

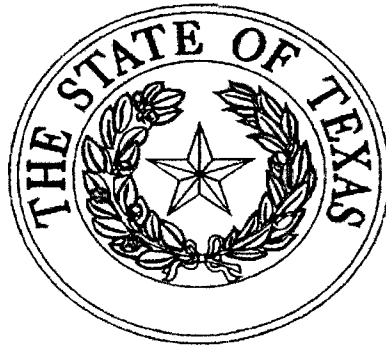


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PUBLIC UTILITY COMMISSION
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**CLASS "C" WATER COMPANY
PUC ANNUAL REPORT
OF**

CCN Number

12090

Official Company Name:

Shady Oaks Water Supply Co. LLC

D/B/A Name(s)

Arrowhead Water, Hickory Hill Water, Shady Oaks Water, C-Willow Water

48918

**TO THE
PUBLIC UTILITY COMMISSION
OF TEXAS**

For the Year Ended 2018

91P84

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: Shady Oaks Water Supply Co. LLC

List all assumed name(s) or d/b/a names: Arrowhead Water, Hickory Hill Water, Shady Oaks Water, C-Willow Water

2 Certificate of Convenience and Necessity No. 12090 Calendar Year Ending 2018

3 Street Address: PO Box 597

4 City or Town: Floresville CCN No.: 12090

5 Email Address: dsstrozier@gmail.com

6 County: Wilson Zip Code: 78114

7 TCEQ PWS Number(s) 2470017, 2470018, 2470025, 2470019

8 Water Quality Discharge Permit Number(s) N/A

II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:
Corporation: Partnership: X 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.

David Strozier, Owner/Operator	50%
Sandra Strozier, Owner/Operator	50%

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.
N/A

12 Date the utility was formed or incorporated: 1-Aug-05

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

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

14 Name and Title: Sandra Strozier, Owner

15 Address: PO Box 597

16 City: Floresville

17 Telephone Number with Area Code: 830-391-4406

18 Cell Phone Number with Area Code: 830-391-4406

19 Fax Number with Area Code: 830-393-3055

20 e-mail address: dsstrozier@gmail.com

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

1. Balance Sheet

Name of Utility: Shady Oaks Water Supply Co LLC

Line #		End of Year 12/31/2018	End of Prior Year 12/31/2017
	<u>ASSETS</u>		
	<u>UTILITY PLANT</u>		
1	101 Utility Plant in Service	\$ 587,711	\$ 584,657
2	TOTAL UTILITY PLANT	\$ 587,711	\$ 584,657
3	108 Less: Accumulated Amortization		
4	110 Less: Accumulated Depreciation	\$ 319,127	\$ 300,186
5	NET UTILITY PLANT	\$ 268,584	\$ 284,471
6	<u>CURRENT ASSETS</u>	XXXX	XXXX
7	131-135 Cash	\$ 3,754	\$ 8,092
8	141-143 Accounts Receivable	\$ 786	\$ 8,984
9	151 Plant Materials and Supplies (not previously expensed)		
10	171-174 Other Current Assets		
11	TOTAL CURRENT ASSETS	\$ 4,540	\$ 17,076
12	<u>TOTAL ASSETS*</u>	\$ 273,124	\$ 301,547
	<u>LIABILITIES & EQUITY</u>		
	<u>EQUITY</u>		
13	201 Common Stock		
14	211 Other paid in capital		
15	215 Retained Earnings		
16	218 Proprietary Capital	\$ 107,015	\$ 124,867
17	TOTAL STOCKHOLDERS' EQUITY	\$ 107,015	\$ 124,867
	<u>LONG-TERM DEBT</u>	XXXX	XXXX
18	224 Long-term debt (more than 1 year)	\$ 156,109	\$ 166,109
	<u>CURRENT LIABILITIES (less than 1 year)</u>	XXXX	XXXX
19	231 Accounts Payable		
20	232 Notes Payable	\$ 10,000	\$ 10,571
21	241.0 Other Current Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 10,000	\$ 10,571
	<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>	\$ 273,124	\$ 301,547

