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**Bradley**

May 13, 2026

Electronically Filed in TPUC Docket  
Room on May 14, 2026 at 3:00 p.m.

**VIA ELECTRONIC FILING**

Hon. David Jones, Chairman  
c/o Ectory Lawless, Docket Room Manager  
Tennessee Public Utility Commission  
502 Deaderick Street, 4<sup>th</sup> Floor  
Nashville, Tennessee 37243  
[TPUC.DocketRoom@tn.gov](mailto:TPUC.DocketRoom@tn.gov)

**Docket No. 26 -00039**

**Re: *Petition of Berry's Chapel Utility for an Increase in its Rates and Charges***

Dear Chairman Jones:

Enclosed for filing, please find the *Petition of Berry's Chapel Utility for an Increase in its Rates and Charges* along with sworn testimony, exhibits and workpapers.

Copies of the Petition and supporting documents will be mailed to your office along with a check in the amount of \$25.00 for the required filing fee. Should you have any questions concerning this filing, please let me know.

Sincerely,



Henry Walker (B.P.R. 000272)  
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1221 Broadway, Suite 2400  
Nashville, Tennessee 37203  
Tel: (615) 252-2363  
[hwalker@bradley.com](mailto:hwalker@bradley.com)

Enclosures

**BEFORE THE TENNESSEE PUBLIC UTILITY COMMISSION  
NASHVILLE, TENNESSEE**

**IN RE:**

**PETITION OF BERRY’S CHAPEL UTILITY  
FOR AN INCREASE IN ITS RATES AND  
CHARGES**

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**DOCKET NO. 26-000.39**

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**PETITION OF BERRY’S CHAPEL UTILITY FOR AN INCREASE IN ITS  
RATES AND CHARGES**

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Petitioner, Berry’s Chapel Utility, Inc. (“Berry’s Chapel” or “the Company”), is a non-profit, wastewater utility that is owned and managed by the residential customers it serves. It has not increased rates since 2012. The utility files this Petition pursuant to T.C.A. §65-5-103 to increase rates by 10% and requests that the Tennessee Public Utility Commission set this matter for hearing and determine that the proposed rates are just and reasonable. In support of this request, the Company states:

1. Berry’s Chapel is a regulated, wastewater utility that serves residential customers in all or some of the Chapelwood, Cottonwood, Dunblane, Farmington, Hart's Landmark, Legend’s Ridge, and River Landing subdivisions in Williamson County, Tennessee, a few residences near these subdivisions and three, non-residential customers: a nearby school, church and convenience store. Berry’s Chapel is a non-profit entity that is owned by its residential customers and managed by a board

elected by the residential customers. The Company has not had a rate increase since 2012 (see Docket No, 11-00198).

2. In this rate case, the Company has selected an historic, twelve-month test period ending June 30, 2025, with adjustments for known and reasonably anticipated changes. As described in the testimony and exhibits of William H. Novak, the Company's adjusted test period shows a revenue deficiency of \$216,161 but, in order to minimize the impact of a rate increase on its customers, the Company requests an increase of \$98,000, less than half of the deficiency. Following this rate case, the Company intends to request an annual, rate adjustment plan that will permit the Company to adjust its charges annually based on inflation.
3. With the Petition, the Company files a revised tariff, effective June 8, 2026, designed to produce \$98,000 in additional, annual revenue. The three, non-residential customers, who collectively account for 9% of the total wastewater treated by the Company, pay only about 1% of the Company's total, annual revenue. The Company proposes to spread the 10% increase evenly among its customers so that the three, non-residential customers will collectively continue to pay only about 1% of the Company's annual revenue. The Company submits that the proposed rates are just and reasonable and should be approved.

WHEREFORE, the Company requests the Commission to:

1. Schedule a hearing upon proper notice for the presentation of evidence as to the rates necessary to provide adequate service to its customers.
2. Enter an Order approving the Company's revised schedule of rates to become effective on June 8, 2026.

3. Grant such other and additional relief as may be required in light of the evidence to be produced at the hearing.

Respectfully submitted,



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# BCU Response to TPUC Minimum Filing Requirements

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

1. If material to Berry's Chapel Utility's cost or level of service in Tennessee, please provide a comprehensive discussion of all abnormal conditions or changes in condition that (a) occurred during the last three years or (b) are reasonably anticipated to occur up to the anticipated hearing date in this case. Explain how these changes will affect Berry's Chapel Utility's Tennessee operations going forward. The discussion should include, but not be limited to the following:
  - a. Management changes
  - b. Operational changes
  - c. Administrative changes
  - d. Recent or pending mergers, consolidations, or acquisitions
  - e. Major changes in sales or usage volumes
  - f. Pending negotiations for possible changes in sales or usage volumes to any current or prospective commercial or industrial customer.
  - g. Labor contracts and/or Union problems
  - h. Expenses

**RESPONSE:**

- a. In November 2024, the Company hired Lonnie Foley as its full-time Operations Manager. Mr. Foley replaced Bruce Meyer who was a part-time Operations Manager. The annualization of Mr. Foleys salary and the elimination of Mr. Meyers salary during the test period have been adjusted in the Company's workpapers. Berry's Chapel is not aware of any other management changes during the last three years that are material to the Company's cost or level of service, nor does it anticipate any other managerial changes leading up to the anticipated hearing date for this case.
- b. Berry's Chapel has not experienced any operational changes during the last three years that are material to the Company's cost or level of service, nor does it anticipate any changes leading up to the anticipated hearing date for this case.
- c. Berry's Chapel has not experienced any administrative changes during the last three years that are material to the Company's cost or level of service, nor does it anticipate any changes leading up to the anticipated hearing date for this case.
- d. Not applicable.
- e. Not applicable.
- f. Not applicable.
- g. Not applicable.
- h. Not applicable.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

2. State the effect that each of the applicable changes discussed in Item 1 has had or will have on Berry's Chapel, its Parent's, Multi-State Utility's, or Affiliated Utility Service Company's, revenues, expenses, rate base, and capital structure, including the Berry's Chapel, its Parent's, Multi-State Utility's, or Affiliated Utility Service Company's, method of allocating each change among its regulated, unregulated, and jurisdictional operations.

**RESPONSE:**

Berry's Chapel has no parent or affiliated operations. In addition, Berry's Chapel has no operations that are allocated from or to any other entity.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

3. Provide a current organizational chart for the LDC and, if applicable, its Parent, Multi-State Utility, or Affiliated Utility Service Company, showing for each officer (or any other key personnel) of the LDC, its Parent, Multi-state Utility, or Affiliated Utility Service Company: (a) the department(s) they head, and (b) to whom they report, from department or office level up. Only officers and key personnel, all or some portion of whose compensation is sought to be recovered from Tennessee ratepayers, must be included in the chart.

**RESPONSE:**

Please see Attachment MFR3-1.

Berry's Chapel Utility Inc. D/B/A  
Harpeth Wastewater Cooperative

James Savage  
Chairman

David Zinn  
Vice-Chairman

Greg Irvin  
Secretary/Treasurer

General Manager  
Position Vacant

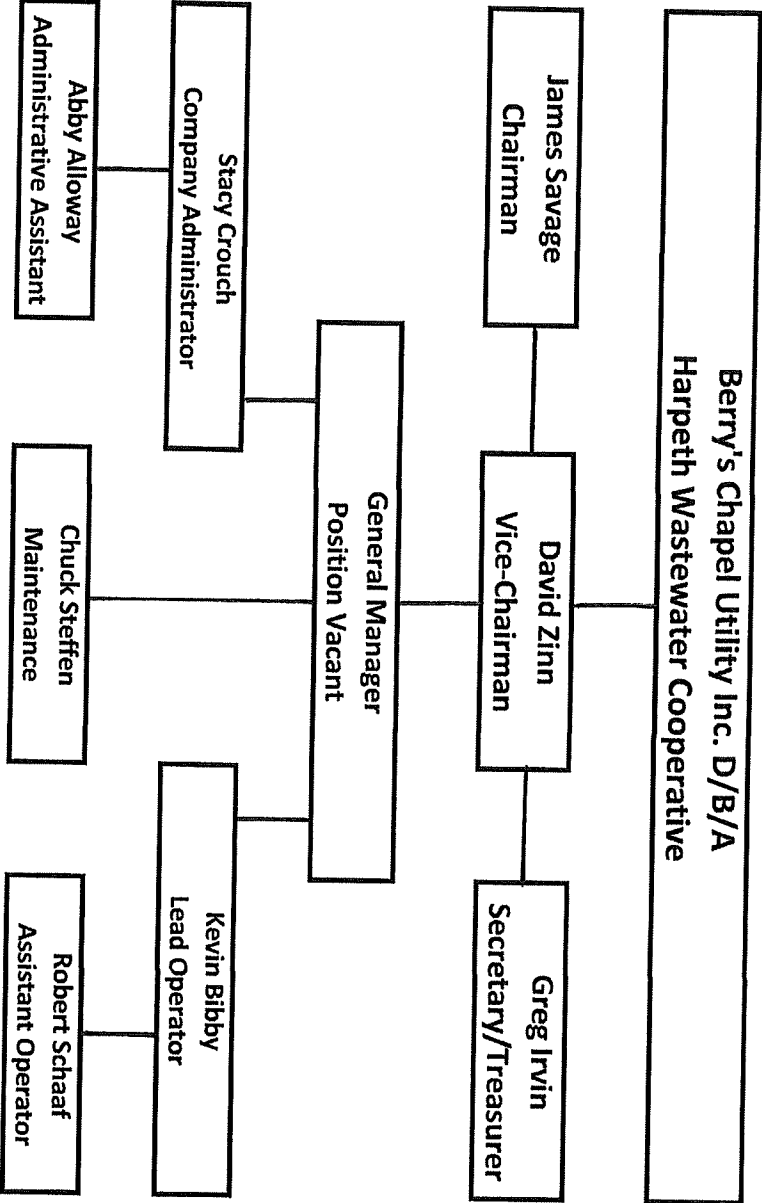
Stacy Crouch  
Company Administrator

Kevin Bibby  
Lead Operator

Abby Alloway  
Administrative Assistant

Chuck Steffen  
Maintenance

Robert Schaaf  
Assistant Operator



**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

4. Provide six (6) copies of the Annual Stockholder Reports, the 10K reports, and 10 Q reports for the LDC, its Parent, Multi-state Utility, or Affiliated Utility Service Company, for the last three (3) years.

**RESPONSE:**

Not applicable to Berry's Chapel Utility.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H Novak**

5. If Berry's Chapel Utility is a separate entity, provide a current chart of accounts for Berry's Chapel Utility and, if applicable, its Affiliated Utility Service Company. If Bery's Chapel Utility is an operating division, also provide a current chart of accounts for the Multi-state Utility.

**RESPONSE:**

Please see Attachment MFR5-1.

Account List  
BERRY'S CHAPEL UTILITY INC

ACCOUNT #	FULL NAME	TYPE	DETAIL TYPE	DESCRIPTION	TOTAL BALANCE
231.1	ACCOUNTS PAYABLE	Accounts payable (A/P)	Accounts Payable (A/P)		-17,900.02
231.9	ACCOUNTS PAYABLE - LUC	Accounts payable (A/P)	Accounts Payable (A/P)		-161.99
232.3	ACCOUNTS PAYABLE - MEDICARE	Accounts payable (A/P)	Accounts Payable (A/P)		0.00
232.1	PAYABLE TAXES - FED W/H	Accounts payable (A/P)	Accounts Payable (A/P)		0.00
232.2	PAYROLL TAXES - FICA	Accounts payable (A/P)	Accounts Payable (A/P)		0.00
11000	*ACCOUNTS RECEIVABLE	Accounts receivable (A/R)	Accounts Receivable (A/R)	Unpaid or unapplied customer invoices and credits	0.00
140	140 FIRSTBANK - ARPA SAK RETAINAGE	Bank	Money Market	ARPA SAK RETAINAGE - 895694576	17,667.81
142	142 FIRSTBANK - ARPA BLAKLEY RETAINAGE	Bank	Money Market	ARPA BLAKLEY RETAINAGE - 89719736	490.00
137	FIRSTBANK CAPITAL SURCHARGE	Bank	Money Market	Capital Improvement Surcharge/3017704	106,339.89
138	FIRSTBANK CASH MANAGEMENT	Bank	Money Market	SYNERGY CASH MANAGEMENT	512,597.02
135	FIRSTBANK/OPERATING	Bank	Checking	Regular Checking 2021905	84,399.76
136	FIRSTBANK TRA FINANCIAL SECURITY	Bank	Money Market	TRA Security Money Market 3017696	22,534.59
139	PINNACLE BANK - ARPA FUNDS	Bank	Checking	ARPA CO-FUNDING ACCOUNT	246,161.22
132	Special Deposits	Bank	Cash on hand		400.00
132.1	Special Deposits:Cash - FirstBank CD	Bank	Money Market		0.00
132.2	Special Deposits:Cash - Petty Cash	Bank	Checking		400.00
50000	COST OF GOODS SOLD	Cost of Goods Sold	Supplies & Materials - COGS	Costs of items purchased and then sold to customers	
52000	OTHER JOB RELATED COSTS	Cost of Goods Sold	Supplies & Materials - COGS	Other costs directly related to jobs such as waste disposal, onsite storage rental, etc.	
53600	SUBCONTRACTORS EXPENSE	Cost of Goods Sold	Supplies & Materials - COGS	Costs of subcontracted labor (non-employees) for performance of services on jobs	
270.1	BEGINING FUND BALANCE	Equity	Paid-In Capital or Surplus		-118,743.79
280.1	CURRENT PERIOD EARNINGS	Equity	Paid-In Capital or Surplus		
270.2	EARNINGS REINVESTED IN SYSTEM	Equity	Paid-In Capital or Surplus		
776	MISC. INCOME	Equity	Opening Balance Equity	MISC. INCOME	0.00
32000	RETAINED EARNINGS	Equity	Retained Earnings	Undistributed earnings of the corporation	
740.3	ADMINISTRATION & FINANCE	Expenses	Other Miscellaneous Service Cost		
740	ADMINISTRATIVE	Expenses	Other Miscellaneous Service Cost		
740.2	ADMINISTRATIVE:CUSTOMER INFORMATION EXP	Expenses	Other Miscellaneous Service Cost		
740.1	ADMINISTRATIVE:RENTS	Expenses	Other Miscellaneous Service Cost		
732.12	BILLING & COLLECTIONS COF	Expenses	Other Miscellaneous Service Cost		
732.11	BILLING & COLLECTIONS HB & TS	Expenses	Other Miscellaneous Service Cost		
796.2	CHANGE IN ACCOUNT. ESTIMATE	Expenses	Other Miscellaneous Service Cost		
718	CHEMICALS	Expenses	Other Miscellaneous Service Cost		
732	CUSTOMER ACCOUNTING	Expenses	Other Miscellaneous Service Cost		
732.2	CUSTOMER ACCOUNTING:ACCOUNTING & BOOKKEEPING	Expenses	Other Miscellaneous Service Cost		
733	CUSTOMER ACCOUNTING:BAD DEBT EXPENSE	Expenses	Other Miscellaneous Service Cost		
732.1	CUSTOMER ACCOUNTING:BILLING & COLLECTION FEES	Expenses	Other Miscellaneous Service Cost		
732.3	CUSTOMER ACCOUNTING:CUSTOMER SERVICE WAGES	Expenses	Other Miscellaneous Service Cost		
760	DEPRECIATION	Expenses	Other Miscellaneous Service Cost		
760.2	DEPRECIATION:AMORITIZATION EXPENSE	Expenses	Other Miscellaneous Service Cost		
760.1	DEPRECIATION:DEPRECIATION EXPENSE	Expenses	Other Miscellaneous Service Cost	Depreciation on equipment, buildings and improvements	
796.1	DISALLOWED FLOOD DAMAGE	Expenses	Other Miscellaneous Service Cost		
715	ELECTRICITY	Expenses	Other Miscellaneous Service Cost		

Account List  
BERRY'S CHAPEL UTILITY INC

ACCOUNT #	FULL NAME	TYPE	DETAIL TYPE	DESCRIPTION	TOTAL BALANCE
508.6	FEES OTHER	Expenses	Other Miscellaneous Service Cost		
750.9	INJURIES & DAMAGES	Expenses	Other Miscellaneous Service Cost		
750	INSURANCE	Expenses	Other Miscellaneous Service Cost		
750.1	INSURANCE:INSURANCE - FACILITY	Expenses	Other Miscellaneous Service Cost		
750.3	INSURANCE:INSURANCE - GENERAL LIABILITY	Expenses	Other Miscellaneous Service Cost		
750.5	INSURANCE:INSURANCE- OTHER	Expenses	Other Miscellaneous Service Cost		
750.2	INSURANCE:INSURANCE - VEHICLE	Expenses	Other Miscellaneous Service Cost		
750.4	INSURANCE:INSURANCE - WORKERS COMP	Expenses	Other Miscellaneous Service Cost		
780	INTEREST EXPENSE	Expenses	Other Miscellaneous Service Cost	Interest payments on business loans, credit card balances, or other business debt	
780.2	INTEREST EXPENSE:INTEREST EXP - LONG TERM DEBT	Expenses	Other Miscellaneous Service Cost		
780.3	INTEREST EXPENSE:INTEREST EXP - OTHER	Expenses	Other Miscellaneous Service Cost		
780.1	INTEREST EXPENSE:INTEREST EXP - SHORT TERM DEBT	Expenses	Other Miscellaneous Service Cost		
775	MISC. EXPENSE	Expenses	Other Miscellaneous Service Cost		
775.1	MISC. EXPENSE:MISC EXPENSE - DUES	Expenses	Other Miscellaneous Service Cost		
775.2	MISC. EXPENSE:MISC EXPENSE - OTHER	Expenses	Other Miscellaneous Service Cost		
720	OFFICE SUPPLIES	Expenses	Other Miscellaneous Service Cost	Office supplies expense	

Account List  
BERRY'S CHAPEL UTILITY INC

ACCOUNT #	FULL NAME	TYPE	DETAIL TYPE	DESCRIPTION	TOTAL BALANCE
720.5	OFFICE SUPPLIES:BANK FEES	Expenses	Other Miscellaneous Service Cost		
720.3	OFFICE SUPPLIES:GENERAL SUPPLIES	Expenses	Other Miscellaneous Service Cost		
720.1	OFFICE SUPPLIES:PRINTING	Expenses	Other Miscellaneous Service Cost		
720.4	OFFICE SUPPLIES:SYSTEMS EXPENSE	Expenses	Other Miscellaneous Service Cost		
720.2	OFFICE SUPPLIES:TELEPHONE	Expenses	Other Miscellaneous Service Cost		
736	OPERATIONS	Expenses	Other Miscellaneous Service Cost		
736.3	OPERATIONS:MATERIALS & SUPPLIES R&M	Expenses	Other Miscellaneous Service Cost		
736.1	OPERATIONS:OPERATION - WAGES	Expenses	Other Miscellaneous Service Cost		
736.2	OPERATIONS:REPAIRS & MAINTENANCE	Expenses	Other Miscellaneous Service Cost		
736.4	OPERATIONS:TRANSPORTATION EXPENSE	Expenses	Other Miscellaneous Service Cost		
66000	PAYROLL EXPENSE	Expenses	Payroll Expenses	Payroll expenses	
660002	PAYROLL EXPENSE:BCBS DENTAL INSURANCE	Expenses	Payroll Expenses	DENTAL INSURANCE PREMIUMS	
660004	PAYROLL EXPENSE:BCBS LIFE/ADD INSURANCE	Expenses	Payroll Expenses	LIFE/ADD INSURANCE PREMIUMS	
660001	PAYROLL EXPENSE:BCBS MEDICAL INSURANCE	Expenses	Payroll Expenses	MEDICAL INSURANCE PREMIUM	
660003	PAYROLL EXPENSE:BCBS VISION INSURANCE	Expenses	Payroll Expenses	VISION INSURANCE PREMIUMS	
660005	PAYROLL EXPENSE:HSA COMPANY CONTRIBUTIONS	Expenses	Payroll Expenses	HSA COMPANY CONTRIBUTIONS	
	PAYROLL EXPENSE:TAXES	Expenses	Payroll Expenses		
	PAYROLL EXPENSE:WAGES	Expenses	Payroll Expenses		
731	PROFESSIONAL FEES	Expenses	Other Miscellaneous Service Cost	Payments to accounting professionals and attorneys for accounting or legal services	
731.3	PROFESSIONAL FEES:ACCOUNTING	Expenses	Other Miscellaneous Service Cost		
731.7	PROFESSIONAL FEES:ADMINISTRATION	Expenses	Other Miscellaneous Service Cost		
731.1	PROFESSIONAL FEES:ENGINEER	Expenses	Other Miscellaneous Service Cost		
731.2	PROFESSIONAL FEES:LEGAL	Expenses	Other Miscellaneous Service Cost		
731.4	PROFESSIONAL FEES:OPERATIONS	Expenses	Other Miscellaneous Service Cost		
731.9	PROFESSIONAL FEES:OTHER	Expenses	Other Miscellaneous Service Cost		
731.8	PROFESSIONAL FEES:PROF FEES-OTHER DVL	Expenses	Other Miscellaneous Service Cost		
731.5	PROFESSIONAL FEES:TAXES	Expenses	Other Miscellaneous Service Cost		
731.6	PROFESSIONAL FEES:TESTING	Expenses	Other Miscellaneous Service Cost		
701	PURCHASED WATER	Expenses	Other Miscellaneous Service Cost		
	PURCHASES	Expenses	Supplies & Materials		
745.2	RATE CASE EXPENSE	Expenses	Other Miscellaneous Service Cost		
745.1	REGULATORY EXPENSE	Expenses	Other Miscellaneous Service Cost		
	Reimbursements	Expenses	Payroll Expenses		
711	SLUDGE	Expenses	Other Miscellaneous Service Cost		
711.1	SLUDGE:SLUDGE REMOVAL	Expenses	Other Miscellaneous Service Cost		
795	TAXES	Expenses	Other Miscellaneous Service Cost		
790	TAXES OTHER THAN INCOME TAXES	Expenses	Other Miscellaneous Service Cost		
790.2	TAXES OTHER THAN INCOME TAXES:TAXES - FRANCHISE	Expenses	Other Miscellaneous Service Cost		
790.3	TAXES OTHER THAN INCOME TAXES:TAXES - OTHER	Expenses	Other Miscellaneous Service Cost		
790.1	TAXES OTHER THAN INCOME TAXES:TAXES - PROPERTY	Expenses	Other Miscellaneous Service Cost		
795.5	TAXES:PAYROLL TAXES	Expenses	Other Miscellaneous Service Cost		
795.4	TAXES:PAYROLL TAXES COMPANY FICA	Expenses	Other Miscellaneous Service Cost		

Account List  
BERRY'S CHAPEL UTILITY INC

ACCOUNT #	FULL NAME	TYPE	DETAIL TYPE	DESCRIPTION	TOTAL BALANCE
795.2	TAXES:TAXES - FEDERAL TAXES	Expenses	Other Miscellaneous Service Cost		
795.3	TAXES:TAXES - OTHER	Expenses	Other Miscellaneous Service Cost		
795.1	TAXES:TAXES - TN EXCISE TAXES	Expenses	Other Miscellaneous Service Cost		
	UNAPPLIED CASH BILL PAYMENT EXPENSE	Expenses	Unapplied Cash Bill Payment Expense		
	UNCATEGORIZED EXPENSE	Expenses	Other Miscellaneous Service Cost		
101.4	COLLECTION SYSTEM	Fixed Assets	Other fixed assets		329,280.63
105.0	CONSTRUCTION WORK IN PROGRESS	Fixed Assets	Other fixed assets		791,650.06
105.1	CONSTRUCTION WORK IN PROGRESS:CONSTRUCTION WORK IN PROGRESS - ARPA	Fixed Assets	Other fixed assets		791,650.06
108.1	DEPRECIATION- ACCUM	Fixed Assets	Other fixed assets		-
108.4	DEPRECIATION- ACCUM:ACCUM DEPR-COLLECTION SYSTEM	Fixed Assets	Other fixed assets		3,859,529.67
108.5	DEPRECIATION- ACCUM:ACCUM DEPR-LAB & OFFICE EQUIPMENT	Fixed Assets	Other fixed assets		-243,572.00
108.8	DEPRECIATION- ACCUM:ACCUM DEPR - OTHER EQUIP	Fixed Assets	Other fixed assets	Other Equipment	-201,008.00
108.3	DEPRECIATION- ACCUM:ACCUM DEPR-PUMP EQUIPMENT	Fixed Assets	Other fixed assets		-2,085.00
108.2	DEPRECIATION- ACCUM:ACCUM DEPR-STRUCTURES & IMPROVE	Fixed Assets	Other fixed assets		-519,161.66
108.7	DEPRECIATION- ACCUM:ACCUM DEPR-TRANSPORTATION EQUIP	Fixed Assets	Other fixed assets		-223,817.29
108.6	DEPRECIATION- ACCUM:ACCUM DEPR-TREATMENT & DISPOSAL	Fixed Assets	Other fixed assets		-16,006.00
					-
					2,653,879.72

Account List  
BERRY'S CHAPEL UTILITY INC

ACCOUNT #	FULL NAME	TYPE	DETAIL TYPE	DESCRIPTION	TOTAL BALANCE
101.5	LAB & OFFICE EQUIPMENT	Fixed Assets	Other fixed assets		224,260.24
101.1	LAND	Fixed Assets	Other fixed assets		10,000.00
101.8	OTHER EQUIPMENT	Fixed Assets	Other fixed assets		2,084.54
101.3	PUMP EQUIPMENT	Fixed Assets	Other fixed assets		768,919.97
101.2	STRUCTURE & IMPROVEMENTS	Fixed Assets	Other fixed assets		251,660.68
101.7	TRANSPORTATION EQUIPMENT	Fixed Assets	Other fixed assets		14,667.00
101.6	TREATMENT & DISPOSAL	Fixed Assets	Other fixed assets		2,699,470.13
501.25	BASE CHG COF	Income	Service/Fee Income		
501.24	BASE CHG HB & TS	Income	Service/Fee Income		
501.26	BASE CHG MVUD	Income	Service/Fee Income		
	BILLABLE EXPENSE INCOME	Income	Service/Fee Income		
501.6	FEES	Income	Service/Fee Income		
501.65	FEES:APPLICATION FEES - COF	Income	Service/Fee Income		
501.64	FEES:APPLICATION FEES - HB & TS	Income	Service/Fee Income		
501.66	FEES:APPLICATION FEES - MVUD	Income	Service/Fee Income		
501.63	FEES:OTHER MISC. FEES	Income	Service/Fee Income		
501.72	FEES:RECONNECT FEE - COF	Income	Service/Fee Income		
501.71	FEES:RECONNECT FEE - HB & TS	Income	Service/Fee Income		
501.73	FEES:RECONNECT FEE - MVUD	Income	Service/Fee Income		
501.62	FEES:SEWER CONNECTION FEES	Income	Service/Fee Income		
501.61	FEES:TAP FEES	Income	Service/Fee Income		
501.27	FLOOD CHG MVUD	Income	Service/Fee Income		
501.92	HBTS CUSTOMER REFUNDS DUE	Income	Service/Fee Income		
45100	JOB INCOME	Income	Service/Fee Income	Income received from customers for labor and materials	
	MARKUP	Income	Service/Fee Income		
501.5	NON-RESIDENTIAL BASE COF	Income	Service/Fee Income		
501.52	NON-RESIDENTIAL BASE COF:NON-RESIDENTIAL BASE CHARGE	Income	Service/Fee Income		
501.4	NON-RESIDENTIAL REVENUE	Income	Service/Fee Income		
501.42	NON-RESIDENTIAL REVENUE:NON-RESIDENTIAL REVENUE - COF	Income	Service/Fee Income		
501.67	NSF FEE REVENUE	Income	Service/Fee Income		
501.3	PENALTY CHARGE	Income	Service/Fee Income		
501.32	PENALTY CHARGE:PENALTY CHARGE COF	Income	Service/Fee Income		
501.31	PENALTY CHARGE:PENALTY CHARGE - HB & TS	Income	Service/Fee Income		
501.33	PENALTY CHARGE:PENALTY CHARGE - MVUD	Income	Service/Fee Income		
501.9	REFUNDS DUE COF CUSTOMERS	Income	Service/Fee Income		
501.91	REFUNDS DUE MVUD CUSTOMERS	Income	Service/Fee Income		
501.1	RESIDENTIAL REVENUE	Income	Service/Fee Income		
501.02	RESIDENTIAL REVENUE:RESIDENTIAL REVENUE - COF	Income	Service/Fee Income		
501.03	RESIDENTIAL REVENUE:RESIDENTIAL REVENUE - MVUD	Income	Service/Fee Income		
501.01	RESIDENTIAL REVENUE:RESIDENTIAL REV HB & TS (BCUI)	Income	Service/Fee Income		
	SALES OF PRODUCT INCOME	Income	Sales of Product Income		
501.7	SURCHARGE COLLECTIONS ODOR CONT	Income	Service/Fee Income		
501.8	SURCHARGE - FLOOD DAMAGE	Income	Service/Fee Income		
	UNAPPLIED CASH PAYMENT INCOME	Income	Unapplied Cash Payment Income		
	UNCATEGORIZED INCOME	Income	Service/Fee Income		
271	CONTRIBUTIONS IN AID OF CONSTRUCTION	Long Term Liabilities	Other Long Term Liabilities		-600,502.85
271.1	CONTRIBUTIONS IN AID OF CONSTRUCTION:CONTRIBUTION IN AID OF CONSTRUCTION - REGULAR	Long Term Liabilities	Other Long Term Liabilities		0.00
271.2	CONTRIBUTIONS IN AID OF CONSTRUCTION:CONTRIBUTIONS IN AID OF CONSTRUCTION - GRANTS	Long Term Liabilities	Other Long Term Liabilities	ARPA GRANT	-600,502.85
256.2	LONG TERM DEBT - JDR	Long Term Liabilities	Other Long Term Liabilities		0.00
250.1	LONG TERM DEBT - TCB	Long Term Liabilities	Other Long Term Liabilities		-
256.3	LONG TERM DEBT - TLR	Long Term Liabilities	Other Long Term Liabilities		1,064,152.14
171.2	CONTAINER DEPOSIT-TREATMENT PLT	Other Assets	Other Long-term Assets		0.00
171.4	DEFERRED COST - FLOOD DAMAGE	Other Assets	Other Long-term Assets		0.00
171.41	DEFERRED COST-FLOOD DAMAGE PEND	Other Assets	Other Long-term Assets		0.00
171.5	DEFERRED COST - RATE CASE EXPEN	Other Assets	Other Long-term Assets		0.00
171.3	DEFERRED ODOR CONTROL	Other Assets	Other Long-term		0.00

Account List  
BERRY'S CHAPEL UTILITY INC

ACCOUNT #	FULL NAME	TYPE	DETAIL TYPE	DESCRIPTION	TOTAL BALANCE
171.1	RENT DEPOSIT-106 MISSION CT	Other Assets	Assets Other Long-term Assets		0.00
141.1	ACCOUNTS RECEIVABLE	Other Current Assets	Other Current Assets		59,934.41

Account List  
BERRY'S CHAPEL UTILITY INC

ACCOUNT #	FULL NAME	TYPE	DETAIL TYPE	DESCRIPTION	TOTAL BALANCE
141.3	A/R IRS	Other Current Assets	Other Current Assets		0.00
171.8	ESCROW ACCT - ARPA ESCROW	Other Current Assets	Other Current Assets		0.00
171.7	ESCROW ACCT - NEW PUMP STATION	Other Current Assets	Other Current Assets		0.00
12100	INVENTORY ASSET	Other Current Assets	Other Current Assets	Costs of inventory purchased for resale	
	INVENTORY ASSET-1	Other Current Assets	Inventory		
	PAYROLL REFUNDS	Other Current Assets	Other Current Assets		0.00
171	PRE-PAYMENTS	Other Current Assets	Allowance for Bad Debts	Pre-Paid Expenses	14,479.57
171.13	PRE-PAYMENTS:Prepayments - Commercial Liability Insurance	Other Current Assets	Prepaid Expenses	Prepayments Commercial Liability Insurance	-6,181.86
171.10	PRE-PAYMENTS:Prepayments - Flood Insurance	Other Current Assets	Prepaid Expenses	Prepayments Flood Insurance	593.30
171.14	PRE-PAYMENTS:Prepayments - Legal	Other Current Assets	Prepaid Expenses	Prepayments Legal	1,193.79
171.11	PRE-PAYMENTS:Prepayments - Logics	Other Current Assets	Prepaid Expenses	Prepayments Logics	-2,456.04
171.12	PRE-PAYMENTS:Prepayments - TPUC	Other Current Assets	Prepaid Expenses	Prepayments TPUC	730.60
	QuickBooks Payroll Tax Impound	Other Current Assets	Other Current Assets		
	QuickBooks Tax Holding Account	Other Current Assets	Other Current Assets		
141.2	RESERVE FOR BAD DEBTS	Other Current Assets	Other Current Assets		0.00
171.6	TRA ESCROW ACCT	Other Current Assets	Other Current Assets		0.00
141.5	UNBILLED REVENUE	Other Current Assets	Other Current Assets	UNBILLED REVENUE	0.00
	UNCATEGORIZED ASSET	Other Current Assets	Other Current Assets		28,893.00
12000	UNDEPOSITED FUNDS	Other Current Assets	Undeposited Funds	Funds received, but not yet deposited to a bank account	
299	ACCOUNTS PAYABLE - CLEARING ACCOUNT	Other Current Liabilities	Other Current Liabilities		-0.02
231.2	ACCOUNTS PAYABLE FLOOD DAMAGE	Other Current Liabilities	Other Current Liabilities		0.00
236.1	ACCRUED FED INCOME TAX	Other Current Liabilities	Other Current Liabilities		0.00
233.1	ACCRUED INTEREST	Other Current Liabilities	Other Current Liabilities		-1,415,540.87
236.3	ACCRUED PROPERTY TAX	Other Current Liabilities	Other Current Liabilities		40.49
236.4	ACCRUED RENT EXPENSE	Other Current Liabilities	Other Current Liabilities		-6,667.00
236.2	ACCRUED STATE F & E	Other Current Liabilities	Other Current Liabilities		0.00
240.1	ADVANCE FROM SUI	Other Current Liabilities	Other Current Liabilities		0.00
240.3	ADVANCE FROM TCI	Other Current Liabilities	Other Current Liabilities		0.00
240.6	CUSTOMER REFUNDS	Other Current Liabilities	Other Current Liabilities		-71,899.99
240.4	DEFERRED REVENUE	Other Current Liabilities	Other Current Liabilities		0.00
240.5	MVUD REFUNDS	Other Current Liabilities	Other Current Liabilities		0.32
	Other Current Liability	Other Current Liabilities	Deferred Revenue		-28,893.00
24000	PAYROLL LIABILITIES	Other Current Liabilities	Payroll Tax Payable	Unpaid payroll liabilities. Amounts withheld or accrued, but not yet paid	-1,479.15
	PAYROLL LIABILITIES:Co. HSA	Other Current Liabilities	Payroll Tax Payable		0.00
	PAYROLL LIABILITIES:FEDERAL TAXES (941/944)	Other Current Liabilities	Payroll Tax Payable		4,398.23
	PAYROLL LIABILITIES:FEDERAL UNEMPLOYMENT (940)	Other Current Liabilities	Payroll Tax Payable		242.07
	PAYROLL LIABILITIES:PreTax HSA Contribution	Other Current Liabilities	Payroll Tax Payable		-100.00
	PAYROLL LIABILITIES:Pretax HSA EE	Other Current	Payroll Tax Payable		

Account List  
BERRY'S CHAPEL UTILITY INC

ACCOUNT #	FULL NAME	TYPE	DETAIL TYPE	DESCRIPTION	TOTAL BALANCE
		Liabilities			
	PAYROLL LIABILITIES:TN QUARTERLY TAXES	Other Current Liabilities	Payroll Tax Payable		-271.39
241	REGULATORY PAYABLE (TO CUSTOMER)	Other Current Liabilities	Other Current Liabilities		
238.1	RESERVE FOR INJURIES & DAMAGES	Other Current Liabilities	Other Current Liabilities		0.00
238.2	RES RENEWAL & REPLACEMENTS	Other Current Liabilities	Other Current Liabilities		-110,085.00
240.2	SHORT TERM DEBT - TCB	Other Current Liabilities	Other Current Liabilities		-247,954.53
	OTHER MISCELLANEOUS EXPENSE	Other Expense	Other Miscellaneous Expense		
	Reconciliation Discrepancies	Other Expense	Other Miscellaneous Expense		
510	INTEREST EARNED	Other Income	Interest Earned	Interest Income	
<b>TOTAL</b>					<b>-</b> <b>\$5,027,412.45</b>

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H Novak**

6. Provide copies of all rate case orders for Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company issued since Berry's Chapel Utility's last rate case or within the past three (3) years, whichever time is shorter.

**RESPONSE:**

Not applicable to Berry's Chapel Utility. Berry's Chapel Utility has no parent or affiliates.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

7. Provide any costs associated with any employment and/or termination contracts Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company has or has had with management personnel since the last rate filing in Tennessee, and provide copies of such.

**RESPONSE:**

Not applicable to Berry's Chapel Utility. Berry's Chapel Utility has no parent or affiliates. Berry's Chapel Utility has never had any employment and/or termination contracts.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H Novak**

8. Provide a detailed General Ledger for the latest 24 months for the LDC, its Parent, Multi-State Utility, and Affiliated Utility Service Company.

**RESPONSE:**

See Company Workpapers, "Ledger-1", "Ledger-2" and "Ledger-3" tabs.

These workpapers contain the Company's monthly ledger data from July 2021 through June 2025.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

9. If Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company, seeks to recover in its rates to the Tennessee ratepayers any separation payments made under any of the contracts, state the amount of any separation payments since the last rate filing in Tennessee.

**RESPONSE:**

Not applicable to Berry's Chapel Utility. Berry's Chapel Utility has no parent or affiliates. Berry's Chapel Utility has never had any separation payments.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

10. Provide a detailed Trial Balance for the last two (2) fiscal years for Berry's Chapel Utility, its Parent, Multi-State Utility, and Affiliated Utility Service Company, by month, by account, including adjusting entries and post-closing balances.

**RESPONSE:**

See Company Workpapers, "Ledger-1", "Ledger-2" and "Ledger-3" tabs. These workpapers contain the Company's monthly trial balance data from July 2021 through June 2025 for Berry's Chapel Utility. Berry's Chapel Utility has no parent or affiliate entities.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

11. If not provided in response to other items, provide the latest fiscal year-end Income Statement and Balance Sheet for Berry's Chapel Utility, its Parent, Multi-State Utility, and Affiliated Utility Service Company. Provide an explanation of any differences in the year-end Income Statement and Balance Sheet for Berry's Chapel Utility, its Parent, Multi-State Utility, and Affiliated Utility Service Company as set forth in its Annual Report to shareholders and its internal financial statements.

**RESPONSE:**

See Company Workpapers, "QuickBooks-IS" tab for the Company's Income Statement for the twelve months ended June 30, 2025. See Company Workpapers, "QuickBooks-BS" tab for the Company's Balance Sheet at June 30, 2025. Berry's Chapel Utility has no parent or affiliate entities.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

12. Provide all detailed workpapers, cost studies, or other data supporting all proposed tariff changes, adjustments to revenues, expenses, rate base, and other changes included in the testimony and exhibits filed by Berry's Chapel Utility. Provide computer files containing schedules for all computer-based calculations.

**RESPONSE:**

Please refer to the Company workpapers included with the filing.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

13. Provide a detailed list of all Berry's Chapel Utility's affiliated party transactions for the past two years, including the nature and amount of each transaction.

**RESPONSE:**

Berry's Chapel Utility has no parent or affiliate entities.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

14. Provide a list of outside professional services, as recorded in NARUC Account No. 923, provided to Berry's Chapel Utility for the past two (2) years, showing the nature of each service and the total charge for each service.

**RESPONSE:**

See Company Workpapers, "Professional Fees-2" tab for the monthly payments for professional services (engineering, legal, accounting, operations, testing) from July 2021 to June 2025.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

15. Provide a list of Berry's Chapel Utility's customer service initiatives, and performance measures, including a description and analysis of the effectiveness of each for the last two (2) years. If applicable, the analysis should include, but not be limited to, time to connect the customer to the system, response time to service inquiries, restoring of service, new meter installations, billing inquiries, meeting appointment times, etc. If you have identified other areas that you monitor, include them in this response.

**RESPONSE:**

Berry's Chapel Utility has no such customer service initiatives or performance measures.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

16. Please provide support for **all** statistics referenced in all testimony filed by Berry's Chapel Utility in this case.

**RESPONSE:**

Please refer to the Company workpapers included with the filing.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

17. Identify Berry' Chapel Utility's twenty-five (25) largest customers, based on volumes delivered, for the latest fiscal year. If Berry's Chapel Utility projects a material change in the volumes delivered or rates charged to any such customer, provide a mailing address, contact person, telephone number, and the following information for each customer:
- a. Usage and sales volumes by tariff and by month for the last three (3) fiscal years for each customer, including the step volume information for the appropriate classification.
  - b. Copies of all correspondence and notes of discussion or meetings with these customers regarding their anticipated usage from the test period through the attrition period.

**RESPONSE:**

Berry's Chapel Utility only has 3 commercial customers. Please see Confidential Attachments MFR17-1, MFR17-2 and MFR17-3 for the details on the monthly consumption for each of these three customers. Berry's Chapel Utility does not expect a material change in the volume of water delivered to any of these customers. Berry's Chapel Utility has had no discussions or meetings with these three customers regarding their anticipated usage from the test period through the attrition period.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

18. Provide the number of Berry's Chapel Utility's customers by rate classification and by month for the last three (3) fiscal years. Provide a summary schedule showing the number of days in each billing cycle for each month for the latest 18 months. Provide computer files for this information.

**RESPONSE:**

See Company Workpapers, "Rate Design-2" tab for the monthly residential customers and usage from July 2021 to June 2025. See Company Workpapers, "Rate Design-3" tab for the monthly non-residential customers and usage from July 2021 to June 2025. Berry's Chapel Utility bills its customers at the beginning of the month and not on a cycle basis.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

19. Provide a list of Berry's Chapel Utility's customers who have changed rate classes in the test period. Show the schedule movement and any adjustments you have made to the bills and usage for the attrition period. Provide the number of net additions by customer classification and by month for the latest 24 months.

**RESPONSE:**

Berry's Chapel Utility only has residential and non-residential customer classes in its tariff. As such, it is not possible for customers to change rate classes.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

20. Provide the number of Berry's Chapel billing cycles per month and the identity of any specific groups of customers billed on a particular cycle.

**RESPONSE:**

Berry's Chapel Utility's customers are billed in one of three separate cycles depending on the jurisdiction of their water provider – City of Franklin, Mallory Valley Utility District or HB&TS Utility District.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

21. Provide a copy of all weather normalization workpapers used in projecting attrition period revenues. Provide weather normalized (if applicable) sales volumes in dekatherms, by class of customer and supporting documentation for the test period. Provide computer files for this information.

**RESPONSE:**

Berry's Chapel Utility has not applied any type of weather normalization in its rate case.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

22. Provide a copy of any usage and growth trends and any adjustments used to project revenues.

**RESPONSE:**

See Company Workpapers, "Revenue-1" tab for the usage and growth adjustments used to project attrition period revenues. Specifically, the Company has taken a four-year average (July 2021 – June 2025) of historic fiscal year revenue as its projection for attrition period revenue.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

23. Provide the computation of an average bill for a residential wastewater customer under the present and proposed rate schedules.

