

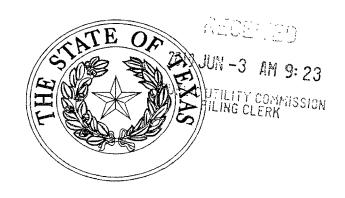
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CLASS "C" WATER COMPANY PUC ANNUAL REPORT OF

Official Company Name:

	W+W	Water	Tre.	
D/B/A	Name(s)			

TO THE PUBLIC UTILITY COMMISSION OF TEXAS

For the Year Ended 2018

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: Water Fre.
	List all assumed name(s) or d/b/a names: <u>Ud W Water Fre</u>
2	Certificate of Convenience and Necessity No. 12023 Calendar Year Ending 2018
3	Street Address: 301 mAin Phra Suik 367
4	City or Town: Now Barrlels 7x CCN No.: 12023
5	Email Address Water texas e yshoc, com
6	County: Zip Code: 78130
7	TCEQ PWS Number(s) 2470021 + 2470016
8	Water Quality Dicharge Permit Number(s) $\mathcal{N} \cdot \mathcal{A}$
	II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS
9	Type of Ownership: Corporation: Partnership: LLC 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 parterships, please provide the percentage of ownership for each partner. Messa A Wallet - Vite - Dres, de A Circle A Wallet - Sect A Trees sort
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 13	Date the utility was formed or incorporated: Is the utility under common ownership or control by another corporation? Y N If yes, by whom?
1.7	Common Ourship
1.4	III. PERSON TO CONTACT REGARDING THE INFORMATION SUPPLIED ON THESE FORMS
14 15	7 0 1 1 2 2
16	City: $\frac{201 \text{ ma} \times 30 \text{ line } 36}{120 \text{ line } 36}$
17	Telephone Number with Area Code: $83.2 - 312 - 7107$
18	Cell Phone Number with Area Code: 83: - (66: 474.5)
19	Fax Number with Area Code: $83.2 - 31.2 - 11.0$
20	e-mail address:
21	If not an officer, owner or employee, give name of firm employed by:
	$\mathcal{N} \cdot \mathcal{A}$

1. Balance Sheet

_	Name of Utility: (W of W	ta Irc.	
Line #	<u>ASSETS</u>	End of Year mm/dd/yyyy	End of Prior Year mm/dd/yyyy
<u>I</u>	JTILITY PLANT		
1	101 Utility Plant in Service	12-31-2018	12-31-2017
2	TOTAL UTILITY PLANT	490, 957.00	521,402,00
3	108 Less: Accumulated Amortization	7100,00	5,916.00
4	110 Less: Accumulated Depreciation	26,460.00	24,528 00
5	NET UTILITY PLANT	457,39700	490,95700
6 <u>C</u>	CURRENT ASSETS	XXXX	xxxx
7	131-135 Cash	2500.00	2100.00
8	141-143 Accounts Receivable	5100.00	6500.00
9	151 Plant Materials and Supplies (not previously expensed)	5,000	4300,00
10	171-174 Other Current Assets		
11	TOTAL CURRENT ASSETS	15,600.00	12 900,00
12	TOTAL ASSETS*	472,997.00	5-03 857 60

LIABILITIES & EQUITY

EQUITY

13	201	Common	Stock
1.7	2.17.1		SHILK

14 211 Other paid in capital

15 215 Retained Earnings

16 218 Proprietary Capital

17 TOTAL STOCKHOLDERS' EQUITY

LONG-TERM DEBT

18 224 Long-term debt (more than 1 year)

CURRENT LIABILITIES (less than 1 year)

19 231 Accounts Payable

20 232 Notes Payable

21 241.0 Other Current Liabilities

TOTAL CURRENT LIABILITIES

OTHER LIABILITIES and DEFERRED CREDITS

- 22 253 Other Deferred Credits
- 23 271-272 Net Contributions in Aid of Construction
- 24 TOTAL OTHER LIABILITIES and DEFERRED CREDITS