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

2. Statements of Income

Name of Utility: Shady Oaks Water Supply Co LLC

Line #

Report Calendar Year 2018

		Water Report Year	Sewer Report Year	Total Report Year
		2018	N/A	2018
		A	B	C=A+B
1	Total Revenue:	\$ 335,876	\$ -	\$ 335,876
	Operating Expenses:			
2	601 O & M Salaried Labor			
3	604 Employee Benefits	\$ 23,732		\$ 23,732
4	631, 635, 636 O & M Contract labor	\$ 23,602		\$ 23,602
5	620 Operating/Maint Supplies	\$ 45,959		\$ 45,959
6	610 Purchased Water	\$ -		
7	615 Purchased Power	\$ 27,160		\$ 27,160
8	635 Testing Expense	\$ 3,329		\$ 3,329
9	618 Chemicals	\$ 12,163		\$ 12,163
10	656-659 Insurance	\$ 6,597		\$ 6,597
11	601 General Office Salaries	\$ 11,467		\$ 11,467
12	675 General Office Expenses	\$ 15,824		\$ 15,824
13	632 Contract Accounting	\$ 2,564		\$ 2,564
14	633 Legal			
15	634 Management	\$ 2,144		\$ 2,144
16	666 Amortization- Rate Case Expense			
17	403 Depreciation Expense	\$ 15,887		\$ 15,887
18	667-675 Other Misc. Expenses/Auto/Gas	\$ 31,133		\$ 31,133
	Taxes:	xxxx	xxxx	xxxx
19	409 Federal Income Taxes	\$ -		
20	409.0 State Franchise Taxes/Reg Assess.	\$ 2,669		\$ 2,669
21	408 All Other Taxes	\$ 11,446		\$ 11,446
22	Total Expenses	\$ 235,676	\$ -	\$ 235,676
23	Net Operating Income	\$ 100,200	\$ -	\$ 100,200
24	421, 433 Non-Operating Income			
	Non-Operating Deductions:			
25	426 Other			
26	427 Interest	\$ 11,718		\$ 11,718
27	Net Income	\$ 88,482	\$ -	\$ 88,482

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

Name of Utility: Shady Oaks Water Supply Co LLC

[illegible]

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

Name of Utility: Shady Oaks Water Supply Co LLC

	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
							\$0
SEWER	N/A						\$0
							\$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 12/31/2018	End of Prior Year 12/31/2017	<u>Connection information</u>	End of Year mm/dd/yyyy	End of Prior Year
<u>WATER</u>				<u>SEWER</u>		
1	Number of active water connections	\$ 448	\$ 448	Number of active sewer connections		
	5/8" or 3/4"	\$ 448	\$ 448	Residential		
	3/4"			Non-residential		
	1"	\$ 3	\$ 3			
	1 1/2"					
	2"					
	List all additional meter sizes:	N/A	N/A	List all additional meter sizes:		
	Unmetered water connections			Unmetered water connections		
2	Number of inactive water connections	\$ 6	\$ 6	Number of inactive water connections		
	5/8" or 3/4"					
	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			Number of active sewer connections		
4	Number of inactive sewer connections			Number of inactive sewer connections		
5	Total gallons purchased					
6	Total gallons pumped	\$ 62,708,400				
	Total Water Produced	\$ 62,708,400				
7	Total gallons sold	\$ 45,256,458				
8	Gallons unaccounted for					
				Total amount of sewer treated (gallons)		
<u>Management and Operations</u>				Yes or No		
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?			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. N/A					
11	If you have a current capital improvement/replacement plan, please attach a copy					

Name of Utility: Shady Oaks Water Supply Co LLC

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)

(Company Name)

VERIFICATION

OATH

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

State of Texas

as

County of WilsonSandra Strozier

(Name of affiant)

Owner/Operator

(Official title of affiant)

of Shady Oaks Water Supply Co. LLC

(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

I, CLARA SANCHEZ, a NOTARY PUBLIC in and for the State of TEXAS, do hereby certify that the 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 _____

notary public

Subscribed and sworn to and before me this 24 day of June 2019My commission expires 6/21/2023

(Signature of officer authorized to administer oaths)

(Signature of affiant)

SUPPLEMENTAL OATH

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

State of _____

as

County of _____

mak

(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 correct 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 _____

(Signature of affiant)

My commission expires _____

(Signature of officer authorized to administer oaths)