



Control Number: 47833



Item Number: 245

Addendum StartPage: 0

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

RECEIVED

I. NAME OF UTILITY, OFFICE MAILING ADDRESS AND AREA SERVED - 8 AM 9:34

1 Utility Name: Katy Hockley Corp PUBLIC UTILITY COMMISSION FILING CLERK

List all assumed name(s) or d/b/a names: _____

2 Certificate of Convenience and Necessity No. 12985 Water, 20900 Sewer Calendar Year Ending 12/31/2017

3 Street Address: 1222 Antoine

4 City or Town: Houston, Texas 77055 CCN No.: 12985, 20900

5 Email Address lisa@cunninghambuilding.com

6 County: Harris Zip Code: 77055

7 TCEQ PWS Number(s) 1013191

8 Water Quality Discharge Permit Number(s) 14109-001

II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:
Corporation: 76-0579133 XX Partnership: _____ Individual: _____ Other: _____

10 If a corporation, list names and titles of the officers. If an individual or partnership, list the name of the individual or each partner and provide the title for each. For partnerships, please provide the percentage of ownership for each partner.
Christopher W. Cunningham - VP, Secretary, Treasurer
Rodney Broesche - President

11 If the controlling ownership of this utility changed during the last twelve (12) months, state the date of ownership change and the name and address of the prior owner.
No

12 Date the utility was formed or incorporated: 6/11/1998

13 Is the utility under common ownership or control by another corporation? NO If yes, by whom? _____

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

14 Name and Title: Chris Cunningham

15 Address: 1222 Antoine

16 City: Houston, Texas 77055

17 Telephone Number with Area Code: 713-838-1212

18 Cell Phone Number with Area Code: _____

19 Fax Number with Area Code: 713-683-9300

20 e-mail address: Lisa@cunninghambuilding.com

21 If not an officer, owner or employee, give name of firm employed by: _____

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1. Balance Sheet

Name of Utility: Katy Hockley Corp

Line #	<u>ASSETS</u>	End of Year <u>12/31/2017</u>	End of Prior Year <u>12/31/2016</u>
	<u>UTILITY PLANT</u>		
1	101 Utility Plant in Service	\$ 877,103	\$ 877,103
2	TOTAL UTILITY PLANT	\$ 877,103	\$ 877,103
3	108 Less: Accumulated Amortization		
4	110 Less: Accumulated Depreciation	\$ 747,326	\$ 747,326
5	NET UTILITY PLANT	\$ 129,777	\$ 129,777
6	<u>CURRENT ASSETS</u>	xxxx	xxxx
7	131-135 Cash	\$ 11,378	\$ (488)
8	141-143 Accounts Receivable		
9	151 Plant Materials and Supplies (not previously expensed)		
10	171-174 Other Current Assets	\$ 130,495	\$ 130,495
11	TOTAL CURRENT ASSETS		\$ 130,007
12	<u>TOTAL ASSETS*</u>	\$ 271,650	\$ 259,784
	 <u>LIABILITIES & EQUITY</u>		
	<u>EQUITY</u>		
13	201 Common Stock	\$ 7,800	\$ 7,800
14	211 Other paid in capital	\$ 607,716	\$ 607,716
15	215 Retained Earnings	\$ (413,862)	\$ (479,548)
16	218 Proprietary Capital		
17	TOTAL STOCKHOLDERS' EQUITY	\$ 201,654	\$ 135,968
	<u>LONG-TERM DEBT</u>	xxxx	xxxx
18	224 Long-term debt (more than 1 year)		\$ -
	<u>CURRENT LIABILITIES (less than 1 year)</u>	xxxx	xxxx
19	231 Accounts Payable		
20	232 Notes Payable		
21	241.0 Other Current Liabilities	\$ 69,996	\$ 123,816
	TOTAL CURRENT LIABILITIES	\$ 69,996	\$ 123,816
	<u>OTHER LIABILITIES and DEFERRED CREDITS</u>	xxxx	xxxx
22	253 Other Deferred Credits		
23	271-272 Net Contributions in Aid of Construction		
24	TOTAL OTHER LIABILITIES and DEFERRED CREDITS	\$ -	\$ -
25	<u>TOTAL LIABILITIES & EQUITY*</u>	\$ 271,650	\$ 259,784

