

WATER UTILITY
Privately & Investor Owned For Profit
Class C

Revenues Less than \$200,000
Large Water Company Report

ANNUAL REPORT
OF

Exact Legal Name of Respondent

Submitted
To
STATE OF LOUISIANA
Louisiana Public Service Commission



FOR THE YEAR ENDED DECEMBER 31, _____

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 UTILITY

Exact name of the Company

DATE OF ORGANIZATION (Month, Day, year)

Date of Organization

CORPORATION / JOINT STOCK ASSOCIATION / PARTNERSHIP / SOLE PROPRIESHIP

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

RESIDENTIAL	COMMERICAL	INDUSTRIAL	OTHER/GOV'T	TOTAL
RESIDENTIAL	COMMERICAL	INDUSTRIAL	OTHER/GOV'T	TOTAL

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

Give the names and post office addresses of the various officers called for. 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, give also 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 space below.

COMPANY NAME, DBA	LEGAL NAME OF THE COMPANY
PRINCIPAL OFFICE ADDRESS	CITY, STATE, ZIP CODE
PRINCIPAL OFFICE TELEPHONE, FAX & EMAIL	AREA CODE, TELEPHONE NUMBER, EXTENSION
BUSINESS ENTITY TYPE	PRIVATE WATER SYSTEM, NON PROFIT WATER SYSTEM (USDA), SEWERAGE SYSTEM, ETC
WEBSITE	WEBSITE ADDRESS

CONTACTS / PRINCIPAL OFFICERS / BOARD MEMBERS

CONTACT TYPE	NAME	TITLE	ADDRESS	TELEPHONE #	FAX #	E-MAIL
REGULATORY POINT OF CONTACT						
CEO/PRESIDENT						
VICE PRESIDENT						
SECRETARY/TREASURER						
DIRECTOR/BOARD MEMBER						
DIRECTOR/BOARD MEMBER						
DIRECTOR/BOARD MEMBER						
DIRECTOR/BOARD MEMBER						
DIRECTOR/BOARD MEMBER						

INDIVIDUAL TO WHOM CORRESPONDENCE CONCERNING THIS ANNUAL REPORT SHOULD BE ADDRESSED

CONTACT TYPE	NAME	TITLE	ADDRESS	TELEPHONE #	FAX #	E-MAIL
REGULATORY POINT OF CONTACT						

INSTRUCTIONS

Page three (3) through page six (6) reports financial data pertinent to your Company. If you have financial statements for your system (Balance Sheet and Income Statement) these may be substituted into the report booklet to provide financial data instead of completing page three (3) through page six (6).

On page two (2) , section A of this report, show cost of the plant items in dollars, not in number of units such as footage for mains. Page two(2), section B showing Accumulated Depreciation of Plant should also be shown in dollars - not units.

If your financial statements are incorporated into the report, in lieu of indicating the number of customers served in the space on page three (3), please show the number of customers served in the space below:

WATER PLANT

Section A

Item (A)	Balance Beginning of Year (B)	Additions During Year (C)	Retirements During Year (D)	Abandoned or Removed From Service (E)	Balance End of Year (F)
Mains	\$	\$	\$	\$	\$
Services					
Meters					
Pumps					
Wells					
Other					
Total					

Materials & Supplies (On Hand): _____

Contributions From Customers For Construction: _____

Advances From Customers For Construction: _____

Construction Work in Progress (End Of Year): _____

**ACCUMULATED RESERVE FOR DEPRECIATION;
DEPLETION AND AMORTIZATION**

Section B

Item (A)	Service Life Year (B)	Balance Beginning of Year (C)	Added During Year (D)	Charges During Year (E)	Balance End of Year (F)
Mains	\$	\$	\$	\$	\$
Services					
Meters					
Pumps					
Wells					
Other					
Total					

OPERATING REVENUES

NO. CUSTOMERS \$ _____

Residential Sales (quantity _____ gals.)

