

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 Company)

Submitted
To
STATE OF LOUISIANA
Louisiana Public Service Commission



FOR THE YEAR ENDED _____

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 | 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 | |
| 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 |
|--------------|------|-------|---------|-------------|-------|--------|
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INDIVIDUAL TO WHOM CORRESPONDENCE CONCERNING THIS ANNUAL REPORT SHOULD BE ADDRESSED

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

INSTRUCTIONS

Page five (5) through page ten (10) 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 five (5) through page ten (10).

On page five (5), section A of this report, show cost of the plant items in dollars, not in number of units such as footage for mains. Page five (5), 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 six (6), please show the number of customers served in the space below:

Residential:

Commercial:

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 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 | |
|--|--|
| SOURCE OF SUPPLY EXPENSES: | |
| 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 | |
| Total Source of Supply Expenses | |
| PUMPING EXPENSES: | |
| 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 | |
| Total Pumping Expenses | |
| PURIFICATION EXPENSES: | |
| Operation Supervision and Engineering | |
| Purification Labor | |
| Supplies and Expenses | |
| Maintenance Supervision and Engineering | |
| Maintenance of Structures and Improvements | |
| Maintenance of Pumping Equipment | |
| Rents | |
| Total Purification Expenses | |

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 | |

| | |
|--|----|
| DEPRECIATION EXPENSES: (Col. D - Page 5, 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> | |

TOTAL (OTHER EXPENSES) _____
TOTAL EXPENSES _____
NET INCOME _____

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)