



WATER AND SEWER INVESTOR-OWNED UTILITIES

CLASS D ANNUAL FINANCIAL REPORT

OF

[LEGAL NAME OF ENTITY]

TO THE

PUBLIC UTILITY COMMISSION OF TEXAS

FOR THE

12 Months Ending December 31, XXXX

Check one:

This is an original submission []

This is a revised submission []

Date of submission: **mm/dd/year**

PUBLIC UTILITY COMMISSION OF TEXAS
1701 N. CONGRESS AVE., PO BOX 13326, AUSTIN, TX 78711-3326

Annual Report for Class D Water and Sewer Utilities

Under the provisions of TWC § 13.136 and 16 Texas Administrative Code §§ 24.127 and 24.129

UTILITY INFORMATION

(Attach additional pages as necessary)

A. Utility Name:

List all assumed names or dba names:

B. Street Address, City or Town & Zip code:

County:

CCN #s:

C. List All PWS System names and numbers:
(attach a separate list if necessary)

D. List All WQ Permitted system names and numbers:
(attach a separate list if necessary)

E. Type of Ownership:

Corporation:

Partnership:

Individual:

Other:

F. Name of entity and type of form filed for federal tax purposes (1120, 1065, etc).

G. If a corporation, list names of the officers. If an individual or partnership, list the name of the individual or each partner.

H. 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.

I. Date the utility was formed or incorporated:

J. Is the utility commonly owned or controlled by another corporation? Y N
If yes, by whom?

K. List all entities under common control or ownership with this utility by entity name, CCN number, Public Water System (PWS) numbers and names of water systems owned, Water Quality (WQ) Discharge Permit numbers and names of wastewater systems owned and contact information.

L. If the utility owner has multiple CCNs, please list all CCN numbers owned:

PERSON TO CONTACT REGARDING THE INFORMATION SUPPLIED ON THESE FORMS

A. Name and Title:

B. Street Address, city, zip code

C. Telephone Number with Area Code:

Cell Phone Number with Area Code:

Fax Number with Area Code:

Email address:

D. If not an officer, owner or employee, give name of firm employed by:

SUMMARY OF REVENUES AND EXPENSES

(Except for blue cells, the values in this table will populate)

<u>Line</u>	<u>Reference</u>	<u>(a) Total Company</u>	<u>(b) Water Operations</u>	<u>(c) Sewer Operations</u>
1	TOTAL REVENUES:	\$	\$	\$
2	Base rates (fixed and gallonage charges)	\$	\$	\$
3	Pass-through revenues	\$	\$	\$
4	Other	_____	_____	_____
5				
6	Total Revenues (sum of Lines 2 through 4)	\$ _____	\$ _____	\$ _____
7				
8	EXPENSES:			
9	Operations and Maintenance Expense (Note 1)	\$	\$	\$
10	Amortization Expense - Other	\$	\$	\$
11	Depreciation Expense	\$	\$	\$
12	Interest on Customer Deposits	\$	\$	\$
13	Taxes Other Than Income Taxes	\$	\$	\$
14	Federal Income Taxes	\$	\$	\$
15		_____	_____	_____
16				
17	TOTAL EXPENSES (sum of Lines 9 through 14)	\$	\$	\$
18	Return (Line 6 minus Line 17)	\$	\$	\$
19				
20	Non-Operating Income	\$	\$	\$

Note 1: This amount should equal the amount in Schedule II, line 43.

[LEGAL NAME OF ENTITY]
 12 Months Ending December 31, XXXX

Schedule II
 mm/dd/year

GENERAL & ADMINISTRATIVE and OPERATIONS AND MAINTENANCE EXPENSE

(Except for blue cells, the values in this table will populate)

<u>Line</u>	(a) Total Company <u>(b)+(c)</u>	(b) Water Operations	(c) Sewer Operations
21	Office Salaries	\$	\$
22	Office Rent	\$	\$
23	Office Supplies	\$	\$
24	Contract Accounting	\$	\$
25	Insurance	\$	\$
26	Legal	\$	\$
27	Management Salaries	\$	\$
28	Miscellaneous	\$	\$
29	Other-add description	\$	\$
30	TOTAL GENERAL AND ADMINISTRATIVE EXPENSE		
31			
32			
33	Operations and Maintenance Salaries	\$	\$
34	Employee Benefits	\$	\$
35	Operations and Maintenance Contract Labor	\$	\$
36	Supplies	\$	\$
37	Purchased Power	\$	\$
38	Testing	\$	\$
39	Chemicals	\$	\$
40	Miscellaneous Operations and Maintenance	\$	\$
41	TOTAL OPERATIONS AND MAINTENANCE EXPENSES	\$	\$
42			
43	TOTAL GEN & ADM and OP & MAINTENANCE EXPENSES	\$	\$

INVESTED CAPITAL AT END OF REPORTING PERIOD

(Except for blue cells, the values in this table will populate)

Line	Reference	(a) Total Company (b)+(c)	(b) Water Operations	(c) Sewer Operations
44	Utility Plant In Service	\$	\$	\$
45	Accumulated Depreciation (Note 1)	\$	\$	\$
46				
47	Net Plant In Service (Lines 44 through 45)	\$	\$	\$
48	Working Cash Allowance (1/8 of amt in Sched II, line 43)	\$	\$	\$
49	Materials and Supplies Inventory	\$	\$	\$
50	Prepayments	\$	\$	\$
51	Customer Deposits (Note 1)	\$	\$	\$
52	Customer Contributions in Aid of Construction (Note1)	\$	\$	\$
53	Other (attach schedule or itemize)	\$	\$	\$
54	Other (attach schedule or itemize)	\$	\$	\$
55				
56	TOTAL INVESTED CAPITAL (sum of Lines 47 through 54)	\$	\$	\$
57	Return (from Schedule I, Line 18)	\$	\$	\$
58	Rate of Return (Line 57 / Line 56)		%	%

Note 1: These items are typically deductions from invested capital and thus should normally be entered as negative amounts.