**RESPONSE:**

See Company Workpapers, "Rate Design-6" tab.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

24. Provide the computation of the average cost of adding a new residential customer in Tennessee for the last three (3) fiscal years.

**RESPONSE:**

Not applicable to Berry's Chapel Utility. For the most part, the customer counts for Berry's Chapel Utility are static and we typically only add 1 to 4 customers per year. Further, the taps for all potential Berry's Chapel Utility customers are already in place – therefore the cost to add new customers is minimal.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

25. Provide a breakdown by source of all revenues shown as "Other Operating Revenues" for the test period and attrition period. Include the units and rates for each source.

**RESPONSE:**

See Attachment MFR25-1.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

26. Explain any large variances in Other Revenues between the test period and the attrition period.

**RESPONSE:**

See Company Workpaper, "Revenue-1" tab for the test period and attrition period values for Other Revenue. Specifically, the Company has taken a four-year average (July 2021 – June 2025) of historic fiscal year Other Revenue as its projection for attrition period Other Revenue. As such, there are no large variances between the test period and attrition period Other Revenue amounts.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

27. List all special contract customers and their usage by month during the test period.  
Explain any anticipated changes in usage during the attrition period.

**RESPONSE:**

Berry's Chapel Utility has no special contract customers.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

28. Provide a comparative analysis of wastewater costs for a typical residential customer using current rates. State the Company's assumptions in preparing this analysis, along with backup for those assumptions.

**RESPONSE:**

See Company Workpapers, "Rate Design-6" tab.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

29. For all NARUC or FERC accounts 700 through 932, show the gross and net expense after deducting salaries and wages, by month, since the lesser of (a) the last three (3) fiscal years or (b) the filing date of the last rate case. Also, provide the same information projected for the attrition year.

**RESPONSE:**

See Company Workpapers, "Income-1" tab. This schedule provides a test period and attrition period income statement by detail account with amounts for salary and wages separated from the net expense amounts. The monthly details from July 2021 to June 2025 for each account are supported on separate tabs within the workpapers.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

30. Provide detailed schedules explaining the calculation of the growth factor used to project expenses through the attrition year. Please break down the calculation between the inflation and customer growth components.

**RESPONSE:**

See Company Workpapers, "Income-1" tab. This schedule provides a test period and attrition period income statement by detail account. The monthly details from July 2021 to June 2025 for each expense account are supported on separate tabs within the workpapers.

The Company has taken a four-year average (July 2021 – June 2025) of historic expenses for each account as its projection for a normalized average. The Company has then applied an inflation factor to this normalized average to produce the attrition period expense.

For example, see Company Workpapers, "Water-1" for the Company's forecast for attrition period Purchased Water Expense of \$5,216 which is also shown below. Similar workpapers for each expense are contained in the Company's filing.

<b>Period</b>	<b>Amount</b>
12 Months Ended June 30, 2022	5,614
12 Months Ended June 30, 2023	4,455
12 Months Ended June 30, 2024	5,608
12 Months Ended June 30, 2025	4,136
<b>Normalized Average</b>	<b>4,953</b>
Inflation Factor	1.0530
<b>Attrition Period Expense</b>	<b>5,216</b>

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

31. Provide a schedule(s) of employees for the test period, identifying them as hourly or salaried, part or full time, and the account to which their compensation is charged. Identify the regular, overtime, and total hours worked during the test period. Also, show the regular and total earnings during the test period. For those employees working only a partial year, give the dates of employment. Identify pay raises, month and percentage, from the test period through the attrition year. Where appropriate, show the allocation of compensation for such employees or appropriate employee group between states and between utility and non-utility operations. Also, indicate any anticipated changes in employment levels through the attrition period.

**RESPONSE:**

See Company Workpapers, "Payroll-2" tab.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

32. Provide a description of each type of service that employees of the Parent, Multi-state Utility, or Affiliated Utility Service Company perform for the Tennessee operations.

**RESPONSE:**

Berry's Chapel Utility has no parent or affiliates.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

33. Provide copies of the latest labor union contracts for Berry's Chapel Utility.

**RESPONSE:**

Berry's Chapel Utility has no labor union contracts.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

34. For the test period and attrition period, provide detailed workpapers supporting the calculation of the life insurance expense, long-term disability, hospitalization and medical expenses, and other miscellaneous employee insurance expenses. Show the total and capitalized amounts. Provide actual rates for the benefits that Berry's Chapel Utility pays. Provide the amounts that the employee contributes for these benefits.

**RESPONSE:**

See Company Workpapers, "Payroll-1" tab. The Company does not capitalize payroll since employees do not work on capital projects. Berry's Chapel Utility pays 100% of the cost for employee medical, dental, vision, life/ADD benefits. The Company also contributes \$100 per month to health savings accounts for eligible full-time employees.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

35. Provide a liability and property insurance schedule for the test period, identifying the policies in effect, the type of coverage, the coverage period, the annual premiums, the amount included as an expense, the account charged, the beneficiaries and the allocation used. Also, provide the same information for those policies currently in effect and any anticipated changes in policies through the attrition period. Where applicable, provide the name of the insurance company with a contact person and telephone number.

**RESPONSE:**

See Attachment MFR35-1.

INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

### TAILORED PROTECTION POLICY DECLARATIONS

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104 615-356-3212

Renewal Effective 01-01-2025

**POLICY NUMBER 114619-03678879-25**

INSURED BERRY'S CHAPEL UTILITY INC  
DBA HARPETH WASTEWATER COOPERATIVE

Company Use 03-46-TN-1101

ADDRESS PO BOX 682066  
FRANKLIN TN 37068-2066

Company Bill	<b>Policy Term</b>	
	12:01 a.m. 01-01-2025	12:01 a.m. 01-01-2026

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

55039 (11-87)

### COMMON POLICY INFORMATION

**Business Description:** Sewer Plant

**Entity:** Corporation

**Program:** Institutional - Other

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):		PREMIUM
COMMERCIAL PROPERTY COVERAGE		\$9,553.00
COMMERCIAL GENERAL LIABILITY COVERAGE		\$4,395.00
COMMERCIAL CRIME COVERAGE		\$288.00
<b>TOTAL</b>		<b>\$14,236.00</b>
<b>PAID IN FULL DISCOUNT</b>		<b>\$1,094.00</b>
<b>TOTAL POLICY PREMIUM IF PAID IN FULL</b>		<b>\$13,142.00</b>
<b>THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.</b>		
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.		

Premium shown above for commercial general liability coverage is an advanced premium deposit and may be subject to audit.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):  
IL0017 (11-85) 55003 (07-12) 59390 (11-20)

A 02% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X):  
Comm Umb(X) Comm Auto() WC() Life() Personal() Farm().

A merit rating plan factor of 0.90 applies.

Countersigned By: \_\_\_\_\_

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

**LOCATION 0006 - BUILDING 0001**

**Location:** 106 Mission Ct Ste 104A, Franklin, TN 37067-6442

**Territory:** 008 **County:** Williamson

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Buildings Or Premises - Office - Noc Other Than Not-For-Profit	61226		Area	Each 1000	
		Prem/Op	800	53.804	\$43.00
		Prod/Comp Op	800	3.575	\$3.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0006 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 55405, 59390	INCLUDED
<b>LOCATION 0006</b>	<b>\$46.00</b>

**LOCATION 0007 - BUILDING 0001**

**Location:** 3000 Hartland Ln, Franklin, TN 37069-6433

**Territory:** 008 **County:** Williamson

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Sewage Disposal - Plant Operations	98810		Payroll	Each 1000	
		Prem/Op	\$16,000	5.456	\$87.00
		Prod/Comp Op	\$16,000	.386	\$6.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0007 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 55405, 59390	\$1.00
<b>LOCATION 0007</b>	<b>\$94.00</b>

55041 (02-88)

**COMMERCIAL CRIME COVERAGE**

THIS DECLARATIONS PAGE SHOWS THE COVERAGE FORM(S) AND SECTION(S) WHICH APPLY AND FOR WHICH YOU HAVE PAID A PREMIUM.

**Plan:** 01 Combination Crime-Separate Limits Option

**Location:** All Premises

COVERAGE	BY PERSON/ POSITION	SECTION	LIMIT	DEDUCTIBLE	PREMIUM
A-Blanket Employee Dishonesty			\$100,000	\$0	\$288.00

Cancellation of prior insurance: By acceptance of this fidelity bond you give us notice cancelling prior fidelity bond with the cancellation to be effective at the time this policy becomes effective.

Forms that apply to all premises:

IL0017 (11-85) IL0250 (02-89) IL0003 (07-02) 29415 (01-16) 59325 (12-19)  
CR0001 (10-90) CR1000 (06-95) CC175 (01-86) 25053 (07-16)

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

54104 (07-87)

**COMMERCIAL PROPERTY COVERAGE**

55198 (12-10)

**STANDARD PROPERTY PLUS COVERAGE PACKAGE DECLARATION**

The coverages and limits below apply separately to each location or sublocation that sustains a loss to covered property and is designated in the Commercial Property Coverage Declarations. No deductible applies to the below Property Plus Coverages.

COVERAGE	LIMIT
ACCOUNTS RECEIVABLE	\$100,000
BAILEES	\$5,000
	\$2,500 PER ITEM
BUSINESS INCOME & EXTRA EXPENSE W/RENTAL VALUE, INCLUDING NEWLY ACQUIRED LOC'S 0 HOUR WAITING PERIOD	\$50,000
DEBRIS REMOVAL	\$25,000
ELECTRONIC DATA PROCESSING EQUIPMENT	\$25,000
EMPLOYEE DISHONESTY	\$15,000
FINE ARTS, COLLECTIBLES AND MEMORABILIA	\$10,000
	\$2,500 PER ITEM
FIRE DEPARTMENT SERVICE CHARGE	\$5,000
FORGERY AND ALTERATION	\$10,000
MONEY AND SECURITIES INSIDE PREMISES	\$15,000
MONEY AND SECURITIES OUTSIDE PREMISES	\$15,000
NEWLY ACQUIRED BUSINESS PERSONAL PROPERTY	\$500,000 FOR 90 DAYS
NEWLY ACQUIRED OR CONSTRUCTED PROPERTY	\$1,000,000 FOR 90 DAYS
ORDINANCE OR LAW	SEE COMMERCIAL PROPERTY DECLARATIONS
OUTDOOR PROPERTY	\$15,000
TREES, SHRUBS OR PLANTS	\$1,000 PER ITEM
RADIO OR TELEVISION ANTENNAS	\$10,000
PERSONAL EFFECTS AND PROPERTY OF OTHERS	\$15,000
POLLUTANT CLEAN UP AND REMOVAL	\$25,000
PROPERTY IN TRANSIT	\$25,000
PROPERTY OFF PREMISES	\$25,000
REFRIGERATED PRODUCTS	\$10,000
SALESPERSON'S SAMPLES	\$10,000

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

55198 (12-10)

**STANDARD PROPERTY PLUS COVERAGE PACKAGE DECLARATION**

COVERAGE	LIMIT
UTILITY SERVICES FAILURE	\$50,000
VALUABLE PAPERS AND RECORDS ON PREMISES	\$50,000
VALUABLE PAPERS AND RECORDS OFF PREMISES	\$10,000
WATER BACK-UP FROM SEWERS OR DRAINS	\$15,000

Forms that apply to this coverage part:

64004 (12-10)	54198 (12-10)	54334 (12-10)	64020 (12-10)	54189 (12-10)
54186 (12-10)	54218 (03-13)	54217 (07-17)	54216 (03-13)	54214 (03-13)
54221 (12-10)	54220 (06-00)	54219 (12-10)	54338 (03-13)	54339 (03-13)
64010 (12-10)	64352 (12-20)	64000 (12-10)		

**Coverages Provided**

Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

**LOCATION 0001 - BUILDING 0001**

Location: 180 Cottonwood Dr, Franklin, TN 37069-4154

Occupied As: Sewage Treatment

Secured Interested Parties: None

**Rating Information**

Territory: 940

County: Williamson

Program: Institutional - Other

Construction: Non-Comb

Protection Class: 05

Class Code: 1070

Class Rate - Building: 0.206

Class Rate - Pers Prop: 0.217

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
BUILDING			\$1,206,200		
Causes of Loss					
Basic Group I	90%	\$1,000		0.046	\$555.00
Basic Group II	90%	\$1,000		0.142	\$1,713.00
Special	90%	\$1,000		0.027	\$326.00
Theft	90%	\$1,000			Included
OPTIONAL COVERAGE					
Inflation Guard Factor Building 1.014					
Replacement Cost					
Equipment Breakdown		\$1,000	See Form 54843		\$73.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$208.00
Tier: Standard					

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
ORDINANCE OR LAW					
Coverage A-Undamaged Portion		\$1,000	Incl in Bldg Limit		Included
Coverage B-Demolition		\$1,000	\$60,000		Included
Coverage C-Increased Cost		\$1,000	\$60,000		Included
PERSONAL PROPERTY			\$173,760		
Causes of Loss					
Basic Group I	90%	\$1,000		0.062	\$108.00
Basic Group II	90%	\$1,000		0.039	\$68.00
Special	90%	\$1,000		0.018	\$31.00
Theft	90%	\$1,000			Included
OPTIONAL COVERAGE					
Replacement Cost					
Inflation Guard Factor Personal Property 1.023					
Equipment Breakdown		\$1,000	See Form 54843		\$6.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$17.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage D-Tenant's I&B		\$1,000	\$60,000		Included

Forms that apply to this building:

54835 (07-08)	IL0250 (02-89)	IL0003 (07-02)	59350 (01-15)	64224 (01-16)
64326 (07-19)	59325 (12-19)	IL0017 (11-85)	64393 (08-22)	CP0090 (07-88)
64000 (12-10)	64013 (12-10)	64010 (12-10)	64020 (12-10)	64004 (12-10)
54843 (07-19)	64352 (12-20)	59390 (11-20)		

**LOCATION 0001 - BUILDING 0002**

**Location:** 180 Cottonwood Dr, Franklin, TN 37069-4154

**Occupied As:** Sewage Treatment

**Secured Interested Parties:** None

**Rating Information**

Territory: 940

Program: Institutional - Other

Protection Class: 05

Class Rate - Building: 0.206

County: Williamson

Construction: Non-Comb

Class Code: 1070

Class Rate - Pers Prop: 0.217

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
BUILDING			\$542,100		
Causes of Loss					
Basic Group I	90%	\$1,000		0.053	\$287.00
Basic Group II	90%	\$1,000		0.174	\$943.00
Special	90%	\$1,000		0.033	\$179.00
Theft	90%	\$1,000			Included
OPTIONAL COVERAGE					
Inflation Guard Factor Building 1.014					
Replacement Cost					
Equipment Breakdown		\$1,000	See Form 54843		\$40.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$113.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage A-Undamaged Portion		\$1,000	Incl in Bldg Limit		Included
Coverage B-Demolition		\$1,000	\$60,000		Included
Coverage C-Increased Cost		\$1,000	\$60,000		Included
PERSONAL PROPERTY			\$20,890		
Causes of Loss					
Basic Group I	90%	\$1,000		0.086	\$18.00
Basic Group II	90%	\$1,000		0.065	\$14.00
Special	90%	\$1,000		0.038	\$8.00
Theft	90%	\$1,000			Included
OPTIONAL COVERAGE					
Replacement Cost					
Inflation Guard Factor Personal Property 1.023					
Equipment Breakdown		\$1,000	See Form 54843		\$1.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$3.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage D-Tenant's I&B		\$1,000	\$60,000		Included

Forms that apply to this building:

54835 (07-08)	IL0250 (02-89)	IL0003 (07-02)	59350 (01-15)	64224 (01-16)
64326 (07-19)	59325 (12-19)	IL0017 (11-85)	64393 (08-22)	CP0090 (07-88)
64000 (12-10)	64013 (12-10)	64010 (12-10)	64020 (12-10)	64004 (12-10)
54843 (07-19)	64352 (12-20)	59390 (11-20)		

**LOCATION 0001 - BUILDING 0003**

Location: 180 Cottonwood Dr, Franklin, TN 37069-4154

Occupied As: Outdoor Equipment

Secured Interested Parties: None

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

**Rating Information**

Territory: 940 County: Williamson  
 Program: Institutional - Other Construction: N/A  
 Protection Class: 05 Class Code: 1190  
 Spcl Class Rate - Property In The Open: 0.095

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
PROPERTY IN THE OPEN			\$500,000		
Causes of Loss					
Basic Group I	80%	\$1,000		0.031	\$155.00
Basic Group II	80%	\$1,000		0.074	\$370.00
Special	80%	\$1,000		0.036	\$180.00
Theft	80%	\$1,000			Included
OPTIONAL COVERAGE					
Equipment Breakdown		\$1,000	See Form 54843		\$20.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$56.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage A-Undamaged Portion		\$1,000	Incl in Bldg Limit		Included
Coverage B-Demolition		\$1,000	\$50,000		Included

Forms that apply to this building:

59350 (01-15)	54835 (07-08)	IL0250 (02-89)	IL0003 (07-02)	64224 (01-16)
64326 (07-19)	59325 (12-19)	IL0017 (11-85)	64393 (08-22)	CP0090 (07-88)
64000 (12-10)	64010 (12-10)	54843 (07-19)	64020 (12-10)	64004 (12-10)
64352 (12-20)	59390 (11-20)			

COMMERCIAL PROPERTY COVERAGE - LOCATION 0001 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 54835, 59390	\$55.00
<b>LOCATION 0001</b>	<b>\$5,547.00</b>

**LOCATION 0002 - BUILDING 0001**

Location: Berry's Chapel, & Hillsboro Rd ,Franklin, TN 37064

Occupied As: Sewage Treatment

Secured Interested Parties: None

**Rating Information**

Territory: 940 County: Williamson  
 Program: Institutional - Other Construction: Non-Comb  
 Protection Class: 05 Class Code: 1070  
 Class Rate - Building: 0.206

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
BUILDING			\$253,900		
Causes of Loss					
Basic Group I	90%	\$1,000		0.067	\$170.00
Basic Group II	90%	\$1,000		0.220	\$559.00
Special	90%	\$1,000		0.039	\$99.00
Theft	90%	\$1,000			Included
OPTIONAL COVERAGE					
Inflation Guard Factor Building 1.014					
Replacement Cost					
Equipment Breakdown		\$1,000	See Form 54843		\$23.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$66.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage A-Undamaged Portion		\$1,000	Incl in Bldg Limit		Included
Coverage B-Demolition		\$1,000	\$60,000		Included
Coverage C-Increased Cost		\$1,000	\$60,000		Included

Forms that apply to this building:

54835 (07-08)	IL0250 (02-89)	IL0003 (07-02)	59350 (01-15)	64224 (01-16)
64326 (07-19)	59325 (12-19)	IL0017 (11-85)	64393 (08-22)	CP0090 (07-88)
64000 (12-10)	64013 (12-10)	64010 (12-10)	64020 (12-10)	64004 (12-10)
54843 (07-19)	64352 (12-20)	59390 (11-20)		

COMMERCIAL PROPERTY COVERAGE - LOCATION 0002 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 54835, 59390	\$9.00
<b>LOCATION 0002</b>	<b>\$926.00</b>

**LOCATION 0003 - BUILDING 0001**

Location: River Landing Dr, & Windburn Lane ,Franklin, TN 37064

Occupied As: Sewage Treatment

Secured Interested Parties: None

**Rating Information**

Territory: 940

Program: Institutional - Other

Protection Class: 05

Class Rate - Building: 0.206

County: Williamson

Construction: Non-Comb

Class Code: 1070

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
BUILDING			\$317,400		
Causes of Loss					
Basic Group I	90%	\$1,000		0.065	\$206.00
Basic Group II	90%	\$1,000		0.208	\$660.00
Special	90%	\$1,000		0.037	\$117.00
Theft	90%	\$1,000			Included
OPTIONAL COVERAGE					
Inflation Guard Factor Building 1.014					
Replacement Cost					
Equipment Breakdown		\$1,000	See Form 54843		\$28.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$79.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage A-Undamaged Portion		\$1,000	Incl in Bldg Limit		Included
Coverage B-Demolition		\$1,000	\$60,000		Included
Coverage C-Increased Cost		\$1,000	\$60,000		Included

Forms that apply to this building:

54835 (07-08)	IL0250 (02-89)	IL0003 (07-02)	59350 (01-15)	64224 (01-16)
64326 (07-19)	59325 (12-19)	IL0017 (11-85)	64393 (08-22)	CP0090 (07-88)
64000 (12-10)	64013 (12-10)	64010 (12-10)	64020 (12-10)	64004 (12-10)
54843 (07-19)	64352 (12-20)	59390 (11-20)		

COMMERCIAL PROPERTY COVERAGE - LOCATION 0003 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 54835, 59390	\$11.00
<b>LOCATION 0003</b>	<b>\$1,101.00</b>

**LOCATION 0004 - BUILDING 0001**

**Location:** Ne Crnr Mentelle Dr, & Gillette ,Franklin, TN 37064

**Occupied As:** Sewage Treatment

**Secured Interested Parties:** None

**Rating Information**

Territory: 940

County: Williamson

Program: Institutional - Other

Construction: Non-Comb

Protection Class: 05

Class Code: 1070

Class Rate - Building: 0.206

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
BUILDING			\$317,400		
Causes of Loss					
Basic Group I	90%	\$1,000		0.065	\$206.00
Basic Group II	90%	\$1,000		0.208	\$660.00
Special	90%	\$1,000		0.037	\$117.00
Theft	90%	\$1,000			Included
OPTIONAL COVERAGE					
Inflation Guard Factor Building 1.014					
Replacement Cost					
Equipment Breakdown		\$1,000	See Form 54843		\$28.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$79.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage A-Undamaged Portion		\$1,000	Incl in Bldg Limit		Included
Coverage B-Demolition		\$1,000	\$60,000		Included
Coverage C-Increased Cost		\$1,000	\$60,000		Included

Forms that apply to this building:

54835 (07-08)	IL0250 (02-89)	IL0003 (07-02)	59350 (01-15)	64224 (01-16)
64326 (07-19)	59325 (12-19)	IL0017 (11-85)	64393 (08-22)	CP0090 (07-88)
64000 (12-10)	64013 (12-10)	64010 (12-10)	64020 (12-10)	64004 (12-10)
54843 (07-19)	64352 (12-20)	59390 (11-20)		

COMMERCIAL PROPERTY COVERAGE - LOCATION 0004 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 54835, 59390	\$11.00
<b>LOCATION 0004</b>	<b>\$1,101.00</b>

**LOCATION 0006 - BUILDING 0001**

Location: 106 Mission Ct Ste 104A, Franklin, TN 37067-6442

Occupied As: Office

Secured Interested Parties: None

**Rating Information**

Territory: 940

Program: Institutional - Other

Protection Class: 01

Class Rate - Pers Prop: 0.266

County: Williamson

Construction: Masonry

Class Code: 0702

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
PERSONAL PROPERTY			\$29,410		
Causes of Loss					
Basic Group I	90%	\$1,000		0.088	\$26.00
Basic Group II	90%	\$1,000		0.059	\$17.00
Special	90%	\$1,000		0.058	\$17.00
Theft	90%	\$1,000			Included
OPTIONAL COVERAGE					
Replacement Cost					
Inflation Guard Factor Personal Property 1.023					
Equipment Breakdown		\$1,000	See Form 54843		\$2.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$5.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage D-Tenant's I&B		\$1,000	\$60,000		Included

Forms that apply to this building:

54835 (07-08)	IL0250 (02-89)	IL0003 (07-02)	59350 (01-15)	64224 (01-16)
64326 (07-19)	59325 (12-19)	IL0017 (11-85)	64393 (08-22)	CP0090 (07-88)
64000 (12-10)	64013 (12-10)	64010 (12-10)	64004 (12-10)	64020 (12-10)
54843 (07-19)	64352 (12-20)	59390 (11-20)		

COMMERCIAL PROPERTY COVERAGE - LOCATION 0006 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 54835, 59390	\$1.00
<b>LOCATION 0006</b>	<b>\$68.00</b>

**LOCATION 0007 - BUILDING 0001**

Location: 3000 Hartland Ln, Franklin, TN 37069-6433

Occupied As: Pump Station

Secured Interested Parties: None

**Rating Information**

Territory: 940

County: Williamson

Program: Institutional - Other

Construction: Mas N-C

Protection Class: 05

Class Code: 1070

Class Rate - Building: 0.167

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
<b>BUILDING</b>			\$317,400		
Causes of Loss					
Basic Group I	80%	\$1,000		0.049	\$156.00
Basic Group II	80%	\$1,000		0.140	\$444.00
Special	80%	\$1,000		0.039	\$124.00
Theft	80%	\$1,000			Included
<b>OPTIONAL COVERAGE</b>					
Inflation Guard Factor Building 1.014					
Replacement Cost					
Equipment Breakdown		\$1,000	See Form 54843		\$20.00
Property Plus Coverage Package		None	See 55198 (12-10)		\$58.00
Tier: Standard					
<b>ORDINANCE OR LAW</b>					
Coverage A-Undamaged Portion		\$1,000	Incl in Bldg Limit		Included
Coverage B-Demolition		\$1,000	\$60,000		Included
Coverage C-Increased Cost		\$1,000	\$60,000		Included

Forms that apply to this building:

59350 (01-15)	54835 (07-08)	IL0250 (02-89)	IL0003 (07-02)	64224 (01-16)
64326 (07-19)	59325 (12-19)	IL0017 (11-85)	64393 (08-22)	CP0090 (07-88)
64000 (12-10)	64013 (12-10)	64010 (12-10)	64020 (12-10)	64004 (12-10)
54843 (07-19)	64352 (12-20)	59390 (11-20)		

COMMERCIAL PROPERTY COVERAGE - LOCATION 0007 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 54835, 59390	\$8.00
<b>LOCATION 0007</b>	<b>\$810.00</b>

55040 (11-87)

**COMMERCIAL GENERAL LIABILITY COVERAGE**

COVERAGE	LIMITS OF INSURANCE
General Aggregate (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate	\$2,000,000
Personal And Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
<b>COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT</b>	
Damage to Premises Rented to You (Fire, Lightning, Explosion, Smoke or Water Damage)	\$300,000 Any One Premises
Medical Payments	\$10,000 Any One Person

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

COVERAGE	LIMITS OF INSURANCE
Hired Auto & Non-Owned Auto	\$1,000,000 Each Occurrence
Expanded Coverage Details See Form:	
Extended Watercraft	
Personal Injury Extension	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Annual Audit

Forms that apply to this coverage:

55405 (07-08)	59350 (01-15)	55146 (06-04)	IL0250 (02-89)	IL0017 (11-85)
IL0021 (07-02)	55371 (01-07)	55068 (08-89)	55189 (05-17)	CG2167 (12-04)
CG2106 (05-14)	55091 (05-17)	CG2294 (10-01)	CG0001 (04-13)	55513 (05-17)
CG2109 (06-15)	55029 (05-17)	CG2196 (03-05)	CG2132 (05-09)	CG2147 (12-07)
55885 (05-17)	55373 (05-17)	59325 (12-19)	64415 (10-22)	59390 (11-20)

**LOCATION 0001 - BUILDING 0001**

Location: 180 Cottonwood Dr, Franklin, TN 37069-4154

Territory: 008

County: Williamson

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.5% Of The Premises Operation Premium	00501	Prem/Op	Prem/Op Prem Included	Included	Included
Contractors - Subcontracted Work - In Connection With Construction, Reconstruction, Erection Or Repair - Not Buildings	91581	Prem/Op	Total Costs 195,838	Each 1000 .944	\$185.00
		Prod/Comp Op	195,838	1.433	\$281.00
Sewage Disposal - Plant Operations	98810	Prem/Op	Payroll \$84,002	Each 1000 5.456	\$458.00
		Prod/Comp Op	\$84,002	.386	\$32.00
Additional Interests	49950				
55373 Blnkt Add'L Ins-O/L/C		Prod/Comp Op	Flat Charge		\$500.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0001 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 55405, 59390	\$15.00
<b>LOCATION 0001</b>	<b>\$4,255.00</b>

Owners Ins. Co.

Issued 11-19-2024

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104

Company POLICY NUMBER 114619-03678879-25  
Bill 03-46-TN-1101

INSURED BERRY'S CHAPEL UTILITY INC

Term 01-01-2025 to 01-01-2026

**LOCATION 0002 - BUILDING 0001**

**Location:** Berry's Chapel, & Hillsboro Rd ,Franklin, TN 37064

**Territory:** 008 **County:** Williamson

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Sewage Disposal - Plant Operations	98810	Prem/Op Prod/Comp Op	Payroll If Any If Any	Each 1000 5.456 .386	Included Included

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0002 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 55405, 59390	INCLUDED
<b>LOCATION 0002</b>	<b>\$0.00</b>

**LOCATION 0003 - BUILDING 0001**

**Location:** River Landing Dr, & Windburn Lane ,Franklin, TN 37064

**Territory:** 008 **County:** Williamson

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Sewage Disposal - Plant Operations	98810	Prem/Op Prod/Comp Op	Payroll If Any If Any	Each 1000 5.456 .386	Included Included

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0003 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 55405, 59390	INCLUDED
<b>LOCATION 0003</b>	<b>\$0.00</b>

**LOCATION 0004 - BUILDING 0001**

**Location:** Ne Cnr Mentelle Dr, & Gillette ,Franklin, TN 37064

**Territory:** 008 **County:** Williamson

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Sewage Disposal - Plant Operations	98810	Prem/Op Prod/Comp Op	Payroll If Any If Any	Each 1000 5.456 .386	Included Included

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0004 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 55405, 59390	INCLUDED
<b>LOCATION 0004</b>	<b>\$0.00</b>

INSURANCE COMPANY  
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY SOUTHPOINT RISK-NASHVILLE  
19-0554-00 MKT TERR 104 615-356-3212

INSURED BERRY'S CHAPEL UTILITY INC  
DBA HARPETH WASTEWATER COOPERATIVE

ADDRESS PO BOX 682066  
FRANKLIN TN 37068-2066

## TAILORED PROTECTION POLICY DECLARATIONS

Change Endorsement Effective 03-05-2025

**POLICY NUMBER 114619-03678879-25**

Company Use 03-46-TN-1101

Company Bill	<b>Policy Term</b>	
	12:01 a.m. 01-01-2025	12:01 a.m. 01-01-2026

### Description of Change

ADDED AS LOC 1 SUB LOC 4(WOOD SHED)  
ADDRESS: 180 COTTONWOOD DR  
CITY: FRANKLIN STATE: TN ZIP: 370694154

BUILDING LIMIT: \$20,000  
BPP LIMIT: \$7,000  
COINSURANCE: 80%  
DEDUCTIBLE: \$1,000  
CONSTRUCTION: FRAME  
YEAR: 2018AND ROOF METAL

Transaction Number: 004

Endorsement Premium:	\$65.00
PAID IN FULL DISCOUNT APPLIES	ADDITIONAL
(THIS IS NOT A BILL)	
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.	

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

36. Provide the latest actuarial studies for pension expense and liabilities (FAS 87) and post employment benefits other than pensions (FAS 106).

**RESPONSE:**

Berry's Chapel Utility has no pension expense or liabilities.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

37. Does Berry's Chapel Utility have a written policy regarding non-base pay compensation or stock options? If so, please provide a copy of this policy. Were any amounts paid or accrued during the test period? If so, please provide a schedule of employees, showing the amount paid or accrued and the basis of the calculation. Provide the same information for the attrition period.

**RESPONSE:**

Berry's Chapel has no written policy regarding non-base pay compensation or stock options, and no such amounts were paid or accrued during the test period.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

38. Provide a detailed analysis of advertising expense for the test period. Provide and discuss Berry's Chapel Utility's projected advertising expenses from the end of the test period through the attrition period. For each month, identify the amount of advertising classified as follows:
- a. Institutional
  - b. Conservation
  - c. Informational
  - d. Promotional
  - e. Promotional for the sale of appliances

**RESPONSE:**

Berry's Chapel Utility has no advertising expense for the test period and does not project to have any advertising expense through the attrition period.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

39. Provide the amount of expense recorded in NARUC Account 931 for the rental of equipment or other property, for each month of the test period. Provide copies of Lease Agreements if applicable.

**RESPONSE:**

See Company Workpapers, "Administration-2" tab for the monthly expense related to the Company's office lease. See Attachments MFR39-1, MFR39-2 and MFR39-3 for copies of the office lease agreements.

MFR39-1



# 1. COMMERCIAL LEASE AGREEMENT

## 1.1 COMMERCIAL LEASE AGREEMENT

This Commercial Lease Agreement ("Lease") is revised on this \_\_\_\_\_, by and between Berry's Chapel Utility Inc. Harpeth Wastewater Cooperative ("Tenant") owner of the company called Welcome Home Properties TN Inc. and Welcome Home Properties TN Inc ("Landlord"). Landlord is the agent for the owner of land and improvements whose address is: 106 Mission Court, Ste. 104 A, Franklin, Tennessee, 37067. Individually the Landlord and Tenant shall be called "Party" and collectively "Parties". Landlord makes available Suite 106 Mission Court - 104 A Franklin, TN 37067 consisting of approximately 560 square feet ("Leased Premises").

Landlord desires to lease the Leased Premises to Tenant, and Tenant desires to lease the Leased Premises from Landlord for the term, at the rental and upon the provisions set forth herein.

THEREFORE, in consideration of the mutual promises contained herein, and for other good and valuable consideration, it is agreed:

## 1.2 TERM

The Initial Term of the Lease shall begin on the 09/01/2021 , and end on 08/31/2023 , 24 months will be a ("Initial Term"). Landlord shall use best efforts to put Tenant in possession of the Leased Premises by 09/01/2021 and no later than 09/01/2021 . Landlord will refresh and make the unit ready for new Tenant occupancy. If Landlord is unable to timely provide the Leased Premises, rent shall abate for the period of delay. Tenant shall make no other claim against Landlord for any such delay.

Not less than sixty (60) days prior to the expiration of the Initial Term or any subsequent Renewal Term, Tenant shall provide written notice to Landlord stating whether Tenant 1) will vacate the Leased Premises upon the expiration of the Initial Term or Renewal Term or 2) whether Tenant will exercise its options to a Renewal Term, as provided below. If Tenant does not provide the notice to Landlord, then a hold over period shall result and shall operate and be construed as a tenancy from month to month, with rent in an amount equal to one hundred fifty (150%) percent of the rent on the last day of the most recent Lease Term.

Tenant may renew the Lease every two (2) years after said initial two (2) year term ("Renewal Term"). Each subsequent Renewal Term shall be two (2) years. Tenant shall exercise such renewal option, if at all, by providing written notice to Landlord not less than sixty (60) days prior to the expiration of the Initial Term or any subsequent Renewal Term. The Renewal Term shall be three (3), two (2) year options with a 3% rental rate increase on each option and otherwise upon the same covenants, conditions and provisions as contained in this Lease.

The rental rate for any Renewal Term, if created as permitted under this Lease, shall be determined by Landlord at least thirty (30) days prior to the expiration of the then current Lease Term. Unless otherwise notified at least thirty (30) days prior to renewal, all other terms of the Lease remaining in full force and effect for the Renewal Term.

Collectively, the Initial Term and any exercised Renewal Terms shall be called the "Lease Term".

## 1.3 RENT

Tenant shall pay to Landlord during the Initial Term rent of \$850.00 ) per month. Each subsequent installment payment shall be due in advance on the first day of each calendar month during the Lease Term to Landlord.

Preferred method of payment is by electronic payment to the following: All payments shall be made online at [www.WelcomHomeRents.com](http://www.WelcomHomeRents.com) via your tenant portal or may be mailed in to Welcome Home Properties TN Inc PO Box 1373 Gallatin TN 37066

If rental payment amount is not received by the 5th day of the calendar month, on the 6th day, a ten percent (10%) interest fee will be accrued each day until the rental payment amount, plus interest, is paid in full. A Fifty Dollar (\$50.00) fee will be applied to all returned checks.

Four days prior to taking possession, Tenant shall pay to Landlord a "Security Deposit" in the amount of \_\_\_\_\_ owner held security deposit on file as stated in previous lease.

X     MK    

Berry's Chapel Utility Inc. Harpeth Wastewater Cooperative

#### 1.4 PROHIBITED USES

Notwithstanding the forgoing, Tenant shall not use the Leased Premises for the purposes of storing, manufacturing or selling any explosives, flammables or other inherently dangerous substance, chemical, thing or device.

#### 1.5 SUBLEASE AND ASSIGNMENT

Tenant shall have the right without Landlord's consent, to assign this Lease to a business with which Tenant may merge or consolidate, to any subsidiary of Tenant, to any corporation under common control with Tenant, or to a purchaser of substantially all of Tenant's assets.

Except as set forth above, Tenant shall not sublease all or any part of the Leased Premises, or assign this Lease in whole or in part without Landlord's written consent, such written consent not to be unreasonably withheld or delayed.

#### 1.6 REPAIRS

During the Lease Term, Tenant shall make, at Tenant's expense, all necessary repairs to the Leased Premises, excluding damage caused by other tenants or Landlord and their employees, agents, invitees, guests, or licensees. Repairs shall include such items as routine repairs of floors, walls, ceilings, minor plumbing, and other parts of the Leased Premises damaged or worn through normal occupancy, except for major mechanical systems or the roof, subject to the obligations of the parties otherwise set forth in this Lease.

For major mechanical systems or roof issues, communications should be directed to [www.WelcomeHomeRents.com](http://www.WelcomeHomeRents.com) via your tenant portal, or [Barry@WelcomeTN.com](mailto:Barry@WelcomeTN.com) or call 615-927-7413

#### 1.7 MAINTENANCE/JANITORIAL SERVICES

During the Lease Term, Tenant shall maintain the premises in good order, specifically ensuring dusting and cleaning occur in hallways/ stairs, bathrooms and kitchenette areas. If Tenant does not promptly perform his maintenance obligations as set forth herein, Landlord may provide such maintenance and supply Tenant with an invoice for said maintenance. Tenant shall promptly pay the cost of the same within ten (10) days of receipt of invoice. Tenant waives any further notice of amount due for any repairs or maintenance under this Lease. Tenant shall additionally be responsible for reasonable costs of repairs made necessary by the negligence or willful misconduct of Tenant (including Tenant's employees, agents, invitees, guests, or licensees).

To report a maintenance problem, Tenant shall log on to your tenant portal via [www.WelcomeHomeRents.com](http://www.WelcomeHomeRents.com)

#### 1.8 ALTERATIONS AND IMPROVEMENTS

Landlord will clean and touch up paint no later than   N/A   OR Unit has been cleaned on   N/A  .

Tenant, at Tenant's expense, shall also have the right, upon obtaining Landlord's written consent, to remodel/redecorate (including changes to paint colors), improvements and replacements of and to all or any part of the Leased Premises from time to time as Tenant may deem desirable, provided the same are made in a workmanlike manner and utilizing good quality materials. Tenant shall have the right to place and install personal property, trade fixtures, equipment and other temporary installations in and upon the Leased Premises, and fasten the same to the premises. All personal property, equipment, machinery, trade fixtures and temporary installations, whether acquired by Tenant at the commencement of the Lease Term or placed or installed on the Leased Premises by Tenant thereafter, shall remain Tenant's property free and clear of any claim by Landlord. Tenant shall be obligated to remove the same at Lease expiration or termination and Tenant shall be required to repair the Leased Premises to the original state, at Tenant's expense, including all damage to the Leased Premises caused by such removal and repainting unit to a neutral color to be approved by Landlord, if Tenant changes paint color upon lease initiation. Any alterations left upon lease termination must be agreed to in writing between Tenant and Landlord prior to termination date. Unauthorized alterations, personal property, etc. left after termination will be removed and disposed of at Tenant's expense.

#### 1.9 PROPERTY TAXES

Landlord shall pay, prior to delinquency, all general real estate taxes and installments of special assessments coming due during the Lease Term on the Leased Premises, and all personal property taxes with respect to Landlord's personal property, if any, on the Leased Premises. Tenant shall be responsible for paying all personal property taxes with respect to Tenant's personal property at the Leased Premises.

## 1.10 INSURANCE

If the Leased Premises or any other part of the Building is damaged by fire or other casualty resulting from any act of negligence by Tenant or by any of Tenant's agents, employees or invitees, rent shall not be diminished or abated while such damages are under repair, and Tenant shall be responsible for the costs of repair not covered by insurance.

Landlord shall maintain fire and extended coverage insurance on the Building and the Leased Premises in such amount as Landlord shall deem appropriate. Tenant shall be responsible, at its expense, for fire and extended coverage insurance on all of its personal property, including removable trade fixtures, located in the Leased Premises. Proof of insurance shall be provided to Landlord, at Landlord's request.

Tenant and Landlord shall, each at its own expense, maintain a policy or policies of comprehensive general liability insurance with respect to the particular activities of each in the Building with the premiums thereon fully paid on or before due date. Such insurance policy shall afford minimum protection of not less than \$1,000,000 combined single limit coverage of bodily injury, property damage or combination thereof. Each Party shall provide the other Party with a current Certificate of Insurance evidencing each Party's compliance with this Paragraph.

## 1.11 MANAGEMENT COMPANY

Owner has contracted with **Welcome Home Properties TN Inc (Property Manager)** to manage all units in the property located at 106 Mission Court, Units 103 and 104, Franklin TN. Contacts for Welcome Home Properties TN Inc are Barry Briley (615-927-7413) and Amy Delaney (615-400-5733) Please make attempts to contact office first (615)-206-8575

Tenant will be provided access to Property Manager's systems to enable the convenience of online submission of maintenance requests, rent payments, utility payments, etc. [www.WelcomeHomeRents.com](http://www.WelcomeHomeRents.com). Tenant agrees to register as requested by Property Manager to enable use of the system. If Tenant chooses not to pay rent through the Property Manager portal, Tenant agrees to address all payments of rent, utilities or any other monetary payments exclusively to Property Manager and send to Welcome Home Properties TN Inc P.O. Box 1373 Gallatin TN 37066 by the required due date.

To report a maintenance problem or any other lease related grievance, Tenant shall log on to your tenant portal via [www.WelcomeHomeRents.com](http://www.WelcomeHomeRents.com). All rent payments, maintenance requests, other issue reporting, lease addendums and renewals, along with all related communications, should be addressed to Property Manager.

## 1.12 UTILITIES

Landlord shall pay all charges for water and sewer used by Tenant on the Leased Premises during the term of this Lease unless otherwise expressly stated in writing by Landlord.

Tenant acknowledges that both suites A and B of the premises utilize a single HVAC unit. Both suites shall maintain access to a thermostat either via remote control or a wall thermostat. Tenant hereby agrees to operate the HVAC during business hours to maintain an interior office temperature of 72 degrees. Tenant agrees to cooperate with other tenants in maintaining the reasonable office temperature of 72 degrees and specifically acknowledges that this may require running the heat in the early morning hours and the air conditioning during the afternoons, especially during the spring and autumn seasons. Tenant will also have access to dampers at each air duct in tenant's unit that can be adjusted during seasons with high and low peak temperatures

The Tenant acknowledges that the Leased Premises are designed to provide standard office use electrical facilities and standard office lighting. Tenant shall not use any equipment or devices that utilizes excessive electrical energy or which may, in Landlord's reasonable opinion, over load the wiring, consume disproportionate electricity to other unit tenant or interfere with electrical services to other tenants.

