

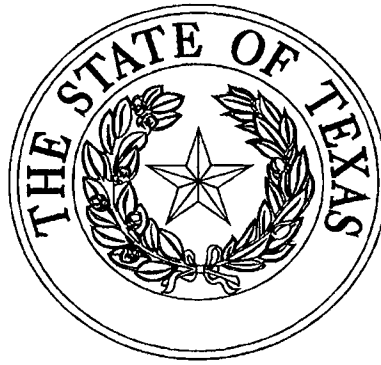


Control Number: 48918



Item Number: 5

Addendum StartPage: 0



48918

2019 FEB 14 AM 9:18  
PUBLIC UTILITY COMMISSION  
FILING CLERK

**CLASS "C" WATER COMPANY  
PUC ANNUAL REPORT  
OF**

CCN Number

12479

Official Company Name:

Skyline Drive Landowners Assn.

D/B/A Name(s)

**TO THE  
PUBLIC UTILITY COMMISSION  
OF TEXAS**

*For the Year Ended* \_\_\_\_\_ *12/31/2018*

5

# 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: Skyline Drive Landowners Assn.  
List all assumed name(s) or d/b/a names: \_\_\_\_\_  
2 Certificate of Convenience and Necessity No. \_\_\_\_\_ 12479 Calendar Year Ending 2018  
3 Street Address: 8604 Skyline Drive  
4 City or Town: Joshua CCN No.: \_\_\_\_\_ 12479  
5 Email Address: rgc42@yahoo.com  
6 County: Johnson Zip Code: \_\_\_\_\_ 76058  
7 TCEQ PWS Number(s) \_\_\_\_\_ 1260060  
8 Water Quality Discharge Permit Number(s) \_\_\_\_\_

## II. TYPE OF ORGANIZATION AND PRINCIPAL OFFICERS

9 Type of Ownership:  
Corporation: \_\_\_\_\_ X Partnership: \_\_\_\_\_ 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. 1/28th% Note : very small system  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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 Date the utility was formed or incorporated: \_\_\_\_\_ 7/1/1980  
13 Is the utility under common ownership or control by another corporation? Y ☒ N If yes, by whom? \_\_\_\_\_

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

14 Name and Title: Randy Chitwood  
15 Address: 8604 Skyline Drive  
16 City: Joshua  
17 Telephone Number with Area Code: 817 517 3111  
18 Cell Phone Number with Area Code: 817 517 3111  
19 Fax Number with Area Code: N/A  
20 e-mail address: rgc42@yahoo.com  
21 If not an officer, owner or employee, give name of firm employed by: \_\_\_\_\_

# 1. Balance Sheet

Name of Utility: \_\_\_\_\_

Line

#

## ASSETS

12/31/2018

12/31/2017

### UTILITY PLANT

1	101 Utility Plant in Service	\$	58,400	\$	58,400
2	TOTAL UTILITY PLANT				
3	108 Less: Accumulated Amortization				
4	110 Less: Accumulated Depreciation	\$	53,520	\$	53,300
5	NET UTILITY PLANT	\$	4,880	\$	5,100
6	<u>CURRENT ASSETS</u>		xxxx		xxxx
7	131-135 Cash	\$	8,976	\$	9,194
8	141-143 Accounts Receivable	\$	1,535	\$	1,535
9	151 Plant Materials and Supplies (not previously expensed)				
10	171-174 Other Current Assets				
11	TOTAL CURRENT ASSETS	\$	10,511	\$	10,729
12	<u>TOTAL ASSETS*</u>	\$	15,391	\$	15,829

## LIABILITIES & EQUITY

### EQUITY

13	201 Common Stock				
14	211 Other paid in capital				
15	215 Retained Earnings	\$	(9,389)	\$	(8,951)
16	218 Proprietary Capital	\$	24,780	\$	24,780
17	TOTAL STOCKHOLDERS' EQUITY	\$	15,391	\$	15,829

