Non-Profit Water Systems

ANNUAL REPORT
OF

_____
(Exact name of the Company)

Submitted
To
STATE OF LOUISIANA
Louisiana Public Service Commission

FOR THE

YEAR ENDED _____
Example: December 31, 2013

GENERAL INSTRUCTIONS

1. Prepare this report in conformity with the 1996 National Association of Regulatory Utility Commissions Uniform system of Accounts for Water and/or Wastewater Utilities (USOA).
2. Interpret all accounting words and phrase in accordance with the USOA.
3. Complete each question fully and accurately even if it has been answered in a previous annual report. Enter the word :None" where it truly and completely states the fact.
4. For any question, section, or page which is not applicable to the respondent, enter the words "Not Applicable". Do not omit any pages.
5. Where dates are called for, the month and day should be stated as well as the year.
6. All schedules requiring dollar entries should be rounded to the nearest dollar unless otherwise specifically indicated.
7. Complete this report by means which result in a permanent record, such as by computer or typewriter.
8. If there is not enough room on any schedule an additional page or pages may be added, provided the format of the added schedule matches the format of the schedule with not enough room. Such a schedule should reference the appropriate schedules, state the name of the utility, and state the name of the report.
9. If it is necessary or desirable to insert additional statements for the purpose of further explanation of schedules, such statement should be made at the bottom of the page or an additional page inserted. Any additional pages should state the name of the utility, the year of the report, and reference the appropriate schedule.
10. The filing deadline for the annual reports is 120 days from the end of the calendar year, or the applicable fiscal year. Effective June 19, 2012, the late fee penalty for failure to file an annual report by the filing deadline is $500. Repeated offenses or failure to pay late fee penalties may result in fines and/or penalties including the evocation of a company's authority to operate. Pursuant to General Order dated November 22, 2011, (Docket No. R-31953),
"All Annual Reports filed with the Commission by regulated companies shall form the basis for the assessment of I & S Fees as provided for in La. R.S. 45:1179 and shall be sworn to before a notary public by the owner or officer/officers having personal knowledge of the facts set forth therein."

The annual report should be filled out and submitted to:

Louisiana Public Service Commission
P..O. Box 91154
Baton Rouge, Louisiana 70821
Attention: Utility Division Annual Report for Year Ended _____

Utilities requesting a receipt acknowledgement of the filed report should include a request in their submittal correspondence and provide an envelope with the return address and sufficient postage.

INSTRUCTIONS FOR ANSWERING QUESTIONS

There should appear on this page entries or notations sufficient to show that no questions or time has been overlooked. The word “none” may be used wherever applicable. If returns are not made as required, a brief statement of the reason for the variation or omission should be given.

Exact name of the Company

Date of Organization

State whether respondent is a corporation, a joint-stock association, a firm or partnership, or a sole proprietorship

RESIDENTIAL	COMMERCIAL	INDUSTRIAL	OTHER/GOV'T	TOTAL
				0

Number of customers/connections at the end of the calendar year

Give the names and post office addresses of the various officers as referenced below. If there are receivers, trustees, committees, or other officers not provided for in the list, who are recognized as in the controlling management of the company or of some department of it, provide their names and titles and the location of their offices. If the company is not incorporated, list the names and addresses of all owners, the extent or percentage of ownership of each, and write the words “not Incorporated” in the spaces below.

COMPANY NAME, DBA	
PRINCIPAL OFFICE ADDRESS	
PRINCIPAL OFFICE TELEPHONE, FAX & EMAIL	
BUSINESS ENTITY TYPE	
WEBSITE	

CONTACTS / PRINCIPAL OFFICERS / BOARD MEMBERS

CONTACT TYPE	NAME	TITLE	ADDRESS	TELEPHONE #	FAX #	E-MAIL

INDIVIDUAL TO WHOM CORRESPONDENCE CONCERNING THIS ANNUAL REPORT SHOULD BE ADDRESSED

CONTACT TYPE	NAME	TITLE	ADDRESS	TELEPHONE #	FAX #	E-MAIL

AFFIDAVIT

State of _____

County/Parish of _____

I,_____, _____ for _____

(Name of Affiant) (Title of Affiant) (Title or Name of Respondent)

attest that it is my duty to have supervision over the books of account of the respondent and to control the manner in which such books are kept. I know that such books have, during the period covered by the foregoing report, been kept in good faith. I carefully examined the said report and to the best of my knowledge and belief the entries contained in the said report have, so far as they relate to matters of account, been accurately taken from the said books of account and are in exact accordance therewith. I believe that all other statements of fact 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 respondents during the period of time.