Electricity payments shall be billed by Property Manager to Tenant. When one floor is vacant, the full amount of the bill shall be billed to Tenant. If both floors are occupied, Tenant will be billed one half of the amount billed by Middle Tennessee Electric for unit 104. Property Manager shall provide copies of the electric bills to Tenant through their Tenant portal for verification of utility expense

Electrical services are provided by Middle Tennessee Electric (877-777-9020). Problems with HVAC or Electrical should be reported through the management company.

## 1.13 SIGNS

Following Landlord's written consent, Tenant shall have the right to place on the Leased Premises, at locations selected by Tenant, any signs which are permitted by applicable zoning ordinances and private restrictions. Landlord may refuse consent to any proposed signage that is in Landlord's opinion too large, deceptive, unattractive or otherwise inconsistent with or inappropriate to the Leased Premises or use of any other tenant. Landlord shall assist and cooperate with Tenant in obtaining any necessary permission from governmental authorities or adjoining owners and occupants for Tenant to place or construct the foregoing signs. Tenant shall remove all signage at lease expiration or termination and repair all damage to the Leased Premises resulting from the removal of signs installed by Tenant.

#### 1.14 PARKING

During the term of this Lease, Tenant shall have the non-exclusive use in common with Landlord, other tenants of the Building, their guests and invitees, of the non-reserved common automobile parking areas, driveways, and footways, subject to rules and regulations for the use thereof as prescribed from time to time by Landlord. Landlord reserves the right to designate parking areas for Tenant and Tenant's agents and employees. If required by Landlord, Tenant shall provide to Landlord a list of all license numbers for the cars owned by Tenant, its agents and employees. Tenant does not require overnight parking.

#### 1.15 DAMAGE AND DESTRUCTION

If the Leased Premises or any part thereof or any appurtenance thereto is so damaged by fire, casualty or structural defects, such damage or defects not being the result of any act of negligence by Tenant or by any of Tenant's agents, employees or invitees, that the same cannot be used for Tenant's purposes, then Tenant shall have the right within ninety (90) days following damage to elect by written notice to Landlord to terminate this Lease as of the date of such damage. In the event of minor damage to any part of the Leased Premises, and if such damage does not render the Leased Premises unusable for Tenant's purposes, Landlord shall promptly repair such damage at the cost of the Landlord. If Landlord does not commence emergency repairs in twenty-four (24) hours after oral or written notice of the damage is provided to Landlord or non-emergency repairs within ten (10) business days after oral or written notice of the damage is provided to Landlord, Tenant may commence to repair such damage, and Landlord shall reimburse Tenant immediately upon receipt of a bill for the repair cost. In making the repairs called for in this paragraph, Landlord shall not be liable for any delays resulting from strikes, governmental restrictions, inability to obtain necessary materials or labor or other matters which are beyond the reasonable control of Landlord. Tenant shall be relieved from paying rent and other charges during any portion of the Lease Term that the Leased Premises are inoperable or unfit for occupancy, or use, in whole or in part, for Tenant's purposes. Rentals and other charges paid in advance for any such periods shall be credited on the next ensuing payments, if any, but if no further payments are to be made, any such advance payments shall be refunded to Tenant. The provisions of this paragraph extend not only to the matters aforesaid, but also to any occurrence which is beyond Tenant's reasonable control and which renders the Leased Premises, or any appurtenance thereto, inoperable or unfit for occupancy or use, in whole or in part, for Tenant's purposes

Landlord represents and warrants that (i) the Leased Premises, as of the date of this Agreement, is free of hazardous substances, as defined under federal, state and local law, ("Hazardous Substances"), including asbestos-containing materials, lead paint and other chemicals or materials that could cause severe harm and health problems to humans, and (ii) the Leased Premises has never been subject to any contamination or Hazardous Substances resulting in any environmental investigation, inquiry or remediation.

Landlord agrees to hold harmless and indemnify Tenant from, and to assume all duties, responsibilities and liabilities at the sole cost and expense of Landlord for, payment of penalties, sanctions, forfeitures, losses, costs or damages, and for responding to any action, notice, claim, order, summons, citation, directive, litigation, investigation or proceeding ("Claims"), to the extent arising from contamination of the Leased Premises with Hazardous Substances caused by the acts or omissions of Landlord, its employees, agents, invitees, guests, or licensees or other tenants, their employees, agents, invitees, guests, or licensees.

Tenant agrees to hold harmless and indemnify Landlord from, and to assume all duties, responsibilities and liabilities at the sole cost and expense of Tenant for, payment of penalties, sanctions, forfeitures, losses, costs or damages, and for responding to any Claims, to the extent arising from contamination of the Leased Premises with Hazardous Substances caused by the acts or omissions of Tenant, its employees, agents, invitees, guests,

The indemnifications of this Section specifically include reasonable costs, expenses and fees incurred in connection with any investigation of Leased Premises conditions or any clean-up, remediation, removal or restoration work required by any governmental authority. The provisions of this Section will survive the expiration or termination of this Agreement. In the event Tenant becomes aware of any Hazardous Substances on the Leased Premises, or any environmental, health or safety condition or matter relating to the Leased Premises, that, in Tenant's sole determination, renders the condition of the Leased Premises unsuitable for Tenant's use, or if Tenant believes that the leasing or continued leasing of the Premises would expose Tenant to undue risks of liability to a government agency or other third party, Tenant will have the right, in addition to any other rights it may have at law or in equity, to terminate this Agreement upon written notice to Landlord.

#### 1.16 DEFAULT

In the event of a default made by Tenant in the payment of rent when due to Landlord, Tenant shall have fifteen (15) days after receipt of written notice thereof to cure such default.

In the event of a default made by either Party in any of the other covenants or conditions to be kept, observed and performed by the Parties, the defaulting Party shall have thirty (30) days after receipt of written notice from the non-defaulting Party to cure such default. In the event that the defaulting Party shall fail to cure any default within the time allowed under this paragraph, the non-defaulting Party may declare the term of this Lease ended and terminated by giving the defaulting Party written notice of such intention. If Tenant is the defaulting Party and if possession of the Leased Premises is not surrendered, Landlord may reenter said premises.

Each Party shall have, in addition to the remedy above provided, any other right or remedy available to them on account of any default by the other Party, either in law or equity. Both Parties shall use reasonable efforts to mitigate its damages.

### 1.17 NOTICE OF EARLY TERMINATION

Should Tenant need to vacate during the term of the agreement due to unforeseen circumstances, Tenant shall provide a notice of intent to vacate. Tenant's Notice of Intent to Vacate Rental Unit does not release Tenant from liability for six (6) months or the remainder of the lease, whichever is shorter. Tenant's Notice of Intent to Vacate Rental Unit must be in writing. Tenant's verbal notice of intent to vacate will not be accepted and is not valid to terminate this Lease Agreement.

Tenant may serve any notice or demand upon Owner or his/her agent personally or by mailing such notice to Owner or his/her agent for the Premises by certified mail, postage prepaid, return receipt requested at the address of:

Welcome Home Properties TN Inc

PO Box 1373

Gallatin TN 37066

### 1.18 QUIET POSSESSION

Landlord covenants and warrants that upon performance by Tenant of its obligations hereunder, Landlord will keep and maintain Tenant in exclusive, quiet, peaceable and undisturbed and uninterrupted possession of the Leased Premises during the term of this Lease.

### 1.19 ENTRY BY OWNER

Tenant agrees that Owner and his/her agents may enter the Premises in case of an emergency, to make necessary or agreed repairs or improvements, or to exhibit the premises to prospective or actual purchasers, mortgagees, tenants, workmen, or contractors. Such entry, other than in case of emergency, will be made during normal business hours, unless Tenant otherwise consents at the time of entry.

Owner also has the right to request random inspection of the Leased Premises, to ensure ongoing maintenance and upkeep of the premises are in order. Owner must give Tenant twenty-four (24) hours' notice of Owner's intent to enter the Premises during normal business hours, other than in cases of emergency or if it is impractical to do so.

Once 60-day notice to terminate has been received, Owner or owner's agent has the right to enter the Leased Premises for the purposes of evaluating damages and repairs required to release and to show the property. Owner will make best efforts to provide a minimum of four (4) hour notice to enter, to enable timely showing of the unit to prospective new tenants.

### 1.20 CONDEMNATION

If any legally, constituted authority condemns the Building or such part thereof which shall make the Leased Premises unsuitable for leasing, this Lease shall cease when the public authority takes possession, and Landlord and Tenant shall account for rental as of that date. Such termination shall be without prejudice to the rights of either party to recover compensation from the condemning authority for any loss or damage caused by the condemnation. Neither party shall have any rights in or to any award made to the other by the condemning authority.

### 1.21 SUBORDINATION

Tenant accepts this Lease subject and subordinate to any mortgage, deed of trust or other lien presently existing or hereafter arising upon the Leased Premises, or upon the Building and to any renewals, refinancing and extensions thereof, but Tenant agrees that any such mortgagee shall have the right at any time to subordinate such mortgage, deed of trust or other lien to this Lease on such terms and subject to such conditions as such mortgagee may deem appropriate in its discretion. Landlord is hereby irrevocably vested with full power and authority to subordinate this Lease to any mortgage, deed of trust or other lien now existing or hereafter placed upon the Leased Premises of the Building. Tenant agrees that it will from time to time upon request by Landlord execute and deliver to such persons as Landlord shall request a statement in recordable form certifying that this Lease is unmodified and in full force and effect (or if there have been modifications, that the same is in full force and effect as so modified), stating the dates to which rent and other charges payable under this Lease have been paid, stating that Landlord is not in default hereunder (or if Tenant alleges a default stating the nature of such alleged default) and further stating such other matters as Landlord shall reasonably require.

### 1.22 SECURITY DEPOSIT

Landlord shall hold the Security Deposit without liability for interest and as security for the performance by Tenant of Tenant's covenants and obligations under this Lease, it being expressly understood that Tenant shall not consider the Security Deposit an advance payment of rent or a measure of Landlord's damages in case of default. Unless otherwise provided by law or regulation, Landlord may commingle Security Deposit funds with Landlord's other funds. Landlord may, from time to time, without prejudice to any other remedy, use the Security Deposit to the extent necessary to make good any arrearages of rent or to satisfy any other covenant or obligation of Tenant hereunder. Following any such application of the Security Deposit, Tenant shall pay to Landlord on demand the amount so applied in order to restore the Security Deposit to its original amount. If Tenant is not in default at the termination of this Lease and has returned the unit to the condition upon initial lease, Landlord shall return the balance of the Security Deposit remaining after any required repairs to Tenant.

### 1.23 NOTICE

Any notice required or permitted under this Lease shall be deemed sufficiently given or served if sent by United States certified mail, return receipt requested, addressed as follows:

### 1.24 LANDLORD

Welcome Home Properties TN Inc

PO Box 1373

Gallatin, TN 37066

Phone: 615-927-7413

Email: Amy@WelcomeTN.com

**Tenant:**

Name

Address

Phone

Email

Landlord and Tenant shall each have the right from time to time to change the place notice is to be given under this paragraph by written notice thereof to the other party.

### 1.25 WAIVER

No waiver of any default of Landlord or Tenant hereunder shall be implied from any omission to take any action on account of such default if such default persists or is repeated, and no express waiver shall affect any default other than the default specified in the express waiver and that only for the time and to the extent therein stated. One or more waivers by Landlord or Tenant shall not be construed as a waiver of a subsequent breach of the same covenant, term or condition.

### 1.26 MEMORANDUM OF LEASE

The parties hereto contemplate that this Lease should not and shall not be filed for record, but in lieu thereof, at the request of either party, Landlord and Tenant shall execute a Memorandum of Lease to be recorded for the purpose of giving record notice of the appropriate provisions of this Lease.

### 1.27 HEADINGS

The headings used in this Lease are for convenience of the parties only and shall not be considered in interpreting the meaning of any provision of this Lease.

### 1.28 SUCCESSORS

The provisions of this Lease shall extend to and be binding upon Landlord and Tenant and their respective legal representatives, successors and assigns.

### 1.29 CONSENT

Landlord shall not unreasonably withhold or delay its consent with respect to any matter for which Landlord's consent is required or desirable under this Lease.

### 1.30 COMPLIANCE WITH LAW

Tenant and Landlord each shall comply with all laws, orders, ordinances and other public requirements now or hereafter affecting the Leased Premises.

1.31 FINAL AGREEMENT

This Agreement terminates and supersedes all prior understandings or agreements on the subject matter hereof. This Agreement may be modified only by a further writing that is duly executed by both parties.

1.32 MISCELLANEOUS

- 1. This Lease is made and will be construed according to the laws of Tennessee, and venue to enforce its provisions shall be Williamson County, Tennessee.
- 2. Time is of the essence of this Lease and all of its provisions.
- 3. The various rights, options, and remedies of the Parties to this Lease will be cumulative, and none of them will be exclusive of the others nor exclusive of any right or remedies by law.
- 4. In the event of a controversy, claim or dispute between the Parties arising from or relating to this Lease, the prevailing party shall be entitled to recover from the non-prevailing party its reasonable costs, expenses and attorney's fees, including but not limited to, court costs, professional fees and other litigation expenses through all appellate levels and in bankruptcy court. This provision shall survive the expiration or termination of this lease.

By initialing below, you acknowledge and agree to the terms in Section 1.

X     MK    

Berry's Chapel Utility Inc. Harpeth Wastewater Cooperative

Welcome Home Properties TN Inc.



967 Grassland Place • Suite C • Gallatin, TN 37066  
(615) 206-8575

## 2. Sign and Accept

### 2.1 ACCEPTANCE

IN WITNESS WHEREOF, the parties have executed this Lease as of the day and year first above written.

X *Mike Knotts*

Lessee

IP Address: 162.247.215.74

07/27/2021 01:35pm CDT

X *Amy Delaney*

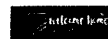
Lessor

IP Address: 73.58.216.243

07/27/2021 01:59pm CDT

MFR39-2

Welcome Home Properties TN Inc.



967 Grassland Place • Suite C • Gallatin, TN 37066  
(615) 206-8575

# 1. Lease Amendment 106 Mission Ct unit 104 A

## 1.1 LEASE AMENDMENT #1

Property: 106 Mission Ct unit 104 A Franklin TN 37067

Tenants: Berry's Chapel Utility Inc. Harpeth Wastewater Cooperative

In consideration of the mutual covenants herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to amend that certain Commercial Lease Agreement with a Binding Agreement Date of 7/27/2021 and any incorporated addenda, exhibits or prior amendments (collectively referred to herein as "Agreement") for the rental of real property specified above as follows:

All parties agree to amend the current lease to extend the lease term for 2 years beginning on 9/1/2025 and ending on 8/31/2027 at the rent rate of \$1100 a month.

This Amendment shall become binding when signed by all parties and shall be incorporated into the Agreement and all other terms and conditions of the original lease dated 7/27/21 shall remain in full force and effect.

X *Janet Savage*

8-14-2025

Date Signed

MFR39-3

Welcome Home Properties TN Inc.

987 Grassland Place • Suite C • Gallatin, TN 37066  
(615) 206-8575



## 1. Lease Amendment 106 Mission Ct unit 104 A

### 1.1 LEASE AMENDMENT #1

Property: 106 Mission Ct unit 104 A Franklin TN 37067

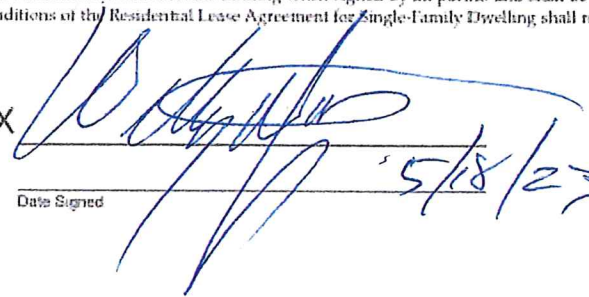
Tenants: Berry's Chapel Utility Inc, Harpeth Wastewater Cooperative

In consideration of the mutual covenants herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to amend that certain Commercial Lease Agreement with a Binding Agreement Date of 7/27/2021 and any incorporated addenda, exhibits or prior amendments (collectively referred to herein as "Agreement") for the rental of real property specified above as follows:

All parties agree to amend the current lease to extend the lease term for 2 years beginning on 9/1/2023 and ending on 8/31/2025 at the rent rate of \$1100 a month.

All other terms in current lease stands.

This Amendment shall become binding when signed by all parties and shall be incorporated into the Agreement and all other terms and conditions of the Residential Lease Agreement for Single-Family Dwelling shall remain in full force and effect

X   
Date Signed 5/18/23

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

40. Provide a schedule identifying all directors of Berry's Chapel Utility, its Parent, Multi-state Utility, or Affiliated Utility Service Company, dates of meetings attended, and the amount of directors' fees attributable to each meeting for each month of the test period. Identify the account to which these fees are booked.

**RESPONSE:**

See Attachment MFR40-1 for the names of board members and the dates of meetings attended. Board members serve voluntarily without any payment.

## BOARD MEETINGS & ATTENDANCE

<b>YEAR:</b>	<b>07/2021-06/2022</b>			
<b>MEETING DATE:</b>	<b>9/11/2021</b>	<b>12/4/2021</b>	<b>3/6/2021</b>	<b>6/4/2022</b>
<b>ATTENDANCE:</b>	MIKE KNOTTS JIM SAVAGE DAVID ZINN BILL GOODWIN	MIKE KNOTTS JIM SAVAGE DAVID ZINN	MIKE KNOTTS JIM SAVAGE DAVID ZINN STEVE SEGER BILL GOODWIN	MIKE KNOTTS JIM SAVAGE DAVID ZINN BILL GOODWIN

<b>YEAR:</b>	<b>07/2022-06/2023</b>				
<b>MEETING DATE:</b>	<b>8/27/2022</b>	<b>12/3/2022</b>	<b>4/8/2023</b>	<b>7/8/2023</b>	<b>10/7/2023</b>
<b>ATTENDANCE:</b>	MIKE KNOTTS JIM SAVAGE GREG IRVIN BILL GOODWIN	MIKE KNOTTS JIM SAVAGE DAVID ZINN GREG IRVIN BILL GOODWIN	MIKE KNOTTS JIM SAVAGE DAVID ZINN BILL GOODWIN	JIM SAVAGE DAVID ZINN GREG IRVIN BILL GOODWIN	JIM SAVAGE DAVID ZINN GREG IRVIN BILL GOODWIN

<b>YEAR:</b>	<b>07/2023-06/2024</b>				
<b>MEETING DATE:</b>	<b>7/8/2023</b>	<b>10/7/2023</b>	<b>1/20/2024</b>	<b>2/3/2024</b>	<b>5/11/2024</b>
<b>ATTENDANCE:</b>	DAVID ZINN JIM SAVAGE GREG IRVIN BILL GOODWIN	DAVID ZINN JIM SAVAGE GREG IRVIN BILL GOODWIN	DAVID ZINN JIM SAVAGE GREG IRVIN BILL GOODWIN MIKE KNOTTS	DAVID ZINN JIM SAVAGE GREG IRVIN BILL GOODWIN MIKE KNOTTS	JIM SAVAGE DAVID ZINN GREG IRVIN MIKE KNOTTS

<b>YEAR:</b>	<b>07/2024-06/2025</b>				
<b>MEETING DATE:</b>	<b>8/24/2024</b>	<b>9/17/2024</b>	<b>12/10/2024</b>	<b>1/25/2025</b>	<b>4/22/2025</b>
<b>ATTENDANCE:</b>	DAVID ZINN JIM SAVAGE GREG IRVIN MIKE KNOTTS	DAVID ZINN JIM SAVAGE MIKE KNOTTS	DAVID ZINN JIM SAVAGE MIKE KNOTTS	DAVID ZINN JIM SAVAGE GREG IRVIN MIKE KNOTTS	JIM SAVAGE DAVID ZINN GREG IRVIN

\* NAMES ARE IN NO PARTICULAR ORDER

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

41. Provide a copy of Berry Chapel Utility's Cost Allocation Study and support for any proposed changes in rate design.

**RESPONSE:**

Berry's Chapel Utility does not have a cost allocation study.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

42. Provide the amount of each lobbying expense, charitable contribution, social club membership and athletic event paid by its Parent, Multi-State Utility, or Affiliated Utility Service Company and allocated to Berry's Chapel Utility for each month of the test period and included in costs to be recovered in regulated rates. Provide the same information and breakdown for any amounts paid directly by Berry's Chapel Utility and included in costs to be recovered in regulated rates. Identify the accounts charged for each amount.

**RESPONSE:**

Berry's Chapel Utility has none of the expenses mentioned.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

43. Provide a detailed itemization of the rate case costs by law firm and rate case consultant.

**RESPONSE:**

See Company Workpapers, "Rate Case-1" tab. Berry's Chapel Utility has not included rate case costs in its attrition period expenses. Instead, the Company intends to seek a separate surcharge from the Commission to recover these costs after the rate case when the amounts are known.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

44. Please identify any changes since the last Tennessee rate case in the Long-Term Incentive Plan ("LTIP") criteria for compensation. Further, identify the amount and account charged for the LTIP in the test period and the attrition year.

**RESPONSE:**

Berry's Chapel Utility has no long-term incentive plan compensation.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

45. Provide copies of the following tax returns (state and federal) for the most recent three (3) tax years:
- a. Tennessee Gross Receipts Tax Returns
  - b. Tennessee Franchise and Excise Tax Returns
  - c. Property tax statement Tennessee Ad Valorem Tax Report
  - d. Employer's Quarterly Federal Tax Returns (Form 941)
  - e. Employer's Annual Federal Unemployment Tax Return (Form 940)
  - f. Employer's Quarterly Contribution Report to the Tennessee Department of Employment Security

**RESPONSE:**

- a. Berry's Chapel Utility is a non-profit entity and not subject to Tennessee Gross Receipts Taxes.
- b. Berry's Chapel Utility is a non-profit entity and not subject to Tennessee Excise Taxes.
- c. See Attachments MFR45C-1, MFR45C-2 and MFR45C-3.
- d. See Attachment MFR45D-1.
- e. See Attachment MFR45E-1.
- f. See Attachment MFR45E-1.

MFR45C-1



**STATE OF TENNESSEE  
2025  
AD VALOREM TAX REPORT**



COMPANY NAME Berry's Chapel Utility, Inc DBA Harpeth Wastewater Cooperative

STREET Suite 104A 106 Mission Court CITY Franklin STATE TN ZIP CODE 37067  
(PRINCIPAL OFFICE INFORMATION)

STREET Suite 104A 106 Mission Court CITY Franklin STATE TN ZIP CODE 37067  
(PRINCIPAL OFFICE INFORMATION IN TENNESSEE)

PHONE NUMBER ( ) 615-764-0074 FAX NUMBER ( ) \_\_\_\_\_

COMPANY WEB SITE www.harpethcoop.com

EMAIL ADDRESS admin@berryschapel.com

Visit our website at:

[www.comptroller.tn.gov/sap](http://www.comptroller.tn.gov/sap)

MAIL REPORT TO:

**COMPTROLLER OF THE TREASURY  
OFFICE OF STATE ASSESSED PROPERTIES  
Cordell Hull Building  
425 Rep. John Lewis Way N.  
Nashville, TN 37243-3400  
(615) 741-0140 FAX (615) 741-0142**

**\*\*This report must be filed with this office by April 1, 2025\*\***



17. State NET additions (additions less retirements) to Tennessee plant and property for:  
2023 \$ 0 2024 \$ 56,212

18. Total number of subscribers in Tennessee 996

19. Does your company operate solely (100%) in Tennessee X YES \_\_\_\_\_ NO

If you checked "YES" it will not be necessary to complete questions 20-27.  
If you checked "NO" you must complete questions 20-27.

20. GROSS Investment in Tennessee plant and property December 31, 2024 \$ \_\_\_\_\_

21. NET Investment in Tennessee plant and property December 31, 2024 \$ \_\_\_\_\_

22. TENNESSEE GROSS Revenue (Income) for year ended December 31, 2024 \$ \_\_\_\_\_

23. TENNESSEE NET OPERATING Revenue (Income) for year ended December 31, 2024 \$ \_\_\_\_\_

24. Percent of TENNESSEE GROSS Investment as compared to SYSTEM GROSS Investment in plant and property  
December 31, 2024 \_\_\_\_\_ %

25. Percent of TENNESSEE NET Investment as compared to SYSTEM NET Investment in plant and property  
December 31, 2024 \_\_\_\_\_ %

26. Percent of TENNESSEE GROSS REVENUE (Income) as compared to SYSTEM GROSS Revenue (Income) for  
year ended December 31, 2024 \_\_\_\_\_ %

27. Percent of TENNESSEE NET OPERATING Revenue (Income) as compared to SYSTEM NET OPERATING  
Revenue (Income) for year ended December 31, 2024 \_\_\_\_\_ %

28. Does your company or its parent holding company file the following? Check all that apply:

No a. SEC Form 10-K

No b. Annual report to stockholders

File one copy of each of the items checked in item 28 with the Comptroller of the Treasury, Office of State  
Assessed Properties.

29. What was the date of your last rate case? 1/15/2014 Was the case heard by a state PSC  
or a federal entity? Yes What was the return on equity granted? 0 %

30. Special questions regarding this report should be directed to:

NAME: James Savage

TITLE: Chairman

ADDRESS: Suite 104A 106 Mission Court  
Number & Street

Franklin TN 37067  
City State Zip

PHONE NUMBER: ( ) 615-764-0074

FAX NUMBER: ( ) \_\_\_\_\_

E-MAIL ADDRESS: admin@berryschapel.com

**BALANCE SHEET**  
**ASSETS**

AS OF DECEMBER 31

<u>Item</u>	<u>Fixed Assets</u>	<u>2024</u>	<u>2023</u>
1.	Utility Plant in Service	\$ 4,454,061	\$ 4,172,886
2.	Plant Under Construction	0	0
3.	Property Held for Future Use		
4.	Plant Acquisition Adjustment		
5.	Total Fixed Assets	4,454,061	4,172,886
6.	LESS Depreciation & Amortization Reserve	3,746,130	3,632,730
7.	<b>Net Fixed Assets</b>	<b>\$ 707,932</b>	<b>\$ 540,156</b>
	<b><u>Other Property &amp; Investments</u></b>		
*8.	Non-Utility Property	\$	\$
9.	LESS Accumulated Depreciation		
10.	Net Non-Utility Property		
*11.	<b>INVESTMENT IN AFFILIATED COMPANIES</b>		
*12.	<b>OTHER INVESTMENTS</b>		
13.	Miscellaneous Physical Property		
14.	Sinking Funds		
15.	Other Fund Accounts		
16.	<b>Total Other Property &amp; Investments</b>	<b>\$</b>	<b>\$</b>
	<b><u>Current Assets</u></b>		
17.	Cash	\$ 878,482	\$ 468,961
18.	Special Cash Deposits	126,644	123,846
19.	Working Funds		
20.	Temporary Cash Investments		
21.	Notes Receivable due from Related Parties		
22.	Other Notes Receivable		
23.	Due from Customers & Agent - Net	124,556	83,299
24.	Accounts Receivable from Affiliated Companies Net		
25.	Other Accounts Receivable - Net	142,152	134,856
26.	Interest & Dividends Receivable		
27.	Pre-Payments	16,677	17,917
28.	<b>MATERIALS &amp; SUPPLIES</b>		
29.	Liquefied Natural Gas Stored		
30.	Subscriptions to Security Issues		
31.	Other Current Assets	13,741	422,844
32.	<b>Total Current Assets</b>	<b>\$ 1,302,252</b>	<b>\$ 1,251,723</b>
	<b><u>Deferred Charges</u></b>		
33.	Discount on Long-Term Debt	\$	\$
34.	Extraordinary Maintenance & Retirements		
35.	Clearing Accounts		
36.	Other Deferred Charges		
37.	<b>Total Deferred Charges</b>	<b>\$</b>	<b>\$</b>
38.	<b>TOTAL ASSETS</b>	<b>\$ 2,010,183</b>	<b>\$ 1,791,879</b>

\*GIVE A DETAILED BREAKDOWN AND DESCRIPTION OF THIS TYPE OF PROPERTY INVESTMENT.

**BALANCE SHEET**  
**LIABILITIES & OTHER CREDITS**

AS OF DECEMBER 31

<u>Item</u>	<u>2024</u>	<u>2023</u>
<b><u>Capital Stock &amp; Retained Earnings</u></b>		
1. Common Capital Stock Outstanding	\$	\$
2. Preferred Capital Stock Outstanding		
3. Premiums on Capital Stock		
4. Other Capital Liability Accounts		
5. Proprietor's Capital		
6. Other Capital		
7. Retained Earnings Reserved		
8. Unappropriated Retained Earnings	-971,704	-987,956
9. <b>LESS</b> Discount on Capital Stock		
10. <b>LESS</b> Capital Stock Expense		
11. <b>Total Capital Stock &amp; Retained Earnings</b>	<b>\$ -971,704</b>	<b>\$ -987,956</b>
<b><u>Long-Term Debt</u></b>		
12. Funded Debt Outstanding	\$	\$
13. Receivers Certificates		
14. Advances from Affiliated Companies		
15. Other Long-Term Debt(s)	1,064,152	1,064,152
16. <b>Total Long-Term Debt(s)</b>	<b>\$ 1,064,152</b>	<b>\$ 1,064,152</b>
<b><u>Current &amp; Accrued Liabilities</u></b>		
17. Notes Payable to Affiliated Companies	\$	\$
18. Other Notes Payable	247,954	247,955
19. Accounts Payable to Affiliated Companies		
20. Other Accounts Payable	1,488	20,737
21. Customer Deposits		
22. Matured Interest & Dividends		
23. Matured Long-Term Debt(s)		
24. Advance Billing & Payments		
25. Taxes Accrued	9,716	9,716
26. Unmatured Interest, Dividends, & Rents Accrued	1,326,252	1,230,297
27. Refunds Due Customers	71,900	71,900
28. Other Current Liabilities	123,826	135,078
29. <b>Total Current &amp; Accrued Liabilities</b>	<b>\$ 1,781,136</b>	<b>\$ 1,715,683</b>
<b><u>Deferred Credits &amp; Reserves</u></b>		
30. Premium on Long-Term Debt	\$	\$
31. Insurance Reserve		
32. Provident Reserve		
33. Amortization Reserve		
34. Employment Stabilization Reserve		
35. Other Deferred Credits & Reserves		
36. Accumulated Deferred Income Taxes		
37. <b>Total Deferred Credits &amp; Reserves</b>	<b>\$</b>	<b>\$</b>
<b><u>Contributions in Aid of Construction</u></b>		
38. Contributions in Aid of Construction	\$ 136,599	\$ 0
39. <b>TOTAL LIABILITIES &amp; OTHER CREDITS</b>	<b>\$ 2,010,183</b>	<b>\$ 1,791,879</b>

**SUPPLEMENT  
TO BALANCE SHEET**

As of December 31

<u>Item</u>	<u>2024</u>	<u>2023</u>
1. Contributed Plant	\$ 136,599	\$ 0
2. Accumulated Depreciation on Contributed Plant	0	0
3. Net Contributed Plant	136,599	0
4. Non-Contributed Plant	4,317,462	4,190,803
5. Accumulated Depreciation on Non-Contributed	3,746,130	3,632,730
6. Net Non-Contributed Plant	571,333	558,073
7. Total Utility Plant in Service	4,454,061	4,190,803
8. Total Accumulated Depreciation	3,746,130	3,632,730
9. *TOTAL NET PLANT	<u>\$707,932</u>	<u>\$558,073</u>

**\*THIS FIGURE SHOULD BE EQUAL TO THE FIGURE REPORTED ON THE PRECEDING PAGE REPRESENTING NET FIXED ASSET**

List below the items included in the Contributed Plant Account:

	<u>AMOUNT</u>
<u>Wastewater Treatment Plant Funded through Federal Grants</u>	<u>\$136,599</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<b>TOTAL CONTRIBUTED PLANT</b>	<u><u>\$136,599</u></u>

LONG-TERM DEBT

Mortgages, Bonds, Promissory Notes, & Miscellaneous Long-Term Debt

Date of Issue	Date of Maturity	Description: (Bonds, Notes, or Other Instrument)	Beginning of Year Balance	Principal Paid During Year	*End of Year Balance	Interest for Year		Leave This Column Blank
						Rate (%)	Amount	
4/02/2004	4/12/2014	Long term note	\$1,064,152		\$1,064,152	7.50%		
		<b>TOTALS</b>	\$1,064,152	\$ 0	\$1,064,152	-----	\$ -	

**INCOME STATEMENT**

AS OF DECEMBER 31

<u>Item</u>	<u>Operating Revenues</u>	<u>2024</u>	<u>2023</u>
1.	Unmetered Revenue	\$ 1,036,506	
2.	Metered Revenue		
3.	Fire Hydrant Revenue & Service		
4.	Revenue from Sale of Taps		
5.	Sewerage Revenue		969,856
6.	Other Revenue		3,373
7.	<b>Total Operating Revenue</b>	<b>\$ 1,036,506</b>	<b>\$ 973,229</b>
	<b><u>Operating Expense</u></b>		
8.	Water Supply Expense	\$	\$
9.	Pumping Expense		
10.	Purification Expense		
11.	Distribution Expense		224,354
12.	Customer Accounting & Collection Expense		553,927
13.	Administrative & General Expense	820,456	
14.	State, County, & Municipal Taxes	5,994	9,121
15.	Federal Income Taxes	0	
16.	Other Federal Taxes		
17.	Depreciation Expense	113,400	50,971
18.	Amortization Expense		
19.	Other Operating Expense	95,955	
20.	<b>Total Operating Expense</b>	<b>\$ 1,035,806</b>	<b>\$ 838,373</b>
21.	<b>NET OPERATING INCOME</b>	<b>\$ 700</b>	<b>\$ 134,856</b>
	<b><u>Other Income</u></b>		
22.	Dividend Income	\$	\$
23.	Allowance for Funds Used During Construction (AFUDC) LESS: Federal Income Taxes on AFUDC		
24.	Other Interest Income	12,447	6,143
25.	Total Interest Income		
26.	Income from Non-Operating Property		
27.	Miscellaneous Income	0	0
28.	<b>Total Other Income</b>	<b>\$ 12,447</b>	<b>\$ 6,143</b>
	<b><u>Miscellaneous Deductions from Income</u></b>		
29.	Miscellaneous Income Charges	\$	\$
30.	Federal Income Tax - Non-Operating		
31.	Other Non-Operating Taxes		
32.	Total Miscellaneous Deductions	0	0
33.	Net Other Income	12,447	0
34.	<b>Gross Income</b>	<b>\$ 13,147</b>	<b>\$ 140,999</b>
	<b><u>Interest &amp; Other Deductions</u></b>		
35.	Interest on Funded Debt	\$	\$ 95,955
36.	Other Interest deductions		
37.	Amortization of Discount on Long-Term Debt		
38.	Release of Premium on Long-Term Debt-Credit		
39.	Other Fixed charges		
40.	<b>TOTAL INTEREST &amp; OTHER DEDUCTIONS</b>	<b>\$ 0</b>	<b>\$ 95,955</b>
41.	<b>Net Income Before Extraordinary Items</b>	<b>\$ 13,147</b>	<b>\$ 45,044</b>
	<b><u>Extraordinary &amp; Delayed Items</u></b>		
42.	Extraordinary & Delayed Items	\$	\$
43.	<b>Net Income to Retained Earnings</b>	<b>\$ 13,147</b>	<b>\$ 45,044</b>

LEASED EQUIPMENT

This schedule should include all operating equipment located in Tennessee that is leased or used by your company.

Type of Equipment	No. Of Units	Total Annual Amount of Rent	Age Of Units	Annual Depreciation Rate	Lease Expiration Date	Owner	Tax Liability Lessor or Lessee	Original Cost	Accumulated Depreciation	Depreciated Cost	Location (County & City)
		\$  N/A						\$	\$	\$	

**TENNESSEE PROPERTY**  
December 31, 2024

**WATER DISTRIBUTION SYSTEM**

	<b>Gross Investment Within Corporate Limits</b>	<b>Gross Investment Outside Corporate Limits</b>	<b>Gross Investment Total</b>
Meters	\$	\$	\$
Mains by Size and Kind:			
Collection Mains		272,630	272,630
Pumps - Booster			
Fire Hydrants			
<b>Total Investment</b>	\$	\$ 272,630	\$ 272,630
<b>Total Cash Value 1/1/2025</b>	\$	\$ 40,602	\$ 40,602

**WATER SUPPLY & EQUIPMENT**

Wells & Springs	\$	\$ 768,920	\$ 768,920
Boilers & Motors			
Pumps & Other Pumping Equip.		2,691,271	2,691,271
Reservoirs & Stand Pipes			
Purification & Filtration			
<b>Miscellaneous</b>			
<b>Total Investment</b>	\$	\$ 3,460,191	\$ 3,460,191
<b>Total Cash Value 1/1/2025</b>	\$	\$ 379,322	\$ 379,322

Total Gross investment in furniture, fixtures, equipment, automobiles, materials & supplies, & other general equipment	\$	\$ 234,615	\$ 234,615
Total cash value of above	\$	\$ 15,516	\$ 15,516

**CONSTRUCTION WORK IN PROGRESS (CWIP) - Please attach a separate sheet identifying and describing the assets reported under this section**

Gross Investment (CWIP)	\$	\$ 224,965	\$ 224,965
Personal @ 15%	\$	\$ 0	\$ 0
Real @ 100%	\$	\$ 224,965	\$ 224,965

**REAL ESTATE - TENNESSEE**

**Land:**

Acres	Location	Year Acquired	Purchased From	Deed Book	Page No.	Gross Investment	Cash Value Jan. 1, 2025
	N/A					\$ 10,000	\$ 10,000
<b>Total Land</b>						\$ 10,000	\$ 10,000

**Structures**

Kind & Type	Location	Year Constructed/Acquired	Gross Investment	Cash Value Jan. 1, 2025
	N/A		\$ 251,661	\$ 37,527
<b>Total Structures</b>			\$ 251,661	\$ 37,527
<b>Total Real Estate/Tennessee</b>			\$ 261,661	\$ 47,527
<b>Total All Property/Tennessee</b>			\$ 4,454,062	\$ 707,932

**PROPERTY SHEET**

Note: One sheet to be completed for each county, city, and special school district where property located.

Name of city or special school district Williamson  
County County

**WATER DISTRIBUTION SYSTEM**

	Gross Investment Within Corporate Limits	Gross Investment Outside Corporate Limits	Gross Investment Total
Meters	\$ _____	\$ _____	\$ _____
Mains by Size and Kind:	_____	_____	_____
_____	_____	272,630	272,630
_____	_____	_____	_____
Pumps - Booster	_____	_____	_____
Fire Hydrants	_____	_____	_____
<b>Total Investment</b>	<b>\$ _____</b>	<b>\$ 272,630</b>	<b>\$ 272,630</b>
<b>Total Cash Value 1/1/2025</b>	<b>\$ _____</b>	<b>\$ 40,602</b>	<b>\$ 40,602</b>

**WATER SUPPLY & EQUIPMENT**

Wells & Springs	\$ _____	\$ 768,920	\$ 768,920
Boilers & Motors	_____	_____	_____
Pumps & Other Pumping Equip.	_____	\$ 2,691,271	\$ 2,691,271
Reservoirs & Stand Pipes	_____	_____	_____
Purification & Filtration	_____	\$ -	\$ -
<b>Miscellaneous</b>	_____	\$ -	\$ -
<b>Total Investment</b>	<b>\$ _____</b>	<b>\$ 3,460,191</b>	<b>\$ 3,460,191</b>
<b>Total Cash Value 1/1/2025</b>	<b>\$ _____</b>	<b>\$ 379,322</b>	<b>\$ 379,322</b>

Total Gross investment in furniture, fixtures, equipment, automobiles, materials & supplies, & other general equipment

	\$ _____	\$ 234,615	\$ 234,615
Total cash value of above	\$ _____	\$ 15,516	\$ 15,516

**CONSTRUCTION WORK IN PROGRESS (CWIP) - Please attach a separate sheet identifying and describing the assets reported under this section**

Gross Investment (CWIP)	\$ _____	\$ 224,965	\$ 224,965
Personal @ 15%	\$ _____	\$ 0	\$ 0
Real @ 100%	\$ _____	\$ 224,965	\$ 224,965

**REAL ESTATE - TENNESSEE**

**Land:**

Acres	Location	Year Acquired	Purchased From	Deed Book	Page No.	Gross Investment	Cash Value Jan. 1, 2025
_____	N/A	_____	_____	_____	_____	\$ 10,000	\$ 10,000
<b>Total Land</b>						<b>\$ 10,000</b>	<b>\$ 10,000</b>

**Structures**

Kind & Type	Location	Year Constructed/Acquired	Gross Investment	Cash Value Jan. 1, 2025
_____	N/A	_____	\$ 251,661	\$ 37,527
<b>Total Structures</b>			<b>\$ 251,661</b>	<b>\$ 37,527</b>
<b>Total Real Estate/Tennessee</b>			<b>\$ 261,661</b>	<b>\$ 47,527</b>
<b>Total All Property-City, County, SSD</b>			<b>\$ 4,454,062</b>	<b>\$ 707,932</b>

Supplement to Pages WS-7 and WS-8

The assets reported as Construction Work in Progress on pages WS-7 and WS-8 are described below.

