



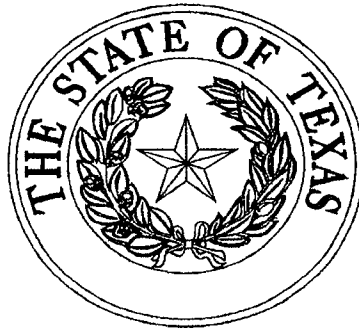
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**CLASS "C" WATER COMPANY
PUC ANNUAL REPORT
OF**

CCN Number

12639

Official Company Name:

Montgomery Place Water

D/B/A Name(s)

**TO THE
PUBLIC UTILITY COMMISSION
OF TEXAS**

For the Year Ended 2018

100

Montgomery Place Water
(Company Name)

For the Year Ended 2018

GENERAL INSTRUCTIONS

(Continued)

9. Whenever schedules call for comparison of figures of a previous year, the figures reported must be based upon those shown by the annual report of the previous year or an appropriate explanation given why different figures were used.
10. If an audit is performed on the books and records of the utility by a certified public accountant, please submit a copy with this form. If the utility is a member of a controlled group, both parent and subsidiary's annual report should be submitted.
11. Throughout this report money items will be rounded off to the nearest dollar.
12. In the space provided at the top of each page insert the name of the utility and the year to which this report relates.
13. IF YOU ARE UNDER COMMON CONTROL with other water or sewer utilities operating in Texas, you must file a consolidated income statement and balance sheet including all entities under common control in Texas. These statements should be in addition to the attached schedules for the reporting utility.
14. Unless otherwise indicated, the information required in this report shall be taken from the reporting entity's financial statements, accounts and other records. Any deviation from records must be explained.

EXCERPT FROM TEXAS WATER CODE

CHAPTER 13.136(b)

(b) The utility commission by rule shall require each utility to annually file a service, financial, and normalized earnings report in a form and at times specified by utility commission rule. The report must include information sufficient to enable the utility commission to properly monitor utilities in this state. The utility commission shall make available to the public information in the report the utility does not file as confidential.

Annual Report for Class C Water and/or Sewer Utilities

PUBLIC UTILITY COMMISSION OF TEXAS
1701 N. CONGRESS AVE., PO BOX 13326, AUSTIN, TX 78711-3326
pursuant to TWC § 13.136

I. NAME OF UTILITY, OFFICE MAILING ADDRESS AND AREA SERVED

1 Utility Name: Montgomery Place Water
List all assumed name(s) or d/b/a names: _____
2 Certificate of Convenience and Necessity No. 12639 Calendar Year Ending 2018
3 Street Address: 9132 White Oak Drive
4 City or Town: Conroe CCN No.: 12639
5 Email Address: everettsquare@aol.com
6 County: Montgomery Zip Code: 77384
7 TCEQ PWS Number(s) 1700074
8 Water Quality Discharge Permit Number(s) -NA-

II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:
Corporation: ☒ 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. NEIL Fogle - President - CFO

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.

12 Date the utility was formed or incorporated: 10-25-1991
13 Is the utility under common ownership or control by another corporation? ☒ N If yes, by whom? Everett Square, Inc.

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

14 Name and Title: Catherine Kendrick
15 Address: 9132 White Oak Drive
16 City: Conroe
17 Telephone Number with Area Code: 936-273-1599
18 Cell Phone Number with Area Code: 936-672-1536
19 Fax Number with Area Code: 936-273-1595
20 e-mail address: everettsquare@aol.com
21 If not an officer, owner or employee, give name of firm employed by: _____

1. Balance Sheet

Name of Utility: Montgomery Place Water

Line #	ASSETS	End of Year mm/dd/yyyy 12/31/2018	End of Prior Year mm/dd/yyyy 12/31/2017
	<u>UTILITY PLANT</u>		
1	101 Utility Plant in Service	85,000	85,000
2	TOTAL UTILITY PLANT	85,000	85,000
3	108 Less: Accumulated Amortization	-0-	-0-
4	110 Less: Accumulated Depreciation	-0-	-0-
5	NET UTILITY PLANT	85,000	85,000
6	<u>CURRENT ASSETS</u>	XXXX	XXXX
7	131-135 Cash	-0-	-0-
8	141-143 Accounts Receivable	2819	3582
9	151 Plant Materials and Supplies (not previously expensed)	-0-	-0-
10	171-174 Other Current Assets	-0-	-0-
11	TOTAL CURRENT ASSETS	2819	3582
12	<u>TOTAL ASSETS*</u>	87819	88582

LIABILITIES & EQUITY

EQUITY

13	201 Common Stock	-0-	-0-
14	211 Other paid in capital	-0-	-0-
15	215 Retained Earnings	-0-	-0-
16	218 Proprietary Capital	-0-	-0-
17	TOTAL STOCKHOLDERS' EQUITY	-0-	-0-

LONG-TERM DEBT

18	224 Long-term debt (more than 1 year)	XXXX	XXXX
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CURRENT LIABILITIES (less than 1 year)

19	231 Accounts Payable	-0-	-0-
20	232 Notes Payable	-0-	-0-
21	241.0 Other Current Liabilities	-0-	-0-
	TOTAL CURRENT LIABILITIES	-0-	-0-