### LONG-TERM DEBT

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

### 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 &amp; EQUITY*</u>	\$	15,391	\$	15,829

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

## 2. Statements of Income

Name of Utility: \_\_\_\_\_

Line #

Report Calendar Year 2018

Water Report Year	Sewer Report Year	Total Report Year
2018		2018
A	B	C=A+B
\$ 15,396		\$ 15,396

1	<b>Total Revenue:</b>			
	<b>Operating Expenses:</b>			
2	601 O & M Salaried Labor			
3	604 Employee Benefits			
4	631, 635, 636 O & M Contract labor	\$ 726		\$ 726
5	620 Operating/Maint Supplies	\$ 6,730		\$ 6,730
6	610 Purchased Water			
7	615 Purchased Power	\$ 1,544		\$ 1,544
8	635 Testing Expense	\$ 697		\$ 697
9	618 Chemicals	\$ 1,840		\$ 1,840
10	656-659 Insurance			
11	601 General Office Salaries			
12	675 General Office Expenses	\$ 864		\$ 864
13	632 Contract Accounting			
14	633 Legal			
15	634 Management			
16	666 Amortization- Rate Case Expense			
17	403 Depreciation Expense	\$ 220		\$ 220
18	667-675 Other Misc. Expenses	\$ 457		\$ 457
	<b>Taxes:</b>	xxxx	xxxx	xxxx
19	409 Federal Income Taxes			
20	409.0 State Franchise Taxes/Reg Assess.			
21	408 All Other Taxes	\$ 294		\$ 294
22	<b>Total Expenses</b>	\$ 13,372	\$ -	\$ 13,372
23	<b>Net Operating Income</b>	\$ 2,024	\$ -	\$ 2,024
24	421, 433 Non-Operating Income			
	<b>Non-Operating Deductions:</b>			
25	426 Other	\$ 2,462		\$ 2,462
26	427 Interest			
27	<b>Net Income</b>	\$ (438)	\$ -	\$ (438)

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

**Name of Utility:** Skyline Drive Landowners Assn.

[illegible]

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

Name of Utility: Skyline Drive Landowners Assn

	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		<i>None</i>					\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
<i>N/A</i> SEWER							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTALS			\$0		\$0	\$0	\$0

Downloaded from <http://ajphaphysocpharm.sagepub.com/> at 11:01 11 November 2014

#### 4. Other Operating Information

<u>Connection information</u>		<u>Connection information</u>		<u>End of Year</u>	<u>Year</u>
		<u>12/31/2018</u>	<u>12/31/2017</u>	<u>mm/dd/yyyy</u>	<u>mm/dd/yyyy</u>
<u>WATER:</u>				<u>SEWER:</u>	
1 Number of active water connections				Number of active sewer connections	NA
5/8" or 3/4"		32	32	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				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	1,637,250				
Total Water Produced	1,637,250				
7 Total gallons sold	1,631,830				
8 Gallons unaccounted for	5,420				
				Total amount of sewer treated (gallons)	
<u>Management and Operations</u>		<u>Yes or No</u>			
1. Do you have an Application form or formal process for new customers?	Y				
2. Do you have a copy of your approved tariff and TCEQ approved drought contingency plan for customer review?	Y				
3. Do you have written operating procedures for routine operations?	Y				
4. Do you have a written emergency action plans?	Y				
5. Do you have written personnel policies and procedures?	N				
6. Do you have risk management and safety procedures?	N				
7. Do you have customer service policies (including billing and collection)?	Y				
8. Do you prepare an annual written budget for financial planning purposes?	N				
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.	N				



Name of Utility: \_\_\_\_\_

## 5. Affiliated Transactions

*N/A*

### 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 JohnsonRANDY CHITWOOD

(Name of affiant)

makes oath and says that he/she is Water System Operator

(Official title of affiant)

of SKYLINE DRIVE LANDOWNERS ASSOCIATION

(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 JANUARY 1, 2018 to and including DECEMBER 31, 2018

Subscribed and sworn to before me, a NOTARY PUBLIC  
in and for the State and County above-named, this 7TH day of FEBRUARY, 2019

(Signature of affiant)

Karen M. Brandel  
(Signature of officer authorized to administer oaths)

**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)