Date	Description	Amount
04/17/2024	TO RECORD WILLIAMSON COUNTY ARPA INVOICE #T4-2024 FOR APPLICATION PHASE, GRANT OVERSIGHT & SUBMITTALS THROUGH 03/29/2024.	\$17,125.11
04/30/2024	TO RECORD WILLIAMSON COUNTY APRA INVOICE #T5-2024-04 FOR APPLICATION PHASE, GRANT OVERSIGHT & SUBMITTALS THROUGH 04/26/2024.	1,127.50
05/09/2024	TO RECODE ARPA INVOICES TO DATE CORRECTLY; MICHAEL WALL, TERRY BUCKNER, LEXIE LANGELLA, & RFQ ADVERTISING.	3,560.00
05/31/2024	TO RECORD INFLOW DESIGN GROUP INVOICE #3421 FOR ENGINEERING DESIGN SERVICES FOR 03/13/2024-05/31/2024.	19,624.50
06/21/2024	TO RECORD WILLIAMSON COUNTY GOVERNMENT INVOICE #T6-2024-02 FOR GRANT OVERSIGHT THROUGH 05/31/2024.	1,399.25
06/30/2024	SERVICE CHARGE	25.00
07/31/2024	TO RECORD WILLIAMSON COUNTY GOVERNMENT INVOICE # t7-2024-02 FOR GRANT OVERSIGHT THROUGH 06/28/2024	1,093.25
08/16/2024	TO RECORD INFLOW DESIGN GROUP INVOICE #3526 FOR ARPA ENGINEERING DESIGN WORK 06/01/2024-07/31/2024	12,912.50
08/22/2024	TO RECORD WILLIAMSON COUNTY GOVERNMENT INVOICE #T7243 FOR GRANT OVERSIGHT 07/01/2024-08/02/2024	1,671.00
09/02/2024	SERVICE CHARGE	40.00
09/26/2024	TO RECORD INFLOW DESIGN GROUP INVOICE # 3595 FOR ARPA ENGINEERING DESIGN WORK 08/01/2024-08/31/2024	15,827.50
09/26/2024	TO RECORD WILLIAMSON COUNTY GOVERNMENT INVOICE #T9242 FOR GRANT OVERSIGHT 08/01/2024-80/31/2024	1,205.75
10/31/2024	TO RECORD INFLOW DESIGN GROUP INVOICE #3625 FOR ARPA ENGINEERING DESIGN WORK 09/01/24-09/30/24	9,025.00
10/31/2024	TO RECORD UTILITY TECHNOLOGIES INVOICE #924007 FOR ARPA FLOW MONITORING 07/01/24-09/30/24	11,500.00
10/31/2024	TO RECORD WILLIAMSON COUNTY GOVERNMENT INVOICE #T10243 FOR GRANT OVERSIGHT 08/31/24-09/27/24	1,104.50
10/31/2024	TO RECORD SCA INVOICE #8573A FOR ARPA CCTV OF COLLECTION SYSTEM 08/06/24-09/30/24	61,819.90
11/13/2024	TO RECORD INFLO DESIGN GROUP INVOICE # 3682 FOR ARPA ENGINEERING DESIGN WORK 10/01/2024-10/31/2024	17,407.50
11/13/2024	TO RECORD UTILITY TECHNOLOGIES INVOICE # 1024007 FOR ARPA FLOW MONITORING 10/01/2024-10/31/2024	13,000.00
11/13/2024	TO RECORD SCA/SANITECH INVOICE # 8594 FOR ARPA CCTV WORK 10/01/2024-10/31/2024	7,159.13
11/27/2024	TO RECORD WILLIAMSON COUNTY GOVERNMENT INVOICE #11242 FOR GRANT OVERSIGHT 09/28/2024-11/01/2024.	829.25
12/16/2024	TO RECORD INFLO DESIGN GROUP INVOICE # 3752 FOR ARPA ENGINEERING DESIGN WORK 11/01/2024-11/30/2024	21,865.00
12/31/2024	TO RECORD UTILITY TECHNOLOGOGIES INVOICE #1224007 FOR ARPA FLOW MONITORING 11/01/202411/18/2024	5,000.00
12/31/2024	TO RECORD WILLIAMSON COUNTY GOVERNMENT INVOICE # T1224 FOR GRANT OVERSIGHT 11/2/202411/29/2024	643.00
		<b>\$224,964.64</b>

**PURCHASES AND SALES OF TENNESSEE PROPERTY**

List all purchases and sales of Tennessee real property (including Telecommunications Towers) that occurred during the year 2024. Give all applicable information for each transaction separately. (You may copy pages as needed)

**Please attach a copy of the warranty deed or sales contract.**

**PURCHASES**

Date of Purchase: \_\_\_\_\_ N/A \_\_\_\_\_

County/City: \_\_\_\_\_

Assessor's Tax Map & Parcel Number: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Description of Property: \_\_\_\_\_

Grantor (seller): \_\_\_\_\_

Type of Improvement: \_\_\_\_\_

**SALES**

Date of Sale: \_\_\_\_\_ N/A \_\_\_\_\_

County/City: \_\_\_\_\_

Assessor's Tax Map & Parcel Number: \_\_\_\_\_

Sale Price: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Number & Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Description of Property: \_\_\_\_\_

Grantee (buyer): \_\_\_\_\_

Type of Improvement: \_\_\_\_\_

### **INDUSTRIAL DEVELOPMENT BOARD**

Please report on this form any industrial Development Board (IDB) or similar tax abatements information for personal and real property leased by your company. Please include scanned or paper copies of any similar agreements with city or counties for the referenced properties.

Owner Name	Lessee Name	Property Address	County Name	City Name	Estimated Value	Lease Date	Lease Terms
	N/A						



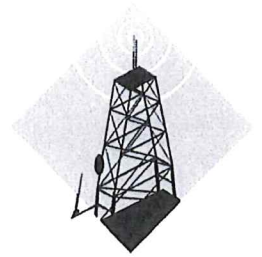
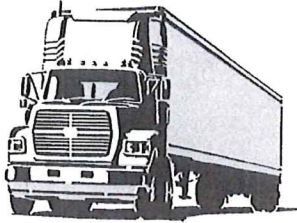
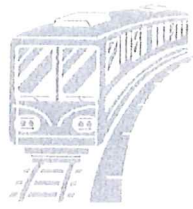
**Date:** March 31, 2025

I, James Savage, being the CHAIRMAN of Berry's Chapel Utility, Inc., do hereby swear and affirm that the foregoing Ad Valorem Tax Report for the year two thousand twenty four has been prepared from only the original books, papers, and records of said respondent under my direction in accordance with Tennessee Code Annotated, §67-5-1316, and is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
NAME

Chairman  
\_\_\_\_\_  
OFFICIAL CAPACITY

MFR45C-2



# STATE OF TENNESSEE 2024 AD VALOREM TAX REPORT



COMPANY NAME Berrys Chapel Utility, Inc. d/b/a Harpeth Wastewater Coop

STREET Suite 104A 106 Mission Ct. CITY Franklin STATE TN ZIP CODE 37067  
(PRINCIPAL OFFICE INFORMATION)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(PRINCIPAL OFFICE INFORMATION IN TENNESSEE)

PHONE NUMBER ( ) 615-764-0074 FAX NUMBER ( )

COMPANY WEB SITE www.harpethcoop.com

EMAIL ADDRESS admin@berryschapel.com

Visit our website at:

[www.comptroller.tn.gov/sap](http://www.comptroller.tn.gov/sap)

MAIL REPORT TO:

**COMPTROLLER OF THE TREASURY  
OFFICE OF STATE ASSESSED PROPERTIES  
Cordell Hull Building  
425 Rep. John Lewis Way N.  
Nashville, TN 37243-3400  
(615) 741-0140 FAX (615) 741-0142**

**\*\*This report must be filed with this office by April 1, 2024\*\***

1. Company Name Berrys Chapel Utility, Inc. d/b/a Harpeth Wastewater Coop

2. Principal Office Location 106 Mission Ct. Suite 104A  
Number & Street  
Franklin TN 37067  
City State Zip

3. Is Company  INDIVIDUAL?  PARTNERSHIP?  CORPORATION?  
 COOPERATIVE?  OTHER?

4. If a CORPORATION or OTHER similar enterprise, supply the following information:  
Under laws of what state organized TN Date organized 7/16/2010  
Add charter of incorporation or similar enterprise. \_\_\_\_\_ Date dissolved \_\_\_\_\_

Under laws of what state organized TN Date organized 7/16/2010

5. Name & address of PRESIDENT, OWNER, OR PARTNER William Goodwin  
Name  
President 106 Mission Ct. Suite 104A Franklin TN 37067  
Position/Title Number & Street City State Zip

6. Name & address of GENERAL MANAGER Bruce Meyer  
Name  
106 Mission Ct. Suite 104A Franklin TN 37067  
Number & Street City State Zip

7. GROSS Investment in SYSTEM plant and property December 31, 2023 \$ 4,172,886  
8. NET Investment in SYSTEM plant and property December 31, 2023 \$ 540,156  
9. SYSTEM GROSS Revenue (Income) for year ended December 31, 2023 \$ 473,229  
10. SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2023 \$ 134,856  
11. Amount of LOANS FROM FEDERAL AGENCIES, if any \$ — 0 —

12. Indicate stock & debt of company:

	Amount Authorized	No. of Shares or Amount Issued	Book or Par Value	Market or Cash Value
Preferred Stock	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Common Stock	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
Bonds	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>
Other Long-Term Debts	<u>↓</u>	<u>↓</u>	<u>↓</u>	<u>↓</u>

13. State surplus at beginning of 2023 \$ — 0 — End of 2023 \$ — 0 —

14. State amount of dividends paid for the year 2023: Preferred \$ — 0 — Common \$ — 0 —

15. State exact dollar amount of FEDERAL INCOME TAX ACTUALLY PAID OR OWED FOR 2023 as reported on your Federal Income Tax Return \$ — 0 —

16. State ACTUAL CASH or MARKET VALUE of all Tennessee plant and property as of January 1, 2024 \$ 540,156

17. State NET additions (additions less retirements) to Tennessee plant and property for:  
 2022 \$ 31,644 2023 \$ <129,691>
18. Total number of subscribers in Tennessee 934
19. Does your company operate solely (100%) in Tennessee?  YES  NO  
 If you checked "YES" it will not be necessary to complete questions 20-27.  
 If you checked "NO" you must complete questions 20-27.
20. GROSS Investment in Tennessee plant and property December 31, 2023 \$ 4,172,886
21. NET Investment in Tennessee plant and property December 31, 2023 \$ 540,156
22. TENNESSEE GROSS Revenue (Income) for year ended December 31, 2023 \$ 473,229
23. TENNESSEE NET OPERATING Revenue (Income) for year ended December 31, 2023 \$ 134,856
24. Percent of TENNESSEE GROSS Investment as compared to SYSTEM GROSS Investment in plant and property December 31, 2023 100 %
25. Percent of TENNESSEE NET Investment as compared to SYSTEM NET Investment in plant and property December 31, 2023 100 %
26. Percent of TENNESSEE GROSS Revenue (Income) as compared to SYSTEM GROSS Revenue (Income) for year ended December 31, 2023 100 %
27. Percent of TENNESSEE NET OPERATING Revenue (Income) as compared to SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2023 100 %
28. Does your company or its parent holding company file the following? **Check all that apply:**  
 a. SEC Form 10-K  
 b. Annual report to stockholders

**File one copy of each of the items checked in item 28 with the Comptroller of the Treasury, Office of State Assessed Properties.**

29. What was the date of your last rate case? 1/15/14 Was the case heard by a state PSC or a federal entity? TPUC What was the return on equity granted? 0 %
30. Special questions regarding this report should be directed to:  
 NAME: Robert T. Buckner  
 TITLE: Consultant  
 ADDRESS: 2783 Saundersville Ferry Rd.  
Number & Street  
Mt. Juliet TN 37122  
City State Zip  
 PHONE NUMBER: ( ) 615-425-6683  
 FAX NUMBER: ( )  
 E-MAIL ADDRESS: robert.buckner1@outlook.com

**BALANCE SHEET**  
**ASSETS**

AS OF DECEMBER 31

<u>Item</u>	<u>Fixed Assets</u>	<u>2023</u>	<u>2022</u>
1.	Utility Plant in Service	\$ 4,172,886	\$ 4,302,577
2.	Plant Under Construction		
3.	Property Held for Future Use		
4.	Plant Acquisition Adjustment		
5.	Total Fixed Assets	4,172,886	4,302,577
6.	LESS Depreciation & Amortization Reserve	3,632,730	3,697,750
7.	<b>Net Fixed Assets</b>	<b>\$ 540,156</b>	<b>\$ 604,827</b>
	<b><u>Other Property &amp; Investments</u></b>		
*8.	Non-Utility Property	\$	\$
9.	LESS Accumulated Depreciation		
10.	Net Non-Utility Property		
*11.	<b>INVESTMENT IN AFFILIATED COMPANIES</b>		
*12.	<b>OTHER INVESTMENTS</b>		
13.	Miscellaneous Physical Property		
14.	Sinking Funds		
15.	Other Fund Accounts		
16.	<b>Total Other Property &amp; Investments</b>	<b>\$ —</b>	<b>\$ —</b>
	<b><u>Current Assets</u></b>		
17.	Cash	\$ 468,961	\$ 751,710
18.	Special Cash Deposits	123,846	122,131
19.	Working Funds		
20.	Temporary Cash Investments		
21.	Notes Receivable due from Related Parties		
22.	Other Notes Receivable		
23.	Due from Customers & Agent – Net	83,299	74,609
24.	Accounts Receivable from Affiliated Companies Net		
25.	Other Accounts Receivable – Net	134,856	135,034
26.	Interest & Dividends Receivable		
27.	Pre-Payments	17,917	2,383
28.	<b>MATERIALS &amp; SUPPLIES</b>		
29.	Liquefied Natural Gas Stored		
30.	Subscriptions to Security Issues		
31.	Other Current Assets	422,844	
32.	<b>Total Current Assets</b>	<b>\$ 1,251,723</b>	<b>\$ 1,085,927</b>
	<b><u>Deferred Charges</u></b>		
33.	Discount on Long-Term Debt	\$	\$
34.	Extraordinary Maintenance & Retirements		
35.	Clearing Accounts		
36.	Other Deferred Charges		
37.	<b>Total Deferred Charges</b>	<b>\$</b>	<b>\$</b>
38.	<b>TOTAL ASSETS</b>	<b>\$ 1,791,879</b>	<b>\$ 1,690,754</b>

\*GIVE A DETAILED BREAKDOWN AND DESCRIPTION OF THIS TYPE OF PROPERTY INVESTMENT.

**BALANCE SHEET**  
**LIABILITIES & OTHER CREDITS**

AS OF DECEMBER 31

<u>Item</u>	<u>2023</u>	<u>2022</u>
<b><u>Capital Stock &amp; Retained Earnings</u></b>		
1. Common Capital Stock Outstanding	\$	\$
2. Preferred Capital Stock Outstanding		
3. Premiums on Capital Stock		
4. Other Capital Liability Accounts		
5. Proprietor's Capital		
6. Other Capital		
7. Retained Earnings Reserved		
8. Unappropriated Retained Earnings	< 987,956 >	< 1,038,248 >
9. LESS Discount on Capital Stock		
10. LESS Capital Stock Expense		
11. <b>Total Capital Stock &amp; Retained Earnings</b>	<u>\$ 987,956</u>	<u>\$ 1,038,248</u>
<b><u>Long-Term Debt</u></b>		
12. Funded Debt Outstanding	\$	\$
13. Receivers Certificates		
14. Advances from Affiliated Companies		
15. Other Long-Term Debt(s)	1,064,152	1,064,152
16. <b>Total Long-Term Debt(s)</b>	<u>\$ 1,064,152</u>	<u>\$ 1,064,152</u>
<b><u>Current &amp; Accrued Liabilities</u></b>		
17. Notes Payable to Affiliated Companies	\$	\$
18. Other Notes Payable	247,955	247,955
19. Accounts Payable to Affiliated Companies		
20. Other Accounts Payable	20,737	27,573
21. Customers Deposits		
22. Matured Interest & Dividends		
23. Matured Long-Term Debt(s)		
24. Advance Billing & Payments		
25. Taxes Accrued	9,716	9,716
Unmatured Interest, Dividends, & Rents		
26. Accrued	1,230,297	1,134,341
27. Refunds Due Customers	71,900	71,900
28. Other Current Liabilities	135,098	110,085
29. <b>Total Current &amp; Accrued Liabilities</b>	<u>\$ 1,715,683</u>	<u>\$ 1,601,510</u>
<b><u>Deferred Credits &amp; Reserves</u></b>		
30. Premium on Long-Term Debt	\$	\$
31. Insurance Reserve		
32. Provident Reserve		
33. Amortization Reserve		
34. Employment Stabilization Reserve		
35. Other Deferred Credits & Reserves		
36. Accumulated Deferred Income Taxes		
37. <b>Total Deferred Credits &amp; Reserves</b>	\$	\$
<b><u>Contributions in Aid of Construction</u></b>		
38. Contributions in Aid of Construction	\$ — 0 —	\$ 63,340
39. <b>TOTAL LIABILITIES &amp; OTHER CREDITS</b>	<u>\$ 1,711,879</u>	<u>\$ 1,690,254</u>

**SUPPLEMENT  
TO BALANCE SHEET**

As of December 31

	<u>2023</u>	<u>2022</u>
1. Contributed Plant	\$ 1,647,650	\$ 1,647,650
2. Accumulated Depreciation on Contributed Plant	1,647,650	1,584,310
3. Net Contributed Plant	- 0 -	63,340
4. Non- Contributed Plant	2,525,236	2,654,927
5. Accumulated Depreciation on Non- Contributed	1,985,080	2,113,440
6. Net Non- Contributed Plant	540,156	541,487
7. Total Utility Plant in Service	4,172,886	4,302,577
8. Total Accumulated Depreciation	3,632,730	3,697,750
9. *TOTAL NET PLANT	\$ 540,156	\$ 604,827

**\*THIS FIGURE SHOULD BE EQUAL TO THE FIGURE REPORTED ON THE PRECEDING PAGE REPRESENTING NET FIXED ASSET**

List below the items included in the Contributed Plant Account:

	AMOUNT
22% of Phase II Expenditures from 200K to 400,000 gallons per day	\$ 324,200 *
Developer contributions to collections	1,083,450 *
2017 - 2018 Pumping	240,000
<b>TOTAL CONTRIBUTED PLANT</b>	<b>\$ 1,647,650</b>

\* Per reports prior filed by previous owners

LONG-TERM DEBT

Mortgages, Bonds, Promissory Notes, & Miscellaneous Long-Term Debt

Date of Issue	Date of Maturity	Description: (Bonds, Notes, or Other Instrument)	Beginning of Year Balance	Principal Paid During Year	*End of Year Balance	Interest for Year		Leave This Column Blank
						Rate (%)	Amount	
4/02/04	4/12/14	Long Term Note	\$ 1,064,155		\$ 1,064,155	7.5%	\$	
<b>TOTALS</b>			\$	\$	\$	*	\$	

INCOME STATEMENT

AS OF DECEMBER 31

	<u>2023</u>	<u>2022</u>
<b><u>Item</u></b>		
	\$	\$
<b><u>Operating Revenues</u></b>		
1. Unmetered Revenue		
2. Metered Revenue		
3. Fire Hydrant Revenue & Service		
4. Revenue from Sale of Taps		
5. Sewerage Revenue	969,856	992,028
6. Other Revenue	3,373	11,012
7. <b>Total Operating Revenues</b>	<u>\$973,229</u>	<u>\$1,003,040</u>
<b><u>Operating Expense</u></b>		
8. Water Supply Expense		
9. Pumping Expense		
10. Purification Expense		
11. Distribution Expense	224,354	186,177
12. Customer Accounting & Collection Expense	553,927	588,941
13. Administrative & General Expense		
14. State, County, & Municipal Taxes	9,121	9,312
15. Federal Income Taxes		
16. Other Federal Taxes		
17. Depreciation Expense	50,971	63,721
18. Amortization Expense		
19. Other Operating Expense		
20. <b>Total Operating Expense</b>	<u>\$838,373</u>	<u>\$848,161</u>
21. <b>NET OPERATING INCOME</b>	<u>\$134,856</u>	<u>\$154,879</u>
<b><u>Other Income</u></b>		
22. Dividend Income		
23. Allowance for Funds Used During Construction (AFUDC) LESS: Federal Income Taxes on AFUDC		
24. Other Interest Income		
25. Total Interest Income	6,143	1,868
26. Income from Non-Operating Property		
27. Miscellaneous Income		
28. <b>Total Other Income</b>	<u>\$6,143</u>	<u>\$1,868</u>
<b><u>Miscellaneous Deductions from Income</u></b>		
29. Miscellaneous Income Charges		
30. Federal Income Tax – Non-Operating		
31. Other Non-Operating Taxes		
32. Total Miscellaneous Deductions		
33. Net Other Income		
34. <b>Gross Income</b>	\$	\$
<b><u>Interest &amp; Other Deductions</u></b>		
35. Interest on Funded Debt	\$95,955	\$95,955
36. Other Interest Deductions		
37. Amortization of Discount on Long-Term Debt		
38. Release of Premium on Long-Term Debt-Credit		
39. Other Fixed Charges		
40. <b>TOTAL INTEREST &amp; OTHER DEDUCTIONS</b>	<u>\$95,955</u>	<u>\$95,955</u>
41. <b>Net Income Before Extraordinary Items</b>	<u>\$45,044</u>	<u>\$60,792</u>
<b><u>Extraordinary &amp; Delayed Items</u></b>		
42. Extraordinary & Delayed Items		
43. <b>Net Income to Retained Earnings</b>	<u>\$45,044</u>	<u>\$60,792</u>

LEASED EQUIPMENT

This schedule should include all operating equipment located in Tennessee that is leased or used by your company.

Type of Equipment	No. Of Units	Total Annual Amount of Rent	Age Of Units	Annual Depreciation Rate	Lease Expiration Date	Owner	Tax Liability Lessor or Lessee	Original Cost	Accumulated Depreciation	Depreciated Cost	Location (County & City)
1		\$				None		\$	\$	\$	

**TENNESSEE PROPERTY**  
December 31, 2023

**WATER DISTRIBUTION SYSTEM**

	Gross Investment Within Corporate Limits	Gross Investment Outside Corporate Limits	Gross Investment Total
Meters	\$ _____	\$ _____	\$ _____
Mains by Size & Kind:	_____	<i>None</i>	_____
_____	_____	_____	_____
_____	_____	_____	_____
Pumps – Booster	_____	_____	_____
Fire Hydrants	_____	_____	_____
<b>Total Investment</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Cash Value 1/1/2024</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**WATER SUPPLY & EQUIPMENT**

Wells & Springs	\$ _____	\$ _____	\$ _____
Boilers & Motors	_____	_____	_____
Pumps & Other Pumping Equip.	_____	_____	_____
Reservoirs & Stand Pipes	_____	_____	_____
Purification & Filtration	_____	_____	_____
<b>Miscellaneous</b>	_____	_____	_____
<b>Total Investment</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Cash Value 1/1/2024</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Total Gross Investment in furniture, fixtures, equipment, automobiles, materials & supplies, & other general equipment

	\$ _____	\$ _____	\$ _____
Total cash value of above	\$ _____	\$ _____	\$ _____

**CONSTRUCTION WORK IN PROGRESS (CWIP)** - Please attach a separate sheet identifying and describing the assets reported under this section

<b>Gross Investment (CWIP)</b>	\$ _____	\$ _____	\$ _____
<b>Personal @ 15%</b>	\$ _____	\$ _____	\$ _____
<b>Real @ 100%</b>	\$ _____	\$ _____	\$ _____

**REAL ESTATE – TENNESSEE**

**Land:**

Acres	Location	Year Acquired	Purchased From	Deed Book	Page No.	Gross Investment \$	Cash Value Jan. 1, 2024 \$
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>Total Land</b>						<b>\$ _____</b>	<b>\$ _____</b>

**Structures:**

Kind & Type	Location	Year Constructed/Acquired	Gross Investment \$	Cash Value Jan. 1, 2024 \$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total Structures</b>			<b>\$ 4,172,886</b>	<b>\$ 4,172,886</b>
<b>Total Real Estate/Tennessee</b>			<b>\$ _____</b>	<b>\$ _____</b>
<b>Total All Property/Tennessee</b>			<b>\$ 4,172,886</b>	<b>\$ 4,172,886</b>

**PROPERTY SHEET**

Note: One sheet to be completed for each county, city, and special school district where property located.

Name of city or special school district \_\_\_\_\_ County \_\_\_\_\_

**WATER DISTRIBUTION SYSTEM**

	<b>Gross Investment Within Corporate Limits</b>	<b>Gross Investment Outside Corporate Limits</b>	<b>Gross Investment</b>
Meters	\$ _____	\$ _____	\$ _____
Mains by Size & Kind:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Pumps – Booster	_____	_____	_____
Fire Hydrants	_____	_____	_____
<b>Total Investment</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Cash Value 1/1/2024</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**WATER SUPPLY & EQUIPMENT**

Wells & Springs	\$ _____	\$ _____	\$ _____
Boilers & Motors	_____	_____	_____
Pumps & Other Pumping Equip.	_____	_____	_____
Reservoirs & Stand Pipes	_____	_____	_____
Purification & Filtration	_____	_____	_____
<b>Miscellaneous</b>	_____	_____	_____
<b>Total Investment</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Cash Value 1/1/2024</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Total Gross Investment in furniture, fixtures, equipment, automobiles, materials & supplies, & other general equipment

\$ _____	\$ _____	\$ _____
----------	----------	----------

Total cash value of above

\$ _____	\$ _____	\$ _____
----------	----------	----------

**CONSTRUCTION WORK IN PROGRESS (CWIP)**

<b>Gross Investment (CWIP)</b>	\$ _____	\$ _____	\$ _____
<b>Personal @ 15%</b>	\$ _____	\$ _____	\$ _____
<b>Real @ 100%</b>	\$ _____	\$ _____	\$ _____

**REAL ESTATE - TENNESSEE**

**Land:**

Acres	Location	Year Acquired	Purchased From	Deed Book	Page No.	Gross Investment \$	Cash Value Jan. 1, 2024 \$
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
<b>Total Land</b>						<b>\$ _____</b>	<b>\$ _____</b>

**Structures:**

Kind & Type	Location	Year Constructed/Acquired	Gross Investment \$	Cash Value Jan. 1, 2024 \$
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Total Structures</b>			<b>\$ 4,172,896</b>	<b>\$ 4,172,896</b>
<b>Total Real Estate</b>			<b>\$ _____</b>	<b>\$ _____</b>
<b>Total All Property-City, County, SSD</b>			<b>\$ 4,172,896</b>	<b>\$ 4,172,896</b>

**PURCHASES AND SALES OF TENNESSEE PROPERTY**

List all purchases and sales of **Tennessee real property** (including Telecommunications Towers) that occurred during the year 2023. Give all applicable information for each transaction separately. (You may copy pages as needed) **Please attach a copy of the warranty deed or sales contract.**

**PURCHASES**

Date of Purchase:

*None*

County/City:

Assessor's Tax Map & Parcel Number:

Purchase Price:

Physical Address:

Number & Street

City

State

Zip

Description of Property:

Grantor (seller):

Type of Improvement:

**SALES**

Date of Sale:

*None*

County/City:

Assessor's Tax Map & Parcel Number:

Sale Price:

Physical Address:

Number & Street

City

State

Zip

Description of Property:

Grantee (buyer):

Type of Improvement:





DATE: \_\_\_\_\_

I, \_\_\_\_\_, being the OWNER, PRESIDENT,  
SECRETARY, AND/OR PARTNER OF \_\_\_\_\_, do hereby  
swear and affirm that the foregoing Ad Valorem Tax Report for the year two thousand twenty-  
four has been prepared from only the original books, papers, and records of said respondent  
under my direction in accordance with Tennessee Code Annotated, §67-5-1316, and is true  
and correct to the best of my knowledge and belief.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
OFFICIAL CAPACITY

# OUT OF BUSINESS

## IF COMPANY HAS GONE OUT OF BUSINESS

THIS FORM MUST BE PROPERLY FILLED OUT, SIGNED, NOTARIZED AND RETURNED TO:

COMPTROLLER OF THE TREASURY  
OFFICE OF STATE ASSESSED PROPERTIES  
CORDELL HULL BUILDING  
425 FIFTH AVENUE NORTH  
NASHVILLE, TN 37243-3400

I, \_\_\_\_\_, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

- **Company Name** \_\_\_\_\_
- **Date operation ceased business** \_\_\_\_\_
- **Date of insurance cancellation**  
(Attach copy of insurance cancellation) \_\_\_\_\_
- **Date of cancellation (US DOT Number)** \_\_\_\_\_
- **Date of cancellation (FMCSA)**  
(You can log onto their website using their Pin# and cancel online or call (615)781-5781) \_\_\_\_\_
- **Date of cancellation (MC Number)**  
(If FMCSA is not notified by the insurance company when the insurance is terminated, the company will still appear as active in SAFER. Please ensure Motor Carrier Authority cancellation, or your company will still be assessed by the Office of State Assessed Properties) \_\_\_\_\_
- **How and when were assets disposed**  
(If sold, name and address of buyer) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOTARY ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
COMPANY OFFICIAL SIGNATURE

\_\_\_\_\_  
DATE

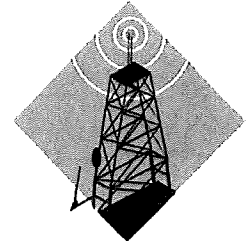
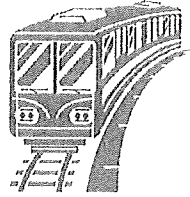
Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY

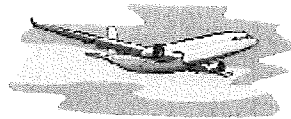
NOTARY SEAL

\_\_\_\_\_  
COMMISSION EXPIRES

MFR45C-3



# STATE OF TENNESSEE 2023 AD VALOREM TAX REPORT



COMPANY NAME Berrys Chapel Utility, Inc. d/b/a Harpeth Wastewater Coop.

STREET Suite 104A 106 Mission St. CITY Franklin STATE TN ZIP CODE 37067  
(PRINCIPAL OFFICE INFORMATION)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
(PRINCIPAL OFFICE INFORMATION IN TENNESSEE)

PHONE NUMBER ( ) 615-764-0074 FAX NUMBER ( )

COMPANY WEB SITE www.harpethcoop.com

EMAIL ADDRESS admin@berryschapel.com

Visit our website at:  
[www.comptroller.tn.gov/sap](http://www.comptroller.tn.gov/sap)

MAIL REPORT TO:  
**COMPTROLLER OF THE TREASURY**  
**OFFICE OF STATE ASSESSED PROPERTIES**  
Cordell Hull Building  
425 Rep. John Lewis Way N.  
Nashville, TN 37243-3400  
(615) 741-0140 FAX (615) 741-0142

**\*\*This report must be filed with this office by April 1, 2023\*\***

1. Company Name Berrys Chapel Utility, Inc. d/b/a Harpeth Wastewater Coop.

2. Principal Office Location 106 Mission Ct. Suite 104 A  
Number & Street  
Franklin TN 37067  
City State Zip

3. Is Company  INDIVIDUAL?  PARTNERSHIP?  CORPORATION?  
 COOPERATIVE?  OTHER?

4. If a CORPORATION or OTHER similar enterprise, supply the following information:

Under laws of what state organized TN Date organized 7/16/2010  
 Add charter of incorporation or similar enterprise. \_\_\_\_\_ Date dissolved \_\_\_\_\_

Under laws of what state organized TN Date organized 7/16/2010

5. Name & address of PRESIDENT, OWNER, OR PARTNER William Goodwin  
Name  
President 106 Mission Suite 104A Franklin TN 37067  
Position/Title Number & Street City State Zip

6. Name & address of GENERAL MANAGER Bruce Meyer  
Name  
106 Mission Ct. Suite 104A Franklin TN 37067  
Number & Street City State Zip

7. GROSS Investment in SYSTEM plant and property December 31, 2022 \$ 4,302,577  
 8. NET Investment in SYSTEM plant and property December 31, 2022 \$ 604,827  
 9. SYSTEM GROSS Revenue (Income) for year ended December 31, 2022 \$ 1,003,040  
 10. SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2022 \$ 154,879  
 11. Amount of LOANS FROM FEDERAL AGENCIES, if any \$ — 0 —

12. Indicate stock & debt of company:

	Amount Authorized	No. of Shares or Amount Issued	Book or Par Value	Market or Cash Value
Preferred Stock	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Common Stock	<u>I</u>	<u>I</u>	<u>I</u>	<u>I</u>
Bonds	<u>I</u>	<u>I</u>	<u>I</u>	<u>I</u>
Other Long-Term Debts	<u>I</u>	<u>I</u>	<u>I</u>	<u>I</u>

13. State surplus at beginning of 2022 \$ — 0 — End of 2022 \$ — 0 —

14. State amount of dividends paid for the year 2022: Preferred \$ — 0 — Common \$ — 0 —

15. State exact dollar amount of FEDERAL INCOME TAX ACTUALLY PAID OR OWED FOR 2022 as reported on your Federal Income Tax Return \$ — 0 —

16. State ACTUAL CASH or MARKET VALUE of all Tennessee plant and property as of January 1, 2023 \$ 604,827

17. State NET additions (additions less retirements) to Tennessee plant and property for:  
 2021 \$ 123,683 2022 \$ 31,644
18. Total number of subscribers in Tennessee 986
19. Does your company operate solely (100%) in Tennessee?  YES  NO  
 If you checked "YES" it will not be necessary to complete questions 20-27.  
 If you checked "NO" you must complete questions 20-27.
20. GROSS Investment in Tennessee plant and property December 31, 2022 \$ 4,302,577
21. NET Investment in Tennessee plant and property December 31, 2022 \$ 604,827
22. TENNESSEE GROSS Revenue (Income) for year ended December 31, 2022 \$ 1,003,040
23. TENNESSEE NET OPERATING Revenue (Income) for year ended December 31, 2022 \$ 154,819
24. Percent of TENNESSEE GROSS Investment as compared to SYSTEM GROSS Investment in plant and property December 31, 2022 100 %
25. Percent of TENNESSEE NET Investment as compared to SYSTEM NET Investment in plant and property December 31, 2022 100 %
26. Percent of TENNESSEE GROSS Revenue (Income) as compared to SYSTEM GROSS Revenue (Income) for year ended December 31, 2022 100 %
27. Percent of TENNESSEE NET OPERATING Revenue (Income) as compared to SYSTEM NET OPERATING Revenue (Income) for year ended December 31, 2022 100 %
28. Does your company or its parent holding company file the following? **Check all that apply:**  
 a. SEC Form 10-K  
 b. Annual report to stockholders

**File one copy of each of the items checked in item 28 with the Comptroller of the Treasury, Office of State Assessed Properties.**

29. What was the date of your last rate case? 1/15/14 Was the case heard by a state PSC or a federal entity? TPUC What was the return on equity granted? 0 %
30. Special questions regarding this report should be directed to:  
 NAME: Robert T. Buckner  
 TITLE: Consultant  
 ADDRESS: 2783 Saundersville Ferry Rd.  
Number & Street  
Mt. Juliet TN 37122  
City State Zip  
 PHONE NUMBER: ( ) 615-425-6683  
 FAX NUMBER: ( )  
 E-MAIL ADDRESS: robert.buckner@comcast.net

**BALANCE SHEET**  
**ASSETS**

AS OF DECEMBER 31

<u>Item</u>	<u>Fixed Assets</u>	<u>2022</u>	<u>2021</u>
1.	Utility Plant in Service	\$ 4,302,577	\$ 4,270,933
2.	Plant Under Construction		
3.	Property Held for Future Use		
4.	Plant Acquisition Adjustment		
5.	Total Fixed Assets	4,302,577	4,270,933
6.	LESS Depreciation & Amortization Reserve	3,697,759	3,561,227
7.	<b>Net Fixed Assets</b>	<b>\$ 604,817</b>	<b>\$ 709,706</b>
	<b><u>Other Property &amp; Investments</u></b>		
*8.	Non-Utility Property	\$	\$
9.	LESS Accumulated Depreciation		
10.	Net Non-Utility Property		
*11.	<b>INVESTMENT IN AFFILIATED COMPANIES</b>		
*12.	<b>OTHER INVESTMENTS</b>		
13.	Miscellaneous Physical Property		
14.	Sinking Funds		
15.	Other Fund Accounts		
16.	<b>Total Other Property &amp; Investments</b>	<b>\$ —</b>	<b>\$ —</b>
	<b><u>Current Assets</u></b>		
17.	Cash	\$ 751,770	\$ 640,704
18.	Special Cash Deposits	122,131	121,798
19.	Working Funds		
20.	Temporary Cash Investments		
21.	Notes Receivable due from Related Parties		
22.	Other Notes Receivable		
23.	Due from Customers & Agent – Net	74,609	70,964
24.	Accounts Receivable from Affiliated Companies Net		
25.	Other Accounts Receivable – Net	135,034	115,932
26.	Interest & Dividends Receivable		
27.	Pre-Payments	2,383	(1,950)
28.	<b>MATERIALS &amp; SUPPLIES</b>		
29.	Liquefied Natural Gas Stored		
30.	Subscriptions to Security Issues		
31.	Other Current Assets		
32.	<b>Total Current Assets</b>	<b>\$ 1,085,927</b>	<b>\$ 947,448</b>
	<b><u>Deferred Charges</u></b>		
33.	Discount on Long-Term Debt	\$	\$
34.	Extraordinary Maintenance & Retirements		
35.	Clearing Accounts		
36.	Other Deferred Charges		
37.	<b>Total Deferred Charges</b>	<b>\$</b>	<b>\$</b>
38.	<b>TOTAL ASSETS</b>	<b>\$ 1,690,754</b>	<b>\$ 1,657,154</b>

\*GIVE A DETAILED BREAKDOWN AND DESCRIPTION OF THIS TYPE OF PROPERTY INVESTMENT.

**BALANCE SHEET**  
**LIABILITIES & OTHER CREDITS**

AS OF DECEMBER 31

<u>Item</u>	<u>Capital Stock &amp; Retained Earnings</u>	<u>2022</u>	<u>2021</u>
1.	Common Capital Stock Outstanding	\$	\$
2.	Preferred Capital Stock Outstanding		
3.	Premiums on Capital Stock		
4.	Other Capital Liability Accounts		
5.	Proprietor's Capital		
6.	Other Capital		
7.	Retained Earnings Reserved		
8.	Unappropriated Retained Earnings	<del>1,038,248</del>	<del>1,113,263</del>
9.	LESS Discount on Capital Stock		
10.	LESS Capital Stock Expense		
11.	<b>Total Capital Stock &amp; Retained Earnings</b>	<del>\$1,038,248</del>	<del>\$1,113,263</del>
<b><u>Long-Term Debt</u></b>			
12.	Funded Debt Outstanding	\$	\$
13.	Receivers Certificates		
14.	Advances from Affiliated Companies		
15.	Other Long-Term Debt(s)	1,064,152	1,064,152
16.	<b>Total Long-Term Debt(s)</b>	<u>\$1,064,152</u>	<u>\$1,064,152</u>
<b><u>Current &amp; Accrued Liabilities</u></b>			
17.	Notes Payable to Affiliated Companies	\$	\$
18.	Other Notes Payable	247,955	247,955
19.	Accounts Payable to Affiliated Companies		
20.	Other Accounts Payable	27,513	98,746
21.	Customers Deposits		
22.	Matured Interest & Dividends		
23.	Matured Long-Term Debt(s)		
24.	Advance Billing & Payments		
25.	Taxes Accrued	9,716	9,716
	Unmatured Interest, Dividends, & Rents		
26.	Accrued	1,134,341	1,031,719
27.	Refunds Due Customers	71,900	71,900
28.	Other Current Liabilities	110,085	110,085
29.	<b>Total Current &amp; Accrued Liabilities</b>	<u>\$1,601,510</u>	<u>\$1,557,121</u>
<b><u>Deferred Credits &amp; Reserves</u></b>			
30.	Premium on Long-Term Debt	\$	\$
31.	Insurance Reserve		
32.	Provident Reserve		
33.	Amortization Reserve		
34.	Employment Stabilization Reserve		
35.	Other Deferred Credits & Reserves		
36.	Accumulated Deferred Income Taxes		
37.	<b>Total Deferred Credits &amp; Reserves</b>	\$	\$
<b><u>Contributions in Aid of Construction</u></b>			
38.	Contributions in Aid of Construction	\$ 63,340	\$ 136,122
39.	<b>TOTAL LIABILITIES &amp; OTHER CREDITS</b>	<u>\$ 1,690,754</u>	<u>\$ 1,657,154</u>

**SUPPLEMENT  
TO BALANCE SHEET**

As of December 31

	<u>2022</u>	<u>2021</u>
1. Contributed Plant	\$ 1,647,650	\$ 1,647,650
2. Accumulated Depreciation on Contributed Plant	1,534,310	1,511,506
3. Net Contributed Plant	63,340	136,144
4. Non- Contributed Plant	2,654,927	2,623,283
5. Accumulated Depreciation on Non- Contributed	2,113,440	2,049,721
6. Net Non- Contributed Plant	541,487	573,562
7. Total Utility Plant in Service	4,302,517	4,270,933
8. Total Accumulated Depreciation	3,697,750	3,561,227
9. *TOTAL NET PLANT	\$ 604,827	\$ 709,706

**\*THIS FIGURE SHOULD BE EQUAL TO THE FIGURE REPORTED ON THE PRECEDING PAGE REPRESENTING NET FIXED ASSET**

List below the items included in the Contributed Plant Account:

	<u>AMOUNT</u>
22% of Phase II Expenditures from 200k to 400,000 gallons per day	\$ 324,200 *
Developer contributions to collections	1,083,450 *
2017-2018 Pumping	240,000
<b>TOTAL CONTRIBUTED PLANT</b>	<b>\$ 1,647,650</b>

\* per prior reports filed by former owners

LONG-TERM DEBT

Mortgages, Bonds, Promissory Notes, & Miscellaneous Long-Term Debt

Date of Issue	Date of Maturity	Description: (Bonds, Notes, or Other Instrument)	Beginning of Year Balance	Principal Paid During Year	*End of Year Balance	Interest for Year		Leave This Column Blank	
						Rate (%)	Amount		
4/12/04	4/12/14	Long Term Note	\$ 1,064,155		\$ 1,064,155	7.5	\$		
<b>TOTALS</b>						\$		\$	

**INCOME STATEMENT**

AS OF DECEMBER 31

<u>Item</u>	<u>Operating Revenues</u>	<u>2022</u>	<u>2021</u>
1.	Unmetered Revenue	\$	\$
2.	Metered Revenue		
3.	Fire Hydrant Revenue & Service		
4.	Revenue from Sale of Taps		
5.	Sewerage Revenue	992,028	924,255
6.	Other Revenue	11,012	7,406
7.	<b>Total Operating Revenues</b>	<b>\$ 1,003,040</b>	<b>\$ 931,631</b>
	<u>Operating Expense</u>		
8.	Water Supply Expense	\$	\$
9.	Pumping Expense		
10.	Purification Expense		
11.	Distribution Expense	186,177	154,411
12.	Customer Accounting & Collection Expense	589,941	592,242
13.	Administrative & General Expense		
14.	State, County, & Municipal Taxes	9,322	9,015
15.	Federal Income Taxes		
16.	Other Federal Taxes		
17.	Depreciation Expense	63,724	33,012
18.	Amortization Expense		
19.	Other Operating Expense		
20.	<b>Total Operating Expense</b>	<b>\$ 848,161</b>	<b>\$ 788,680</b>
21.	<b>NET OPERATING INCOME</b>	<b>\$ 154,879</b>	<b>\$ 142,951</b>
	<u>Other Income</u>		
22.	Dividend Income	\$	\$
23.	Allowance for Funds Used During Construction (AFUDC) LESS: Federal Income Taxes on AFUDC		
24.	Other Interest Income	1,868	2,583
25.	Total Interest Income		
26.	Income from Non-Operating Property		
27.	Miscellaneous Income		
28.	<b>Total Other Income</b>	<b>\$ 1,868</b>	<b>\$ 2,583</b>
	<u>Miscellaneous Deductions from Income</u>		
29.	Miscellaneous Income Charges	\$	\$
30.	Federal Income Tax - Non-Operating		
31.	Other Non-Operating Taxes		
32.	Total Miscellaneous Deductions		
33.	Net Other Income		
34.	<b>Gross Income</b>	<b>\$</b>	<b>\$</b>
	<u>Interest &amp; Other Deductions</u>		
35.	Interest on Funded Debt	\$ 95,955	\$ 94,676
36.	Other Interest Deductions		
37.	Amortization of Discount on Long-Term Debt		
38.	Release of Premium on Long-Term Debt-Credit		
39.	Other Fixed Charges		
40.	<b>TOTAL INTEREST &amp; OTHER DEDUCTIONS</b>	<b>\$ 95,955</b>	<b>\$ 94,676</b>
41.	<b>Net Income Before Extraordinary Items</b>	<b>\$ 60,792</b>	<b>\$ 50,858</b>
	<u>Extraordinary &amp; Delayed Items</u>		
42.	Extraordinary & Delayed Items	\$	\$
43.	<b>Net Income to Retained Earnings</b>	<b>\$ 60,792</b>	<b>\$ 50,858</b>

LEASED EQUIPMENT

This schedule should include all operating equipment located in Tennessee that is leased or used by your company.