25 <u>TOTAL LIABILITIES & EQUITY*</u>

6 1.76	7 000 00
1.1	1.1
1-1	N- A
N.A	1.1
\$ 1000,00	3 1. 600 . CC
XXXX	XXXX
348,000,00	368,000.00
xxxx	xxxx
xxxx	xxxx
2500,00	7500 CO
16.860 00	14800,00
5.000.00	5,000,00
24 300.00	22, 300.00
XXXX	XXXX
N.A	N.A
N-A N-A	$\nu \cdot A$
372,300.60	390, 300.60

1000.00 \$100.00

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

2. Statements of Income

	Name of Utility:	WIW	Water In	. j	
			Water	Sewer	Total
Line #			Report Year	Report Year	Report Year
Bille II	Report Calendar Year	2018	2.918	_	2015
	report caronami		A	В	C=A+B
1	Total Revenue:		198,500		198,500
-					
	Operating Expenses	<u>:</u>			
2	601 O & M Salaried	Labor	0.00	N.S	0.00
3	604 Employee Bene	fits	N-A		N-A
4	631, 635, 636 O & 1	M Contract labor	28,700	-	28,700
5	620 Operating/Mai	nt Supplies	18,200		18,200
6	610 Purchased Wat	er	NA		N-A
7	615 Purchased Pow	ver	15,100		15,100
8	<u> </u>	se	2,100		2,100
9	618 Chemicals		2,500		2500
10			6,000		6,000
11	601 General Office	Salaries	9000		9000
12	675 General Office	Expenses	8,100		8100
13	632 Contract Accou	inting	1,500		1,500
1-1			1,000		1,000
15			6,000		6000
16	<u> </u>		1.1		N-A
17			26,200		26,200
18	667-675 Other Mis	c. Expenses	N.A	-	N.A
	Taxes:		XXXX	XXXX	AXXX
	409 Federal Incom		4,500		4,500
		ise Taxes/Reg Assess.	4,004	-	9.009
21		es Property	3,096	Φ.	3096
22	Total Expenses		\$ 136,000-	\$ -	\$ 136,000-
				1 25	
2.3	Net Operating Inco	me	\$62,500-	\$	\$62,500-
				Т	
24				<u></u>	
	Non-Operating Dec	luctions:			2014:12
25			20,400		20,400
26			12.500	<u> </u>	27 330
27	Net Income		1819,570	\$	- \$ 19,570-

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

Name of Utility:		W4	W Water	- Juc		
Date Plant Installed/Retired	Plant Additions	i.	Plant Retires	ments	Plant	Total Change the Last
mm/yyyy	List Major Items by Class	Amounts	List Major Items by Class	s Amounts	- Adjustments	Annual Report
7,33						\$0
					1	\$0
						\$0
Nune	Nuc		10.20		1	\$0
100.00			100.00		1	\$0
					1	\$0
					11	\$0
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					1	\$0
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						\$0
						\$0
			L		<u> </u>	\$0
	TOTALS	\$0 ين		\$0 ئ	0 0 \$0	O \$0

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

<u>-</u>	Name of Utility:	***** _ **** · · · · · · · · · · · · · ·					
	Date Plant Installed/Retired	Plant Addition		Plant Retiremen		Plant	Changes Since the Last
	mm/yyyy	List Major Items by Class	Amounts	List Major Items by Class	Amounts	Adjustments	Annual Report
WATER			-				\$0
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		TOTALS	\$0		\$0	\$0	\$0

	_		
Name	ot.	Uffi	lifv:

(Vd W Water Inc.