Commercial Sales (quantity _____ gals.)

Institutions Sales (quantity _____ gals.)

Industrial Sales (quantity _____ gals.)

Other (quantity _____ gals.)

TOTALS:

OTHER WATER REVENUE

Forfeited Discounts \$ _____

Connection Fees _____

Miscellaneous Operating Revenue

Total Other Water Revenues

TOTAL OPERATING REVENUE \$ _____

OTHER INCOME

Interest \$ _____

Rent

Miscellaneous Other Income

Total Other Income

TOTAL OTHER INCOME \$ _____

Source of Supply (Wells; Other)

OPERATING EXPENSES

The operating expenses of the respondent as carried on its books should be shown on the following pages.

Account Name	\$
<p>SOURCE OF SUPPLY EXPENSES:</p> <p>Operation Supervision and Engineering Operating Labor Operating Supplies and Expenses Maintenance Supervision and Engineering Maintenance of Source of Supply Plant Water Purchased for Resale Other Water Source Expense Rents</p> <p style="text-align: right;">Total Source of Supply Expenses</p>	
<p>PUMPING EXPENSES:</p> <p>Operation Supervision and Engineering Operation Labor Fuel for Pumping Supplies and Expenses Maintenance Supervision and Engineering Maintenance of Structures and Improvements Maintenance of Pumping Equipment Rents Electric Power Purchased</p> <p style="text-align: right;">Total Pumping Expenses</p>	
<p>PURIFICATION EXPENSES:</p> <p>Operation Supervision and Engineering Purification Labor Supplies and Expenses Maintenance Supervision and Engineering Maintenance of Structures and Improvements Maintenance of Pumping Equipment Rents</p> <p style="text-align: right;">Total Pumping Expenses</p>	

OPERATING EXPENSES - Continued

Account Name	\$
TRANSMISSION AND DISTRIBUTION EXPENSES:	
Operation Supervision and Engineering Departmental Office Expenses Maps and Records Operation of Meters Services on Customers' Premises Maintenance Supervision and Engineering Maintenance of Structures and Improvements Maintenance of Mains Maintenance of Other Distribution Plant Rents	
Total Transmission and Distribution Expenses	
CUSTOMERS' ACCOUNTING and DISTRIBUTION EXPENSES:	
Supervision Customers' Contracts, Orders, Meter Reading and Collecting Customers' Billing and Accounting Miscellaneous Accounting and Collecting Expenses Uncollectible Accounts Rents	
Total Customers' Accounting and Collecting Expenses	
Sales Promotion Salaries and Expenses	_____

ADMINISTRATIVE AND GENERAL EXPENSES:

Salaries of General Offices and Executives
Other General Office Salaries
Expenses of General Officers and General Office Employees
General Office Supplies and Expenses
Management and Supervision Fees and Expenses
Special Services
Legal Services
Regulatory Commission Expenses (Including Supervision and Inspection Fee)
Insurance
Injuries and Damages
Employees' Welfare Expenses and Pensions
Miscellaneous General Expenses
Maintenance of General Property
Rents
Administrative and General Exp. Transferred-Cr.
Total Administrative and General Expenses

TOTAL OPERATING EXPENSES:

DEPRECIATION EXPENSES: (Col. D - Page 2, Section B)	\$
<p style="text-align: center;">TAXES - (OTHER THAN INCOME) (Give name and amount of each tax claimed applicable to this operation only.)</p> Property Franchise Gross Receipts Payroll Other Total	
<p style="text-align: center;">INCOME TAXES:</p> Federal State <p style="text-align: right;">Total</p>	
<p style="text-align: center;">OTHER INCOME DEDUCTIONS:</p> Interest Expense Ret Exp. On Non-Utility Property Misc. Other Income Deductions <p style="text-align: right;">Total</p>	
<p style="text-align: center;">PREPAYMENTS:</p> Insurance Other <p style="text-align: right;">Total Prepayments:</p>	

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 related 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)