_____

(Signature of Affiant)

Subscribed and sworn to before me a Notary Public, in and for the State and County/Parish above named, this _____, day of _____, 20_____.

My commission expires_____

_____

(Signature of Notary Public)

Form RD 442-2
(Rev. 9-97)

Position 3

FORM APPROVED
OMB NO. 0575-0015
OMB NO. 0572-0137

UNITED STATES DEPARTMENT OF AGRICULTURE

STATEMENT OF BUDGET, INCOME AND EQUITY

Schedule 1

Name

Address

(1) OPERATING INCOME	PRIOR YEAR Actual (2)	ANNUAL BUDGET BEG _____ END _____ (3)	For the _____ Months Ended _____ CURRENT YEAR Actual Data: Current Quarter (4)	Year To Date (5)	Actual YTD (Over) Under Budget Col. 3 - 5 = 6 (6)
1. _____					0.00
2. _____					0.00
3. _____					0.00
4. _____					0.00
5. Miscellaneous					0.00
6. Less: Allowances and Deductions					0.00
7. Total Operating Income (Add lines 1 through 6)	0.00	0.00	0.00	0.00	0.00
OPERATING EXPENSES					
8. _____					0.00
9. _____					0.00
10. _____					0.00
11. _____					0.00
12. _____					0.00
13. _____					0.00
14. _____					0.00
15. Interest					0.00
16. Depreciation					0.00
17. Total Operating Expense (Add Lines 8 through 16)	0.00	0.00	0.00	0.00	0.00
18. NET OPERATING INCOME (LOSS) (Line 7 less 17)	0.00	0.00	0.00	0.00	0.00
NONOPERATING INCOME					
19. _____					0.00
20. _____					0.00
21. Total Nonoperating Income (Add 19 and 20)	0.00	0.00	0.00	0.00	0.00
22. NET INCOME (LOSS) (Add lines 18 and 21)	0.00	0.00	0.00	0.00	0.00
23. Equity Beginning of Period					0.00
24. _____					0.00
25. _____					0.00
26. Equity End of Period (Add lines 22 through 25)	0.00	0.00	0.00	0.00	0.00

Budget and Annual Report Approved by Governing Body

Secretary _____ Date _____

Quarterly Reports Certified Correct

Appropriate Official _____ Date _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0015 and 0572-0137 . The time required to complete this information collection is estimated to average 2-1/2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

SUPPLEMENTAL DATA

The Following Data Should Be Supplied Where Applicable

Circle One

1. ALL BORROWERS
   a. Are deposited funds in institutions insured by the Federal Government? Yes No
   b. Are you exempt from Federal Income Tax? Yes No
   c. Are Local, State and Federal Taxes paid current? Yes No
   d. Is corporate status in good standing with State? Yes No
   e. List kinds and amounts of insurance and fidelity bond: Complete Only when submitting annual budget information:

Insurance Coverage and Policy Number	Insurance Company and Address	Amount of Coverage	Expiration Date of Policy
Property Insurance Policy #			
Liability Policy #			
Fidelity Policy #			

2. RECREATION AND GRAZING ASSOCIATION BORROWERS ONLY

	Current Quarter	Year to Date
a. Number of Members		

3. WATER AND/OR SEWER UTILITY BORROWERS ONLY

a. Water purchased or produced (CU FT - GAL)	gal.	gal.
b. Water sold (CU FT - GAL)	gal.	gal.
c. Treated waste (CU FT - GAL)	gal.	gal.
d. Number of users - water		
e. Number of users - sewer		

4. OTHER UTILITIES

a. Number of users		
b. Product purchased		
c. Product sold		

5. HEALTH CARE BORROWERS ONLY

a. Number of beds		
b. Patient days of care		
c. Percentage of occupancy	NaN %	NaN %
d. Number of outpatient visits		

6. DISTRIBUTION OF ALL CASH AND INVESTMENTS*

Indicate balances in the following accounts:

	Construction	Revenue	Debt Service	Operation & Maintenance	Reserve	All Others	Grand Total
Cash Savings and Investments	$	$	$	$	$	$	$ 0.00
	$	$	$	$	$	$	$ 0.00
Total	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

7. AGE ACCOUNTS RECEIVABLE AS FOLLOWS:

	Days 0-30	31-60	61-90	91 and Older	*Total
Dollar Values	$	$	$	$	$ 0.00
Number of Accounts					0

*Totals must agree with those on Balance Sheet.

