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

CCN Number	
12769	

Official Company Name:

Havenshire Estates, Inc

D/B/A Name(s)

Havenshire Water Company

TO THE PUBLIC UTILITY COMMISSION OF TEXAS

For the Year En.

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:	Havenshire Estates	, Inc			_
	List all assumed name(s) or d/b/a r	names:	_ Havenshire Water Comp	pany		
2	Certificate of Convenience and Ne	cessity No.	12769	Calendar Year Ending	2018	
3	Street Address:	25132 Oakhu	rst Dr. Suite # 220			
4	City or Town:	Spring		CCN No	.:	12769
5	Email Address	kendraw@oa	kbldg.com			
6	County:	Montgomery		Zip Code	e:	77386
7	TCEQ PWS Number(s)			1700588		
8	Water Quality Dicharge Permit Nu	mber(s)	_ NA			
	<u>II. '</u>	TYPE OF ORGA	NIZATION AND PRINC	CIPAL OFFICERS		
9	Type of Ownership: Corporation: XXXXXXX	Partnership:		Individual:	Other:	
10	If a corporation, list names and titl name of the individual or each part the percentage of ownership for each Joe D. Havens - president - 50% Margaret McCleary - VP - 50% de	tner and provide the	e title for each. For parters	• '		
11	If the controlling ownership of this state the date of ownership change		- , ,	The state of the s		
12 13	Date the utility was formed or inco Is the utility under common owner	•	another corporation? Y	N If yes, by whom?		
	III. PERSON TO CO	NTACT REGARI	DING THE INFORMAT	ION SUPPLIED ON THI	ESE FORMS	
14	Name and Title:	Kendra Wolf				
15	Address:	25132 Oakhu	rst Dr. Suite # 220			
16	City:	Spring				
17	Telephone Number with Area Cod		281-364-3105			•
18	Cell Phone Number with Area Coo	le:	713-206-8506		-	
19	Fax Number with Area Code:		na			
20	e-mail address:		kendraw@oakbldg.com		_	
21	If not an officer, owner or employe	ee, give name of fir	m employed by:	-	_	

1. Balance Sheet

	Name of Utility: Havenshire Estates, Inc dba Havenshire	re Wat	er Company		2018
Line #	<u>ASSETS</u>		12/31/2018		12/31/2017
Ţ	UTILITY PLANT				
1	101 Utility Plant in Service	\$	69,572	\$	69,572
2	TOTAL UTILITY PLANT				
3	108 Less: Accumulated Amortization				
4	110 Less: Accumulated Depreciation	\$	(69,572)	\$	(69,572)
5	NET UTILITY PLANT	\$		\$	-
	CURRENT ASSETS		XXXX		XXXX
7	131-135 Cash	\$	2,745	\$	1,478
8	141-143 Accounts Receivable	\$	328	\$	823
9	151 Plant Materials and Supplies (not previously expensed)	<u> </u>			
10	171-174 Other Current Assets	\$	5,579	\$	5,579
11	TOTAL CURRENT ASSETS	\$	8,652	\$	7,880
12	TOTAL ASSETS*	\$	8,652		7,880
13 14	201 Common Stock 211 Other paid in capital 215 Petained Farnings	\$	1,000 39,866 (315,066)	\$ \$	1,000 39,866 (200,676)
15	215 Retained Earnings	\$	(315,066)		(309,676)
16	218 Proprietary Capital	+	(810,000)	<u> </u>	(505,070)
17	TOTAL STOCKHOLDERS' EQUITY	\$	(274,180)	\$	(268,790)
	LONG-TERM DEBT	7	XXXX	_	XXXX
18	224 Long-term debt (more than 1 year)	·			1818/8/1
	and a series (consist summary years)		XXXX		XXXX
(CURRENT LIABILITIES (less than 1 year)		XXXX		XXXX
19	231 Accounts Payable				
20	232 Fees (TCEQ/LSGCD)	\$	1,173	\$	1,011
21	241.0 Other Current Liabilities	\$	281,659		275,659
	TOTAL CURRENT LIABILITIES	\$	8,652	\$	7,880
			xxxx		XXXX
22	OTHER LIABILITIES and DEFERRED CREDITS 253 Other Deferred Credits				
23	271-272 Net Contributions in Aid of Construction				
24	TOTAL OTHER LIABILITIES and DEFERRED CREDITS				
25	TOTAL LIABILITIES & EQUITY*	\$	8,652	\$	7,880

