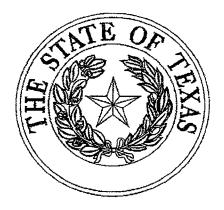


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PUBLIC UTILITY COMMISS OF FILING CLERK

ASS "C" WATER COMPANY PUC ANNUAL REPORT OF

O1			
			CCN Number
			12680
Official Compa	ny Name:		
Siesta	Estates	Utilities	
D/B/A Name(s)			

TO THE PUBLIC UTILITY COMMISSION OF TEXAS

For the Year Ended 2018

242

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

L NAME OF UTILITY, OFFICE MAILING ADDRESS AND AREA SERVED

1	Utility Name:	Siesta Estar	es Water Utility
	List all assumed name(s) or	r d/b/a names:	/
2	Certificate of Convenience	and Necessity No. 12680	Calendar Year Ending 2018
3	Street Address:	1 Siesta L	ane i
4	City or Town:	Amarillo, TX	79/18 ' CCN No.:
5	Email Address		
6	County:	Randa//	Zip Code 79/18
7	TCEQ PWS Number(s)		
8	Water Quality Dicharge Per	rmit Number(s) 19/ <i>00</i>) <i>3</i>
	п	TYPE OF ORGANIZATION AND	PRINCIPAL OFFICERS
9	Type of Ownership: Corporation:	Partnership:	Individual: Other:
10	name of the individual or e the percentage of ownersh	each partner and provide the title ip for each partner.	ndividual or partnership, list the e for each. For parterships, please provide
11		p of this utility changed during to change and the name and addr	
12 13	Date the utility was formed Is the utility under common	or incorporated: n ownership or control by anoth	er corporation? Y N If yes, by
	III. PERSON TO CO	NTACT REGARDING THE INFOR	MATION SUPPLIED ON THESE FORMS
14	Name and Title:	Amy Chrism	an
15	Address:	_316 Mid V	Mey Center #132
16	City:	Carmel. CA	93923
17	Telephone Number with Ar		20-1100
18	Cell Phone Number with A		
19	Fax Number with Area Cod	e:	
20	e-mail address:		
21	If not an officer, owner or e	employee, give name of firm emp	loyed by:

1. Balance Sheet

	Name of Utility: Siesta Estate	5 Water o	1/1/1/
Lin e#	ASSETS	End of Year mm/dd/yyyy	End of Prior Year mm/dd/yyyy
	UTILITY PLANT		
1	101 Utility Plant in Service		
2	TOTAL UTILITY PLANT		
3	108 Less: Accumulated Amortization		
4	110 Less: Accumulated Depreciation	13908	5762
5	NET UTILITY PLANT	î	
6	CURRENT ASSETS	XXXX	XXXX
7	131-135 Cash	111.77	19536
8	141-143 Accounts Receivable		
9	151 Plant Materials and Supplies (not previously e	xpensed)	
10	171-174 Other Current Assets	103/96	63196
11	TOTAL CURRENT ASSETS		
12	TOTAL ASSETS*		
13	EQUITY 201 Common Stock		
-14	211 Other paid in capital		/
15	215 Retained Earnings	(32347)	(104705)
16	218 Proprietary Capital		
17	TOTAL STOCKHOLDERS' EQUITY		
	LONG-TERM DEBT	XXXX	XXXX
18	224 Long-term debt (more than 1 year)		
	CUIDDENIT I IADY FIFE Acce than 1	XXXX	XXXX
19	CURRENT LIABILITIES (less than 1 year) 231 Accounts Payable	XXXX	XXXX
20	232 Notes Payable	Land 188 18 de herremanne valence ()	
21	241.0 Other Current Liabilities		
41	TOTAL CURRENT LIABILITIES		
	TOTAL CORRENT LIADILITIES	XXXX	XXXX
	OTHER LIABILITIES and DEFERRED CREDIT	AAAA	AAAA
22	253 Other Deferred Credits		AAAA
22 23	253 Other Deferred Credits 271-272 Net Contributions in Aid of Const		AAAA
22 23	253 Other Deferred Credits		AAAA

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

Line # Report Calendar Year 20/8 A B 1 Total Revenue:	
Report Calendar Year 20/8 A B	
Report Calendar Year 20/8 A B	
A B	C=A+B
Operating Expenses:	
2 601 0 & M Salaried Labor 23050	2712 2017 1
3 604 Employee Benefits	
4 631, 635, 636 O & M Contract labor	
5 620 Operating/Maint Supplies /244	X
6 610 Purchased Water	
7 615 Purchased Power 34	
8 635 Testing Expense	
9 618 Chemicals	
10 656-659 Insurance	
11 601 General Office Salaries	**************************************
12 675 General Office Expenses 93	
13 632 Contract Accounting	
14 633 Legal	
15 634 Management 74 3	
16 666 Amortization- Rate Case Expense	
17 403 Depreciation Expense 8747	
18 667-675 Other Misc. Expenses	
Taxes: xxxx xxxx	XXXXX
19 409 Federal Income Taxes	
20 409.0 State Franchise Taxes/Reg Asse	
21 408 All Other Taxes - Licenses 564	
22 Total Expenses 3 3 8 9 4 \$-	\$- \$-
23 Net Operating Income \$-	\$- \$-
24 421, 433 Non-Operating Income	
Non-Operating Deductions:	
25 426 Other	
26 427 Interest	\rangle
27 Net Income 2/8409	\$- \$-

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

Siesta Estates Was Total Change Date Plant Instal the Last Annual Repo Plant Additions **Plant Retirements** led/Retired Plant Adjust List Major Items by List Major Items by mm/yyyy **Amounts Amounts** ments \$0 \$0 \$0 \$0 **\$**0 \$0 TOTALS \$0 \$0 \$0 \$0

