | -                |                             |         |
| a. Test Year 2014                                                                                                            | \$      |                  |                             |         |
| b. K & M Change                                                                                                              | \$      | _                | (to I-1, Column E, Line 19) |         |
| c. Adjusted Test year (a. + b.)                                                                                              | \$      |                  | (to I-1, Column F, Line 19) |         |
| Types of insurance:                                                                                                          |         |                  |                             |         |
| Year Total amount                                                                                                            | Po      | eriod Covered    | Туре                        | Company |
| \$                                                                                                                           |         |                  |                             |         |
| Year Total amount                                                                                                            | Po      | eriod Covered    | Туре                        | Company |
| \$                                                                                                                           |         |                  |                             |         |
| Year Total amount                                                                                                            | P       | eriod Covered    | Type                        | Company |



# UTILITY NAME Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE II-17 REGULATORY EXPENSE

FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

| Line No. Account No. |     | Account Name                  |  |  |
|----------------------|-----|-------------------------------|--|--|
| 20.                  | 666 | Regulatory (Rate Case) Expens |  |  |

#### II-17(a) Regulatory commission expense

List the amount spent on rate case expense for the last two years and for the Test Year. Typically, the commission seperates rate case expense from the revenue requirement and allows recovery through a surcharge. The known and measurable adjustment would decrease this expense to zero in this case. In any event, if the applicant does not file every year, the expense must be amortized over the time between filings and only one year's worth should be charged to customers. Record Commission filing fees or fees to consultants, attorneys, etc. in formal and informal rate cases, complaints, or other dealings with the Commission, which are not reported under Professional Services. Indicate the kinds of expenses included in this account by identifying all large\* items. If the Test Year is higher than previous years, indicate the reason for the anticipated increase:

| Year                            |             | Amount   |                                                      |
|---------------------------------|-------------|----------|------------------------------------------------------|
| 2012                            | <u> </u>    | 1,600.00 |                                                      |
| 2013                            | <b>. \$</b> | 9,154.00 |                                                      |
| a. Test Year 2014               | <u> </u>    | 1,922.00 |                                                      |
| b. K & M Change                 | <b>s</b>    | _        | (to I-1, Column E, Line 20 - see instructions above) |
| c. Adjusted Test year (a. + b.) | <b>\$</b> _ | 1,922.00 | (to I-1, Column F, Line 20 - see instructions above) |

Explanation and calculations of known and measurable change:

II-17(b) Large Items:

| Amount | Date in service |  |
|--------|-----------------|--|
| N/A    | N/A             |  |
|        |                 |  |
|        |                 |  |
|        |                 |  |
|        |                 |  |
|        |                 |  |
|        |                 |  |

<sup>\*</sup> A large item is more than 10% of the test year account balance and more than \$1,000.

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### UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE

#### II-18 REGULATORY EXPENSE

FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

| <u>Line No.</u> | Account No. | Account Name                  |
|-----------------|-------------|-------------------------------|
| 21.             | 667         | Regulatory commission expense |

#### II-18(a) Regulatory commission expense

List the amount spent on regulatory commission expense for the two record periods and for the Test Year. Include TCEQ inspection fees or permit permit fees, and other regulatory expense. Do not include the regulatory assessment; this is a pass through expense. Indicate the kinds of expenses included in this account by identifying all large\* items. If the Test Year is higher than previous years, indicate the reason for the anticipated increase:

|                         | Year     | Amount |   |                                                      |
|-------------------------|----------|--------|---|------------------------------------------------------|
|                         | 2012     | \$     | _ |                                                      |
|                         | 2013     | \$     | • |                                                      |
| a. Test Year            | 2014     | \$     | - |                                                      |
| b. K & M Change         |          | \$     | • | (to I-1, Column E, Line 21 - see instructions above) |
| c. Adjusted Test year ( | a. + b.) | \$     | - | (to I-1, Column F, Line 21 - see instructions above) |

Explanation and calculations of known and measurable change:

II-18 (b) Large Items:

| Description | Amount | Date in service |
|-------------|--------|-----------------|
| N/A         | N/A    | N/A             |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |

<sup>\*</sup> A large item is more than 10% of the test year account balance and more than \$1,000.

### UTILITY NAME: Rankin Park Maintenance & Utilities SCHEDULES - CLASS B RATE/TARIFF CHANGE

#### II-19 MISCELLANEOUS EXPENSE

FOR THE TEST YEAR ENDED: 12/31/2014

This page is supplemental information. It is required to complete Schedule I-1. References below refer to Schedule I-1.

| Line No. | . Account No. Account N |               |
|----------|-------------------------|---------------|
| 22.      | 675                     | Miscellaneous |

#### II-19 (a) Miscellaneous expense

List the amount spent on general miscellaneous for the last two record periods and for the Test Year. Indicate the kinds of expenses included in this account by identifying all large\* items. If the Test Year is higher than previous years, indicate the reason for the anticipated increase:

|                | Year               |           | Amount   |                                                      |
|----------------|--------------------|-----------|----------|------------------------------------------------------|
|                | 2012               | \$        | 2,500.00 | -                                                    |
|                | 2013               | <b>\$</b> | 4,997.00 | -                                                    |
| a. Test Year   | 2014               | <b>\$</b> | 4,929.00 | -                                                    |
| b. K & M Cha   | inge               | <b>\$</b> | _        | (to I-1, Column E, Line 22 - see instructions above) |
| c. Adjusted To | est year (a. + b.) | <b>\$</b> | 4,929.00 | (to I-1, Column F, Line 22 - see instructions above) |

Explanation and calculations of known and measurable change:

\* A large item is more than 10% of the test year account balance.

II-19 (b) Large Items:

| Description | Amount | Date in service |
|-------------|--------|-----------------|
| N/A         | N/A    | N/A             |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |
|             |        |                 |

#### SECTION III RATE BASE INSTRUCT

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UTILITY NAME: Rankin Park Maintenance & Utilities

SCHEDULES - CLASS B RATE/TARIFF CHANGE

SECTION III RATE BASE INSTRUCTIONS

Section III provides working tables to allow the calculation of rate base and return on rate base.

#### **Instructions for Section III**

- 1 Complete Schedules III-3 through III-9 as they apply to your company.
- 2 Transfer resulting year end balances (last line of each table) to Schedule III-2.
- 3 Complete Schedule III-1