Type of Equipment	No. Of Units	Total Annual Amount of Rent	Age Of Units	Annual Depreciation Rate	Lease Expiration Date	Owner	Tax Liability Lessor or Lessee	Original Cost	Accumulated Depreciation	Depreciated Cost	Location (County & City)
		\$ 1			None			\$	\$	\$	



**PROPERTY SHEET**

Note: One sheet to be completed for each county, city, and special school district where property located.

Name of city or special school district \_\_\_\_\_ County \_\_\_\_\_

**WATER DISTRIBUTION SYSTEM**

	Gross Investment Within Corporate Limits	Gross Investment Outside Corporate Limits	Gross Investment
Meters	\$ _____	\$ _____	\$ _____
Mains by Size & Kind:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Pumps – Booster	_____	_____	_____
Fire Hydrants	_____	_____	_____
<b>Total Investment</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Cash Value 1/1/2023</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**WATER SUPPLY & EQUIPMENT**

Wells & Springs	\$ _____	\$ _____	\$ _____
Boilers & Motors	_____	_____	_____
Pumps & Other Pumping Equip.	_____	_____	_____
Reservoirs & Stand Pipes	_____	_____	_____
Purification & Filtration	_____	_____	_____
<b>Miscellaneous</b>	_____	_____	_____
<b>Total Investment</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Total Cash Value 1/1/2023</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

Total Gross Investment in furniture, fixtures, equipment, automobiles, <u>materials &amp; supplies</u> , & other general equipment	\$ _____	\$ _____	\$ _____
Total cash value of above	\$ _____	\$ _____	\$ _____

**CONSTRUCTION WORK IN PROGRESS (CWIP)**

<b>Gross Investment (CWIP)</b>	\$ _____	\$ _____	\$ _____
<b>Personal @ 15%</b>	\$ _____	\$ _____	\$ _____
<b>Real @ 100%</b>	\$ _____	\$ _____	\$ _____

**REAL ESTATE - TENNESSEE**

**Land:**

Acres	Location	Year Acquired	Purchased From	Deed Book	Page No.	Gross Investment	Cash Value Jan. 1, 2023
_____	_____	_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____
<b>Total Land</b>						<b>\$ _____</b>	<b>\$ _____</b>

**Structures:**

Kind & Type	Location	Year Constructed/Acquired	Gross Investment	Cash Value Jan. 1, 2023
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____
<b>Total Structures</b>			<b>\$ 4,302,577</b>	<b>\$ 4,302,577</b>
<b>Total Real Estate</b>			<b>\$ _____</b>	<b>\$ _____</b>
<b>Total All Property-City, County, SSD</b>			<b>\$ 4,302,577</b>	<b>\$ 4,302,577</b>

**PURCHASES AND SALES OF TENNESSEE PROPERTY**

List all purchases and sales of **Tennessee real property** (including Telecommunications Towers) that occurred during the year 2022. Give all applicable information for each transaction separately. (You may copy pages as needed) **Please attach a copy of the warranty deed or sales contract.**

**PURCHASES**

Date of Purchase:

*None*

County/City:

Assessor's Tax Map & Parcel Number:

Purchase Price:

Physical Address:

Number & Street

City

State

Zip

Description of Property:

Grantor (seller):

Type of Improvement:

**SALES**

Date of Sale:

*None*

County/City:

Assessor's Tax Map & Parcel Number:

Sale Price:

Physical Address:

Number & Street

City

State

Zip

Description of Property:

Grantee (buyer):

Type of Improvement:





# OUT OF BUSINESS

IF COMPANY HAS GONE OUT OF BUSINESS

THIS FORM MUST BE PROPERLY FILLED OUT, SIGNED, NOTARIZED AND RETURNED TO:

COMPTROLLER OF THE TREASURY

OFFICE OF STATE ASSESSED PROPERTIES

CORDELL HULL BUILDING

425 FIFTH AVENUE NORTH

NASHVILLE, TN 37243-3400

I, \_\_\_\_\_, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

- **Company Name** \_\_\_\_\_
- **Date operation ceased business** \_\_\_\_\_
- **Date of insurance cancellation**  
(Attach copy of insurance cancellation) \_\_\_\_\_
- **Date of cancellation (US DOT Number)** \_\_\_\_\_
- **Date of cancellation (FMCSA)**  
(You can log onto their website using their Pin# and cancel online or call (615)781-5781) \_\_\_\_\_
- **Date of cancellation (MC Number)**  
(If FMCSA is not notified by the insurance company when the insurance is terminated, the company will still appear as active in SAFER. Please ensure Motor Carrier Authority cancellation, or your company will still be assessed by the Office of State Assessed Properties) \_\_\_\_\_
- **How and when were assets disposed**  
(If sold, name and address of buyer) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## NOTARY ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
COMPANY OFFICIAL SIGNATURE

\_\_\_\_\_  
DATE

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY

NOTARY SEAL

\_\_\_\_\_  
COMMISSION EXPIRES

DATE: 3/17/2023

I, James A. Savage, being the OWNER, PRESIDENT,

SECRETARY, AND/OR PARTNER OF Berrys Chapel Utility, do hereby

swear and affirm that the foregoing Ad Valorem Tax Report for the year two thousand twenty two has been prepared from only the original books, papers, and records of said respondent under my direction in accordance with Tennessee Code Annotated, §67-5-1316, and is true and correct to the best of my knowledge and belief.

James Savage  
NAME  
Secretary/Treasurer  
OFFICIAL CAPACITY

MFR45D-1

Employer identification number (EIN) **27-3271610**

Name (not your trade name) **BERRY'S CHAPEL UTILITY INC**

Trade name (if any)

Address **106 Mission Ct Ste 104A**  
 Number Street Suite or room number

**Franklin** **TN** **37067**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2023**  
 (Check one.)

1: January, February, March  
 2: April, May, June  
 3: July, August, September  
 4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 04/03/23 OSP  
**COPY**

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<b>7</b>
2	Wages, tips, and other compensation	2	<b>61,368.22</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>4,263.17</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		<b>Column 1</b>	<b>Column 2</b>
5a	Taxable social security wages*	<b>61,368.22</b> × 0.124 =	<b>7,609.66</b>
5a (i)	Qualified sick leave wages*	× 0.062 =	
5a (ii)	Qualified family leave wages*	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	<b>61,368.22</b> × 0.029 =	<b>1,779.68</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<b>9,389.34</b>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>13,652.51</b>
7	Current quarter's adjustment for fractions of cents	7	<b>0.04</b>
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>13,652.55</b>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	
11c	Reserved for future use	11c	

\*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 1: Answer these questions for this quarter. (continued)

- 11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021
11e Reserved for future use
11f Reserved for future use
11g Total nonrefundable credits. Add lines 11a, 11b, and 11d
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter
13b Reserved for future use
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021
13d Reserved for future use
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021
13f Reserved for future use
13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e
13h Reserved for future use
13i Reserved for future use
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions
15 Overpayment. If line 13g is more than line 12, enter the difference

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: [ ] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.

[X] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Table with 2 columns: Tax liability, Month. Values: Month 1: 4,045.51; Month 2: 4,196.62; Month 3: 5,410.42

Total liability for quarter 13,652.55 Total must equal line 12.

[ ] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages... 18 If you're a seasonal employer... 19-28 Various wage and expense categories with checkboxes and input boxes.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number [input boxes]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [input box]

No. [checked]

REV 04/03/23 OSP

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here [Handwritten signature]

Print your name here STACY CROUCH

Print your title here COMPANY ADMINISTRATOR

Date 4/5/23

Best daytime phone 615-764-0074

Paid Preparer Use Only

Check if you're self-employed [checkbox]

Preparer's name, signature, firm's name, address, city, state, ZIP code, PTIN, Date, EIN, Phone, ZIP code [input boxes]

Form **941 for 2023: Employer's QUARTERLY Federal Tax Return**  
 (Rev. March 2023) Department of the Treasury — Internal Revenue Service

950122  
 OMB No. 1545-0029

Employer identification number (EIN) **27-3271610**

Name (not your trade name) **BERRY'S CHAPEL UTILITY INC**

Trade name (if any)

Address **106 Mission Ct Ste 104A**  
 Number Street Suite or room number

**Franklin** **TN** **37067**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2023**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

**COPY**

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<b>7</b>
2	Wages, tips, and other compensation	2	<b>60,608.27</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>4,190.10</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages*	<b>60,608.27</b> × 0.124 =	<b>7,515.43</b>
5a (i)	Qualified sick leave wages*	× 0.062 =	
5a (ii)	Qualified family leave wages*	× 0.062 =	
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips.	<b>60,608.27</b> × 0.029 =	<b>1,757.64</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<b>9,273.07</b>
5f	Section 3121(c) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>13,463.17</b>
7	Current quarter's adjustment for fractions of cents	7	<b>-0.05</b>
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>13,463.12</b>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	
11c	Reserved for future use	11c	

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021
11e Reserved for future use
11f Reserved for future use
11g Total nonrefundable credits. Add lines 11a, 11b, and 11d
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10
13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter
13b Reserved for future use
13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021
13d Reserved for future use
13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021
13f Reserved for future use
13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e
13h Reserved for future use
13i Reserved for future use
14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions
15 Overpayment. If line 13g is more than line 12, enter the difference

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: [ ] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.
[X] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Table with 2 columns: Tax liability: Month and Amount. Rows for Month 1 (4,016.10), Month 2 (5,025.99), and Month 3 (4,421.03).

Total liability for quarter 13,463.12 Total must equal line 12.

[ ] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)

BERRY'S CHAPEL UTILITY INC

Employer Identification number (EIN)

27-3271610

950922

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 17 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . .  Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Reserved for future use . . . . . 21
- 22 Reserved for future use . . . . . 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 . . . . . 25
- 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 . . . . . 28

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.

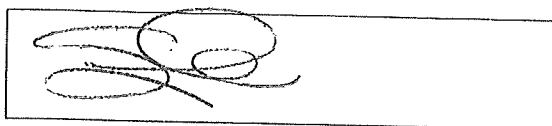
No.

REV 07/10/23 OSP

**Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here



Print your name here

STACY CROUCH

Print your title here

COMPANY ADMINISTRATOR

Date 7/13/23

Best daytime phone 605.476.1600

**Paid Preparer Use Only**

Check if you're self-employed

Preparer's name

PTIN

Preparer's signature

Date

Firm's name (or yours if self-employed)

EIN

Address

Phone

City

State

ZIP code

Employer Identification number (EIN) **27-3271610**

Name (not your trade name) **BERRY'S CHAPEL UTILITY INC**

Trade name (if any)

Address **106 Mission Ct Ste 104A**  
 Number Street Suite or room number

**Franklin** **TN** **37067**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2023**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

**COPY**

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<b>7</b>
2	Wages, tips, and other compensation	2	<b>60,300.27</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>4,120.81</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages* . . . <b>60,300.27</b>	$\times 0.124 =$	<b>7,477.23</b>
5a (i)	Qualified sick leave wages* . . .	$\times 0.062 =$	
5a (ii)	Qualified family leave wages* . . .	$\times 0.062 =$	
5b	Taxable social security tips . . .	$\times 0.124 =$	
5c	Taxable Medicare wages & tips . . . <b>60,300.27</b>	$\times 0.029 =$	<b>1,748.71</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	

*\*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.*

5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d	5e	<b>9,225.94</b>
5f	Section 3121(c) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>13,346.75</b>
7	Current quarter's adjustment for fractions of cents	7	
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>13,346.75</b>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11a	
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021	11b	
11c	Reserved for future use	11c	

Name (not your trade name)

BERRY'S CHAPEL UTILITY INC

Employer identification number (EIN)

27-3271610

Part 1: Answer these questions for this quarter. (continued)

- 11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . . . . 11d
- 11e Reserved for future use . . . . . 11e
- 11f Reserved for future use . . . . .
- 11g Total nonrefundable credits. Add lines 11a, 11b, and 11d . . . . . 11g
- 12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 . . . . . 12
- 13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . . 13a
- 13b Reserved for future use . . . . . 13b
- 13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . . 13c
- 13d Reserved for future use . . . . . 13d
- 13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . . . . 13e
- 13f Reserved for future use . . . . . 13f
- 13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e . . . . . 13g
- 13h Reserved for future use . . . . . 13h
- 13i Reserved for future use . . . . . 13i
- 14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . . 14
- 15 Overpayment. If line 13g is more than line 12, enter the difference  Check one:  Apply to next return.  Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

- You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter  Total must equal line 12.

- You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)

BERRY'S CHAPEL UTILITY INC

Employer identification number (EIN)

27-3271610

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages [ ]

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . .  Check here.

19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19 [ ]

20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20 [ ]

21 Reserved for future use . . . . . 21 [ ]

22 Reserved for future use . . . . . 22 [ ]

23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23 [ ]

24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24 [ ]

25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 . . . . . 25 [ ]

26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26 [ ]

27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27 [ ]

28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 . . . . . 28 [ ]

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number [ ] [ ]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

No.

REV 09/28/23 OSP

Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

[Handwritten Signature]

Print your name here

STACY CROUCH

Print your title here

COMPANY ADMINISTRATOR

Date

10/10/2023

Best daytime phone

615.764.0074

Paid Preparer Use Only

Check if you're self-employed . . . . .

Preparer's name [ ]

PTIN [ ]

Preparer's signature [ ]

Date [ ]

Firm's name (or yours if self-employed) [ ]

EIN [ ]

Address [ ]

Phone [ ]

City [ ]

State [ ]

ZIP code [ ]

Employer identification number (EIN) **27-3271610**

Name (not your trade name) **BERRY'S CHAPEL UTILITY INC**

Trade name (if any)

Address **106 Mission Ct Ste 104A**  
Number Street Suite or room number

**Franklin** **TN** **37067**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2023**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 12/24/23 OSP

**COPY**

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1: Answer these questions for this quarter.**

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<b>7</b>
2	Wages, tips, and other compensation	2	<b>59,534.72</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>4,057.45</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check and go to line 6.	

	Column 1		Column 2	
5a	Taxable social security wages* <b>59,534.72</b>	$\times 0.124 =$	<b>7,382.31</b>	*Include taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2021, and before October 1, 2021, on line 5a. Use lines 5a(i) and 5a(ii) only for taxable qualified sick and family leave wages paid in this quarter of 2023 for leave taken after March 31, 2020, and before April 1, 2021.
5a	(i) Qualified sick leave wages*	$\times 0.062 =$		
5a	(ii) Qualified family leave wages*	$\times 0.062 =$		
5b	Taxable social security tips	$\times 0.124 =$		
5c	Taxable Medicare wages & tips <b>59,534.72</b>	$\times 0.029 =$	<b>1,726.51</b>	
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$		
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5a(i), 5a(ii), 5b, 5c, and 5d			5e <b>9,108.82</b>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)			5f
6	Total taxes before adjustments. Add lines 3, 5e, and 5f			6 <b>13,166.27</b>
7	Current quarter's adjustment for fractions of cents			7
8	Current quarter's adjustment for sick pay			8
9	Current quarter's adjustments for tips and group-term life insurance			9
10	Total taxes after adjustments. Combine lines 6 through 9			10 <b>13,166.27</b>
11a	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974			11a
11b	Nonrefundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021			11b
11c	Reserved for future use			11c

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)

BERRY'S CHAPEL UTILITY INC

Employer identification number (EIN)

27-3271610

951222

Part 1: Answer these questions for this quarter. (continued)

11d Nonrefundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . . . . 11d

11e Reserved for future use . . . . . 11e

11f Reserved for future use . . . . .

11g Total nonrefundable credits. Add lines 11a, 11b, and 11d . . . . . 11g

12 Total taxes after adjustments and nonrefundable credits. Subtract line 11g from line 10 . . . . . 12

13a Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter . . . . . 13a

13b Reserved for future use . . . . . 13b

13c Refundable portion of credit for qualified sick and family leave wages for leave taken before April 1, 2021 . . . . . 13c

13d Reserved for future use . . . . . 13d

13e Refundable portion of credit for qualified sick and family leave wages for leave taken after March 31, 2021, and before October 1, 2021 . . . . . 13e

13f Reserved for future use . . . . . 13f

13g Total deposits and refundable credits. Add lines 13a, 13c, and 13e . . . . . 13g

13h Reserved for future use . . . . . 13h

13i Reserved for future use . . . . . 13i

14 Balance due. If line 12 is more than line 13g, enter the difference and see instructions . . . . . 14

15 Overpayment. If line 13g is more than line 12, enter the difference  Check one:  Apply to next return.  Send a refund.

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one:  Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter

Total must equal line 12.

You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

You MUST complete all three pages of Form 941 and SIGN it.

Name (not your trade name)

BERRY'S CHAPEL UTILITY INC

Employer identification number (EIN)

27-3271610

950922

**Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.**

- 17 If your business has closed or you stopped paying wages . . . . .  Check here, and enter the final date you paid wages
- 18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . .  Check here.
- 19 Qualified health plan expenses allocable to qualified sick leave wages for leave taken before April 1, 2021 19
- 20 Qualified health plan expenses allocable to qualified family leave wages for leave taken before April 1, 2021 20
- 21 Reserved for future use . . . . . 21
- 22 Reserved for future use . . . . . 22
- 23 Qualified sick leave wages for leave taken after March 31, 2021, and before October 1, 2021 23
- 24 Qualified health plan expenses allocable to qualified sick leave wages reported on line 23 24
- 25 Amounts under certain collectively bargained agreements allocable to qualified sick leave wages reported on line 23 . . . . . 25
- 26 Qualified family leave wages for leave taken after March 31, 2021, and before October 1, 2021 26
- 27 Qualified health plan expenses allocable to qualified family leave wages reported on line 26 27
- 28 Amounts under certain collectively bargained agreements allocable to qualified family leave wages reported on line 26 . . . . . 28

**Part 4: May we speak with your third-party designee?**

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name and phone number

Select a 5-digit personal identification number (PIN) to use when talking to the IRS.


No.

REV 12/24/23 OSP

**Part 5: Sign here. You MUST complete all three pages of Form 941 and SIGN it.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here



Print your name here **STACY CROUCH**

Print your title here **COMPANY ADMINISTRATOR**

Date **1/2/2024**

Best daytime phone **615-764-0074**

**Paid Preparer Use Only**

Check if you're self-employed . . . . .

Preparer's name	<input type="text"/>	PTIN	<input type="text"/>
Preparer's signature	<input type="text"/>	Date	<input type="text"/>
Firm's name (or yours if self-employed)	<input type="text"/>	EIN	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		ZIP code	<input type="text"/>

# 941 for 2024: Employer's QUARTERLY Federal Tax Return

Department of the Treasury — Internal Revenue Service

950124

OMB No. 1545-0029

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

Number  Street  Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2024**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 04/02/24 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="7"/>
2	Wages, tips, and other compensation	2	<input type="text" value="63,919.18"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="5,081.37"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="63,919.18"/> × 0.124 =	<input type="text" value="7,925.98"/>
5b	Taxable social security tips	<input type="text"/> × 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="63,919.18"/> × 0.029 =	<input type="text" value="1,853.66"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> × 0.009 =	<input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="9,779.64"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="14,861.01"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="14,861.01"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<input type="text" value="14,861.01"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<input type="text" value="14,861.01"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer Identification number (EIN) 27-3271610

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: [ ] Line 12 on this return is less than \$2,500... [ ] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1 [ ] Month 2 [ ] Month 3 [ ] Total liability for quarter [ ]

- [x] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages... [ ] Check here and enter the final date you paid wages [ ] also attach a statement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year... [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

- [x] No.

REV 04/02/24 OSP

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

[Handwritten signature]

Print your name here STACY CROUCH

Print your title here COMPANY ADMINISTRATOR

Date 4/3/2024

Best daytime phone 615.764.0074

Paid Preparer Use Only

Check if you're self-employed [ ]

Preparer's name [ ] PTIN [ ]
Preparer's signature [ ] Date [ ]
Firm's name (or yours if self-employed) [ ] EIN [ ]
Address [ ] Phone [ ]
City [ ] State [ ] ZIP code [ ]

# Schedule B (Form 941):

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

960311

OMB No. 1545-0029

Employer Identification number (EIN) 27-3271610

Name (not your trade name) BERRY'S CHAPEL UTILITY INC

Calendar year 2024 (Also check quarter)

**Report for this Quarter...**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1		9		17	899.55	25	
2		10	1,031.67	18		26	
3	967.28	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	1,580.07
8		16		24	910.61		

Tax liability for Month 1

5,389.18

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	1,784.14
5	221.40	13		21	901.84	29	
6		14	928.42	22		30	
7	998.22	15		23		31	
8		16		24			

Tax liability for Month 2

4,834.02

**Month 3**

1		9		17		25	
2		10		18		26	
3		11		19		27	1,789.74
4		12		20	955.92	28	
5		13	964.48	21		29	
6	927.67	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

4,637.81

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).  
Total must equal line 12 on Form 941.

Totals liability for the quarter

14,861.01

REV 04/02/24 OSP

For Paperwork Reduction Act Notice, see separate instructions.  
BAA

[www.irs.gov/Form941](http://www.irs.gov/Form941)

Schedule B (Form 941) (Rev. 3-2024)

COPY

Form 941 for 2024: Employer's QUARTERLY Federal Tax Return
Department of the Treasury - Internal Revenue Service

950124

OMB No. 1545-0029

Employer Identification number (EIN) 27-3271610
Name (not your trade name) BERRY'S CHAPEL UTILITY INC
Trade name (if any)
Address 106 Mission Ct Ste 104A
Number Street Suite or room number
Franklin TN 37067
City State ZIP code
Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2024 (Check one.)
1: January, February, March
2: April, May, June
3: July, August, September
4: October, November, December
Go to www.irs.gov/Form941 for instructions and the latest information.

REV 06/11/24 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1 Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4) 1 7
2 Wages, tips, and other compensation 2 64,750.81
3 Federal income tax withheld from wages, tips, and other compensation 3 5,275.51
4 If no wages, tips, and other compensation are subject to social security or Medicare tax Check here and go to line 6.
5a Taxable social security wages 64,750.81 x 0.124 = 8,029.10
5b Taxable social security tips x 0.124 =
5c Taxable Medicare wages & tips 64,750.81 x 0.029 = 1,877.77
5d Taxable wages & tips subject to Additional Medicare Tax withholding x 0.009 =
5e Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d 5e 9,906.87
5f Section 3121(q) Notice and Demand--Tax due on unreported tips (see instructions) 5f
6 Total taxes before adjustments. Add lines 3, 5e, and 5f 6 15,182.38
7 Current quarter's adjustment for fractions of cents 7 0.03
8 Current quarter's adjustment for sick pay 8
9 Current quarter's adjustments for tips and group-term life insurance 9
10 Total taxes after adjustments. Combine lines 6 through 9 10 15,182.41
11 Qualified small business payroll tax credit for increasing research activities. Attach Form 8974 11
12 Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10 12 15,182.41
13 Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter 13 15,182.41
14 Balance due. If line 12 is more than line 13, enter the difference and see instructions 14
15 Overpayment. If line 13 is more than line 12, enter the difference Check one: Apply to next return. Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 941 (Rev. 3-2024)

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: [ ] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter.

[ ] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 [ ] Month 2 [ ] Month 3 [ ]

Total liability for quarter [ ] Total must equal line 12.

[x] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here and enter the final date you paid wages [ ] ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

[x] No.

REV 06/11/24 OSP

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

[Handwritten Signature]

Print your name here

STACY CROUCH

Print your title here

COMPANY ADMINISTRATOR

Date 7/1/2024

Best daytime phone [ ]

Paid Preparer Use Only

Check if you're self-employed . . . . [ ]

Preparer's name [ ]

PTIN [ ]

Preparer's signature [ ]

Date [ ]

Firm's name (or yours if self-employed) [ ]

EIN [ ]

Address [ ]

Phone [ ]

City [ ]

State [ ]

ZIP code [ ]

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN)

Name (not your trade name)

Calendar year  (Also check quarter)

**Report for this Quarter...**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1		9		17	1,028.56	25	
2		10	968.16	18		26	
3	958.41	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	1,828.91		

Tax liability for Month 1  
**4,784.04**

**Month 2**

1	940.17	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	1,702.97
6		14		22	943.15	30	
7		15	1,084.20	23		31	
8	969.01	16		24			

Tax liability for Month 2  
**5,639.50**

**Month 3**

1		9		17		25	
2		10		18		26	1,752.78
3		11		19	942.26	27	
4		12	956.82	20		28	
5	1,107.01	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3  
**4,758.87**

Total liability for the quarter  
**15,182.41**

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).  
Total must equal line 12 on Form 941.

REV 06/11/24 OSP

For Paperwork Reduction Act Notice, see separate instructions.  
BAA

www.irs.gov/Form941

Schedule B (Form 941) (Rev. 3-2024)

# Instructions for Filing Form 941

## Quarterly Federal Tax Return

File Form 941 quarterly to report wages paid to your employees and associated tax liabilities.

### To file Form 941:

1. Review the account information on the completed form.  
If you need to edit any account information, such as your business address, you can do so in the **Setup** section. When you have saved your changes, reprint your 941. To indicate a new address, complete the Federal Change of Address form. (Link easily to this form at the Help/Resources page or Help Index.)
2. On the main screen, click the Save button to confirm that this is the version of the form that you will file. You can view this form later by clicking "View Archived Forms" on the Quarterly Forms page.
3. Sign and date the form.
4. Mail the Form 941 to the **Department of the Treasury, Internal Revenue Service** at the address indicated below.

### Mailing Addresses for Form 941

If you're in . . .	Without a payment . . .	With a payment . . .
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0005	Internal Revenue Service P.O. Box 806532 Cincinnati, OH 45280-6532
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
No legal residence or principal place of business in any state	Internal Revenue Service P.O. Box 409101 Ogden, UT 84409	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
<b>Special filing address</b> for exempt organizations; federal, state, and local governmental entities; and Indian tribal governmental entities, regardless of location	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100

Your form is due: **07/31/2024**

Form **941 for 2024: Employer's QUARTERLY Federal Tax Return**  
 (Rev. March 2024) Department of the Treasury — Internal Revenue Service

950124  
 OMB No. 1545-0029

Employer Identification number (EIN) **27-3271610**

Name (not your trade name) **BERRY'S CHAPEL UTILITY INC**

Trade name (if any)

Address **106 Mission Ct Ste 104A**  
 Number Street Suite or room number

**Franklin** **TN** **37067**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2024**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 09/06/24 OSP  
**COPY**

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<b>7</b>				
2	Wages, tips, and other compensation	2	<b>65,081.44</b>				
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>5,379.05</b>				
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.					
<table border="0"> <tr> <td></td> <td style="text-align: center;">Column 1</td> <td></td> <td style="text-align: center;">Column 2</td> </tr> </table>					Column 1		Column 2
	Column 1		Column 2				
5a	Taxable social security wages	<b>65,081.44</b> × 0.124 =	<b>8,070.10</b>				
5b	Taxable social security tips	× 0.124 =					
5c	Taxable Medicare wages & tips	<b>65,081.44</b> × 0.029 =	<b>1,887.36</b>				
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =					
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<b>9,957.46</b>				
5f	Section 3121(c) Notice and Demand—Tax due on unreported tips (see instructions)	5f					
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>15,336.51</b>				
7	Current quarter's adjustment for fractions of cents	7	<b>-0.02</b>				
8	Current quarter's adjustment for sick pay	8					
9	Current quarter's adjustments for tips and group-term life insurance	9					
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>15,336.49</b>				
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11					
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<b>15,336.49</b>				
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<b>15,336.49</b>				
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14					
15	Overpayment. If line 13 is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.				

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **941** (Rev. 3-2024)

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: [ ] Line 12 on this return is less than \$2,500... [ ] You were a monthly schedule depositor for the entire quarter.

COPY

Tax liability: Month 1 [ ] Month 2 [ ] Month 3 [ ] Total liability for quarter [ ]

Total must equal line 12.

- [X] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages... [ ] Check here and enter the final date you paid wages [ ]; also attach a statement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year... [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

[X] No.

REV 09/06/24 OSP

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here [Signature]

Print your name here STACY CROUCH
Print your title here COMPANY ADMINISTRATOR

Date 10/3/24

Best daytime phone 615-764-0074

Paid Preparer Use Only

Check if you're self-employed [ ]

Preparer's name [ ] PTIN [ ]
Preparer's signature [ ] Date [ ]
Firm's name (or yours if self-employed) [ ] EIN [ ]
Address [ ] Phone [ ]
City [ ] State [ ] ZIP code [ ]

# Schedule B (Form 941):

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

960311

OMB No. 1545-0029

Employer identification number (EIN)

27-3271610

Name (not your trade name)

BERRY'S CHAPEL UTILITY INC

Calendar year

2024

(Also check quarter)

### Report for this Quarter... (Check one.)

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

#### Month 1

1		9		17	1,026.95	25	
2		10	1,033.38	18		26	
3	970.87	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	1,810.00
8		16		24	1,047.86		

Tax liability for Month 1

5,889.06

#### Month 2

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	1,863.50
5		13		21	953.00	29	
6		14	899.77	22		30	
7	960.01	15		23		31	
8		16		24			

Tax liability for Month 2

4,676.28

#### Month 3

1		9		17		25	1,769.17
2		10		18	1,018.82	26	
3		11	946.79	19		27	
4	1,036.37	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

4,771.15

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).  
Total must equal line 12 on Form 941.

Total liability for the quarter

15,336.49

REV 09/06/24 OSP

www.irs.gov/Form941

For Paperwork Reduction Act Notice, see separate instructions.  
BAA

Schedule B (Form 941) (Rev. 3-2024)

# Instructions for Filing Form 941

## Quarterly Federal Tax Return

File Form 941 quarterly to report wages paid to your employees and associated tax liabilities.

### To file Form 941:

1. Review the account information on the completed form.  
If you need to edit any account information, such as your business address, you can do so in the **Setup** section. When you have saved your changes, reprint your 941. To indicate a new address, complete the Federal Change of Address form. (Link easily to this form at the Help/Resources page or Help Index.)
2. On the main screen, click the Save button to confirm that this is the version of the form that you will file  
You can view this form later by clicking "View Archived Forms" on the Quarterly Forms page.
3. Sign and date the form.
4. Mail the Form 941 to the **Department of the Treasury, Internal Revenue Service** at the address indicated below.

### Mailing Addresses for Form 941

If you're in . . .	Without a payment . . .	With a payment . . .
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0005	Internal Revenue Service P.O. Box 806532 Cincinnati, OH 45280-6532
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
No legal residence or principal place of business in any state	Internal Revenue Service P.O. Box 409101 Ogden, UT 84409	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
Special filing address for exempt organizations; federal, state, and local governmental entities; and Indian tribal governmental entities, regardless of location	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100

Your form is due: **10/31/2024**

Form **941 for 2024: Employer's QUARTERLY Federal Tax Return**  
 (Rev. March 2024) Department of the Treasury — Internal Revenue Service

950124  
 OMB No. 1545-0029

Employer identification number (EIN) **27-3271610**

Name (not your trade name) **BERRY'S CHAPEL UTILITY INC**

Trade name (if any)

Address **106 Mission Ct Ste 104A**  
Number Street Suite or room number

**Franklin** **TN** **37067**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2024**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 12/31/24 OSP

COPY

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<b>8</b>
2	Wages, tips, and other compensation	2	<b>89,428.93</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>10,113.72</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	

	Column 1		Column 2
5a	Taxable social security wages <b>89,428.93</b>	$\times 0.124 =$	<b>11,089.19</b>
5b	Taxable social security tips	$\times 0.124 =$	
5c	Taxable Medicare wages & tips <b>89,428.93</b>	$\times 0.029 =$	<b>2,593.44</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d		
5e			<b>13,682.63</b>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)		
5f			
6	Total taxes before adjustments. Add lines 3, 5e, and 5f		
6			<b>23,796.35</b>
7	Current quarter's adjustment for fractions of cents		
7			<b>-0.01</b>
8	Current quarter's adjustment for sick pay		
8			
9	Current quarter's adjustments for tips and group-term life insurance		
9			
10	Total taxes after adjustments. Combine lines 6 through 9		
10			<b>23,796.34</b>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974		
11			
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10		
12			<b>23,796.34</b>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter		
13			<b>23,796.34</b>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions		
14			
15	Overpayment. If line 13 is more than line 12, enter the difference		
15			

Check one:  Apply to next return.  Send a refund.

**You MUST complete both pages of Form 941 and SIGN it.**  
 For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: [ ] Line 12 on this return is less than \$2,500... [ ] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1 [ ] Month 2 [ ] Month 3 [ ] Total liability for quarter [ ]

- [X] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages... [ ] Check here and enter the final date you paid wages [ ]

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year... [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ] Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

[X] No.

REV 12/31/24 OSP

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

[Handwritten signature]

Print your name here

STACY CROUCH

Print your title here

COMPANY ADMINISTRATOR

Date

1/3/2025

COPY

Best daytime phone

605-764-0074

Paid Preparer Use Only

Check if you're self-employed [ ]

Preparer's name

[ ]

PTIN

[ ]

Preparer's signature

[ ]

Date

[ ]

Firm's name (or yours if self-employed)

[ ]

EIN

[ ]

Address

[ ]

Phone

[ ]

City

[ ]

State

[ ]

ZIP code

[ ]

# Schedule B (Form 941):

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

COPY

960311

OMB No. 1545-0029

Employer identification number (EIN)

Name (not your trade name)

Calendar year  (Also check quarter)

**Report for this Quarter...**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1		9	948.83	17		25	
2	976.14	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1,743.75
7		15		23	1,033.11	31	
8		16	1,059.91	24			

**Tax liability for Month 1**

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	2,314.34
4		12		20	1,502.41	28	
5		13	1,440.36	21		29	
6	5,936.83	14		22		30	
7		15		23		31	
8		16		24			

**Tax liability for Month 2**

**Month 3**

1		9		17		25	
2		10		18	1,500.02	26	2,321.18
3		11	1,424.78	19		27	
4	1,594.68	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

**Tax liability for Month 3**

**Total liability for the quarter**

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3). Total must equal line 12 on Form 941.

REV 12/31/24 OSP

For Paperwork Reduction Act Notice, see separate instructions.

www.irs.gov/Form941

BAA

Schedule B (Form 941) (Rev. 3-2024)

# Instructions for Filing Form 941

## Quarterly Federal Tax Return

File Form 941 quarterly to report wages paid to your employees and associated tax liabilities.

### To file Form 941:

1. Review the account information on the completed form.  
If you need to edit any account information, such as your business address, you can do so in the **Setup** section. When you have saved your changes, reprint your 941. To indicate a new address, complete the Federal Change of Address form. (Link easily to this form at the Help/Resources page or Help Index.)
2. On the main screen, click the Save button to confirm that this is the version of the form that you will file  
You can view this form later by clicking "View Archived Forms" on the Quarterly Forms page.
3. Sign and date the form.
4. Mail the Form 941 to the **Department of the Treasury, Internal Revenue Service** at the address indicated below.

### Mailing Addresses for Form 941

If you're in ...	Without a payment ...	With a payment ...
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Department of the Treasury Internal Revenue Service Kansas City, MO 64999-0005	Internal Revenue Service P.O. Box 806532 Cincinnati, OH 45280-6532
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
No legal residence or principal place of business in any state	Internal Revenue Service P.O. Box 409101 Ogden, UT 84409	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100
<b>Special filing address</b> for exempt organizations; federal, state, and local governmental entities; and Indian tribal governmental entities, regardless of location	Department of the Treasury Internal Revenue Service Ogden, UT 84201-0005	Internal Revenue Service P.O. Box 932100 Louisville, KY 40293-2100

Your form is due: **01/31/2025**

Employer identification number (EIN) **27-3271610**

Name (not your trade name) **BERRY'S CHAPEL UTILITY INC**

Trade name (if any)

Address **106 Mission Ct Ste 104A**  
Number Street Suite or room number

**Franklin** **TN** **37067**  
City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2025**  
 (Check one.)

**1: January, February, March**

**2: April, May, June**

**3: July, August, September**

**4: October, November, December**

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 03/18/25 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<b>7</b>
2	Wages, tips, and other compensation	2	<b>85,702.15</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>8,573.54</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	
		<b>Column 1</b>	<b>Column 2</b>
5a	Taxable social security wages	<b>85,702.15</b> × 0.124 =	<b>10,627.07</b>
5b	Taxable social security tips	× 0.124 =	
5c	Taxable Medicare wages & tips	<b>85,702.15</b> × 0.029 =	<b>2,485.36</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	× 0.009 =	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<b>13,112.43</b>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>21,685.97</b>
7	Current quarter's adjustment for fractions of cents	7	<b>-0.03</b>
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>21,685.94</b>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<b>21,685.94</b>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<b>21,685.94</b>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: [ ] Line 12 on this return is less than \$2,500... [ ] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1 [ ] Month 2 [ ] Month 3 [ ] Total liability for quarter [ ]

- [x] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages... [ ] Check here and enter the final date you paid wages [ ] also attach a statement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year... [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

- [x] No.

REV 03/18/25 OSP

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

[Handwritten signature]

Print your name here STACY CROUCH

Print your title here COMPANY ADMINISTRATOR

Date 4/3/25

Best daytime phone 615.764.0074

Paid Preparer Use Only

Check if you're self-employed [ ]

Preparer's name [ ] PTIN [ ]
Preparer's signature [ ] Date [ ]
Firm's name (or yours if self-employed) [ ] EIN [ ]
Address [ ] Phone [ ]
City [ ] State [ ] ZIP code [ ]

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

Name (not your trade name)

Calendar year  (Also check quarter)

**Report for this Quarter...**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>	<b>Tax liability for Month 1</b>  8,369.23
2	1,564.47	10	<input type="text"/>	18	<input type="text"/>	26	<input type="text"/>	
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>	
4	<input type="text"/>	12	<input type="text"/>	20	<input type="text"/>	28	<input type="text"/>	
5	<input type="text"/>	13	<input type="text"/>	21	<input type="text"/>	29	2,016.08	
6	<input type="text"/>	14	<input type="text"/>	22	1,606.20	30	<input type="text"/>	
7	<input type="text"/>	15	1,561.60	23	<input type="text"/>	31	<input type="text"/>	
8	1,620.88	16	<input type="text"/>	24	<input type="text"/>			

**Month 2**

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>	<b>Tax liability for Month 2</b>  6,926.19
2	<input type="text"/>	10	<input type="text"/>	18	1,642.39	26	1,971.65	
3	<input type="text"/>	11	<input type="text"/>	19	<input type="text"/>	27	<input type="text"/>	
4	<input type="text"/>	12	1,675.74	20	<input type="text"/>	28	<input type="text"/>	
5	1,636.41	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	24	<input type="text"/>			

**Month 3**

1	<input type="text"/>	9	<input type="text"/>	17	<input type="text"/>	25	<input type="text"/>	<b>Tax liability for Month 3</b>  6,390.52
2	<input type="text"/>	10	<input type="text"/>	18	<input type="text"/>	26	1,550.89	
3	<input type="text"/>	11	<input type="text"/>	19	1,629.47	27	<input type="text"/>	
4	<input type="text"/>	12	1,637.27	20	<input type="text"/>	28	<input type="text"/>	
5	1,572.89	13	<input type="text"/>	21	<input type="text"/>	29	<input type="text"/>	
6	<input type="text"/>	14	<input type="text"/>	22	<input type="text"/>	30	<input type="text"/>	
7	<input type="text"/>	15	<input type="text"/>	23	<input type="text"/>	31	<input type="text"/>	
8	<input type="text"/>	16	<input type="text"/>	24	<input type="text"/>			

REV 03/18/25 OSP

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).  
Total must equal line 12 on Form 941.

**Total liability for the quarter**  
21,685.94

Employer identification number (EIN) **27-3271610**

Name (not your trade name) **BERRY'S CHAPEL UTILITY INC**

Trade name (if any)

Address **106 Mission Ct Ste 104A**  
 Number Street Suite or room number

**Franklin** **TN** **37067**  
 City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2025**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 05/28/25 OSP

**COPY**

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<b>7</b>
2	Wages, tips, and other compensation	2	<b>90,192.94</b>
3	Federal income tax withheld from wages, tips, and other compensation	3	<b>8,707.84</b>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/>	Check here and go to line 6.

	Column 1		Column 2
5a	Taxable social security wages	$90,192.94 \times 0.124 =$	<b>11,183.92</b>
5b	Taxable social security tips	$\times 0.124 =$	
5c	Taxable Medicare wages & tips	$90,192.94 \times 0.029 =$	<b>2,615.60</b>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	$\times 0.009 =$	
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<b>13,799.52</b>
5f	Section 3121(c) Notice and Demand—Tax due on unreported tips (see instructions)	5f	
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<b>22,507.36</b>
7	Current quarter's adjustment for fractions of cents	7	<b>0.04</b>
8	Current quarter's adjustment for sick pay	8	
9	Current quarter's adjustments for tips and group-term life insurance	9	
10	Total taxes after adjustments. Combine lines 6 through 9	10	<b>22,507.40</b>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<b>22,507.40</b>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<b>22,507.40</b>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	
15	Overpayment. If line 13 is more than line 12, enter the difference		Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: [ ] Line 12 on this return is less than \$2,500... [ ] You were a monthly schedule depositor for the entire quarter.

COPY

Tax liability: Month 1 [ ] Month 2 [ ] Month 3 [ ] Total liability for quarter [ ]

- [x] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages... [ ] Check here and enter the final date you paid wages [ ]
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year... [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

- [x] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here [Signature]
Date [7/2/2025]

Print your name here STACY CROUCH
Print your title here COMPANY ADMINISTRATOR
Best daytime phone 615.764.0074

Paid Preparer Use Only
Preparer's name [ ] PTIN [ ]
Preparer's signature [ ] Date [ ]
Firm's name (or yours if self-employed) [ ] EIN [ ]
Address [ ] Phone [ ]
City [ ] State [ ] ZIP code [ ]
Check if you're self-employed [ ]

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer Identification number (EIN)

Name (not your trade name)

Calendar year  (Also check quarter)

**Report for this Quarter...**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1		9	1,538.15	17		25	
2	2,014.97	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	1,923.83
7		15		23	1,889.67	31	
8		16	1,739.33	24			

Tax liability for Month 1

9,105.95

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	2,058.69
5		13		21	1,591.55	29	
6		14	1,614.91	22		30	
7	1,498.21	15		23		31	
8		16		24			

Tax liability for Month 2

6,763.36

**Month 3**

1		9		17		25	1,916.77
2		10		18	1,562.48	26	
3		11	1,549.22	19		27	
4	1,609.62	12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 3

6,638.09

**Total liability for the quarter**

22,507.40

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).  
Total must equal line 12 on Form 941.