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

2. Statements of Income

Name of Utility: Katy Hockley Corp

		Water Report Year	Sewer Report Year	Total Report Year
Line #	Report Calendar Year			
	2017	A	B	C=A+B
1	Total Revenue:	\$ 127,771	\$ 191,657	\$ 319,428
	Operating Expenses:			
2	601 O & M Salaried Labor			
3	604 Employee Benefits			
4	631, 635, 636 O & M Contract labor			
5	620 Operating/Maint Supplies	\$ 80,715	\$ 121,073	\$ 201,788
6	610 Purchased Water			
7	615 Purchased Power			
8	635 Testing Expense			
9	618 Chemicals			
10	656-659 Insurance	\$ 2,677	\$ 4,015	\$ 6,692
11	601 General Office Salaries	\$ 9,754	\$ 14,630	\$ 24,384
12	675 General Office Expenses	\$ 3,059	\$ 4,590	\$ 7,649
13	632 Contract Accounting	\$ 1,044	\$ 1,566	\$ 2,610
14	633 Legal			
15	634 Management			
16	666 Amortization- Rate Case Expense			
17	403 Depreciation Expense	\$ 20,700	\$ 31,050	\$ 51,750
18	667-675 Other Misc. Expenses	\$ 575	\$ 863	\$ 1,438
	Taxes:	xxxx	xxxx	xxxx
19	409 Federal Income Taxes			
20	409.0 State Franchise Taxes/Reg Assess.			
21	408 All Other Taxes	\$ 3,102	\$ 4,653	\$ 7,755
22	Total Expenses	\$ 121,626	\$ 182,440	\$ 304,066
23	Net Operating Income	\$ 6,145	\$ 9,217	\$ 15,362
24	421, 433 Non-Operating Income	\$ 21,291	\$ 31,936	\$ 53,226
	Non-Operating Deductions:			
25	426 Other			
26	427 Interest			
27	Net Income	\$ 27,436	\$ 41,153	\$ 68,588

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

Name of Utility: Katy Hockley Corp.

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

4. Other Operating Information

<u>Connection information</u>		End of Year	End of Prior Year	<u>Connection information</u>		End of Year	End of Prior Year
<u>WATER:</u>		12/31/2017	12/31/2016	<u>SEWER:</u>		12/31/2017	12/31/2016
1	Number of active water connections				Number of active sewer connections		
	5/8" or 3/4"	154	194		Residential	198	194
	3/4"	48			Non-residential	4	4
	1"	1	3				
	1 1/2"						
	2"	2	1				
	List all additional meter sizes:				List all additional meter sizes:		
	Unmetered water connections				Unmetered water connections		
2	Number of inactive water connections				Number of inactive water connections	7	5
	5/8" or 3/4"	7	5				
	3/4"						
	1"						
	1 1/2"						
	2"						
	List all additional meter sizes:				List all additional meter sizes:		
	Unmetered, inactive connections				Unmetered, inactive connections		
3	Number of active sewer connections	202	198		Number of active sewer connections	202	198
4	Number of inactive sewer connections	6	5		Number of inactive sewer connections	6	5
5	Total gallons purchased	\$ -					
6	Total gallons pumped						
	Total Water Produced	\$ -					
7	Total gallons sold						
8	Gallons unaccounted for						
				Total amount of sewer treated (gallons)			

Management and Operations

- | | |
|---|-----------|
| 1. Do you have an Application form or formal process for new customers? | Yes or No |
| 2. Do you have a copy of your approved tariff and TCEQ approved drought contingency plan for customer review? | Yes |
| 3. Do you have written operating procedures for routine operations? | Yes |
| 4. Do you have a written emergency action plans? | Yes |
| 5. Do you have written personnel policies and procedures? | No |
| 6. Do you have risk management and safety procedures? | Yes |
| 7. Do you have customer service policies (including billing and collection)? | Yes |
| 8. Do you prepare an annual written budget for financial planning purposes? | No |
| 9. Provide a list of all affiliates and entities under Common Control (if any). | |
| 10. If you purchase wholesale water or sewer services, please list the name(s) of the wholesaler and describe the service(s) purchased from each. | |
| 11. If you have a current capital improvement/replacement plan, please attach a copy. | |

Name of Utility: Katy Hockley Corp

5. Affiliated Transactions

Charges by an Affiliate to the Reporting Utility

Name of Affiliated company: _____

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

Charges by an Reporting Utility to Affiliates

Name of Affiliated company: _____

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

VERIFICATION

OATH

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

State of Texas

as:

County of Harris

Christopher W. Cunningham makes oath and says that he/she is Secretary
(Name of affiant) (Official title of affiant)

of Katy Hockley Corp.
(Exact legal title or name of the respondent)

The signed officer has reviewed the report.

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

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

He/she swears that all other statements contained in the said report are true, and that the said report is a correct and complete statement of the business and affairs of the above-named respondent during the period of time from and including January 1, 2017 to and including December 31, 2017

Subscribed and sworn to and before me, a notary public
in and for the State and County above-named, this 26 day of September, 2018

[Signature]
(Signature of affiant)

My commission expires *[Signature]*
(Signature of officer authorized to administer oaths)

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

State of Texas

as:

County of Harris

Christopher W. Cunningham makes oath and says that he/she is Secretary
(Name of affiant) (Official title of affiant)

of Katy Hockley Corp.

that he/she has carefully examined the foregoing report; that he/she swears that all statements of fact contained in the said report are true, and that the said report is a correct statement of the business and affairs of the above named respondent during the period of time from and including 1/1/2017 to and including 12/31/2017

Subscribed and sworn to before me, a notary public
in and for the State and County above-named, this 26 day of September, 2018

[Signature]
(Signature of affiant)

My commission expires *[Signature]*
(Signature of officer authorized to administer oaths)