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

2. Statements of Income

Name of Utility: Havenshire Estates, Inc dba Havenshire Water Company

2018

				Water			Total
Line #				Report Year	Report Year	Re	ort Year
	Report Calendar Yea	20	18	\$12,700.00	NA		2,700.00
	r			A	В		C=A+B
1	Total Revenue:			\$12,700.00	NA		2,700.00
	Operating Expenses	<u>s:</u>					
2	601 O & M Salarie	d Labor					
3	604 Employee Bene	efits					
4	631, 635, 636 O &	M Contract labor		\$5,140.00			\$5,140.00
5	620 Operating/Mai	nt Supplies					
6	610 Purchased Wa	ter					
7	615 Purchased Pov	ver		\$3,519.00			\$3,519.00
8	635 Testing Expen	se		\$826.00			\$826.00
9				\$1,140.00			\$1,140.00
10	656-659 Insurance		<u> </u>				
11	601 General Office	Salaries					···
12	675 General Office	Expenses	- \$	449			\$449.00
13			\$	7,950			\$7,950.00
14	<u> </u>						· · · · · ·
15		· · · · · · · · · · · · · · · · · · ·		10.10.1 · · · · · · · · · · · · · · · · · · ·			
16		Rate Case Expense					
17	***		\$	3,192			\$3,192.00
18			\$			1	\$480.00
	Taxes:			XXXX	XXXX	xxxx	· · · · · · · · · · · · · · · · · · ·
19	409 Federal Incom	e Taxes					\$0.00
20	409.0 State Franch	ise Taxes/Reg Assess.	\$	133		*	\$133.00
21			\$	200	······································		\$200.00
22	Total Expenses		\$	23,029	\$	-	\$23,029.00
23	Net Operating Inco	<u>me</u>	\$	(10,329)		\$	(10,329)
24	421 422 N. C						
24	421, 433 Non-Ope		_			<u></u>	
	Non-Operating Ded	luctions:	\perp				
<u> </u>	426 Other		$-\!$				
	427 Interest	va					
27	Net Income		\$	(10,329)	\$	- \$	(10,329)

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

Name of Utility:	Havenshire Estates Inc dba Ha	avenshire Water C	ompany	2018		
Date Plant						
Installed/Retired	NA		Plant Retiremen	nts	Plant	
mm/yyyy	List Major Items by Class	Amounts	List Major Items by Class	Amounts	Adjustments	
NA						
						\$0
						\$0
						\$0
						\$0
						\$0 \$0 \$0 \$0 \$0 \$0
						\$0 \$0 \$0 \$0 \$0
						\$0
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		····				\$0
						\$0
						\$0
 						\$0
						\$0
						\$0 \$0 \$0 \$0 \$0 \$0
	TOTALS	\$0		\$0	\$0	\$0

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

	Name of Utility:	Havenshire Estates Inc dba Hav	enshire Water Co	ompany	2018		
	Date Plant Installed/Retired	NA		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
	NA						\$0
							\$0
							\$0
							\$0
							. \$0
							\$0
							\$0
			.,				\$0
			<u>.</u>				\$0
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						<u> </u>	\$0
				 		<u> </u>	\$0
		L		<u> </u>			\$0
		TOTALS	\$0	Γ	\$0	\$0	\$0
			40	Ŀ			

4. Other Operating Information

Connection information			Connection information	NA	Year mm/dd/yyyy
WATER:	12/31/2018	12/31/2017	SEWER:		
1 Number of active water connections			Number of active sewer connections		1
5/8" or 3/4"	20.00	20.00	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		
			1		
2 Number of inactive water connections			Number of inactive water connections		
5/8" or 3/4"		***************************************	1		
3/4"]		
1"			1		
1 1/2"					
2"			1		
List all additional meter sizes:			List all additional meter sizes:		
		-	1	***************************************	
Unmetered, inactive connections			Unmetered, inactive connections		
			1	***************************************	
3 Number of active sewer connections	NA		Number of active sewer connections		
4 Number of inactive sewer connections	NA		Number of inactive sewer connections		
5 Total gallons purchased					4
6 Total gallons pumped	2480000.00				_
Total Water Produced	2480000.00		}		4
7 Total gallons sold	2480000.00		•		4
8 Gallons unaccounted for			Total amount of sewer treated (gallons)		-
Management and Operations			Yes or No		
1. Do you have an Application form or forma	l process for nev	w customers?	no		
2. Do you have a copy of your approved tariff					
drought contingency plan for customer revi		- "	yes		
3. Do you have written operating procedures		ations?	no		
4 Do you have a written emergency action nl	•		no		

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).

5. Do you have written personnel policies and procedures?

6. Do you have risk management and safety procedures?

- 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.

no

no

yes

no

5. Affiliated Transactions

Charges by an Affiliate to the Reporting Utility

Name of Affiliated company:____NA

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)

tates Ine also HAVENSh, REWARTER Year Ended

VERIFICATION	V	$\mathbf{E}\mathbf{R}$	IF	IC	A	ΤI	O	1	١
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OATH

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

State of Texas

County of Montgomery

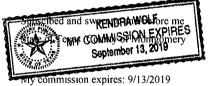
James A. Havens

of Havenshire Estates Inc dba Havenshire Water Company

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.



21st day of May 2019

(Signature of affiant)

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

State of _ County of mak (Name of affiant) (Official title of affiant) (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 co 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)