REV 05/28/25 OSP

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2025**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 09/25/25 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), or Dec. 12 (Quarter 4)	1	<input type="text" value="7"/>
2	Wages, tips, and other compensation	2	<input type="text" value="84,813.10"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="7,867.25"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	
		Column 1	Column 2
5a	Taxable social security wages	<input type="text" value="84,813.10"/> × 0.124 =	<input type="text" value="10,516.82"/>
5b	Taxable social security tips	<input type="text"/> × 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="84,813.10"/> × 0.029 =	<input type="text" value="2,459.58"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> × 0.009 =	<input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="12,976.40"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="20,843.65"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text" value="-0.02"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="20,843.63"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<input type="text" value="20,843.63"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<input type="text" value="20,843.63"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text"/>	Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Name (not your trade name)

BERRY'S CHAPEL UTILITY INC

Employer identification number (EIN)

27-3271610

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: [ ] Line 12 on this return is less than \$2,500 or line 12 on the return for the prior quarter was less than \$2,500, and you didn't incur a \$100,000 next-day deposit obligation during the current quarter. If line 12 for the prior quarter was less than \$2,500 but line 12 on this return is \$100,000 or more, you must provide a record of your federal tax liability. If you're a monthly schedule depositor, complete the deposit schedule below; if you're a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

[ ] You were a monthly schedule depositor for the entire quarter. Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability: Month 1 [ ] Month 2 [ ] Month 3 [ ] Total liability for quarter [ ]

Total must equal line 12.

[x] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages . . . . . [ ] Check here and enter the final date you paid wages [ ] ; also attach a statement to your return. See instructions.

18 If you're a seasonal employer and you don't have to file a return for every quarter of the year . . . . . [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

REV 09/25/25 OSP

[x] No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

[Signature]

Print your name here

JACY CROUCH

Print your title here

COMPANY ADMINISTRATOR

Date

10/7/2025

Best daytime phone

615-764-0074

Check if you're self-employed . . . . . [ ]

Paid Preparer Use Only

Preparer's name

[ ]

PTIN

[ ]

Preparer's signature

[ ]

Date

[ ]

Firm's name (or yours if self-employed)

[ ]

EIN

[ ]

Address

[ ]

Phone

[ ]

City

[ ]

State

[ ]

ZIP code

[ ]

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

Name (not your trade name)

Calendar year  (Also check quarter)

**Report for this Quarter...**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your **TAX LIABILITY** for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1		9	1,532.19	17		25	
2	1,480.96	10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	2,014.54
7		15		23	1,608.84	31	
8		16	1,516.77	24			

Tax liability for Month 1

8,153.30

**Month 2**

1		9		17		25	
2		10		18		26	
3		11		19		27	1,978.63
4		12		20	1,473.74	28	
5		13	1,488.28	21		29	
6	1,511.36	14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2

6,452.01

**Month 3**

1		9		17	1,457.32	25	
2		10	1,461.13	18		26	
3	1,436.44	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24	1,883.43		

Tax liability for Month 3

6,238.32

**Total liability for the quarter**

20,843.63

REV 09/25/25 OSP

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).  
Total must equal line 12 on Form 941.

Form **941 for 2025: Employer's QUARTERLY Federal Tax Return**  
 (Rev. March 2025) Department of the Treasury - Internal Revenue Service

950124  
 OMB No. 1545-0029

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

**Report for this Quarter of 2025**  
 (Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Go to [www.irs.gov/Form941](http://www.irs.gov/Form941) for instructions and the latest information.

REV 01/06/26 OSP

Read the separate instructions before you complete Form 941. Type or print within the boxes.

**Part 1:** Answer these questions for this quarter. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 2 and 3, unless you have employees who are subject to U.S. income tax withholding.

1	Number of employees who received wages, tips, or other compensation for the pay period including: <i>Mar. 12</i> (Quarter 1), <i>June 12</i> (Quarter 2), <i>Sept. 12</i> (Quarter 3), or <i>Dec. 12</i> (Quarter 4)	1	<input type="text" value="6"/>
2	Wages, tips, and other compensation	2	<input type="text" value="92,712.01"/>
3	Federal income tax withheld from wages, tips, and other compensation	3	<input type="text" value="9,453.22"/>
4	If no wages, tips, and other compensation are subject to social security or Medicare tax	<input type="checkbox"/> Check here and go to line 6.	
		<b>Column 1</b>	<b>Column 2</b>
5a	Taxable social security wages	<input type="text" value="92,712.01"/> × 0.124 =	<input type="text" value="11,496.29"/>
5b	Taxable social security tips	<input type="text"/> × 0.124 =	<input type="text"/>
5c	Taxable Medicare wages & tips	<input type="text" value="92,712.01"/> × 0.029 =	<input type="text" value="2,688.65"/>
5d	Taxable wages & tips subject to Additional Medicare Tax withholding	<input type="text"/> × 0.009 =	<input type="text"/>
5e	Total social security and Medicare taxes. Add Column 2 from lines 5a, 5b, 5c, and 5d	5e	<input type="text" value="14,184.94"/>
5f	Section 3121(q) Notice and Demand—Tax due on unreported tips (see instructions)	5f	<input type="text"/>
6	Total taxes before adjustments. Add lines 3, 5e, and 5f	6	<input type="text" value="23,638.16"/>
7	Current quarter's adjustment for fractions of cents	7	<input type="text"/>
8	Current quarter's adjustment for sick pay	8	<input type="text"/>
9	Current quarter's adjustments for tips and group-term life insurance	9	<input type="text"/>
10	Total taxes after adjustments. Combine lines 6 through 9	10	<input type="text" value="23,638.16"/>
11	Qualified small business payroll tax credit for increasing research activities. Attach Form 8974	11	<input type="text"/>
12	Total taxes after adjustments and nonrefundable credits. Subtract line 11 from line 10	12	<input type="text" value="23,638.16"/>
13	Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), or 944-X filed in the current quarter	13	<input type="text" value="23,638.16"/>
14	Balance due. If line 12 is more than line 13, enter the difference and see instructions	14	<input type="text"/>
15	Overpayment. If line 13 is more than line 12, enter the difference	<input type="text"/> Check one: <input type="checkbox"/> Apply to next return. <input type="checkbox"/> Send a refund.	

You MUST complete both pages of Form 941 and SIGN it.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **941** (Rev. 3-2025)

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you're unsure about whether you're a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

- 16 Check one: [ ] Line 12 on this return is less than \$2,500... [ ] You were a monthly schedule depositor for the entire quarter.

Tax liability: Month 1 [ ] Month 2 [ ] Month 3 [ ] Total liability for quarter [ ] Total must equal line 12.

- [x] You were a semiweekly schedule depositor for any part of this quarter. Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941. Go to Part 3.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

- 17 If your business has closed or you stopped paying wages... [ ] Check here and enter the final date you paid wages [ ] also attach a statement to your return. See instructions.
18 If you're a seasonal employer and you don't have to file a return for every quarter of the year... [ ] Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]

Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]

- [x] No.

REV 01/06/26 OSP

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here

[Handwritten signature]

Print your name here STACY CROUCH

Print your title here COMPANY ADMINISTRATOR

Date 1/7/2026

Best daytime phone 615.764.0074

Paid Preparer Use Only

Check if you're self-employed [ ]

Preparer's name [ ] PTIN [ ]
Preparer's signature [ ] Date [ ]
Firm's name (or yours if self-employed) [ ] EIN [ ]
Address [ ] Phone [ ]
City [ ] State [ ] ZIP code [ ]

# Schedule B (Form 941):

960311

## Report of Tax Liability for Semiweekly Schedule Depositors

OMB No. 1545-0029

(Rev. March 2024)

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

Name (not your trade name)

Calendar year  (Also check quarter)

**Report for this Quarter...**  
(Check one.)

1: January, February, March

2: April, May, June

3: July, August, September

4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; don't use it to show your deposits. When you file this schedule with Form 941, don't change your tax liability by adjustments reported on any Forms 941-X or 944-X. You must fill out this schedule and attach it to Form 941 if you're a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 for details.

**Month 1**

1	1,548.26	9		17		25	
2		10		18		26	
3		11		19		27	
4		12		20		28	
5		13		21		29	2,042.06
6		14		22	1,522.81	30	
7		15	1,481.28	23		31	
8	1,561.34	16		24			

Tax liability for Month 1  
**8,155.75**

**Month 2**

1		9		17		25	
2		10		18		26	2,287.83
3		11		19	1,482.36	27	
4		12	1,669.13	20		28	
5	1,540.71	13		21		29	
6		14		22		30	
7		15		23		31	
8		16		24			

Tax liability for Month 2  
**6,980.03**

**Month 3**

1		9		17	1,632.57	25	
2		10	1,548.72	18		26	
3	1,615.98	11		19		27	
4		12		20		28	
5		13		21		29	
6		14		22		30	
7		15		23		31	2,106.91
8		16		24	1,598.20		

Tax liability for Month 3  
**8,502.38**

Total liability for the quarter  
**23,638.16**

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3).  
Total must equal line 12 on Form 941.

REV 01/06/26 OSP

For Paperwork Reduction Act Notice, see separate instructions.  
BAA

www.irs.gov/Form941

Schedule B (Form 941) (Rev. 3-2024)

MFR45E-1

Form **940 for 2023:** Employer's Annual Federal Unemployment (FUTA) Tax Return

Department of the Treasury — Internal Revenue Service

850113

OMB No. 1545-0028

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

Number  Street  Suite or room number

City  State  ZIP code

Foreign country name  Foreign province/county  Foreign postal code

**Type of Return**  
(Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2023

d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://www.irs.gov/Form940) for instructions and the latest information.

**COPY** REV 12/24/23 OSP

Read the separate instructions before you complete this form. Please type or print within the boxes.

**Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.**

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . . . . . 1a

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . . . 1b  Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . . 2  Check here. Complete Schedule A (Form 940).

**Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.**

3 Total payments to all employees . . . . . 3

4 Payments exempt from FUTA tax . . . . . 4

Check all that apply: 4a  Fringe benefits 4c  Retirement/Pension 4e  Other  
4b  Group-term life insurance 4d  Dependent care

5 Total of payments made to each employee in excess of \$7,000 . . . . . 5

6 Subtotal (line 4 + line 5 = line 6) . . . . . 6

7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions. . . . . 7

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . . 8

**Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.**

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 . . . . . 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . . . 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . . 11

**Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.**

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . . . 12

13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . . . 13

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.  
• If line 14 is more than \$500, you must deposit your tax.  
• If line 14 is \$500 or less, you may pay with this return. See instructions . . . . . 14

15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15

You **MUST** complete both pages of this form and **SIGN** it. Check one:  Apply to next return.  Send a refund.

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 - March 31) 16a [ ]
16b 2nd quarter (April 1 - June 30) 16b [ ]
16c 3rd quarter (July 1 - September 30) 16c [ ]
16d 4th quarter (October 1 - December 31) 16d [ ]
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 [ ] Total must equal line 12.

Part 6: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ]
[X] No.

Part 7: Sign here. You MUST complete both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here [Signature] Print your name here STACY CROUCH
Print your title here COMPANY ADMINISTRATOR
Date 1/2/2024 Best daytime phone 615-764-0074

Paid Preparer Use Only Check if you are self-employed [ ]

Preparer's name [ ] PTIN [ ]
Preparer's signature [ ] Date [ ]
Firm's name (or yours if self-employed) [ ] EIN [ ]
Address [ ] Phone [ ]
City [ ] State [ ] ZIP code [ ]

**TN**

Department of  
**Labor & Workforce  
Development**

**TNPAWS**  
TN PREMIUM AND WAGE REPORTING

Bureau of Unemployment Insurance - Employer Accounts Division  
TN Premium and Wage Reporting System (TNPAWS)



Print Date: 04/05/2023

Confirmation #: 20231006604

Employer Name: HARPETH WASTEWATER COOPERATIVE

Employer Account Number: 0794-835-8

Reporting Quarter and Year: 1 Quarter 2023

Report Due Date: 04/30/2023

Date/Time Report Submitted: April 05, 2023 - 12:39 PM

Submitted By: LAURA MORRISSEY

Rate: 0.25%

Number of Covered Workers:

1st Month: 7

2nd Month: 7

3rd Month: 7

1. Total Wages:	\$61,368.22
2. Less Excess Wages:	\$22,995.24
3. Net Taxable Wages (line 1 minus line 2):	\$38,372.98
4. Premium Due:	\$95.93
5. Interest Due:	\$0.00
6. Penalty Due:	\$0.00
7a. Outstanding Debit Amount:	\$0.00
7b. Outstanding Credit Amount:	\$0.00
8. Total Due:	\$95.93

Please print and keep this document for your records.

EMPLOYEE SSN	LAST NAME	FIRST NAME	MID	PRIOR WAGES	CURRENT WAGES
	REED			\$0.00	\$1,200.00
	MEYER			\$0.00	\$5,130.00
	STEFFEN			\$0.00	\$3,000.00
	ROWAN			\$0.00	\$12,097.20
	SCHAAF			\$0.00	\$1,540.48

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EMPLOYEE SSN	LAST NAME	FIRST NAME	MID	PRIOR WAGES	CURRENT WAGES
[REDACTED]	ALLOWAY	[REDACTED]	[REDACTED]	\$0.00	\$6,502.50
[REDACTED]	BIBBY	[REDACTED]	[REDACTED]	\$0.00	\$15,561.04
[REDACTED]	CROUCH	[REDACTED]	[REDACTED]	\$0.00	\$16,337.00

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**Bureau of Unemployment Insurance - Employer Accounts Division**  
**TN Premium and Wage Reporting System (TNPAWS)**



Print Date: 07/13/2023

Confirmation #: 20232081101

**Employer Name:** HARPETH WASTEWATER COOPERATIVE

**Employer Account Number:** 0794-835-8

**Reporting Quarter and Year:** 2 Quarter 2023

**Report Due Date:** 07/31/2023

**Date/Time Report Submitted:** July 13, 2023 - 1:14 PM

**Submitted By:** LAURA MORRISSEY

**Rate:** 0.25%

**Number of Covered Workers:**

1st Month: 7

2nd Month: 7

3rd Month: 7

1. Total Wages:	\$60,608.27
2. Less Excess Wages:	\$52,689.57
3. Net Taxable Wages (line 1 minus line 2):	\$7,918.70
4. Premium Due:	\$19.80
5. Interest Due:	\$0.00
6. Penalty Due:	\$0.00
7a. Outstanding Debit Amount:	\$0.00
7b. Outstanding Credit Amount:	\$0.00
8. Total Due:	\$19.80

Please print and keep this document for your records.

EMPLOYEE SSN	LAST NAME	FIRST NAME	MID	PRIOR WAGES	CURRENT WAGES
[REDACTED]	MEYER	[REDACTED]	[REDACTED]	\$5,130.00	\$5,130.00
[REDACTED]	STEFFEN	[REDACTED]	[REDACTED]	\$3,000.00	\$4,500.00
[REDACTED]	ROWAN	[REDACTED]	[REDACTED]	\$12,097.20	\$10,760.10
[REDACTED]	SCHAAF	[REDACTED]	[REDACTED]	\$1,540.48	\$1,551.20
[REDACTED]	ALLOWAY	[REDACTED]	[REDACTED]	\$6,502.50	\$6,332.50

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EMPLOYEE SSN	LAST NAME	FIRST NAME	MID	PRIOR WAGES	CURRENT WAGES
[REDACTED]	BIBBY	[REDACTED]	[REDACTED]	\$15,561.04	\$16,028.47
[REDACTED]	CROUCH	[REDACTED]	[REDACTED]	\$16,337.00	\$16,306.00

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**TN**

Department of  
**Labor & Workforce  
Development**

**TNPAWS**  
TN PREMIUM AND WAGE REPORTING

**Bureau of Unemployment Insurance - Employer Accounts Division**  
**TN Premium and Wage Reporting System (TNPAWS)**



Print Date: 10/10/2023

Confirmation #: 20233016372

Employer Name: HARPETH WASTEWATER COOPERATIVE

Employer Account Number: 0794-835-8

Reporting Quarter and Year: 3 Quarter 2023

Report Due Date: 10/31/2023

Date/Time Report Submitted: October 10, 2023 - 2:33 PM

Submitted By: LAURA MORRISSEY

Rate: 0.30%

**Number of Covered Workers:**

1st Month: 7

2nd Month: 7

3rd Month: 7

1. Total Wages:	\$60,300.27
2. Less Excess Wages:	\$59,131.96
3. Net Taxable Wages (line 1 minus line 2):	\$1,168.31
4. Premium Due:	\$3.50
5. Interest Due:	\$0.00
6. Penalty Due:	\$0.00
7a. Outstanding Debit Amount:	\$0.00
7b. Outstanding Credit Amount:	\$0.00
8. Total Due:	\$3.50

Please print and keep this document for your records.

EMPLOYEE SSN	LAST NAME	FIRST NAME	MID	PRIOR WAGES	CURRENT WAGES
[REDACTED]	MEYER	[REDACTED]	[REDACTED]	\$10,260.00	\$5,130.00
[REDACTED]	STEFFEN	[REDACTED]	[REDACTED]	\$7,500.00	\$4,500.00
[REDACTED]	ROWAN	[REDACTED]	[REDACTED]	\$22,857.30	\$11,005.10
[REDACTED]	SCHAAF	[REDACTED]	[REDACTED]	\$3,091.68	\$1,168.31
[REDACTED]	ALLOWAY	[REDACTED]	[REDACTED]	\$12,835.00	\$6,523.76

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EMPLOYEE SSN	LAST NAME	FIRST NAME	MID	PRIOR WAGES	CURRENT WAGES
[REDACTED]	BIBBY	[REDACTED]	[REDACTED]	\$31,589.51	\$15,484.97
[REDACTED]	CROUCH	[REDACTED]	[REDACTED]	\$32,643.00	\$16,488.13

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**TN**

Department of  
**Labor & Workforce  
Development**

# TNPAWS

TN PREMIUM AND WAGE REPORTING

## Bureau of Unemployment Insurance - Employer Accounts Division

### TN Premium and Wage Reporting System (TNPAWS)



Print Date: 01/02/2024

Confirmation #: 20234003455

Employer Name: HARPETH WASTEWATER COOPERATIVE

Employer Account Number: 0794-835-8

Reporting Quarter and Year: 4 Quarter 2023

Report Due Date: 01/31/2024

Date/Time Report Submitted: January 02, 2024 - 1:30 PM

Submitted By: LAURA MORRISSEY

Rate: 0.30%

**Number of Covered Workers:**

1st Month: 7

2nd Month: 7

3rd Month: 7

1. Total Wages:	\$59,534.72
2. Less Excess Wages:	\$57,978.87
3. Net Taxable Wages (line 1 minus line 2):	\$1,555.85
4. Premium Due:	\$4.67
5. Interest Due:	\$0.00
6. Penalty Due:	\$0.00
7a. Outstanding Debit Amount:	\$0.00
7b. Outstanding Credit Amount:	\$0.00
8. Total Due:	\$4.67

Please print and keep this document for your records.

EMPLOYEE SSN	LAST NAME	FIRST NAME	MID	PRIOR WAGES	CURRENT WAGES
	MEYER			\$15,390.00	\$5,130.00
	STEFFEN			\$12,000.00	\$4,500.00
	ROWAN			\$33,862.40	\$11,005.30
	SCHAAF			\$4,259.99	\$1,555.85
	ALLOWAY			\$19,358.76	\$5,291.25

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<u>EMPLOYEE SSN</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MID</u>	<u>PRIOR WAGES</u>	<u>CURRENT WAGES</u>
[REDACTED]	BIBBY	[REDACTED]		\$47,074.48	\$15,622.32
[REDACTED]	CROUCH	[REDACTED]		\$49,131.13	\$16,430.00

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Form **940 for 2024: Employer's Annual Federal Unemployment (FUTA) Tax Return**  
 Department of the Treasury — Internal Revenue Service

850113  
 OMB No. 1545-0029

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address   
Number Street Suite or room number

City

Foreign country name Foreign province/county Foreign postal code

**Type of Return**  
 (Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2024

d. Final: Business closed or stopped paying wages

Go to [www.irs.gov/Form940](http://www.irs.gov/Form940) for instructions and the latest information.

REV 12/31/24 OSP

COPY

Read the separate instructions before you complete this form. Please type or print within the boxes.

**Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.**

- 1a If you had to pay state unemployment tax in one state only, enter the state abbreviation .
- 1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . . . 1b  Check here. Complete Schedule A (Form 940).
- 2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . . 2  Check here. Complete Schedule A (Form 940).

**Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.**

3 Total payments to all employees . . . . . 3

4 Payments exempt from FUTA tax . . . . . 4

Check all that apply: 4a  Fringe benefits 4c  Retirement/Pension 4e  Other  
 4b  Group-term life insurance 4d  Dependent care

5 Total of payments made to each employee in excess of \$7,000 . . . . . 5

6 Subtotal (line 4 + line 5 = line 6) . . . . . 6

7 Total taxable FUTA wages (line 3 - line 6 = line 7). See instructions . . . . . 7

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . . 8

**Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.**

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 . . . . . 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . . . 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . . 11

**Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.**

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . . . 12

13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . . . 13

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.  
 • If line 14 is more than \$500, you must deposit your tax.  
 • If line 14 is \$500 or less, you may pay with this return. See instructions . . . . . 14

15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15

You **MUST** complete both pages of this form and **SIGN** it. Check one:  Apply to next return.  Send a refund.

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 - March 31) 16a [ ]
16b 2nd quarter (April 1 - June 30) 16b [ ]
16c 3rd quarter (July 1 - September 30) 16c [ ]
16d 4th quarter (October 1 - December 31) 16d [ ]
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 [ ] Total must equal line 12.

Part 6: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ] [ ] [ ] [ ] [ ]
[X] No.

Part 7: Sign here. You MUST complete both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here [Signature] Print your name here STACY CROUCH
Print your title here COMPANY ADMINISTRATOR
Date 1/3/2025 COPY Best daytime phone 615.764.0074

Paid Preparer Use Only Check if you are self-employed [ ]

Preparer's name [ ] PTIN [ ]
Preparer's signature [ ] Date [ ]
Firm's name (or yours if self-employed) [ ] EIN [ ]
Address [ ] Phone [ ]
City [ ] State [ ] ZIP code [ ]

Please note that the State started  
requiring Electronic Filings beginning in the  
2nd Qtr. in 2025.

Form **940 for 2025:** Employer's Annual Federal Unemployment (FUTA) Tax Return

850125  
OMB No. 1545-0029

Department of the Treasury — Internal Revenue Service

Employer identification number (EIN)

Name (not your trade name)

Trade name (if any)

Address

Number  Street  Suite or room number

City  State  ZIP code

Foreign country name  Foreign province/county  Foreign postal code

**Type of Return**  
(Check all that apply.)

a. Amended

b. Successor employer

c. No payments to employees in 2025

d. Final: Business closed or stopped paying wages

---

**Aggregate Return Filers Only**

Type of filer (check one):

Section 3504 Agent

Certified Professional Employer Organization (CPEO)

Other Third Party

Read the separate instructions before you complete this form. Please type or print within the boxes.

**Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.**

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . . . . . 1a

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . . . 1b  Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . . . 2  Check here. Complete Schedule A (Form 940).

**Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.**

3 Total payments to all employees . . . . . 3

4 Payments exempt from FUTA tax . . . . . 4

Check all that apply: 4a  Fringe benefits 4c  Retirement/Pension 4e  Other

4b  Group-term life insurance 4d  Dependent care

5 Total of payments made to each employee in excess of \$7,000 . . . . . 5

6 Subtotal (line 4 + line 5 = line 6) . . . . . 6

7 Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions . . . . . 7

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . . . 8

**Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.**

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 x 0.054 = line 9). Go to line 12 . . . . . 9

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . . . 10

11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . . . 11

**Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.**

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . . . 12

13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . . . 13

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.  
• If line 14 is more than \$500, you must deposit your tax.  
• If line 14 is \$500 or less, you may pay with this return. See instructions . . . . . 14

15a Overpayment. If line 13 is more than line 12, enter the difference  15b Check one:  Apply to next return.  Send a refund.

15c Routing number  15d Type:  Checking  Savings

15e Account number

You **MUST** complete both pages of this form and **SIGN** it.

REV 01/06/26 OSP

Name (not your trade name) BERRY'S CHAPEL UTILITY INC Employer identification number (EIN) 27-3271610

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than \$500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a 1st quarter (January 1 - March 31) 16a [ ]
16b 2nd quarter (April 1 - June 30) 16b [ ]
16c 3rd quarter (July 1 - September 30) 16c [ ]
16d 4th quarter (October 1 - December 31) 16d [ ]
17 Total tax liability for the year (lines 16a + 16b + 16c + 16d = line 17) 17 [ ]

Total must equal line 12.

Part 6: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

[ ] Yes. Designee's name and phone number [ ] [ ]
Select a 5-digit personal identification number (PIN) to use when talking to the IRS. [ ] [ ] [ ] [ ] [ ]

[X] No.

Part 7: Sign here. You MUST complete both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign your name here [Signature] Print your name here [ ]
Print your title here [ ]
Date [4/7/2024] Best daytime phone [ ]

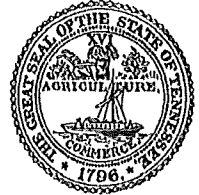
COPY

Paid Preparer Use Only Check if you are self-employed [ ]

Preparer's name [ ] PTIN [ ]
Preparer's signature [ ] Date [ ]
Firm's name (or yours if self-employed) [ ] EIN [ ]
Address [ ] Phone [ ]
City [ ] State [ ] ZIP code [ ]



Bureau of Unemployment Insurance - Employer Accounts Division  
TN Premium and Wage Reporting System (TNPAWS)



Print Date: 04/03/2025

Confirmation #: 20251205858

Employer Name: HARPETH WASTEWATER COOPERATIVE

Employer Account Number: 0794-835-8

Reporting Quarter and Year: 1 Quarter 2025

Report Due Date: 04/30/2025

Date/Time Report Submitted: April 03, 2025 - 1:25 PM

Submitted By: LAURA MORRISSEY

Rate: 0.50%

Number of Covered Workers:

1st Month: 7

2nd Month: 7

3rd Month: 7

1. Total Wages:	\$85,702.15
2. Less Excess Wages:	\$46,222.67
3. Net Taxable Wages (line 1 minus line 2):	\$39,479.48
4. Premium Due:	\$197.40
5. Interest Due:	\$0.00
6. Penalty Due:	\$0.00
7a. Outstanding Debt Amount:	\$0.00
7b. Outstanding Credit Amount:	\$0.00
8. Total Due:	\$197.40

Please print and keep this document for your records.

EMPLOYEE SSN	LAST NAME	FIRST NAME	MID	PRIOR WAGES	CURRENT WAGES
[REDACTED]	STEFFEN	[REDACTED]	[REDACTED]	\$0.00	\$3,307.50
[REDACTED]	ROWAN	[REDACTED]	[REDACTED]	\$0.00	\$12,903.77
[REDACTED]	SCHAAF	[REDACTED]	[REDACTED]	\$0.00	\$1,171.98
[REDACTED]	ALLOWAY	[REDACTED]	[REDACTED]	\$0.00	\$7,402.46
[REDACTED]	BIBBY	[REDACTED]	[REDACTED]	\$0.00	\$18,184.07
[REDACTED]	FOLEY, JR	[REDACTED]	[REDACTED]	\$0.00	\$23,749.96
[REDACTED]	CROUCH	[REDACTED]	[REDACTED]	\$0.00	\$18,982.41

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# Tennessee Unemployment Insurance - Quarterly Contribution Report Worksheet

This is a record of your information to complete your Unemployment Insurance Contribution Report.  
Do not file the worksheet.

06/30/2025	BERRY'S CHAPEL UTILITY INC
Period Ending	Company Legal Name
27-3271610	106 Mission Ct Ste 104A
FEIN	Company Legal Address
0794-835 8	Address Line 2
Unemployment No.	Franklin TN 37067
3884335	City State Zip Code
Company ID	

## UNEMPLOYMENT INSURANCE

Total Wages		\$ 90192.94
Excess Wages		
Wage Base		\$ 84933.63
\$ 7000.00		
Taxable Wages		\$ 5259.31
UI Contributions	Rate 0.5000	\$ 26.30
Interest		\$
Penalty		\$
Outstanding Debit or Credit		\$
Total Due		\$ 26.30
Number of employees receiving pay for pay period which includes 12th day of the month		
1st Month	2nd Month	3rd Month
7	7	7

# Tennessee Unemployment Insurance - Wage Report Worksheet

This is a record of your information to complete your Employer Report of Wages Paid.  
Do not file the worksheet.

BERRY'S CHAPEL UTILITY INC  
Company Legal Name  
3884335  
Company ID

0794-835 8  
Unemployment No.

27-3271610  
FEIN  
06/30/2025  
Period Ending

Employee SSN	Employee Name (Last, First, MI)	Total Wages Paid This Quarter	Taxable Wages Paid This Quarter
	[REDACTED] SCHAAF	1566.81	
	[REDACTED] ROWAN	13038.76	
	[REDACTED] FOLEY, JR	23749.96	
	[REDACTED] L CROUCH	18904.05	
	[REDACTED] ALLOWAY	7154.13	
	[REDACTED] STEFFEN	6615.00	
	[REDACTED] BIBBY	19164.23	
Total employees all pages <u>7</u>		Totals for this page	90192.94

Your **Wage Report** for **Quarter 2, 2025** has been submitted successfully and will be posted to your account once it has been processed.

Your confirmation number is **0-002-866-634**.

Date submitted: **03-Jul-2025**.

A summary of your submission can be found below:

Total Wages	\$ 90,192.94
Excess Wages	\$ 84,933.63
Taxable Wages	\$ 5,259.31
Tax Rate	0.50
Premiums Due	\$ 26.30

7/3/25  
TN 2ND QTR  
2025  
Unemployment  
Tax Payment  
B

## Next Steps

### 1. If you want to make a change, it is not too late

You can view or amend previous wage reports by logging into your e-Services account, selecting the "View Wage Reports" link under the account panel, and clicking the "Amend" link under the wage report you would like to update.

### 2. Have newer wage reports already been filed in this calendar year?

If there are wage reports that were already submitted in future quarters, please go in and review them for correctness. The changes associated to this wage report can alter taxable wage calculations on subsequent wage reports.

### 3. Make a Payment

You can make a payment by logging into your e-Services account, navigating to the "Summary" tab near the top of the screen, and selecting the "Make a Payment" link under the account panel.

To save this confirmation screen for your records, click **Printable View**. To return to your account click **OK**.

# Tennessee Unemployment Insurance - Quarterly Contribution Report Worksheet

This is a record of your information to complete your Unemployment Insurance Contribution Report.  
Do not file the worksheet.

09/30/2025	BERRY'S CHAPEL UTILITY INC
Period Ending	Company Legal Name
27-3271610	106 Mission Ct Ste 104A
FEIN	Company Legal Address
0794-835 8	
Unemployment No.	Address Line 2
3884335	Franklin
Company ID	City
	TN 37067
	State Zip Code

## UNEMPLOYMENT INSURANCE

Total Wages		\$ 85213.10
Excess Wages		
Wage Base		\$ 83940.29
\$ 7000.00		
Taxable Wages		\$ 1272.81
UI Contributions	Rate 0.7000	\$ 8.91
Interest		\$
Penalty		\$
Outstanding Debit or Credit		\$
Total Due		\$ 8.91
Number of employees receiving pay for pay period which includes 12th day of the month		
1st Month	2nd Month	3rd Month
7	7	7

# Tennessee Unemployment Insurance - Wage Report Worksheet

This is a record of your information to complete your Employer Report of Wages Paid.  
Do not file the worksheet.

BERRY'S CHAPEL UTILITY INC  
Company Legal Name

3884335  
Company ID

0794-835 8  
Unemployment No.

27-3271610  
FEIN

09/30/2025  
Period Ending

Employee SSN	Employee Name (Last, First, MI)	Total Wages Paid This Quarter	Taxable Wages Paid This Quarter
	SCHAAF	1272.81	
	ROWAN	12981.98	
	Foley, JR	23749.96	
	CROUCH	18111.60	
	ALLOWAY	6834.86	
	STEFFEN	4961.25	
	BIBBY	17300.64	
Total employees all pages <u>7</u>		Totals for this page	85213.10

Your **Wage Report** for **Quarter 3, 2025** has been submitted successfully and will be posted to your account once it has been processed.

Your confirmation number is **0-003-503-583**.

Date submitted: **07-Oct-2025**.

A summary of your submission can be found below:

Total Wages	\$ 85,213.10
Excess Wages	\$ 83,940.29
Taxable Wages	\$ 1,272.81
Tax Rate	0.70
Premiums Due	\$ <b>8.91</b>

You can request a copy of your wage report under "Additional Services".

*10/7/25*  
*To 3rd QTR*  
*2025*  
*Unemployment*  
*Tax Payment*  
*Ⓢ*

## Next Steps

### 1. Make a Payment

This confirmation screen serves as confirmation of your payment submission in the amount of \$8.91. Payments are sent to the bank for processing each night and will be withdrawn by the department within 1-2 business days. If the bank is unable to process your payment request, you will receive notice via your chosen correspondence method.

If you need to make additional payments, you can make a payment by logging into your e-Services account, navigating to the "Summary" tab near the top of the screen, and selecting the "Make a Payment" link under the account panel.

### 2. If you want to make a change, it is not too late

You can view or amend previous wage reports by logging into your e-Services account, selecting the "View Wage Reports" link under the account panel, and clicking the "Amend" link under the wage report you would like to update.

### 3. Have newer wage reports already been filed in this calendar year?

If there are wage reports that were already submitted in future quarters, please go in and review them for correctness. The changes associated to this wage report can alter taxable wage calculations on subsequent wage reports.

To save this confirmation screen for your records, click **Printable View**. To return to your account click **OK**.

# Tennessee Unemployment Insurance - Quarterly Contribution Report Worksheet

This is a record of your information to complete your Unemployment Insurance Contribution Report.  
Do not file the worksheet.

12/31/2025	BERRY'S CHAPEL UTILITY INC
Period Ending	Company Legal Name
27-3271610	106 Mission Ct Ste 104A
FEIN	Company Legal Address
0794-835 8	Address Line 2
Unemployment No.	Franklin TN 37067
3884335	City State Zip Code
Company ID	

## UNEMPLOYMENT INSURANCE

Total Wages		\$ 92712.01
Excess Wages		
Wage Base		\$ 91357.48
\$ 7000.00		
Taxable Wages		\$ 1354.53
UI Contributions	Rate 0.7000	\$ 9.48
Interest		\$
Penalty		\$
Outstanding Debit or Credit		\$
Total Due		\$ 9.48
Number of employees receiving pay for pay period which includes 12th day of the month		
1st Month	2nd Month	3rd Month
7	7	6

# Tennessee Unemployment Insurance - Wage Report Worksheet

This is a record of your information to complete your Employer Report of Wages Paid.  
Do not file the worksheet.

BERRY'S CHAPEL UTILITY INC 27-3271610  
Company Legal Name FEIN  
3884335 0794-835 8 12/31/2025  
Company ID Unemployment No. Period Ending

Employee SSN	Employee Name (Last, First, MI)	Total Wages Paid This Quarter	Taxable Wages Paid This Quarter
	██████████ SCHAAF	1354.53	
	██████████ ROWAN	11124.96	
	██████████ Foley, JR	25576.88	
	██████████ CROUCH	19870.55	
	██████████ ALLOWAY	7319.68	
	██████████ STEFFEN	4961.25	
	██████████ BIBBY	22504.16	
Total employees all pages <u>7</u>		Totals for this page	92712.01

Your **Wage Report** for **Quarter 4, 2025** has been submitted successfully and will be posted to your account once it has been processed.

Your confirmation number is **0-004-178-632**.

Date submitted: **07-Jan-2026**.

A summary of your submission can be found below:

Total Wages	\$ 92,712.01
Excess Wages	\$ 91,357.48
Taxable Wages	\$ 1,354.53
Tax Rate	0.70
Premiums Due	\$ 9.48

*1/7/26*  
*TN 4th QTR*  
*2025*  
*Unemployment*  
*Tax Payment*  
*Ⓢ*

You can request a copy of your wage report under "Additional Services".

### Next Steps

**1. Make a Payment**

This confirmation screen serves as confirmation of your payment submission in the amount of \$9.48. Payments are sent to the bank for processing each night and will be withdrawn by the department within 1-2 business days. If the bank is unable to process your payment request, you will receive notice via your chosen correspondence method.

If you need to make additional payments, you can make a payment by logging into your e-Services account, navigating to the "Summary" tab near the top of the screen, and selecting the "Make a Payment" link under the account panel.

**2. If you want to make a change, it is not too late**

You can view or amend previous wage reports by logging into your e-Services account, selecting the "View Wage Reports" link under the account panel, and clicking the "Amend" link under the wage report you would like to update.

**3. Have newer wage reports already been filed in this calendar year?**

If there are wage reports that were already submitted in future quarters, please go in and review them for correctness. The changes associated to this wage report can alter taxable wage calculations on subsequent wage reports.

To save this confirmation screen for your records, click **Printable View**. To return to your account click **OK**.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

46. Provide the following Federal Income Tax data for the Tennessee Operations for the test year and the attrition year:
- a. The calculation of Berry Chapel Utility's federal income tax expense. The calculated amount should reconcile to the amount reported on the Tennessee PSC 3.03 surveillance reports
  - b. A detailed calculation of the permanent book and tax differences
  - c. A detailed calculation of the temporary book and tax differences
  - d. Operating federal income taxes deferred – accelerated depreciation
  - e. Federal income taxes – operating
  - f. Income credits resulting from prior deferrals of federal income taxes

**RESPONSE:**

See Attachment MFR46-1 for a copy of Berry's Chapel Utility's tax return for fiscal year 2025. Because Berry's Chapel Utility usually reports a loss, and carries over prior period cumulative losses, no actual tax is paid. Because of this, no federal income tax expense has been forecasted for the attrition period.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

47. Provide a reconciliation of book to taxable income and a calculation of the federal income tax expense on a total Company, total Berry's Chapel Utility, and Tennessee only basis for the test period and for the attrition period.

**RESPONSE:**

See Attachment MFR46-1. Berry's Chapel Utility has no parent or affiliate operations.

MFR46-1



December 19, 2025

**CONFIDENTIAL**

Berry's Chapel Utility, Inc.  
DBA Harpeth Wastewater Cooperative  
106 Mission Court, Suite 104 A  
Franklin, TN 37067

For professional services rendered in connection with the preparation of your 2024 corporate tax return:

Amount due \$ 1,200.00

Please make checks payable to BLANKENSHIP CPA GROUP, PLLC and include 2024 Tax Return for ID# 4610200 in the memo. Please remit payment to the following address:

Blankenship CPA Group, PLLC  
102 W 7th St Ste 100  
Columbia, TN 38401

If you prefer to pay online, please scan the QR code below:



We appreciate your business and look forward to serving you in the future!

Sincerely yours,

Steven D. Warren, CPA

### Form 1120 Return Summary

For calendar year 2024 or tax year beginning **07/01/24** , ending **06/30/25**  
**BERRY'S CHAPEL UTILITY, INC.** **27-3271610**

**Taxable Income**

Total income	821,596	
Total deductions	844,070	
Taxable income before NOL / special deductions	-22,474	
Net operating loss deduction		
Special deductions		
<b>Taxable income</b>		<b>-22,474</b>

**Tax Computation**

Income tax		
Base erosion minimum tax		
Corporate alternative minimum tax		
Foreign tax credit		
General business credit		
Other credits		
Personal holding company tax		
Other taxes		
Additional taxes and credits		
<b>Total tax</b>		<b>0</b>

**Payments and Penalties**

Estimated tax payments		
Extension payment		
Other payments / credits		
Estimated tax penalty (Form 2220)		
Penalties and interest		
<b>Total payments and penalties</b>		

**Tax due**

**Overpayment credited to next year's estimated tax**

**Refund**

**Next Year's Estimates**

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
<b>Total</b>	

	Schedule L	Current Year
	Prior Year	
Assets	1,811,258	2,026,644
Liabilities	1,811,258	2,026,644
Difference	0	0

	Schedule M-1
Schedule M-1	-22,474
Page 1	-22,474
Difference	0

	Schedule M-2
Schedule M-2	-1,143,929
Schedule L	-1,143,929
Difference	0

	Schedule M-3
Schedule M-3	
Page 1	
Difference	0





**CONFIDENTIAL**

Berry's Chapel Utility, Inc.  
DBA Harpeth Wastewater Cooperative  
106 Mission Court, Suite 104 A  
Franklin, TN 37067

Dear Board of Directors:

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached to each return is an instruction sheet for signing and filing. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,  
Blankenship CPA Group, PLLC

Steven D. Warren, CPA

**Filing Instructions**

**Berry's Chapel Utility, Inc.**

**Form 8879-C**

**U.S. Corporation Income Tax Declaration for an IRS *e-file* Return  
with Electronic Filing Personal Identification Number**

**Taxable Year Ended June 30, 2025**

**Date Due:** April 15, 2026

**Remittance:** None is required. No amount is due or overpaid.

**Signature:** You are using the Personal Identification Number (PIN) for signing your return electronically. The IRS *e-file* Signature Authorization form should be signed and dated by an authorized officer of the corporation and returned to:

Blankenship CPA Group, PLLC      **OR FAX TO 1+615-658-9988**  
102 W 7th St Ste 100  
Columbia, TN 38401

***Important:*** Your return will not be filed with the IRS until the signed IRS *e-file* Signature Authorization form has been received by this office.

**Other:** Initial and date the copies of the IRS *e-file* Signature Authorization and Form 1120, and retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120 to the IRS it will delay processing of your return.

**IF YOU HAVE ELECTED ELECTRONIC FUNDS TRANSFERS,  
AS NOTED ABOVE, PLEASE VERIFY ACCOUNT ACCURACY.**

Form **8879-CORP**

**E-file Authorization for Corporations**

(Rev. December 2024)

For calendar year \_\_\_\_\_, or tax year beginning 07/01/24, ending 06/30/25

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

For use with Form 1120 series returns.  
Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.

Name of corporation

Employer identification number

**BERRY'S CHAPEL UTILITY, INC.**

**27-3271610**

**Part I Information** (Whole dollars only)

1 Total income (Form 1120, line 11) .....	1	<b>821,596</b>
2 Total income (Form 1120-F, Section II, line 11) .....	2	
3 Total income (loss) (Form 1120-S, line 6) .....	3	
4 Total income (Form 1120 _____, line _____) .....	4	

**Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.**

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **BLANKENSHIP CPA GROUP, PLLC** to enter my PIN **71610** as my signature  
ERO firm name do not enter all zeros  
on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature JIM SAVAGE Date 12/19/25 Title PRESIDENT

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **62930221930**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 12/19/25

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **7004**  
(Rev. December 2018)  
Department of the Treasury  
Internal Revenue Service

### Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.

► Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.

Print  
or  
Type

Name <b>BERRY'S CHAPEL UTILITY, INC. DBA HARPETH WASTEWATER COOPERATIVE</b>	Identifying number <b>27-3271610</b>
Number, street, and room or suite no. (If P.O. box, see instructions.) <b>106 MISSION COURT, SUITE 104 A</b>	
City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).) <b>FRANKLIN TN 37067</b>	

**Note:** File request for extension by the due date of the return. See instructions before completing this form.

#### Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns. See instructions.

1 Enter the form code for the return listed below that this application is for **12**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND (section 4951 taxes)	20
Form 706-GS(T)	02	Form 1120-PC	21
Form 1041 (bankruptcy estate only)	03	Form 1120-POL	22
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-REIT	23
Form 1041 (trust)	05	Form 1120-RIC	24
Form 1041-N	06	Form 1120S	25
Form 1041-QFT	07	Form 1120-SF	26
Form 1042	08	Form 3520-A	27
Form 1065	09	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36
Form 1120-ND	19		

#### Part II All Filers Must Complete This Part

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here   
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here
- 5a The application is for calendar year **2024**, or tax year beginning **07/01/24**, and ending **06/30/25**.
- b **Short tax year.** If this tax year is less than 12 months, check the reason:  Initial return  Final return  
 Change in accounting period  Consolidated return to be filed  Other (See instructions—attach explanation.)