Name of Utility:

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

	Date Plant Instal led/Retired	Plant Addition		Plant Retirem		/ Plant Adjust	Changes Sin ce the Last Annual Repo
WATER	mm/yyyy	List inajor nems by	Amounts	List Major Items by	Amounts	ments	xt
ANTITU				and it is a minimal consistent of the first	<u> </u>		\$0
	———					-	\$0
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						<u> </u>	\$0
		\	1		1	┧┝┄╶╌ ┦	\$0 \$0
				en annon versa en ne ensue militar de Aleira de India de Santo Santo de Santo		<u> </u>	\$0
			1X				\$0
				в нем на принести вым на полителника изинувания подписи г гав		J	£
SEWER							\$0
		\ \					\$0
			\				\$0
			<u> </u>				\$0
			1				\$0
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				mentantaner department in	L	1	\$0
							\$0
							\$0
						 	\$0
						<u> </u>	\$0
					L] []	\$0
		TOTALS	\$0		\$0	\$0	\$0

Name of Utility: Siesta Estates Water Utility

4. Other Operating Information

Connection information	End of Year mm/dd/vvv	End of Prior Year	Connection information	End of Year	End of Prior Year
WATER:	A LIMITAL AND A	mm/dd/vyvy	SEWER:		***************************************
1 Number of active water connecti	ons 159	189	Number of active sewer connect	ions	T
5/8" or 3/4"		101	Residential		
3/4"			Non-residential		
1"			1		· † -
1 1/2"	 		\		
2"		 	\		÷ ~
List all additional meter sizes:		 	List all additional meter sizes	1	-
Unmetered water connections			Unmetered water connection	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	
Offinetered water confinections		ļ	oranetered water conflection		
2 Number of inactive water conne	 		Number of inactive water conne	<i>/_/</i>	
5/8" or 3/4"			number of macrive water cornie	}	
3/4"		 	\\\	i	-
3/4 1"					
=	<u> </u>	1			
1 1/2" 2"		<u></u>	\ \ \		-
2	ļ	<u> </u>			-
List all additional meter sizes:	<u> </u>	<u> </u>	List all additional meter sizes		<u> </u>
					
Unmetered, inactive connection	ns		Unmetered, inactive connection	ons	ļ
	1	! /			
3 Number of active sewer connecti		A	Number of active sewer connecti		
4 Number of inactive sewer connec	cons / /		Number of inactive sewer conne	ctions	
7 M 4 3 - 73 3	<u> </u>	-	: •		_
5 Total gallons purchased		1	aber a de la companya		4
6 Total gallons pumped	<u> </u>				
Total Water Produced	<u> </u>	1			4
7 Total gallons sold	<u> </u>				4
8 Gallons unaccounted for	Ĺ	1	77-4-3	. 23	4
36an a row and and a row			Total amount of sewer treated (ga Yes or No	alions)	l
Management and Operations 1. Do you have an Application form or	formal ava	for			
2. Do you have a copy of your approve					
drought contingency plan for custor		rceó shbroa	yes		
3. Do you have written operating proc		outing operat	ione?		
4. Do you have a written emergency as		Mille operar	ions: Yes		
5. Do you have written personnel police		radismac?	1,e3		
6. Do you have risk management and			ye 5		
7. Do you have customer service police			collection)? Ve 5		
8. Do you prepare an annual written b					
9. Provide a list of all affiliates and ent					
10. If you purchase wholesale water of					
and describe the service(s) purch			and American of the series control		
11. If you have a current capital impr			ın, please attach a copy. 🏑 o	-	

5. Affiliated Transactions

Charges by an Affiliate to the Reporting Utility

Name of Affiliated company:_____

NARU	IC Account and/or type of service	Total Affilia ted Compan y	Total Texas	Total for report ing entity
Account #	Account name or type of service	(Dollars transacted)	(Dollars transacted)	(Dollars transa cted)
		A		

Charges by an Reporting Utility to Affiliates

Name of Affiliated company:_____

NARU	C Account and/or type of service	Total Affilia ted Compan y	Total Texas	Total for report ing entity
Account #	Account name or type of service	(Dollars transacted)	(Dollars transacted)	(Dollars transa cted)
		A		

VERIFICATION
VERIFICATION
OATH
(To be made by the officer having control of the accounting of the respondent)
State of \alitalitovnia.
Mr tage (as:
County of JUN / EVE
AMY (hri3 mak) makes oath and says that he/she is hookkeener
(Name of affiant) (Official tiple of affiant)
of <u>Siesta Estates Water</u> 477/11
The signed officer has reviewed the report.
The agricu officer was 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
above-named respondent during the period of time from and including ////8 to and including 12/3///
Variable & Remon 112 Outline
Subscribed and sworn to and before me, a VINITY D. COTTON NOTATY VIDIC
in and for the State and County above-named, this 1st day of AUGUST
March 10 2000 (Signature of affiant)
My commission expires VIII (1) 10, 1072 (Signature of officer authorized to administer cathe)
(Signature of officer authorized to administer oaths) VANITY D. CORREA Morary family Activery County Market
SUPPLEMENTAL OATH SUPPLEMENTAL OATH My Corett, Ladder My 10, 2022
(By the president or other chief officer of the respondent)
State of
County of
make:
(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 trustatement 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)

3/6370 E 570/65 Waler UTI/// For the Year Ended &U/8 (Company Name)

(Signature of officer authorized to administer oaths)

My commission expires_