

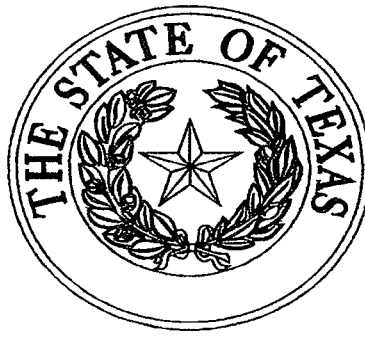


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PUBLIC UTILITY COMMISSION
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**CLASS "C" WATER COMPANY
PUC ANNUAL REPORT
OF**

48918

CCN Number

31163-C

Official Company Name:

LAKE IONI WATER SUPPLY

D/B/A Name(s)

Mrs. Freddie Bishop

**TO THE
PUBLIC UTILITY COMMISSION
OF TEXAS**

For the Year Ended Dec. 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: Lake Joni Water Supply
List all assumed name(s) or d/b/a names: Mrs. Freddie R. Bishop
2 Certificate of Convenience and Necessity No. 31163-C Calendar Year Ending Dec. 2016
3 Street Address: 1149 ACR 186
4 City or Town: Elkhart, Tex. 75839, Conn CCN No.: 12799
5 Email Address: FreddieRuth@gmail
6 County: Anderson Zip Code: 75839
7 TCEQ PWS Number(s) 0010054
8 Water Quality Discharge Permit Number(s) _____

II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:
Corporation: _____ Partnership: Individual 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.
NA
11 If the controlling ownership of this utility changed during the last twelve (12) months, No state the date of ownership change and the name and address of the prior owner.
E.H. Bishop (Passed away) Wife took over with the help of a
12 Date the utility was formed or incorporated: licensed operator
13 Is the utility under common ownership or control by another corporation? Y N If yes, by whom? wife
Steve Bishop has moved to the Lake and helps with the system some.

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

14 Name and Title: Mrs. Freddie Bishop owner
15 Address: 1149 ACR 186
16 City: Elkhart, Texas 75839
17 Telephone Number with Area Code: 903 498 3215
18 Cell Phone Number with Area Code: 903 922 2431
19 Fax Number with Area Code: _____
20 e-mail address: FreddieRuth@gmail, Conn
21 If not an officer, owner or employee, give name of firm employed by:
Brian Chapin (Slocum Water Supply

1. Balance Sheet

Name of Utility:

Lake Doni Water Supply

Line
#

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
5 NET UTILITY PLANT

ONE	ONE
1	1
XXXX	XXXX
5000.00	5000.00
23079.00	21514.00
150.00	150.00
28229.00	26664.00

CURRENT ASSETS

- 7 131-135 Cash
8 141-143 Accounts Receivable
9 151 Plant Materials and Supplies (not previously expensed)
10 171-174 Other Current Assets
11 TOTAL CURRENT ASSETS
12 TOTAL ASSETS*

LIABILITIES & EQUITY

EQUITY

- 13 201 Common Stock
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)

XXXX	XXXX

CURRENT LIABILITIES (less than 1 year)

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

XXXX	XXXX
XXXX	XXXX

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 TOTAL LIABILITIES & EQUITY*

XXXX	XXXX

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

2. Statements of Income

Name of Utility: Lake County Water Supply

Line #

Report Calendar Year 2018

Water Report Year	Sewer Report Year	Total Report Year
2018	NA	2018
A	B	C=A+B
23,790.	NA	23,790.00

1	Total Revenue:			
	Operating Expenses:			
2	601 O & M Salaried Labor	2650.00	NA	
3	604 Employee Benefits	0		
4	631, 635, 636 O & M Contract labor	0		
5	620 Operating/Maint Supplies	500.00		
6	610 Purchased Water	0		
7	615 Purchased Power <i>Electric</i>	618.00		
8	635 Testing Expense	874.00		
9	618 Chemicals	617.00		
10	656-659 Insurance	350.00		
11	601 General Office Salaries	0		
12	675 General Office Expenses	1180.00		
13	632 Contract Accounting	0		
14	633 Legal	225.00		
15	634 Management	0		
16	666 Amortization- Rate Case Expense	0		
17	403 Depreciation Expense	0		
18	667-675 Other Misc. Expenses	1159.00		
	Taxes:	xxxx	xxxx	xxxx
19	409 Federal Income Taxes	650.00		
20	409.0 State Franchise Taxes/Reg Assess.			
21	408 All Other Taxes	60.00		
22	Total Expenses	\$ 8266.02	\$ -	\$ -
23	Net Operating Income	\$ 14813.00	\$ -	\$ -
24	421, 433 Non-Operating Income	0		
	Non-Operating Deductions:	0		
25	426 Other	0		
26	427 Interest			
27	Net Income	\$ 14813.00	\$ -	\$ 14813.00

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

Name of Utility:

NA

[illegible]

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

Name of Utility:

N A

	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							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTALS			\$0		\$0	\$0	\$0

Name of Utility: Lake County Water Supply

4. Other Operating Information

Connection information		Dec. 2018	End of Prior	Connection information		End of Year	End of Prior
		End of Year	Year			mm/dd/yyyy	Year
		mm/dd/yyyy	mm/dd/yyyy				
WATER:				SEWER:			
1 Number of active water connections		67	67	Number of active sewer connections			
5/8" or 3/4"				Residential			
3/4"				Non-residential			
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		0	0	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		1	1	Unmetered, inactive connections			
3 Number of active sewer connections		NO	NO	Number of active sewer connections			
4 Number of inactive sewer connections				Number of inactive sewer connections			
5 Total gallons purchased		NONE					
6 Total gallons pumped		1137524	Gal.				
Total Water Produced		52307978					
7 Total gallons sold		1107784	Gal				
8 Gallons unaccounted for		29740	Gal				
				Total amount of sewer treated (gallons)			

Management and Operations

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

Name of Utility:

Lake Doni Water Supply

5. Affiliated Transactions

Charges by an Affiliate to the Reporting Utility

Name of Affiliated company:

NONE

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:

NONE

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)

Labi Loni Water Supply
(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 Texas

County of Anderson

Freddie Bishop
(Name of affiant)

makes oath and says that he/she is

OWNER
(Official title of affiant)

of Mrs. Freddie Ruth Bishop
(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 Freddie Bishop
in and for the State and County above-named, this January day of 18th

(Signature of affiant)

My commission expires _____

(Signature of officer authorized to administer oaths)

SUPPLEMENTAL OATH

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

State of _____

County of _____

_____ mal _____
(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 _____

(Signature of affiant)

My commission expires _____

(Signature of officer authorized to administer oaths)