OTHER LIABILITIES and DEFERRED CREDITS

22	253 Other Deferred Credits	-0-	-0-
23	271-272 Net Contributions in Aid of Construction	-0-	-0-
24	TOTAL OTHER LIABILITIES and DEFERRED CREDITS	-0-	-0-
25	<u>TOTAL LIABILITIES & EQUITY*</u>	-0-	-0-

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

2. Statements of Income

Name of Utility: Montgomery Place Water 2018

Line #

Report Calendar Year 2018

Water Report Year	Sewer Report Year	Total Report Year
A	B	C=A+B
43,005	-NA-	43,005

1	Total Revenue:			
	Operating Expenses:			
2	601 O & M Salaried Labor	-NA-	-NA-	-NA-
3	604 Employee Benefits	-NA-	-NA-	-NA-
4	631, 635, 636 O & M Contract labor	10551	-NA-	10551
5	620 Operating/Maint Supplies	2847	-NA-	2847
6	610 Purchased Water	-0-	-NA-	-0-
7	615 Purchased Power	2372	-NA-	2372
8	635 Testing Expense	4216	-NA-	4216
9	618 Chemicals	405	-NA-	405
10	656-659 Insurance	1528	-NA-	1528
11	601 General Office Salaries	6265	-NA-	6265
12	675 General Office Expenses	2875	-NA-	2875
13	632 Contract Accounting	75	-NA-	75
14	633 Legal	892	-NA-	892
15	634 Management	3705	-NA-	3705
16	666 Amortization- Rate Case Expense	-0-	-NA-	-0-
17	403 Depreciation Expense	-0-	-NA-	-0-
18	667-675 Other Misc. Expenses	-0-	-NA-	-0-
	Taxes:	xxxx	xxxx	xxxx
19	409 Federal Income Taxes	-0-	-NA-	-0-
20	409.0 State Franchise Taxes/Reg Assess.	2081	-NA-	2081
21	408 All Other Taxes	-0-	-NA-	-0-
22	Total Expenses	\$ 37812 -	\$ -NA-	\$ 37812 -
23	Net Operating Income	\$ 5193 -	\$ -NA-	\$ 5193 -
24	421, 433 Non-Operating Income	-0-	-NA-	-0-
	Non-Operating Deductions:	-0-		
25	426 Other	-0-	-NA-	-0-
26	427 Interest	-0-	-NA-	-0-
27	Net Income	\$ 5193 -	\$ -NA-	\$ 5193 -

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

Name of Utility: Montgomery Place Water 2018

[illegible]

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

Name of Utility: Montgomery Place Water 2018

	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

Name of Utility: Montgomery Place Water

2018

4. Other Operating Information

<u>Connection information</u>		End of Year mm/dd/yyyy	End of Prior Year mm/dd/yyyy	<u>Connection information</u>		End of Year mm/dd/yyyy	End of Prior Year
WATER:				SEWER:			
1 Number of active water connections		60	60	Number of active sewer connections		-NA-	NA-
5/8" or 3/4"		57	57	Residential			
3/4"				Non-residential			
1"		1	1				
1 1/2"							
2"							
List all additional meter sizes:				List all additional meter sizes:			
Unmetered water connections				Unmetered water connections			
2 Number of inactive water connections				Number of inactive water connections			
5/8" or 3/4"		1	1				
3/4"							
1"							
1 1/2"		1	1				
2"							
List all additional meter sizes:				List all additional meter sizes:			
Unmetered, inactive connections		- 0 -	- 0 -	Unmetered, inactive connections			
3 Number of active sewer connections		-NA-	-NA-	Number of active sewer connections			NA
4 Number of inactive sewer connections		-NA-	-NA-	Number of inactive sewer connections			
5 Total gallons purchased		- 0 -					
6 Total gallons pumped		5716,000					
Total Water Produced		\$ -				NA	
7 Total gallons sold		5104150					
8 Gallons unaccounted for		611,850					
				Total amount of sewer treated (gallons)			

Management and Operations

- 1 Do you have an Application form or formal process for new customers? yes
- 2 Do you have a copy of your approved tariff and TCEQ approved drought contingency plan for customer review? yes
- 3 Do you have written operating procedures for routine operations? yes
- 4 Do you have a written emergency action plans? yes
- 5 Do you have written personnel policies and procedures? 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

Name of Utility:

Montgomery Place Water 2018

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)
	-NA-			

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)
	-NA-			

MONTGOMERY PLACE
(Company Name)

For the Year Ended 2018

VERIFICATION

OATH

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

State of FLORIDA

County of COLLIER

Neil Roole
(Name of affiant)

makes oath and says that he/she is CFO / owner
(Official title of affiant)

of _____
(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 _____ to and including _____

Subscribed and sworn to and before me, a _____
in and for the State and County above-named, this 24 day of MAY, 2019

My commission expires 5-12-2023
(Signature of officer authorized to administer oaths)

(Signature of affiant)

SUPPLEMENTAL OATH

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

State of FLORIDA

County of COLLIER

_____ ma _____
(Name of affiant) (Official title 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 statement of the business and affairs of the above named respondent during the period of time from and including _____ to and including _____

Subscribed and sworn to before me, a _____
in and for the State and County above-named, this _____ day of _____

My commission expires _____
(Signature of officer authorized to administer oaths)

(Signature of affiant)