4. Other Operating Information

Connection information	End of Year	End of Prior Year	Connection information	End of Year	End of Prior Year
WATER:	mm/dd yyyy	mm·dd/yyyy	SEWER:		
1 Number of active water connections	323	321	Number of active sewer connections		
5 8" or 3/4"	_		Residential		
3 4"	-	_	Non-residential		
1"	_	1			
1 1 2"	-	-	1		
2"	_	1		1.	1
List all additional meter sizes:	_		List all additional meter sizes:	//-	/-1
Unmetered water connections	_		Unmetered water connections		
			1		
2 Number of inactive water connections			Number of mactive water connections		
5 8" or 3/4"	4	6	1		
3 4"		Ţ	1		
1"					
1 1 2"	_	_	1		
2"	<u> </u>		1		·
List all additional meter sizes:	<u> </u>)	List all additional meter sizes:	١ ١	,
Unmetered, inactive connections		_	Unmetered, inactive connections		
3 Number of active sewer connections		_	Number of active sewer connections		
4 Number of inactive sewer connections		-	Number of inactive sewer connections		
5 Total gallons purchased					
6 Total gallons pumped	2499	5320			
Total Water Produced	\$ 190, 40				
7 Total gailons sold	20, 174	000			
8 Gallons unaccounted for	2,824	360			
			Total amount of sewer treated (gallons	<u>) </u>	
Management and Operations	1	, 6	Yes or No		
Do you have an Application form or forma			ye 3		
Do you have a copy of your approved tariff drought contingency plan for customer review.		proved	[V .]		
Do you have written operating procedures		rations?	<u> </u>		
Do you have written operating procedures.	for routine open	acions:	702		

- 1
- 2
- 3
- 4 Do you have a written emergency action plans?
- 5. Do you have written personnel policies and procedures?
- 6 Do you have risk management and safety procedures?
- 7 Do you have customer service policies (including billing and collection)?
- 8. Do you prepare an annual written budget for financial planning purposes?
- 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	Uti	lity	7
14111	v	\sim		٠

WIW Water Inc.

5. Affiliated Transactions

Charges by an Affiliate to the Reporting Utility

Name of Affiliated company:

NAR	UC Account and/or type of service	Total Affiliated Company	Total Texas	Total for reporting entity
Account #	Account name or type of service	(Dollars transacted)	(Dollars transacted)	(Dollars transacted)
	N-A			

Charges by an Reporting Utility to Affiliates

Name of Affiliated company:

NAR	UC Account and/or type of service	Total Affiliated Company	Total Texas	Total for reporting entity
Account #	Account name or type of service	(Dollars transacted)	(Dollars transacted)	(Dollars transacted)
	N-A			

Ut W Weter In	\mathcal{E} . For the Year Ended 2018
(Company Name)	
VERIFICATION	
ОАТН	
(Fo be made by the officer having control of the accounting of	of the respondent)
State ofas	
County of (Omal	0
DAVID LUG HELE makes oath and says that he she is	Dros dest
(Name of affiant)	(Official title of affiant)
(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 material fact necessary in order to make the statements made, in light of the circumstances under vitatements were made, not misleading.	
Based on such officer's knowledge, the financial statements, and other financial information include present in all material respects the financial condition and results of operations of the issuer as of, are presented in the report	
Te she swears that all other statements contained in the said report are true, and that the said report above-named respondent during the period of time from and including	is a correct and complete statement of the business and affairs of to to and including 12-31-2018
Subscribed and sworn to and before me, a	\sim
n and for the State and County above-named, thisday of	Control Olice
2 4	(Signature of affiant)
My commission expires	
SUPPLEMENTAL OATH (By the president of other chief of the respectively)	andent)
State of	
as:	
ma!	
(Name of affiant)	(Official title of affiant)
(Exact legal title or name of the respondent) hat he she has carefully examined the foregoing report, that he/she swears that all statements of fact statement of the business and affairs of the above named respondent during the period of time from to and including	
Subscribed and sworn to before me, a	
n and for the State and County above-named, this day of	
	(Signature of affiant)
My commission expires(Signature of officer authorized to administer oaths)	(organization account)