Schedule 2

PROJECTED CASH FLOW

For the Year BEG. _____ END. _____
(same as schedule 1 column 3)

A. Line 22 from Schedule 1, Column 3 NET INCOME (LOSS) ..... $ 0.00

Add

B. Items in Operations not Requiring Cash:

1. Depreciation (line 16 schedule 1) 0.00
2. Others: _____ ..... _____

C. Cash Provided From:

1. Proceeds from Agency loan/grant ..... _____
2. Proceeds from others ..... _____
3. Increase (Decrease) in Accounts Payable, Accruals and other Current Liabilities ..... _____
4. Decrease (Increase) in Accounts Receivable, Inventories and Other Current Assets (Exclude cash) ..... _____
5. Other: _____ ..... _____
6. _____ ..... _____

D. Total all A, B and C Items 0.00

E. Less: Cash Extended for:

1. All Construction, Equipment and New Capital Items (loan & grant funds) ..... _____
2. Replacement and Additions to Existing Property, Plant and Equipment ..... _____
3. Principal Payment Agency Loan ..... _____
4. Principal Payment Other Loans ..... _____
5. Other: _____ ..... _____
6. Total E 1 through 5 ..... 0.00

Add

F. Beginning Cash Balances ..... _____

G. Ending Cash Balances (Total of D Minus E 6 Plus F) ..... $ 0.00

Item G Cash Balances Composed of:

Construction Account ..... $_____
Revenue Account ..... _____
Debt Payment Account ..... _____
O&M Account ..... _____
Reserve Account ..... _____
Funded Depreciation Account ..... _____
Others: _____ ..... _____
_____ ..... _____

Total - Agrees with Item G ..... $ 0.00

FORM APPROVED
OMB No. 0575-0015
OMB No. 0572-0137

Form RD 442-3
(Rev. 3-97)

BALANCE SHEET

Name

Address

	Month Day Year *Current Year*	Month Day Year *Prior Year*
ASSETS		
CURRENT ASSETS		
1. Cash on hand in Banks		
2. Time deposits and short-term investments		
3. Accounts receivable		
4. Less: Allowance for doubtful accounts	( )	( )
5. Inventories		
6. Prepayments		
7.		
8.		
9. Total Current Assets *(Add 1 through 8)*	0.00	0.00
FIXED ASSETS		
10. Land		
11. Buildings		
12. Furniture and equipment		
13.		
14. Less: Accumulated depreciation	( )	( )
15. Net Total Fixed Assets *(Add 10 through 14)*	0.00	0.00
OTHER ASSETS		
16.		
17.		
18. Total Assets (Add 9, 15, 16 and 17)	0.00	0.00
LIABILITIES AND EQUITIES		
CURRENT LIABILITIES		
19. Accounts payable		
20. Notes payable		
21. Current portion of USDA note		
22. Customer deposits		
23. Taxes payable		
24. Interest payable		
25.		
26.		
27. Total Current Liabilities *(Add 19 through 26)*	0.00	0.00
LONG-TERM LIABILITIES		
28. Notes payable USDA		
29.		
30.		
31. Total Long-Term Liabilities *(Add 28 through 30)*	0.00	0.00
32. Total Liabilities *(Add 27 and 31)*	0.00	0.00
EQUITY		
33. Retained earnings		
34. Memberships		
35. Total Equity (Add *lines* 33 *and* 34)	0.00	0.00
36. Total Liabilities and Equity *(Add lines 32 and 35)*	0.00	0.00

CERTIFIED CORRECT	Date	Appropriate Official *(Signature)*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0570-0015 and 0572-0137. The time required to complete this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.