[LEGAL NAME OF ENTITY]
12 Months Ending December 31, XXXX

Schedule IIIa
mm/dd/year

NET INVESTED CAPITAL SUPPLEMENTAL

(Except for blue cells, the values in this table will populate)

(Report the original cost values of utility plant in service by prescribed accounts.)

<u>Line</u>		<u>Reference</u>	<u>Year end Balance</u>
1	101.1 Intangible Plant		\$
2	101.2 Source of Supply and Pumping		\$
3	101.3 Water Treatment Equipment		\$
4	101.4 Transmission and Distribution		\$
5	101.1 General Plant		\$
6			
7	Total Water Plant In Service (sum of lines 1 through 5)		\$
8			
9	Sewer Plant in Service		\$
10			
11	101.2 Intangible Plant		\$
12	101.2 Collection System		\$
13	101.4 Treatment and Disposal Facilities		\$
14	101.6 Reclaimed Water Distribution Plant		\$
15	101.7 General Plant		\$
16			
17	Total Sewer Plant in Service (sum of lines 11 through 15)		\$
18			
19	TOTAL PLANT IN SERVICE (line 7 plus line 9 plus line 17)		\$

EXTRAORDINARY AND NONRECURRING ITEMS

(Except for blue cells, the values in this table will populate)

Ref. Schedule	Column	Line Number	Description	Total Water	Total Sewer
		1			
		2			
		3			
		4			
		5			
		6			
		7			
		8			
		9	OTHER INFORMATION		
		10			
		11	Number of Active Connections at End of Reporting Period		
		12	5/8" Meters		
		13	3/4" Meters		
		14	1" Meters		
		15	1 1/2" Meters		
		16	2" Meters		
		17	List all Additional Meter Sizes:		
		18			
		19			
		20			
		21	Number of Inactive Connections		
		22	5/8" Meters		
		23	3/4" Meters		
		24	1" Meters		
		25	1 1/2" meters		
		26	2" Meters		
		27	List all Additional Meter Sizes:		
		28			
		29			
		30			
		31	Total Gallons Pumped		
		32	Total Gallons Purchased		
		33	Total Water Produced		
		34	Total Gallons Sold		
		35	Line Loss or Unaccounted-for Water		
		36	% Line Loss or Unaccounted-for Water	0.00%	
		37	Total amount of sewer treated (gallons)		

[LEGAL NAME OF ENTITY]
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Schedule V

SYSTEM IMPROVEMENT CHARGE--WATER

Did the reporting entity collect a System Improvement Charge (SIC) in the monitoring period?

(a) provide the amount of the Commission-approved SIC, Docket No., and date of implementation.

(b) provide the amount of annual revenues collected through the SIC for the reporting period.

(c) provide the amount of the annual revenues stated in the most recent annual report that was filed in the docket approving the SIC.

(d) provide the amount of the revenues collected through the SIC during the current monitoring period stated as a percentage of the annual revenues referenced in (c) above.

(e) provide the cumulative amount of revenues collected through the SIC since implementation as a percentage of the annual revenues referenced in (c) above.

SYSTEM IMPROVEMENT CHARGE--SEWER

Did the reporting entity collect a System Improvement Charge (SIC) in the monitoring period?

(a) provide the amount of the Commission-approved SIC, Docket No., and date of implementation.

(b) provide the amount of revenues collected through the SIC for the reporting period.

(c) provide the amount of the annual revenues stated in the most recent annual report that was filed in the docket approving the SIC.

(d) provide the amount of the revenues collected through the SIC during the current monitoring period stated as a percentage of the annual revenues referenced in (c) above.

(e) provide the cumulative amount of revenues collected through the SIC since implementation as a percentage of the annual revenues referenced in (c) above.

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Supplemental Schedule I-1
mm/dd/year

OTHER EXPENSES

(Except for blue cells, the values in this table will populate)

Line	Description	Total Company	Total Water	Total Sewer
1		\$	\$	\$
2		\$	\$	\$
3		\$	\$	\$
4		\$	\$	\$
5		\$	\$	\$
6		\$	\$	\$
7		\$	\$	\$
8		\$	\$	\$
9		\$	\$	\$
10		\$	\$	\$
11		\$	\$	\$
12		\$	\$	\$
13		\$	\$	\$
14		\$	\$	\$
15		\$	\$	\$
16		\$	\$	\$
17		\$	\$	\$
18		\$	\$	\$
19		\$	\$	\$
20		\$	\$	\$
21				
22	Total Other Expenses	\$0	\$0	\$0

[LEGAL NAME OF ENTITY]

12 Months Ending December 31, XXXX

SIGNATURE PAGE--PUC CLASS D ANNUAL REPORT

I certify that I am the responsible official of the above-named company and that I have examined the foregoing report; that to the best of my knowledge, information, and belief, all statements of fact contained in the said report are true and correct and the said report is a correct statement of the business and affairs of the above-named company with respect to each and every matter set forth therein for the 12 Months Ending December 31, XXXX.

Date

Signature

Title