6 Tentative total tax	<b>6</b>	<b>0</b>
7 Total payments and credits. See instructions	<b>7</b>	<b>0</b>
8 <b>Balance due.</b> Subtract line 7 from line 6. See instructions	<b>8</b>	<b>0</b>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

1120

Form Department of the Treasury Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2024 or tax year beginning 07/01/24, ending 06/30/25 Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

- A Check if: 1a Consolidated return (attach Form 851) 1b Life/nonlife consolidated return 2 Personal holding co. (attach Sch. PH) 3 Personal service corp. (see instructions) 4 Schedule M-3 attached

Name: BERRY'S CHAPEL UTILITY, INC. DBA HARPETH WASTEWATER COOPERATIVE. Address: 106 MISSION COURT, SUITE 104 A, FRANKLIN, TN 37067

B Employer identification number: 27-3271610. C Date incorporated: 07/16/2010. D Total assets (see instructions): \$ 2,026,644

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Table with 11 columns: Line number, Description, Sub-column 1a/1b, Sub-column 29a/29b, and Total amount. Rows include Income (1a-11), Deductions (12-28), and Tax, Refundable Credits, and Payments (30-37).

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [ ] No

Signature of officer: JIM SAVAGE, Date, Title: PRESIDENT

Preparer information: Print/Type preparer's name: STEVEN D. WARREN, CPA; Preparer's signature; Date; Check self-employed if; PTIN: P00921930; Firm's name: BLANKENSHIP CPA GROUP, PLLC; Firm's EIN: 45-0491842; Firm's address: 102 W 7TH ST STE 100, COLUMBIA, TN 38401; Phone no.: 615-373-3771

<b>Schedule C Dividends, Inclusions, and Special Deductions</b> (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	<b>Subtotal.</b> Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	<b>Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	<b>Total special deductions.</b> Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

**Schedule J Tax Computation and Payment** (see instructions)

1a	Income tax (see instructions)		0
b	Tax from Form 1120-L (see instructions)	1b	
c	Section 1291 tax from Form 8621	1c	
d	Tax adjustment from Form 8978	1d	
e	Additional tax under section 197(f)	1e	
f	Base erosion minimum tax from Form 8991	1f	
g	Amount from Form 4255, Part I, line 3, column (q)	1g	
z	Other chapter 1 tax	1z	
2	Total income tax. Add lines 1a through 1z	2	0
3	Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626)	3	
4	Add lines 2 and 3	4	
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (see instructions—attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
f	Adjustment from Form 8978	5f	
6	Total credits. Add lines 5a through 5f	6	
7	Subtract line 6 from line 4	7	
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Amount from Form 4255, Part I, line 3, column (r)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Completed long-term contract look-back interest due (attach Form 8697)	9c	
d	Interest due under the look-back method—income forecast method (attach Form 8863)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Interest/tax due under section 453A(c)	9f	
g	Interest/tax due under section 453(l)	9g	
z	Other (see instructions—attach statement)	9z	
10	Total. Add lines 9a through 9z	10	
11a	Total tax before deferred taxes. Add lines 7, 8, and 10	11a	
b	Deferred tax on the corporation's share of undistributed earnings of a qualified electing fund	11b	
c	Deferred LIFO recapture tax (section 1363(d))	11c	
12	Total tax. Subtract the sum of lines 11b and 11c from 11a. Enter here and on page 1, line 31	12	0
13	Preceding year's overpayment credited to the current year	13	
14	Current year's estimated tax payments	14	
15	Current year's refund applied for on Form 4466	15	( )
16	Reserved for future use	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Combine lines 13 through 18	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Credit for tax withheld under chapter 3 or 4 from Form 1042-S, Form 8805, or Form 8288 (attach the applicable form)	20c	
z	Other (attach statement—see instructions)	20z	
21	Total credits. Add lines 20a through 20z	21	
22	Elective payment election amount from Form 3800	22	
23	Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	

**Schedule K Other Information** (see instructions)

	Yes	No
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) .....		
2 See the instructions and enter the:		
a Business activity code no. <b>221300</b>		
b Business activity <b>OTHER SERVICE</b>		
c Product or service <b>WASTEWATER TREATMENT</b>		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? .....		<b>X</b>
If "Yes," enter name and EIN of the parent corporation .....		
4 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) .....		<b>X</b>
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) .....		<b>X</b>
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below.		<b>X</b>

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below.	<b>X</b>
--	----------

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 .....	<b>X</b>
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.	
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.	
7 At any time during this tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? .....	<b>X</b>
For rules of attribution, see section 318. If "Yes," enter:	
(a) Percentage owned ..... and (b) Owner's country .....	
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached .....	
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount .....	<input type="checkbox"/>
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.	
9 Enter the amount of tax-exempt interest received or accrued during this tax year \$ .....	<b>0</b>
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) .....	
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) .....	<input type="checkbox"/>
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.	
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) .... \$ .....	<b>1,048,213</b>

**Schedule K Other Information** (continued from page 4)

	Yes	No
<b>13</b> Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during this tax year		<b>X</b>
<b>14</b> Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions If "Yes," complete and attach Schedule UTP.		<b>X</b>
<b>15a</b> Did the corporation make any payments that would require it to file Form(s) 1099?	<b>X</b>	
<b>b</b> If "Yes," did or will the corporation file required Form(s) 1099?	<b>X</b>	
<b>16</b> During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		<b>X</b>
<b>17</b> During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		<b>X</b>
<b>18</b> Did this corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		<b>X</b>
<b>19</b> During this corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		<b>X</b>
<b>20</b> Is the corporation operating on a cooperative basis?		<b>X</b>
<b>21</b> During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions \$		<b>X</b>
<b>22</b> Does this corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3). If "Yes," complete and attach Form 8991.		<b>X</b>
<b>23</b> Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during this tax year? See instructions		<b>X</b>
<b>24</b> Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions <b>a</b> The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. <b>b</b> The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$30 million and the corporation has business interest expense. <b>c</b> The corporation is a tax shelter and the corporation has business interest expense.		<b>X</b>
<b>25</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter amount from Form 8996, line 15 \$		<b>X</b>
<b>26</b> Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions Percentage: By Vote _____ By Value _____		<b>X</b>
<b>27</b> At any time during this tax year, did the corporation (a) receive a digital asset (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions		<b>X</b>
<b>28</b> Is the corporation a member of a controlled group? If "Yes," attach Schedule O (Form 1120). See instructions.		<b>X</b>
<b>29</b> Corporate Alternative Minimum Tax: <b>a</b> Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year? If "Yes," go to question 29b. If "No," skip to question 29c. <b>b</b> Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an applicable corporation in the prior tax year? If "Yes," complete and attach Form 4626. If "No," continue to question 29c. <b>c</b> Does the corporation meet the requirements of the safe harbor method as provided under section 59(k)(3)(A) for the current tax year? See instructions If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626.		<b>X</b>
<b>30</b> Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions): <b>a</b> Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)? <b>b</b> Under the applicable foreign corporation rules? <b>c</b> Under the covered surrogate foreign corporation rules? If "Yes" to either 30a, 30b, or 30c, complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		<b>X</b>
<b>31</b> Is this a consolidated return with gross receipts or sales of \$1 billion or more and a subchapter K basis adjustment, as described in the instructions, of \$10 million or more? If "Yes," attach a statement. See instructions.		<b>X</b>

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		983,957		936,809
2a	Trade notes and accounts receivable	82,168		90,948	
b	Less allowance for bad debts		82,168		90,948
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (att. stmt.) <b>STMT 2</b>		142,152		124,927
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach stmt.)				
10a	Buildings and other depreciable assets	4,247,031		4,624,086	
b	Less accumulated depreciation	3,689,430	557,601	3,802,830	821,256
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)		10,000		10,000
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach stmt.) <b>STMT 3</b>		35,380		42,704
15	<b>Total assets</b>		<b>1,811,258</b>		<b>2,026,644</b>
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable		56,779		12,036
17	Mortgages, notes, bonds payable in less than 1 year		1,312,107		1,312,107
18	Other current liabilities (att. stmt.) <b>STMT 4</b>		1,288,310		1,387,636
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement) <b>STMT 5</b>		209,463		458,794
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings—Appropriated (att. stmt.)				
25	Retained earnings—Unappropriated		-1,055,401		-1,143,929
26	Adjustments to SH equity (att. stmt.)				
27	Less cost of treasury stock				
28	<b>Total liabilities and shareholders' equity</b>		<b>1,811,258</b>		<b>2,026,644</b>

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-88,528	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$ 66,054		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$				
		66,054	9	Add lines 7 and 8	
6	Add lines 1 through 5	-22,474	10	Income (page 1, line 28)—line 6 less line 9	-22,474

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)**

1	Balance at beginning of year	-1,055,401	5	Distributions: a Cash	
2	Net income (loss) per books	-88,528		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	-1,143,929	8	Balance at end of year (line 4 less line 7)	-1,143,929

Form **1125-A**  
 (Rev. November 2024)  
 Department of the Treasury  
 Internal Revenue Service

**Cost of Goods Sold**

Attach to Form 1120, 1120-C, 1120-F, 1120-S, or 1065.  
 Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.

OMB No. 1545-0123

Name <b>BERRY'S CHAPEL UTILITY, INC.</b>	Employer identification number <b>27-3271610</b>
---	---

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	<b>82,416</b>
3 Cost of labor .....	3	
4 Additional section 263A costs (attach schedule) .....	4	
5 Other costs (attach schedule) <span style="float: right;"><b>STMT 6</b></span> .....	5	<b>112,764</b>
6 <b>Total.</b> Add lines 1 through 5 .....	6	<b>195,180</b>
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions .....	8	<b>195,180</b>

- 9a Check all methods used for valuing closing inventory. See instructions.
- (i)  Cost
  - (ii)  Lower of cost or market
  - (iii)  Other (Specify method used and attach explanation.) .....
- For certain small business taxpayers, alternative methods of accounting for inventories:
- (iv)  Non-incidental materials and supplies method
  - (v)  AFS method
  - (vi)  Non-AFS method
- b Check if there was a writedown of subnormal goods
- c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)
- d (i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO 9d(i)
- (ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve 9d(ii)
- e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions  Yes  No
- f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation  Yes  No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2024)

Form **4562**

Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2024**

Attachment Sequence No. **179**

Name(s) shown on return

**BERRY'S CHAPEL UTILITY, INC.**

Identifying number

**27-3271610**

Business or activity to which this form relates

**REGULAR DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,220,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>3,050,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>14,185</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	<b>32,153</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a	3-year property						
b	5-year property	<b>2,865</b>	<b>5.0</b>	<b>HY</b>	<b>200DB</b>	<b>574</b>	
c	7-year property	<b>2,329</b>	<b>7.0</b>	<b>HY</b>	<b>200DB</b>	<b>333</b>	
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property		25 yrs.		S/L		
h	Residential rental property		27.5 yrs.	MM	S/L		
i	Nonresidential real property	<b>09/03/24</b>	<b>1,945</b>	39 yrs.	MM	S/L	<b>39</b>
		<b>VARIOUS</b>	<b>8,200</b>	<b>39.0</b>	MM	S/L	<b>62</b>

**Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System**

Class life	Recovery period	Convention	Method
20a			S/L
b	12 yrs.		S/L
c	30 yrs.	MM	S/L
d	40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>47,346</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

<b>Form 1120</b>	<b>Net Operating Loss Carryover Worksheet</b>	<b>2024</b>
For calendar year 2024 or tax year beginning <b>07/01/24</b> , ending <b>06/30/25</b>		

Name

Employer Identification Number

**BERRY'S CHAPEL UTILITY, INC.****27-3271610**

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/Carryover NOL Utilized	Carryover
20th 06/30/05					
19th 06/30/06					
18th 06/30/07					
17th 06/30/08					
16th 06/30/09					
15th 06/30/10					
14th 06/30/11	-177,756	177,756			
13th 06/30/12	-499,880	160,062	339,818		339,818
12th 06/30/13	-334,638		334,638		334,638
11th 06/30/14	-57,338		57,338		57,338
10th 06/30/15	-183,022		183,022		183,022
9th 06/30/16	-34,706		34,706		34,706
8th 06/30/17					
7th 06/30/18					
6th 06/30/19	83,836	-83,836			
5th 06/30/20	61,946	-61,946			
4th 06/30/21	-40,892		40,892		40,892
3rd 06/30/22	-695		695		695
2nd 06/30/23	87,038	-87,038			
1st 06/30/24	-57,104		57,104		57,104
NOL Carryover Available To Current Year			1,048,213		
Current Year	0 -22,474				22,474
NOL Carryover Available To Next Year					1,070,687

Current year net operating losses available to be utilized:

Aggregate amount of NOL arising in taxable years beginning before 1/1/18 (Pre TCJA NOL)

949,522

Aggregate amount of NOL arising in taxable years beginning after 12/31/17 (Post TCJA NOL)

98,691

<b>Form 1120</b>	<b>Carryover Worksheet - Capital Gain (Loss) and Section 1231</b>	<b>2024</b>
For calendar year 2024 or tax year beginning <b>07/01/24</b> , ending <b>06/30/25</b>		
Name <b>BERRY'S CHAPEL UTILITY, INC.</b>		Employer Identification Number <b>27-3271610</b>

Net Capital Loss		Prior Year		Current Year	Next Year
Preceding Tax Year	Net Capital Gain/(Loss)	Loss Utilized or C/B (Gains Offset)	Capital Loss Carryover	Gain Offset By Carryback/ Carryovers Utilized	Capital Loss Carryover
5th <b>06/30/20</b>					
4th <b>06/30/21</b>					
3rd <b>06/30/22</b>					
2nd <b>06/30/23</b>					
1st <b>06/30/24</b>					
Capital Loss Carryover Available To Current Year			<b>0</b>		
Current Year		<b>0</b>			<b>0</b>
Capital Loss Carryover Available To Next Year					<b>0</b>

Section 1231 Losses		Prior Year		Current Year	Next Year
Preceding Tax Year	1231 Loss	Recaptured	Unrecaptured	Prior Losses Recaptured	Unrecaptured
5th <b>06/30/20</b>					
4th <b>06/30/21</b>					
3rd <b>06/30/22</b>					
2nd <b>06/30/23</b>					
1st <b>06/30/24</b>	<b>146,763</b>		<b>146,763</b>		<b>146,763</b>
1231 Losses Available for Recapture in Current Year			<b>146,763</b>		
Current Year		<b>0</b>			<b>0</b>
1231 Losses Available for Recapture in Next Year					<b>146,763</b>

## Federal Statements

### Statement 1 - Form 1120, Page 1, Line 26 - Other Deductions

Description	Amount
INSURANCE	\$ 32,227
UTILITIES AND TELEPHONE	77,056
VEHICLE EXPENSE	5,012
LEGAL AND ACCOUNTING	33,016
MISCELLANEOUS EXPENSE	16,662
OFFICE SUPPLIES	59,693
REGULATORY EXPENSE	4,295
DUES & SUBSCRIPTIONS	900
BILLING	1,200
TOTAL	\$ 230,061

### Statement 2 - Form 1120, Page 6, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
UNBILLED REVENUES	\$ 142,152	\$ 124,927
TOTAL	\$ 142,152	\$ 124,927

### Statement 3 - Form 1120, Page 6, Schedule L, Line 14 - Other Assets

Description	Beginning of Year	End of Year
OTHER ASSETS	\$ 13,741	\$ 28,893
PREPAYMENTS	21,639	13,811
TOTAL	\$ 35,380	\$ 42,704

### Statement 4 - Form 1120, Page 6, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
ACCRUED RENT	\$ 6,667	\$ 6,667
ACCRUED PROPERTY TAX	6,719	6,535
ACCRUED INTEREST	1,271,608	1,367,563
ACCRUED PAYROLL TAXES	3,316	6,871
TOTAL	\$ 1,288,310	\$ 1,387,636

### Federal Statements

**Statement 5 - Form 1120, Page 6, Schedule L, Line 21 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ADVANCES ON CONSTRUCTION	\$ 110,085	\$ 110,085
REGULATORY LIABILITY	71,900	71,900
CONTRIBUTION IN AID OF CONSTR	13,737	247,916
REGULATORY LIABILITY	13,741	28,893
TOTAL	<u>\$ 209,463</u>	<u>\$ 458,794</u>

4610200 Berry's Chapel Utility, Inc.  
27-3271610  
FYE: 6/30/2025

## Federal Statements

### Statement 6 - Form 1125-A, Line 5 - Other Costs

<u>Description</u>	<u>Amount</u>
OPERATOR FEES	\$ 40,303
TESTING	4,957
SLUDGE REMOVAL	67,504
TOTAL	<u>\$ 112,764</u>

Year Ending: June 30, 2025

27-3271610

Berry's Chapel Utility, Inc.  
106 Mission Court, Suite 104 A  
Franklin, TN 37067

**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

4610200 Berry's Chapel Utility, Inc.  
 27-3271610  
 FYE: 6/30/2025

## Federal Asset Report

### Form 1120, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>5-year GDS Property:</b>											
57	OFFICE COMPUTER AND MONITORS	9/03/24	1,911				765	5	HY 200DB	0	1,299
58	COMPUTERS FOR WWTP AND ABBY	9/24/24	3,167				1,267	5	HY 200DB	0	2,154
59	GENERAL MANAGER LAPTOP AND SE	10/28/24	2,082				833	5	HY 200DB	0	1,416
			7,160				2,865			0	4,869
<b>7-year GDS Property:</b>											
56	WWTP NEW SEALER FOR LAB TESTIN	7/12/24	5,822				2,329	7	HY 200DB	0	3,826
60	WWTP BOD INCUBATOR	4/14/25	6,397				0	7	HY 200DB	0	6,397
			12,219				2,329			0	10,223
<b>Non-Residential Real Property:</b>											
55	FC PS LC150 BASE UNIT	9/03/24	1,945				1,945	39	MMS/L	0	39
61	WWTP SERVICE & REPAIR GAS FEED	3/20/25	3,292				3,292	39	MMS/L	0	25
62	WWTP SO2 & CL2 SCALES	3/20/25	4,908				4,908	39	MMS/L	0	37
			10,145				10,145			0	101
<b>Prior MACRS:</b>											
1	Treatment and Disposal Equipment	6/16/10	2,595,131				2,595,131	39	MMS/L	2,595,131	0
2	Collection System	6/16/10	236,203				236,203	39	MMS/L	170,664	6,056
3	Structures and Improvements	6/16/10	155,580				155,580	39	MMS/L	155,580	0
4	Transportation Equipment	6/16/10	14,667				7,333	5	HY 200DB	14,667	0
5	Office and Lab Equipment	6/16/10	165,068			X	82,534	5	HY 200DB	165,068	0
7	Pumping Equipment	12/31/15	3,825				3,825	7	HY 200DB	3,825	0
9	Frm Asst 9 Pump Eqpmt - Grinder Pmps Di	6/30/17	25,667				25,667	39	MMS/L	5,292	658
10	Office Equipment	6/30/17	2,084				2,084	5	HY 200DB	2,084	0
11	Collection System	6/30/17	21,895				21,895	39	MMS/L	3,952	562
12	Collection System	7/31/17	10,488				10,488	39	MMS/L	1,872	268
13	Pumping Equipment	6/30/18	22,855				22,855	39	MMS/L	3,540	586
14	Treatment and Disposal Equipment	6/30/18	26,259				26,259	39	MMS/L	4,068	673
15	Pumping Equipment	6/30/17	22,250				22,250	39	MMS/L	4,018	571
16	Storage Building Down Payment	11/07/18	679				679	39	MMS/L	98	17
17	Storage Building	12/12/08	6,704				6,704	39	MMS/L	1,031	172
18	Installation of new electric motor for backu	6/03/19	2,781			X	0	7	MQ200DB	2,781	0
19	New PH & Amonia Probe for Lab	3/21/19	3,486			X	0	5	MQ200DB	3,486	0
20	Insurance Reimbursement for #15	12/31/18	-22,229				-22,229	39	MMS/L	-3,159	-570
21	WWTP Clarifier Bypass Install	4/24/20	28,135				28,135	39	MMS/L	2,886	721
22	WWTP Remote Gate Access Install	4/20/21	2,487				2,487	7	MQ200DB	1,613	250
23	Pump Equipment	6/30/13	14,758			X	7,379	7	HY 200DB	14,758	0
24	Pump Equipment	6/30/13	13,253			X	6,627	7	HY 200DB	13,253	0
25	Pump Equipment	5/13/15	-7,000				-7,000	7	HY 200DB	-7,000	0
27	Pumping - Complete Link2Site System	7/15/16	4,836			X	2,418	7	HY 200DB	4,836	0
28	2 Pumps for WWTP	9/09/19	2,109			X	549	7	HY 200DB	1,560	220
29	RL #1 Pump Station Air Valve	10/30/19	1,562			X	406	7	HY 200DB	1,156	162
30	WWTP Pump Station Design Refuild Agree	2/28/21	36,100				36,100	39	MMS/L	3,124	926
31	Influent pump station - CIP Phase	2/28/21	17,000				17,000	39	MMS/L	1,471	436
32	Pump Station from CIP	2/28/21	535,809				535,809	39	MMS/L	46,368	13,739
33	LR Lot Settlement Engineering Funds	12/30/19	-1,800				-1,800	39	MMS/L	-185	-46
34	Sentinel Sewage Sampler	3/08/17	4,027			X	2,013	7	HY 200DB	4,027	0
35	WWTP Balance for Labq010818	1/08/18	1,900			X	194	7	HY 200DB	1,706	194
36	WWTP New DO Meter/Probe	7/09/19	3,142			X	818	7	HY 200DB	2,324	327
37	4 New Computers	11/20/19	7,101				7,101	5	HY 200DB	6,590	511
38	4 New Monitors	12/04/19	639			X	46	5	HY 200DB	593	46
39	WWTP Monitors Control Panel	12/17/19	5,657			X	1,473	7	HY 200DB	4,184	590
40	New computer install	2/19/20	1,432			X	103	5	HY 200DB	1,329	103
41	Computer Server	4/27/21	3,556			X	0	7	MQ200DB	3,556	0
42	New Server Migration	6/05/21	650			X	0	7	MQ200DB	650	0
43	WWTP New Motor	7/24/19	8,457			X	2,202	7	HY 200DB	6,255	881
44	WWTP Clarifier # 1 Resealing	12/03/21	58,075				58,075	39	MMS/L	3,785	1,489
45	LR PS Pump & Parts	3/23/22	21,526			X	0	7	HY 200DB	21,526	0
46	Circular Chart Recorder	6/02/22	5,844			X	0	7	HY 200DB	5,844	0
47	Pumping Equipment	6/19/23	49,642				49,642	39	MMS/L	1,326	1,273
48	Firewall and Firewall Switch	3/22/24	2,611			X	1,044	7	HY 200DB	1,716	256
49	Sew Euro Drive Hlical Gear Unit	4/01/24	1,111				1,111	39	MMS/L	6	28

4610200 Berry's Chapel Utility, Inc.  
 27-3271610  
 FYE: 6/30/2025

**Federal Asset Report**  
**Form 1120, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
50	WWTP AERATION TANK #1 & DIGESTI	6/07/24	12,800			12,800	39 MMS/L	14	328
51	AERATION/DIGESTER CLEANOUT	6/30/24	23,500			23,500	39 MMS/L	25	603
54	Disk Station Back Unit	2/09/24	1,261		X	504	7 HY 200DB	829	123
			<u>4,153,573</u>			<u>3,985,994</u>		<u>3,284,123</u>	<u>32,153</u>
<b>Other Depreciation:</b>									
52	Construction in Progress	6/30/24	42,861			42,861	0 -- Memo	0	0
63	CONSTRUCTION WORK IN PROGRESS	6/30/25	390,393			390,393	0 -- Memo	0	0
	<b>Total Other Depreciation</b>		<u>433,254</u>			<u>433,254</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>433,254</u>			<u>433,254</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		4,616,351			4,434,587		3,284,123	47,346
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>4,616,351</u>			<u>4,434,587</u>		<u>3,284,123</u>	<u>47,346</u>

4610200 Berry's Chapel Utility, Inc.

27-3271610

FYE: 6/30/2025

## Bonus Depreciation Report

Form 1120, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
4	Transportation Equipment	6/16/10	14,667		0	0	7,334	7,333
5	Office and Lab Equipment	6/16/10	165,068		0	0	82,534	82,534
18	Installation of new electric motor for backup	6/03/19	2,781		0	0	2,781	0
19	New PH & Amonia Probe for Lab	3/21/19	3,486		0	0	3,486	0
23	Pump Equipment	6/30/13	14,758		0	0	7,379	7,379
24	Pump Equipment	6/30/13	13,253		0	0	6,626	6,627
27	Pumping - Complete Link2Site System	7/15/16	4,836		0	0	2,418	2,418
28	2 Pumps for WWTP	9/09/19	2,109		0	0	1,560	549
29	RL #1 Pump Station Air Valvle	10/30/19	1,562		0	0	1,156	406
34	Sentinel Sewage Sampler	3/08/17	4,027		0	0	2,014	2,013
35	WWTP Balance for Labq010818	1/08/18	1,900		0	0	1,706	194
36	WWTP New DO Meter/Probe	7/09/19	3,142		0	0	2,324	818
38	4 New Monitors	12/04/19	639		0	0	593	46
39	WWTP Monitors Control Panel	12/17/19	5,657		0	0	4,184	1,473
40	New computer install	2/19/20	1,432		0	0	1,329	103
41	Computer Server	4/27/21	3,556		0	0	3,556	0
42	New Server Migration	6/05/21	650		0	0	650	0
43	WWTP New Motor	7/24/19	8,457		0	0	6,255	2,202
45	LR PS Pump & Parts	3/23/22	21,526		0	0	21,526	0
46	Circular Chart Recorder	6/02/22	5,844		0	0	5,844	0
48	Firewall and Firewall Switch	3/22/24	2,611		0	0	1,567	1,044
54	Disk Station Back Unit	2/09/24	1,261		0	0	757	504
56	WWTP NEW SEALER FOR LAB TESTING	7/12/24	5,822		0	3,493	0	2,329
57	OFFICE COMPUTER AND MONITORS	9/03/24	1,911		0	1,146	0	765
58	COMPUTERS FOR WWTP AND ABBY	9/24/24	3,167		0	1,900	0	1,267
59	GENERAL MANAGER LAPTOP AND SET	10/28/24	2,082		0	1,249	0	833
60	WWTP BOD INCUBATOR	4/14/25	6,397		0	6,397	0	0
<b>Grand Total</b>			<u>302,601</u>		<u>0</u>	<u>14,185</u>	<u>167,579</u>	<u>120,837</u>

Form <b>1120</b>	<b>Two Year Comparison Worksheet Page 1</b>	<b>2023 &amp; 2024</b>
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Name <b>BERRY'S CHAPEL UTILITY, INC.</b>	Employer Identification Number <b>27-3271610</b>
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		2023	2024	Differences
<b>Income</b>	Gross profit percentage .....	81.8842	80.5292	-1.3550
	Net receipts .....	983,578	1,002,422	18,844
	Cost of goods sold .....	178,183	195,180	16,997
	Gross profit .....	805,395	807,242	1,847
	Dividends .....			
	Interest .....	11,711	14,354	2,643
	Gross rents .....			
	Gross royalties .....			
	Capital gain net income from Schedule D .....			
	Net gain or (loss) from Form 4797 .....	-146,763		146,763
Other income .....	3,191		-3,191	
<b>Total income</b> .....	<b>673,534</b>	<b>821,596</b>	<b>148,062</b>	
<b>Deductions</b>	Compensation of officers .....			
	Salaries and wages less employment credits .....	248,505	330,655	82,150
	Repairs and maintenance .....	71,566	56,352	-15,214
	Bad debts .....			
	Rents .....	13,100	13,680	580
	Taxes and licenses .....	27,352	37,173	9,821
	Interest .....	95,955	95,955	
	Charitable contributions .....			
	Depreciation .....	35,232	47,346	12,114
	Depletion .....			
	Advertising .....			
	Pension, profit-sharing, etc., plans .....			
	Employee benefit programs .....	24,525	32,848	8,323
	Energy efficient commercial building deduction .....			
	Other deductions .....	214,403	230,061	15,658
<b>Total deductions</b> .....	<b>730,638</b>	<b>844,070</b>	<b>113,432</b>	
<b>Taxable income before NOL &amp; special deductions</b> .....	<b>-57,104</b>	<b>-22,474</b>	<b>34,630</b>	
Net operating loss .....				
Special deductions .....				
<b>Taxable income</b> .....	<b>-57,104</b>	<b>-22,474</b>	<b>34,630</b>	
<b>Tax and Credits</b>	Income tax .....	0	0	0
	Base erosion minimum tax .....			
	Corporate alternative minimum tax .....			
	Foreign tax credit .....			
	Form 8834 credit .....			
	General business credit .....			
	Credit for prior year minimum tax .....			
	Bond credits .....			
	Personal holding company tax .....			
	Other taxes .....			
	Additional taxes and credits .....			
	<b>Total tax</b> .....	<b>0</b>	<b>0</b>	<b>0</b>

Form <b>1120</b>	<b>Two Year Comparison Worksheet Page 2</b>	<b>2023 &amp; 2024</b>
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Name <b>BERRY'S CHAPEL UTILITY, INC.</b>	Employer Identification Number <b>27-3271610</b>
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		2023	2024	Differences
<b>Payments and Refundable Credits</b>	Prior year overpayment credited to current year .....			
	Current year estimated tax payments .....			
	Refund applied for on Form 4466 .....	( )	( )	
	Tax deposited with Form 7004 .....			
	Withholding .....			
	Form 2439 credit .....			
	Form 4136 credit .....			
	Other refundable credits .....			
Elective payment election amount from Form 3800 .....				
	<b>Total payments and credits</b> .....			
<b>Tax Due or Refund</b>	<b>Tax due (overpayment)</b> .....			
	Estimated tax penalty from Form 2220 .....			
	Penalties and interest .....			
	<b>Net tax due (overpayment)</b> .....			
	<b>Amount of overpayment credited to next year's tax</b> .....			
	<b>Amount of overpayment refunded</b> .....			
<b>Sch L</b>	Beginning assets .....	1,634,198	1,811,258	177,060
	Beginning liabilities and equity .....	1,634,198	1,811,258	177,060
	Ending assets .....	1,811,258	2,026,644	215,386
	Ending liabilities and equity .....	1,811,258	2,026,644	215,386
<b>Sch M-1</b>	Net income (loss) per books .....	37,158	-88,528	-125,686
	Federal income tax per books .....			
	Excess of capital losses over capital gains .....			
	Taxable income not on books .....			
	Book expenses not deducted .....	52,501	66,054	13,553
	Income on books not on return .....	146,763		-146,763
	Return deductions not on books .....			
Income per return .....	-57,104	-22,474	34,630	
<b>Sch M-2</b>	Beginning of year balance .....	-1,092,559	-1,055,401	37,158
	Net income (loss) per books .....	37,158	-88,528	-125,686
	Other increases .....			
	Cash distributions .....			
	Stock distributions .....			
	Property distributions .....			
	Other decreases .....			
	<b>Balance at end of year</b> .....	-1,055,401	-1,143,929	-88,528
<b>Sch M-3</b>	<b>Total income (loss) items:</b>			
	Income (loss) per income statement .....			
	Temporary difference .....			
	Permanent difference .....			
	Income (loss) per tax return .....			
	<b>Total expense/deduction items:</b>			
	Expense per income statement .....			
	Temporary difference .....			
	Permanent difference .....			
	Deduction per tax return .....			
	<b>Other items with no differences:</b>			
	Income (loss) per income statement .....			
	Income (loss) per tax return .....			
	<b>Reconciliation totals:</b>			
	Income (loss) per income statement .....			
Temporary difference .....				
Permanent difference .....				
Income (loss) per tax return .....				

4610200 Berry's Chapel Utility, Inc.  
27-3271610  
FYE: 6/30/2025

## Federal Statements

### Form 1120, Page 1, Line 1a - Gross Receipts or Sales

<u>Description</u>	<u>Amount</u>
GROSS RECEIPTS OR SALES	\$ 1,002,422
TOTAL	\$ <u>1,002,422</u>

### Form 1120, Page 1, Line 5 - Interest

<u>Description</u>	<u>Amount</u>
INTEREST INCOME-OTHER THAN US	\$ 14,354
TOTAL	\$ <u>14,354</u>

### Form 1120, Page 1, Line 17 - Taxes and Licenses

<u>Description</u>	<u>Amount</u>
PROPERTY TAXES	\$ 5,994
PAYROLL TAXES	31,179
TOTAL	\$ <u>37,173</u>

### Form 1120, Page 1, Line 18 - Interest

<u>Description</u>	<u>Amount</u>
INTEREST EXPENSE	\$ 95,955
TOTAL	\$ <u>95,955</u>

### Form 1120, Page 1, Line 24 - Employee Benefit Programs

<u>Description</u>	<u>Amount</u>
EMPLOYEE BENEFIT PROGRAM	\$ 32,848
TOTAL	\$ <u>32,848</u>

### Form 1120, Page 6, Schedule L, Line 2a - Trade Notes and Accounts Receivable

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
TRADE NOTES & ACCOUNTS RECEIV	\$ 82,168	\$ 90,948
TOTAL	\$ <u>82,168</u>	\$ <u>90,948</u>

4610200 Berry's Chapel Utility, Inc.  
27-3271610  
FYE: 6/30/2025

## Federal Statements

### Form 1120, Page 6, Schedule L, Line 17 - Mortgages, Notes, Bonds Payable in Less Than One Year

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
LINE OF CREDIT	\$ 247,955	\$ 247,955
NOTES PAYABLE - CURRENT	1,064,152	1,064,152
TOTAL	<u>\$ 1,312,107</u>	<u>\$ 1,312,107</u>

4610200 Berry's Chapel Utility, Inc.  
27-3271610  
FYE: 6/30/2025

## Federal Statements

### Salaries and wages

<u>Description</u>	<u>Amount</u>
SALARIES AND WAGES	\$ 330,655
TOTAL	\$ <u>330,655</u>

### Line 11 - Rents

<u>Description</u>	<u>Amount</u>
RENT EXPENSE	\$ 13,680
TOTAL	\$ <u>13,680</u>

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

48. Provide the unemployment tax rate presently being paid, broken down into state and federal rates, and any anticipated change in the state unemployment rate.

**RESPONSE:**

Berry's Chapel Utility is a non-profit entity and not subject to federal unemployment taxes. See Attachment MFR48-1 for supporting documentation on the Company's state unemployment tax rate of 0.70%.

TN Dept. of Labor & Workforce Development  
Employment Security Division  
PO BOX 280870  
Nashville, TN 37228-0870



Mail Date: August 14, 2025  
Letter ID: L000355536  
EAN: 07948358

**STATE OF TENNESSEE**

004353 BERRY'S CHAPEL UTILITY INC  
106 MISSION CT STE 104  
FRANKLIN TN 37067-6442

**NOTICE OF PREMIUM RATE**

PERMANENT RECORD (Please File)  
**This is not a bill.**

On the basis of your record with this agency and pursuant to Title 50, Chapter 7, Tennessee Code Annotated, the Tennessee Department of Labor and Workforce Development has determined your premium rate and temporary additional fee (if applicable) as indicated below. Use these rates, along with the quarterly taxable wages paid, to compute the amounts due, beginning with the quarter of the effective date shown below.

Pursuant to C.F.R. 603.11, wage information and other confidential UC information may be requested and utilized for other governmental purposes, including, but not limited to, verification of an individual's eligibility for other government programs.

Any inaccuracies should be reported in writing within thirty (30) days of date mailed in order to redetermine the premium rate and temporary additional fee. If received after thirty (30) days, the experience rating record will be corrected, however, no premium rate or temporary additional fee will be changed. Please request a review from your eServices account or mail your inquiry to the return address listed above.

P000BT9B-004353-0101-00



**Account Number 07948358**

<u>Annual Premiums</u>	<u>Cumulative Premiums</u>
\$185.20	\$4,884.25

<u>Annual Benefit Charges</u>	<u>Cumulative Benefit Charges</u>
\$0.00	\$0.00

**Cumulative Premiums Less Cumulative Charges:** \$4,884.25  
**Average Taxable Payroll:** \$51,495.42  
**Reserve Ratio:** 9.48  
**U.I. Premium Rate:** 0.70%  
**Temporary Additional Fee:** \$0.00  
**Combined U.I. Premium Rate:** 0.70%  
**Effective Date of Rate:** 01-Jul-2025

U.I. Trust Fund balance as of June 30, 2023, Requires use of Premium Rate Table 6

Date Mailed August 14, 2025

*entered  
8/14/25  
TC*



**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

49. Provide monthly plant additions and retirements by account number for the last three (3) fiscal years to include the test period. Please break down plant additions into normal or special projects, as defined below:
- a. Normal construction requirements should be considered to include the needs created through normal system expansion, such as serving residential areas, shopping areas, old home conversions, replacements of tools and work equipment, transportation equipment, etc.
  - b. Special construction requirements should be considered to arise from extensive replacement of old facilities which cannot be foreseen, major expansion projects such as industrial parks, system improvements such as change from low pressure to high pressure required because of changing delivery patterns, and changes required by government action such as street improvement and relocation, community and neighborhood development, bridge replacement, etc. These requirements should be considered to be outside the control of the LDC.
  - c. For the last three (3) fiscal years, identify any contributions in aid of construction.

**RESPONSE:**

See Company Workpapers, "Plant-3" tab for the monthly plant in service balances by account from July 2021 through June 2025. All plant additions should be considered as "Special" since none were undertaken to add any new customers.

See Company Workpapers, "CIAOC-3" tab for the monthly Contribution in Aid of Construction balances by account from July 2021 through June 2025.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

50. Break down budgeted plant additions between normal and special projects, using the criteria defined above, for the months between the end of the last fiscal year and the end of the attrition period. Provide sufficient detail of each individual project as to the date of inception and completion, and the proposed methods of financing. Identify those budgeted plant additions that are in process or have already been completed. Basic assumptions underlying budgets should also be submitted including the assumptions for sales volumes.

**RESPONSE:**

See Company Workpapers, "Plant-2" tab for the monthly forecasted plant in service balances by account from July 2025 through June 2027. All plant additions should be considered as "Special" since none were undertaken to add any new customers.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

51. Identify all special projects from the end of the test period through the attrition period, using the criteria defined in Item 52 above, by work order number and include the estimated cost. Provide a signed authorization for each special project and identify the planned starting and completion dates.

**RESPONSE:**

See Company Workpapers, "CWIP-2b" tab for the estimated cost of new plant. The Company expects to add \$1,589,219 in plant additions of which \$971,520 will be recovered through a federal grant and recorded as a Contribution in Aid of Construction.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

52. Identify by account the salvage and cost of removal for retirements provided in response to Item 64 for the last four (4) fiscal years to include the test period.

**RESPONSE:**

Berry's Chapel Utility has had no salvage or removal costs in the last four fiscal years.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

53. Describe Berry's Chapel Utility's budgeting process including, but not limited to the following:
- a. How far in advance are operating and construction budgets prepared? On what basis is the total operation and construction budget determined? Explain the "approval process" in budget development.
  - b. How many views or updates of the same budget year are made before a final view is adopted?
  - c. Are budgets prepared on a monthly, quarterly, or annual basis?
  - d. Which individual or department has overall responsibility for budgets/reconciliations?
  - e. Once a final budget has been adopted, are budget to actual (reconciliation) comparisons routinely made? How frequently are reconciliations prepared and by whom?
  - f. For the last two (2) completed fiscal years, provide copies of all budgets, budget to actual and indicate reasons for the variances.
  - g. Comparisons on a total Company, total Berry's Chapel Utility, and Tennessee only basis.
  - h. Provide total Berry's Chapel Utility and Tennessee Operations budgets and all supporting workpapers for the current fiscal year and next fiscal year.

**RESPONSE:**

- a. Operating budgets are prepared a year in advance, generally beginning in May or June, and prepared for the following fiscal year. Construction budgets are currently prepared on a quarterly or six month basis, depending on available funds. Budgets are reviewed by staff then presented and approved by the Board of Directors.
- b. The number of views or updates varies depending on expected changes in operational revenue and expenses. In general, there are two or three updates prior to a final version being approved and adopted.
- c. Budgets are prepared on an annual basis.
- d. The Chairman of Berry's Chapel Utility prepares the budget and reconciliations.
- e. Budget vs. actual reports are prepared on a monthly basis by Stacy Crouch, and provided to the Board of Directors for review at their quarterly meetings.
- f. See Attachments MFR53F-1, MFR53F-2 and MFR53F-3.
- g. See Attachment MFR53G-1
- h. See Attachments MFR53F-1, MFR53F-2 and MFR53F-3. The budget for the next fiscal year (2026-2027) has not been completed.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

54. Provide schedules showing the development of the average Tennessee account balances listed below for the last fiscal year. (If partially provided in other items, provide the remaining data here.)
- a. Gas Plant in Service
  - b. Construction Work in Progress
  - c. Inventories
  - d. Deferred debits
  - e. Reserves
  - f. Customer Deposits
  - g. Interest on Customer Deposits
  - h. Contributions in Aid of Construction
  - i. Accumulated Deferred FIT
  - j. Accumulated Depreciation
  - k. Accounts Payable applicable to CWIP
  - l. Accounts Payable applicable to Materials & Supplies
  - m. Customer Advances
  - n. Materials and Supplies
  - o. Accounts Receivable – Other
  - p. Prepaids

**RESPONSE:**

See Company Workpapers, "Plant-3" tab for the monthly balance of Plant in Service by account from July 2021 through June 2025.

See Company Workpapers, "CWIP-3" tab for the monthly balance of Construction Work in Progress from July 2021 through June 2025.

See Company Workpapers, "Reserve-3" tab for the monthly balance of Accumulated Depreciation by account from July 2021 through June 2025.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

55. Provide an explanation and calculation of the method used to allocate to Tennessee any portions included in Item 54 above.

**RESPONSE:**

All amounts are direct Tennessee amounts. No allocations are used.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

56. Provide the investment, accumulated depreciation, and deferred FIT on all property that is owned by an affiliate of Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company, where applicable, and leased or allocated to Berry's Chapel Utility or Multi-state Utility. An operating division of a Multi-State Utility is not an affiliate.

**RESPONSE:**

Berry's Chapel Utility has no parent or affiliates that allocate investment to utility operations.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

57. Has Berry's Chapel Utility updated the Lead-Lag Study since its last rate case? If so:
- a. Provide a copy of the Lead-Lag Study workpapers.
  - b. Provide the percentage of the sample tested to the total test period dollar amount for each account in the Lead-Lag Study.
  - c. Provide a comparison of the Lead-Lag Study used in this case with the Study used in the previous case and explain any major changes.

**RESPONSE:**

See Company Workpapers, "Rate Base-1" tab for the Company's attrition period Working Capital. Berry's Chapel Utility has not conducted a Lead-Lag Study. Instead, the Company has opted to utilize 1/8<sup>th</sup> of operating expenses as the appropriate attrition period balance for Working Capital.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

58. Provide a description of the policy of Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company, with respect to maintaining minimum cash balances. Provide copies of supporting management directives or minutes from directors' meetings supporting such policies.

**RESPONSE:**

Berry's Chapel Utility has no policy with respect to maintaining minimum cash balances, and no cash balances have been included in the Company's Rate Base calculation.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

59. Provide a list of all Berry's Chapel Utility checking accounts, identifying the nature and use for each. Provide a copy of all Berry's Chapel Utility's bank statements for each month during the test period.

**RESPONSE:**

See Company Workpapers, "QuickBooks-BS" tab for a listing of the Company's different checking accounts. See Attachments MFR59-1 MFR59-2, MFR59-3, MFR59-4 and MFR59-5 for a copy of Berry's Chapel Utility bank statements during the test period.

MFR59-1



150 Third Avenue South  
Suite 900  
Nashville, TN 37201  
www.pnfp.com

Client Service Center 800-264-3613  
Pinnacle Anytime 866-755-5428

RETURN SERVICE REQUESTED

Account  
XXXXXXXX4482

Berrys Chapel Utility Inc  
4068 Rural Plains Circle Ste 100  
Attn: Ken Young  
Franklin, TN 37064-8039

## Statement of Account

Horizon 75

Balance 7/01/24 \$ 378,201.50	Summary 
Balance 7/31/24 \$ 357,456.39	
	Credits +\$.00
	Interest +\$.00
	Debits -\$20,745.11

### Debit Transactions

#### Checks

7/15	Check 1001	17,125.11
7/15	Check 1002	1,127.50
7/15	Check 1003	1,399.25
7/31	Check 1004	1,093.25
<b>Total Debits</b>		<b>\$20,745.11</b>

(\*) Indicates gap in check number sequence

Average Balance This Statement	\$367,389.40	Annual Percentage Yield Earned	.00%
Interest Earned This Period	\$.00	Days in Period	31
Interest Paid Year to Date	\$.00	Interest Paid	\$.00





## ELECTRONIC TRANSFER ERROR RESOLUTION

---

This Electronic Transfer Error Resolution only applies to accounts held for personal, family or household purposes and is therefore not applicable to business, trust accounts, or any such account held for non-personal purposes.

In case of errors or questions about your electronic transfers, call or write us at the telephone number or address listed at the end of this disclosure, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We must hear from you no later than 60 days after we send the FIRST statement on which the problem or error appeared.

We will provide provisional credit for the amount that you think is in error within 10 business days of your complaint and begin an investigation of the transaction(s). In most cases, we will disclose the results of the investigation within 10 business days of your complaint and correct any error promptly. If we need more time to investigate the complaint, we may take up to 45 days (90 days if the transfer involved a point-of-sale transaction or a foreign initiated transfer) to complete our investigation. However, you will have use of the funds in question during our investigation.

**Pinnacle Bank**  
150 3rd Avenue South, Suite 900  
Nashville, TN 37201  
(800) 264-3613

Account Number: XXXXXXXX4482

DAILY BALANCE INFORMATION

7/01	378,201.50	7/15	358,549.64	7/31	357,456.39
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BERRY'S CHAPEL UTILITY, INC. 4666 RURAL PLAINS CIR., STE. 100 FRANKLIN, TN 37064 DATE 7.8.24 1001

PAY TO: Williamson County, TN \$17,125.11  
 THE ORDER OF: Donna Howard

Memo Invoice T4-2024-04

106640086371100218001094144821

#1001 07/15/2024 \$17,125.11

BERRY'S CHAPEL UTILITY, INC. 4666 RURAL PLAINS CIR., STE. 100 FRANKLIN, TN 37064 DATE 7.8.24 1002

PAY TO: Williamson County, TN \$1127.50  
 THE ORDER OF: Donna Howard

Memo Invoice T5-2024-02

106640086371100218001094144821

#1002 07/15/2024 \$1,127.50

BERRY'S CHAPEL UTILITY, INC. 4666 RURAL PLAINS CIR., STE. 100 FRANKLIN, TN 37064 DATE 7.10.24 1003

PAY TO: Williamson County, TN \$1,399.25  
 THE ORDER OF: Donna Howard

Memo Invoice T6-2024-02

106640086371100218001094144821

#1003 07/15/2024 \$1,399.25

BERRY'S CHAPEL UTILITY, INC. 4666 RURAL PLAINS CIR., STE. 100 FRANKLIN, TN 37064 DATE 7.29.24 1004

PAY TO: Williamson County, TN \$1,093.25  
 THE ORDER OF: Donna Howard

Memo Invoice T7-2024-02

106640086371100218001094144821

#1004 07/31/2024 \$1,093.25



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Suite 900  
Nashville, TN 37201  
www.pnfp.com

Client Service Center 800-264-3613  
Pinnacle Anytime 866-755-5428

RETURN SERVICE REQUESTED

Account  
XXXXXXXX4482

Berrys Chapel Utility Inc  
4068 Rural Plains Circle Ste 100  
Attn: Ken Young  
Franklin, TN 37064-8039

## Statement of Account

Horizon 75

Balance 8/01/24 \$ 357,456.39	Summary	
Balance 9/02/24 \$ 356,570.04		
	Credits	+\$13,737.15
	Interest	+\$0.00
	Debits	-\$14,623.50

### Credit Transactions

#### Deposits

8/19	Regular Deposit	13,737.15
<b>Total Credits</b>		<b>\$13,737.15</b>

### Debit Transactions

#### Other Debits

8/16	OUTGOING WIRE Inflow Design Group	12,912.50
8/16	Wire Transfer Fee	40.00

#### Checks

8/23	Check 1005	1,671.00
<b>Total Debits</b>		<b>\$14,623.50</b>

(\*) Indicates gap in check number sequence





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**Pinnacle Bank**  
150 3rd Avenue South, Suite 900  
Nashville, TN 37201  
(800) 264-3613

Account number: XXXXXXXX448Z

Average Balance This Statement	\$356,078.54	Annual Percentage Yield Earned	.00%
Interest Earned This Period	\$.00	Days in Period	33
Interest Paid Year to Date	\$.00	Interest Paid	\$.00

DAILY BALANCE INFORMATION

8/01	357,456.39	8/19	358,241.04
8/16	344,503.89	8/23	356,570.04

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ACCOUNT NUMBER: XXXXXXXX448Z

Date

8/30/24

Primary Acct No.

XXXXXXXX4482

**Pinnacle** CHECKING DEPOSIT

DATE: 8/19/24

AMOUNT: 13,737.15

ACCOUNT NUMBER: 800109414482

AT THE END OF THE MONTH

#0 08/19/2024 \$13,737.15

**BERRY'S CHAPEL UTILITY, INC.**

4088 RURAL PLAINS CIR., STE. 100  
FRANKLIN, TN 37069

DATE: 8-20-24

AMOUNT: \$1,671.00

PAY TO: Williamson County, TN

FOR DEPOSIT ONLY

AT THE END OF THE MONTH

#1005 08/23/2024 \$1,671.00



150 Third Avenue South  
Suite 900  
Nashville, TN 37201  
www.pnfp.com

Client Service Center 800-264-3613  
Pinnacle Anytime 866-755-5428


RETURN SERVICE REQUESTED

Account  
XXXXXXXX4482

Berrys Chapel Utility Inc  
DBA Harpeth Wastewater Cooperative  
4068 Rural Plains Circle Ste 100  
Attn: Ken Young  
Franklin, TN 37064-8039

## Statement of Account

Horizon 75

Balance 9/03/24 \$ 356,570.04	Summary 
Balance 9/30/24 \$ 339,536.79	
	Credits + \$.00
	Interest + \$.00
	Debits - \$17,033.25

### Debit Transactions

#### Checks

9/24	Check 1006	15,827.50
9/26	Check 1007	1,205.75
<b>Total Debits</b>		<b>\$17,033.25</b>

(\*) Indicates gap in check number sequence

Average Balance This Statement	\$352,397.85	Annual Percentage Yield Earned	.00%
Interest Earned This Period	\$.00	Days in Period	28
Interest Paid Year to Date	\$.00	Interest Paid	\$.00

#### DAILY BALANCE INFORMATION

9/03	356,570.04	9/24	340,742.54	9/26	339,536.79
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## ELECTRONIC TRANSFER ERROR RESOLUTION

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**Pinnacle Bank**  
150 3rd Avenue South, Suite 900  
Nashville, TN 37201  
(800) 264-3613

Account Number: XXXXXXXX4482

Date

9/30/24

Primary Acct No.

XXXXXXXX4482

BERRY'S CHAPEL UTILITY, INC. 1006  
 4565 RURAL PLAINS CIR., STE. 100  
 FRANKLIN, TN 37064  
 DATE 9.17.24  
 PAY TO: Enlow Design Group \$15,827.50  
 \$15,827.50  
 \$15,827.50  
 Pinnacle  
 3695  
 1064008837:1006\*80010944482\*

#1006 09/24/2024 \$15,827.50

BERRY'S CHAPEL UTILITY, INC. 1007  
 4565 RURAL PLAINS CIR., STE. 100  
 FRANKLIN, TN 37064  
 DATE 9.17.24  
 PAY TO: Williamson County, TN \$1,205.75  
 \$1,205.75  
 \$1,205.75  
 Pinnacle  
 9242  
 1064008837:1007\*80010944482\*

#1007 09/26/2024 \$1,205.75



150 Third Avenue South  
 Suite 900  
 Nashville, TN 37201  
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Client Service Center 800-264-3613  
 Pinnacle Anytime 866-755-5428

RETURN SERVICE REQUESTED

Account  
 XXXXXXXX4482

Berrys Chapel Utility Inc  
 DBA Harpeth Wastewater Cooperative  
 4068 Rural Plains Circle Ste 100  
 Attn: Ken Young  
 Franklin, TN 37064

Statement of Account

Horizon 75

Balance 10/01/24	Summary	
\$ 339,536.79		
Balance 10/31/24	Credits	+\$9,038.75
\$ 265,126.14	Interest	+\$ .00
	Debits	-\$83,449.40

Credit Transactions

Deposits		
10/08	Regular Deposit	9,038.75
<b>Total Credits</b>		<b>\$9,038.75</b>

Debit Transactions

Checks		
10/09	Check 1008	9,025.00
10/10	Check 1009	11,500.00
10/25	Check 1010	1,104.50
10/29	Check 1011	61,819.90
<b>Total Debits</b>		<b>\$83,449.40</b>

(\*) Indicates gap in check number sequence





## ELECTRONIC TRANSFER ERROR RESOLUTION

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**Pinnacle Bank**  
150 3rd Avenue South, Suite 900  
Nashville, TN 37201  
(800) 264-3613

Account Number: XXXXXXXX4482

Average Balance This Statement	\$325,445.29	Annual Percentage Yield Earned	.00%
Interest Earned This Period	\$.00	Days in Period	31
Interest Paid Year to Date	\$.00	Interest Paid	\$.00

**DAILY BALANCE INFORMATION**

10/01	339,536.79	10/09	339,550.54	10/25	326,946.04
10/08	348,575.54	10/10	328,050.54	10/29	265,126.14

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**Pinnacle** CHECKING DEPOSIT

DATE 10/8/24

AMOUNT \$10941 903875

NAME Berry's Chapel Utility

ACCOUNT # 800109414482

903875

903875

⑆5000⑆0011⑆

#0 10/08/2024 \$9,038.75

BERRY'S CHAPEL UTILITY, INC. 1008

456 RURAL PLAINS CIR, STE. 100

FRANKLIN, TN 37064

DATE 10-4-24

PAID TO THE ORDER OF Enflo Design Group \$9,025.00

FOR DEPOSIT ONLY

FOR Don't Know Invoiced Invoiced DOLLARS

**Pinnacle**

MEMO FNU 3625

⑆06400863⑆⑆1009⑆000109414482⑆

#1008 10/09/2024 \$9,025.00

BERRY'S CHAPEL UTILITY, INC. 1009

456 RURAL PLAINS CIR, STE. 100

FRANKLIN, TN 37064

DATE 10-4-24

PAID TO THE ORDER OF Utility Techniques \$11,500.00

FOR DEPOSIT ONLY

FOR Electric Charge For Work on DOLLARS

**Pinnacle**

MEMO FNU 0924007

⑆06400863⑆⑆1009⑆000109414482⑆

#1009 10/10/2024 \$11,500.00

BERRY'S CHAPEL UTILITY, INC. 1010

456 RURAL PLAINS CIR, STE. 100

FRANKLIN, TN 37064

DATE 10-22-24

PAID TO THE ORDER OF Williamson County, TN \$1,104.50

FOR DEPOSIT ONLY

FOR Don't Know On Hand Invoiced DOLLARS

**Pinnacle**

MEMO FNU T-10243

⑆06400863⑆⑆1010⑆000109414482⑆

#1010 10/25/2024 \$1,104.50

BERRY'S CHAPEL UTILITY, INC. 1011

456 RURAL PLAINS CIR, STE. 100

FRANKLIN, TN 37064

DATE 10-22-24

PAID TO THE ORDER OF Sun - Tech JetVac Services \$61,819.90

FOR DEPOSIT ONLY

FOR Asst on Hand Light Bulb Installation DOLLARS

**Pinnacle**

MEMO FNU 85734

⑆06400863⑆⑆1011⑆000109414482⑆

#1011 10/29/2024 \$61,819.90





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Client Service Center 800-264-3613  
 Pinnacle Anytime 866-755-5428

RETURN SERVICE REQUESTED

Account  
 XXXXXXXX4482

Berrys Chapel Utility Inc  
 DBA Harpeth Wastewater Cooperative  
 4068 Rural Plains Circle Ste 100  
 Attn: Ken Young  
 Franklin, TN 37064

Statement of Account

Horizon 75

Balance 11/01/24	Summary	
\$ 265,126.14		
Balance 12/01/24	Credits	+\$11,079.25
\$ 238,638.76	Interest	+\$ .00
	Debits	-\$37,566.63

Credit Transactions

Deposits		
11/05	Regular Deposit	11,079.25
<b>Total Credits</b>		<b>\$11,079.25</b>

Debit Transactions

Checks		
11/15	Check 1012	17,407.50
11/19	Check 1013	7,159.13
11/15	Check 1014	13,000.00
<b>Total Debits</b>		<b>\$37,566.63</b>

(\*) Indicates gap in check number sequence

Average Balance This Statement	\$255,098.51	Annual Percentage Yield Earned	.00%
Interest Earned This Period	\$.00	Days in Period	31
Interest Paid Year to Date	\$.00	Interest Paid	\$.00



Account Number: XXXXXXXX4482

**DAILY BALANCE INFORMATION**

11/01	265,126.14	11/15	245,797.89
11/05	276,205.39	11/19	238,638.76

**Pinnacle** CHECKING DEPOSIT

DATE 11/1/2024 AMOUNT 11099.25

TO THE ORDER OF BERRY'S CHAPEL UTILITY DBA HUNTER WASTEWATER \$ 11099.25

ACCOUNT NUMBER 800109414482 \$ 11099.25

⑆5000⑉00⑆1⑆⑆

#0 11/05/2024 \$11,079.25

**DERRY'S CHAPEL UTILITY, INC.** ⑆⑆⑆⑆⑆⑆ 1012

458 RURAL PLAINS CIR, STE 100  
FRANKLIN, TN 37064

DATE 11/11/24

PAID TO THE ORDER OF INFLO DESIGN GROUP \$ 17,407.50

SEVENTEEN THOUSAND FOUR HUNDRED SEVENTY-FIVE + 50/100

**Pinnacle**

INVOICE # 3082

⑆064008837⑆10⑆1⑆⑆00⑆1094⑆14482⑆

#1012 11/15/2024 \$17,407.50

**DERRY'S CHAPEL UTILITY, INC.** ⑆⑆⑆⑆⑆⑆ 1013

458 RURAL PLAINS CIR, STE 100  
FRANKLIN, TN 37064

DATE 11/11/24

PAID TO THE ORDER OF SMITH-FEEL JENAC SERVICES \$ 7,159.13

SEVEN THOUSAND ONE HUNDRED FIFTY-NINE AND 13/100 + 13/100

**Pinnacle**

INVOICE # 8544

⑆064008837⑆10⑆1⑆⑆00⑆1094⑆14482⑆

#1013 11/19/2024 \$7,159.13

**DERRY'S CHAPEL UTILITY, INC.** ⑆⑆⑆⑆⑆⑆ 1014

458 RURAL PLAINS CIR, STE 100  
FRANKLIN, TN 37064

DATE 11/11/24

PAID TO THE ORDER OF UTILITY TECHNOLOGIES \$ 13,000.00

THIRTEEN THOUSAND + 00/100

**Pinnacle**

INVOICE # 104007

⑆064008837⑆10⑆1⑆⑆00⑆1094⑆14482⑆

#1014 11/15/2024 \$13,000.00



150 Third Avenue South  
 Suite 900  
 Nashville, TN 37201  
 www.pnfp.com

Client Service Center 800-264-3613  
 Pinnacle Anytime 866-755-5428

RETURN SERVICE REQUESTED

Account  
 XXXXXXXX4482

Berrys Chapel Utility Inc  
 DBA Harpeth Wastewater Cooperative  
 4068 Rural Plains Circle Ste 100  
 Attn: Ken Young  
 Franklin, TN 37064

## Statement of Account

Horizon 75

Balance 12/02/24	Summary	
\$ 238,638.76		
Balance 12/31/24	Credits	+\$57,641.43
\$ 273,585.94	Interest	+\$ .00
	Debits	-\$22,694.25

### Credit Transactions

#### Deposits

12/20	Regular Deposit	57,641.43
<b>Total Credits</b>		<b>\$57,641.43</b>

### Debit Transactions

#### Checks

12/02	Check 1015	829.25
12/16	Check 1016	21,865.00
<b>Total Debits</b>		<b>\$22,694.25</b>

(\*) Indicates gap in check number sequence

Average Balance This Statement	\$249,204.74	Annual Percentage Yield Earned	.00%
Interest Earned This Period	\$ .00	Days in Period	30
Interest Paid Year to Date	\$ .00	Interest Paid	\$ .00





## ELECTRONIC TRANSFER ERROR RESOLUTION

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**Pinnacle Bank**  
150 3rd Avenue South, Suite 900  
Nashville, TN 37201  
(800) 264-3613

Account Number: XXXXXXXX4482

DAILY BALANCE INFORMATION

12/02	237,809.51	12/16	215,944.51	12/20	273,585.94
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Account Number: XXXXXXXX4482

Date

12/31/24

Primary Acct No.

XXXXXXXX4482

**Pinnacle** CHECKING DEPOSIT

DATE: 12/20/24  
 NAME: Harpeth Washkeeper  
 ACCOUNT NUMBER: 800109414482  
 CHECK NO: 5964143  
 AMOUNT: \$ 59641.43

⑆5000⑉001⑆

#0 12/20/2024 \$57,641.43

BERRY'S CHAPEL UTILITY, INC.  
 3089 RURAL PLAINS CIR., STE. 300  
 FRANKLIN, TN 37064

DATE: 11-25-24

PAY TO: Williamson County, TN \$ 829.25  
 Eight Hundred Twenty Nine and 25/100 DOLLARS

**Pinnacle**  
 MEMO: Invoice T-11242  
 ⑆064008637⑆⑆10⑆5⑆800109414482⑆

#1015 12/02/2024 \$829.25

BERRY'S CHAPEL UTILITY, INC.  
 3089 RURAL PLAINS CIR., STE. 300  
 FRANKLIN, TN 37064

DATE: 12-11-24

PAY TO: FDG \$ 21,865.00  
 Twenty One Thousand Eight Hundred Sixty Five and 00/100

**Pinnacle**  
 MEMO: INV 3751  
 ⑆064008637⑆⑆10⑆5⑆800109414482⑆

#1016 12/16/2024 \$21,865.00



150 Third Avenue South  
 Suite 900  
 Nashville, TN 37201  
 www.pnfp.com

Client Service Center 800-264-3613  
 Pinnacle Anytime 866-755-5428

RETURN SERVICE REQUESTED

Account  
 XXXXXXXX4482

Berrys Chapel Utility Inc  
 DBA Harpeth Wastewater Cooperative  
 4068 Rural Plains Circle Ste 100  
 Attn: Ken Young  
 Franklin, TN 37064

## Statement of Account

Horizon 75

Balance 1/01/25 \$ 273,585.94	Summary 
Balance 2/02/25 \$ 292,363.58	
	Credits +\$45,102.14
	Interest +\$.00
	Debits -\$26,324.50

### Credit Transactions

#### Deposits

1/24	Regular Deposit	45,102.14
<b>Total Credits</b>		<b>\$45,102.14</b>

### Debit Transactions

#### Checks

1/07	Check 1017	5,000.00
1/06	Check 1018	643.00
1/16	Check 1020*	20,262.50
1/23	Check 1021	169.00
1/27	Check 1022	250.00
<b>Total Debits</b>		<b>\$26,324.50</b>

(\* ) Indicates gap in check number sequence





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**Pinnacle Bank**  
150 3rd Avenue South, Suite 900  
Nashville, TN 37201  
(800) 264-3613

Account Number: XXXXXXXX4482

Average Balance This Statement	\$271,455.13	Annual Percentage Yield Earned	.00%
Interest Earned This Period	\$ .00	Days in Period	33
Interest Paid Year to Date	\$ .00	Interest Paid	\$ .00

**DAILY BALANCE INFORMATION**

1/01	273,585.94	1/16	247,680.44	1/27	292,363.58
1/06	272,942.94	1/23	247,511.44		
1/07	267,942.94	1/24	292,613.58		

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**Pinnacle** CHECKING DEPOSIT

DATE: 1/24/25  
 NAME: H. Keith Waskewitz  
 ACCOUNT # 800109414482  
 AMOUNT \$ 45,102.14

⑆5000⑆001⑆

#0 01/24/2025 \$45,102.14

BERRY'S CHAPEL UTILITY, INC. 1017  
 4068 RURAL PLAINS CIR., STE 100  
 FRANKLIN, TN 37064

DATE: 12-16-24

PAY TO: Utility Technologies \$ 5,000.00  
 THE ORDER OF: Gas Ther in 3%

**Pinnacle**  
 INVOICE # 1224007

⑆06400863⑆⑆1017⑆⑆800109414482⑆

#1017 01/07/2025 \$5,000.00

BERRY'S CHAPEL UTILITY, INC. 1018  
 4068 RURAL PLAINS CIR., STE 100  
 FRANKLIN, TN 37064

DATE: 12/30/24

PAY TO: WILLIAMSON COUNTY, TENNESSEE \$ 643.00  
 THE ORDER OF: SIX HUNDRED FORTY-THREE 00/100 DOLLARS

**Pinnacle**  
 INVOICE # 712243

⑆06400863⑆⑆1018⑆⑆800109414482⑆

#1018 01/06/2025 \$643.00

BERRY'S CHAPEL UTILITY, INC. 1020  
 4068 RURAL PLAINS CIR., STE 100  
 FRANKLIN, TN 37064

DATE: 1/16/25

PAY TO: INFO DESIGN GROUP \$ 20,262.50  
 THE ORDER OF: TWENTY THOUSAND TWO HUNDRED SIXTY-TWO 50/100 DOLLARS

**Pinnacle**  
 INVOICE # 3777

⑆06400863⑆⑆1020⑆⑆800109414482⑆

#1020 01/16/2025 \$20,262.50

BERRY'S CHAPEL UTILITY, INC. 1021  
 4068 RURAL PLAINS CIR., STE 100  
 FRANKLIN, TN 37064

DATE: 1/14/25

PAY TO: WILLIAMSON COUNTY, TN \$ 169.00  
 THE ORDER OF: ONE HUNDRED SIXTY-NINE 00/100 DOLLARS

**Pinnacle**  
 INVOICE # 720267

⑆06400863⑆⑆1021⑆⑆800109414482⑆

#1021 01/23/2025 \$169.00

BERRY'S CHAPEL UTILITY, INC. 1022  
 4068 RURAL PLAINS CIR., STE 100  
 FRANKLIN, TN 37064

DATE: 1/16/25

PAY TO: UTILITY TECHNOLOGIES \$ 250.00  
 THE ORDER OF: TWO HUNDRED FIFTY 00/100 DOLLARS

**Pinnacle**  
 INVOICE # 0125007

⑆06400863⑆⑆1022⑆⑆800109414482⑆

#1022 01/27/2025 \$250.00



21 Platform Way S  
Suite 2300  
Nashville, TN 37203  
www.pnfp.com

Client Service Center 800-264-3613  
Pinnacle Anytime 866-755-5428

Account


XXXXXXXX4482

RETURN SERVICE REQUESTED

Berrys Chapel Utility Inc  
DBA Harpeth Wastewater Cooperative  
4068 Rural Plains Circle Ste 100  
Attn: Ken Young  
Franklin TN 37064

## Statement of Account

Horizon 75

Balance 2/03/25 \$292,363.58	<b>Summary</b>  <b>Credits</b> +\$0.00 <b>Interest</b> +\$0.00 <b>Debits</b> -\$21,282.00
Balance 3/02/25 \$271,081.58	

### Debit Transactions

#### Checks

2/20	Check 1023	20,520.00
2/24	Check 1024	762.00

(\* ) Indicates gap in check number sequence

<b>Total Debits</b>	<b>\$21,282.00</b>
---------------------	--------------------

Average Balance This Statement	\$284,111.65	Annual Percentage Yield Earned	
Interest Earned This Period	\$0.00	Days in Period	28
Interest Paid Year to Date	\$0.00	Interest Paid	\$0.00

#### Daily Balance Information

Date	Balance	Date	Balance	Date	Balance
2/03	292,363.58	2/20	271,843.58	2/24	271,081.58



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**Pinnacle Bank**  
21 Platform Way S, Suite 2300  
Nashville, TN 37203  
(800) 264-3613

Account Number: XXXXXXXX4482

Date:  
Primary Account:

02/28/2025  
XXXXXXXX4482

BERRY'S CHAPEL UTILITY, INC. 1023  
 4028 RURAL PLAINS CIR., STE. 100  
 FRANKLIN, TN 37064

DATE 2/11/25

PAY TO THE ORDER OF INFLU DESIGN GROUP \$ 20,520.00  
TWENTY THOUSAND FIVE HUNDRED TWENTY & 00/100 DOLLARS

Pinnacle

MEMO INVOICE # 3821 *[Signature]*

⑆064008637⑆1023⑆800109414482⑆

#1023      02/20/2025      \$20,520.00

BERRY'S CHAPEL UTILITY, INC. 1024  
 4028 RURAL PLAINS CIR., STE. 100  
 FRANKLIN, TN 37064

DATE 2/18/25

PAY TO THE ORDER OF WILLIAMSON COUNTY, TN \$ 762.00  
SEVEN HUNDRED SIXTY TWO & 00/100 DOLLARS

Pinnacle

MEMO INVOICE # T2025-21 *[Signature]*

⑆064008637⑆1024⑆800109414482⑆

#1024      02/24/2025      \$762.00



21 Platform Way S  
Suite 2300  
Nashville, TN 37203  
www.pnfp.com

Client Service Center 800-264-3613  
Pinnacle Anytime 866-755-5428

Account


XXXXXXXX4482

RETURN SERVICE REQUESTED

Berrys Chapel Utility Inc  
DBA Harpeth Wastewater Cooperative  
4068 Rural Plains Circle Ste 100  
Attn: Ken Young  
Franklin TN 37064

## Statement of Account

Horizon 75

<b>Balance 3/03/25</b>	<b>Summary</b>
<b>\$271,081.58</b>	
<b>Balance 3/31/25</b>	<b>Credits +\$0.00</b>
<b>\$204,471.15</b>	<b>Interest +\$0.00</b>
	<b>Debits -\$66,610.43</b>

### Debit Transactions

#### Checks

3/13	Check 1025	48,905.93
3/25	Check 1026	17,704.50

(\*) Indicates gap in check number sequence

<b>Total Debits</b>	<b>\$66,610.43</b>
---------------------	--------------------

Average Balance This Statement	\$234,766.26	Annual Percentage Yield Earned	
Interest Earned This Period	\$0.00	Days in Period	29
Interest Paid Year to Date	\$0.00	Interest Paid	\$0.00

#### Daily Balance Information

Date	Balance	Date	Balance	Date	Balance
3/03	271,081.58	3/13	222,175.65	3/25	204,471.15



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**Pinnacle Bank**  
21 Platform Way S, Suite 2300  
Nashville, TN 37203  
(800) 264-3613

Account Number: XXXXXXXX4482

Date:  
Primary Account:

03/31/2025  
XXXXXXXX4482

BERRY'S CHAPEL UTILITY, INC. 01-462740 1025  
 400 RURAL PLAINS CIR., STE. 100  
 FRANKLIN, TN 37064 DATE 3/3/25

PAID TO THE ORDER OF DAVID SWEEPING CORP OF AMERICA \$ 48,905.93  
SEVENTY EIGHT THOUSAND NINE HUNDRED FIVE /10000

Pinnacle  
 INVOICE # 117311136446  
 ⑆0640086637⑆1025⑆800109414482⑆

#1025 03/13/2025 \$48,905.93

BERRY'S CHAPEL UTILITY, INC. 01-462740 1026  
 400 RURAL PLAINS CIR., STE. 100  
 FRANKLIN, TN 37064 DATE 3/12/25

PAID TO THE ORDER OF INFLO DESIGN GROUP \$ 17,704.50  
SEVENTEEN THOUSAND SEVEN HUNDRED FOUR /10000

Pinnacle  
 INVOICE # 3880  
 ⑆0640086637⑆1025⑆800109414482⑆

#1026 03/25/2025 \$17,704.50



21 Platform Way S  
Suite 2300  
Nashville, TN 37203  
www.pnfp.com

Client Service Center 800-264-3613  
Pinnacle Anytime 866-755-5428

Account


XXXXXXXX4482

RETURN SERVICE REQUESTED

Berrys Chapel Utility Inc  
DBA Harpeth Wastewater Cooperative  
4068 Rural Plains Circle Ste 100  
Attn: Ken Young  
Franklin TN 37064

## Statement of Account

Horizon 75

<b>Balance 4/01/25</b> \$204,471.15	<b>Summary</b>	
<b>Balance 4/30/25</b> \$209,742.40	<b>Credits</b> +\$14,358.75	
	<b>Interest</b> +\$0.00	
	<b>Debits</b> -\$9,087.50	

### Credit Transactions

#### Credits

4/07	Regular Deposit	14,358.75
<b>Total Credits</b>		<b>\$14,358.75</b>

### Debit Transactions

#### Checks

4/23	Check 1027	870.00
4/10	Check 1028	7,590.00
4/17	Check 1029	627.50

(\*) Indicates gap in check number sequenece

<b>Total Debits</b>	<b>\$9,087.50</b>
---------------------	-------------------

Average Balance This Statement	\$210,120.31	Annual Percentage Yield Earned	
Interest Earned This Period	\$0.00	Days in Period	30
Interest Paid Year to Date	\$0.00	Interest Paid	\$0.00

Daily Balance Information					
Date	Balance	Date	Balance	Date	Balance
4/01	204,471.15	4/10	211,239.90	4/23	209,742.40
4/07	218,829.90	4/17	210,612.40		



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**Pinnacle Bank**  
21 Platform Way S, Suite 2300  
Nashville, TN 37203  
(800) 264-3613

**Pinnacle** CHECKING DEPOSIT

DATE: 4/7/25  
NAME: Harold Wastewater

AMOUNT: 4130.00  
102838 1022895  
1435875

ACCOUNT NUMBER: 000109414402

1550000011

#0 04/07/2025 \$14,358.75

BERRY'S CHAPEL UTILITY, INC. 1027  
4038 RURAL PLAINS CIR., STE. 100  
FRANKLIN, TN 37064

DATE: 3/14/25

PAY TO: WILLIAMSON COUNTY, TN \$ 870.00  
THE ORDER OF EIGHT HUNDRED SEVENTY 00/100 DOLLARS

**Pinnacle**

MEMO INVOICE # T205-33

10640086371027800109414482

#1027 04/23/2025 \$870.00

BERRY'S CHAPEL UTILITY, INC. 1028  
4038 RURAL PLAINS CIR., STE. 100  
FRANKLIN, TN 37064

DATE: 4/7/25

PAY TO: INFLO DESIGN GROUP \$ 7,590.00  
THE ORDER OF SEVEN THOUSAND FIVE HUNDRED NINETY 00/100 DOLLARS

**Pinnacle**

MEMO INVOICE # 3928

10640086371028800109414482

#1028 04/10/2025 \$7,590.00

BERRY'S CHAPEL UTILITY, INC. 1029  
4038 RURAL PLAINS CIR., STE. 100  
FRANKLIN, TN 37064

DATE: 4/10/25

PAY TO: WILLIAMSON COUNTY, TN \$ 627.50  
THE ORDER OF SIX HUNDRED TWENTY SEVEN 50/100 DOLLARS

**Pinnacle**

MEMO INVOICE # T205-43

10640086371029800109414482

#1029 04/17/2025 \$627.50



21 Platform Way S  
Suite 2300  
Nashville, TN 37203  
www.pnfp.com

Client Service Center 800-264-3613  
Pinnacle Anytime 866-755-5428

Account

XXXXXXXX4482

RETURN SERVICE REQUESTED

Berrys Chapel Utility Inc  
DBA Harpeth Wastewater Cooperative  
4068 Rural Plains Circle Ste 100  
Attn: Ken Young  
Franklin TN 37064

## Statement of Account

Horizon 75

<b>Balance 5/01/25</b> \$209,742.40	<b>Summary</b>	
<b>Balance 6/01/25</b> \$244,756.35	<b>Credits</b> +\$60,990.95	
	<b>Interest</b> +\$0.00	
	<b>Debits</b> -\$25,977.00	

### Credit Transactions

#### Credits

5/08 Regular Deposit	60,990.95
<b>Total Credits</b>	<b>\$60,990.95</b>

### Debit Transactions

#### Checks

5/19 Check 1030	23,955.00
5/27 Check 1031	2,022.00

(\*) Indicates gap in check number sequence

<b>Total Debits</b>	<b>\$25,977.00</b>
---------------------	--------------------

Average Balance This Statement	\$246,532.14	Annual Percentage Yield Earned	
Interest Earned This Period	\$0.00	Days in Period	32
Interest Paid Year to Date	\$0.00	Interest Paid	\$0.00

Daily Balance Information					
Date	Balance	Date	Balance	Date	Balance
5/01	209,742.40	5/19	246,778.35		
5/08	270,733.35	5/27	244,756.35		



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**Pinnacle Bank**  
21 Platform Way S, Suite 2300  
Nashville, TN 37203  
(800) 264-3613

Account Number: XXXXXXXX4482

Date:  
Primary Account:

05/30/2025  
XXXXXXXX4482

**Pinnacle** CHECKING DEPOSIT

DATE 5/8/25 AMOUNT 11403.00

NAME Harpeith Wasikawatu POSTAL CODE 200946 CITY 4958995

ACCOUNT NUMBER 800109414482 NET DEPOSIT \$ 6099095

⑆5000⑉00⑆1⑆

#0 05/08/2025 \$60,990.95

**BERRY'S CHAPEL UTILITY, INC.** 1030

4068 RURAL PLAINS CIR., STE. 100  
FRANKLIN, TN 37064

DATE 5/14/25

PAY TO INFLO DESIGN GROUP \$ 23,955.00

IN THE ORDER OF TWENTY-THREE THOUSAND NINE HUNDRED

**Pinnacle** FIFTY-FIVE & 00/100

INVOICE # 3959

⑆064008637⑆1030⑆800109414482⑆

#1030 05/19/2025 \$23,955.00

**BERRY'S CHAPEL UTILITY, INC.** 1031

4068 RURAL PLAINS CIR., STE. 100  
FRANKLIN, TN 37064

DATE 5/19/25

PAY TO WILLIAMSON COUNTY, TN \$ 2,022.50

IN THE ORDER OF TWO THOUSAND TWENTY-TWO & 50/100

**Pinnacle**

INVOICE # T20253

⑆064008637⑆1031⑆800109414482⑆

#1031 05/27/2025 \$2,022.00



21 Platform Way S  
Suite 2300  
Nashville, TN 37203  
www.pnfp.com

Client Service Center 800-264-3613  
Pinnacle Anytime 866-755-5428

Account


XXXXXXXX4482

RETURN SERVICE REQUESTED

Berrys Chapel Utility Inc  
DBA Harpeth Wastewater Cooperative  
4068 Rural Plains Circle Ste 100  
Attn: Ken Young  
Franklin TN 37064

## Statement of Account

Horizon 75

<b>Balance 6/02/25</b> <b>\$244,756.35</b>	<b>Summary</b> 
<b>Balance 6/30/25</b> <b>\$228,279.10</b>	<b>Credits</b> +\$5,313.00 <b>Interest</b> +\$0.00 <b>Debits</b> -\$21,790.25

### Credit Transactions

#### Credits

6/09	Regular Deposit	5,313.00
<b>Total Credits</b>		<b>\$5,313.00</b>

### Debit Transactions

#### Other Debits

6/12	Ck# 1031 Paid for \$2,022.00 should be \$2,022.50	.50
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#### Checks

6/26	Check 1032	19,837.25
6/26	Check 1033	1,952.50

(\* ) Indicates gap in check number sequenece

<b>Total Debits</b>		<b>\$21,790.25</b>
---------------------	--	--------------------

Average Balance This Statement	\$245,029.72	Annual Percentage Yield Earned	
Interest Earned This Period	\$0.00	Days in Period	29
Interest Paid Year to Date	\$0.00	Interest Paid	\$0.00



## **ELECTRONIC TRANSFER ERROR RESOLUTION**

This Electronic Transfer Error Resolution only applies to accounts held for personal, family or household purposes and is therefore not applicable to business, trust accounts, or any such account held for non-personal purposes.

In case of errors or questions about your electronic transfers, call or write us at the telephone number or address listed at the end of this disclosure, as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We must hear from you no later than 60 days after we send the FIRST statement on which the problem or error appeared.

We will provide provisional credit for the amount that you think is in error within 10 business days of your complaint and begin an investigation of the transaction(s). In most cases, we will disclose the results of the investigation within 10 business days of your complaint and correct any error promptly. If we need more time to investigate the complaint, we may take up to 45 days (90 days if the transfer involved a point-of-sale transaction or a foreign initiated transfer) to complete our investigation. However, you will have use of the funds in question during our investigation.

**Pinnacle Bank**  
21 Platform Way S, Suite 2300  
Nashville, TN 37203  
(800) 264-3613

Account Number: XXXXXXXX4482

Daily Balance Information					
Date	Balance	Date	Balance	Date	Balance
6/02	244,756.35	6/12	250,068.85		
6/09	250,069.35	6/26	228,279.10		

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Account Number: XXXXXXXX4482

Date:  
Primary Account:

06/30/2025  
XXXXXXXX4482

Pinnacle CHECKING DEPOSIT

DATE 6/9/25

NAME Harpeth Wastewater

ACCOUNT NUMBER 800109414482

AMOUNT \$ 5313.00

MEMO INVOICE# 4025

⑆06400863⑆⑆1033⑆800109414482⑆

#0 06/09/2025 \$5,313.00

BERRY'S CHAPEL UTILITY, INC. 1032

408 RURAL PLAINS CIR., STE. 100

FRANKLIN, TN 37064

DATE 6/11/25

PAY TO INFO DESIGN GROUP \$ 19,837.25

THE ORDER OF NINETEEN THOUSAND EIGHT HUNDRED THIRTY-SEVEN AND 25/100

Pinnacle

MEMO INVOICE# 4025

⑆06400863⑆⑆1033⑆800109414482⑆

#1032 06/26/2025 \$19,837.25

BERRY'S CHAPEL UTILITY, INC. 1033

408 RURAL PLAINS CIR., STE. 100

FRANKLIN, TN 37064

DATE 6/9/25

PAY TO WILLIAMSON COUNTY, TN \$ 1,952.50

THE ORDER OF ONE THOUSAND NINE HUNDRED FIFTY-TWO DOLLARS AND 50/100

Pinnacle

MEMO INVOICE# T 2025-63

⑆06400863⑆⑆1033⑆800109414482⑆

#1033 06/26/2025 \$1,952.50

MFR59-2



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Berry's Chapel Utility Inc  
 \*\*\*\*\*  
 Hold Mail-Internal  
 \*\*\*\*\*

Date 9/30/24 Page 1  
 Account Acct Ending 0400  
 Enclosures

**CHECKING ACCOUNTS**

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 0400	Statement Dates	7/01/24 thru 9/30/24
Beginning Balance	103,397.78	Days in this Statement Period	92
Deposits/Credits	.00		
Checks/Debits	.00		
Service Charge	.00	Interest Earned	606.24
Interest Paid	606.24	Annual Percentage Yield Earned	2.34%
Ending Balance	104,004.02	2024 Interest Paid	1,810.59

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
8/01	ICS Compound/Declare Accrued	206.55
9/03	ICS Compound/Declare Accrued	206.98
9/30	Interest Deposit	192.71



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Date 9/30/24 Page 2  
Account Acct Ending 0400  
Enclosures

ICS Shadow MMDA/SAV Acct Ending 0400 (Continued)

**DAILY BALANCE INFORMATION**			
Date	Balance	Date	Balance
7/01	103,397.78	9/03	103,811.31
8/01	103,604.33	9/30	104,004.02



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Berry's Chapel Utility Inc  
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 Hold Mail-Internal  
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Date 12/31/24 Page 1  
 Account Acct Ending 0400  
 Enclosures

**CHECKING ACCOUNTS**

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 0400	Statement Dates	10/01/24 thru 12/31/24
Beginning Balance	104,004.02	Days in this Statement Period	92
Deposits/Credits	.00		
Checks/Debits	.00		
Service Charge	.00	Interest Earned	498.08
Interest Paid	498.08	Annual Percentage Yield Earned	1.91%
Ending Balance	104,502.10	2024 Interest Paid	2,308.67

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
11/01	ICS Compound/Declare Accrued	176.79
12/02	ICS Compound/Declare Accrued	161.66
12/31	Interest Deposit	159.63



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Date 12/31/24      Page 2  
Account              Acct Ending 0400  
Enclosures

ICS Shadow MMDA/SAV                      Acct Ending 0400 (Continued)

**DAILY BALANCE INFORMATION**			
Date	Balance	Date	Balance
10/01	104,004.02	12/02	104,342.47
11/01	104,180.81	12/31	104,502.10



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Berry's Chapel Utility Inc  
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Date 3/31/25  
 Account  
 Enclosures

Page 1  
 Acct Ending 0400

CHECKING ACCOUNTS

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 0400	Statement Dates	1/01/25 thru 3/31/25
Beginning Balance	104,502.10	Days in this Statement Period	90
Deposits/Credits	.00		
Checks/Debits	.00		
Service Charge	.00	Interest Earned	464.77
Interest Paid	304.45	Annual Percentage Yield Earned	1.81%
Ending Balance	104,806.55	2025 Interest Paid	304.45

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
2/03	ICS Compound/Declare Accrued	159.86
3/03	ICS Compound/Declare Accrued	144.59

\*\*DAILY BALANCE INFORMATION\*\*

Date	Balance	Date	Balance	Date	Balance
1/01	104,502.10	2/03	104,661.96	3/03	104,806.55

**DETAILED ACCOUNT OVERVIEW**

Account ID: \*\*\*\*\*704  
Account Title: Berry's Chapel Utility, Inc



**Account Summary - Savings**

Statement Period	6/1-6/30/2025	Average Daily Balance	\$105,288.29
Previous Period Ending Balance	\$105,283.09	Interest Rate at End of Statement Period	1.80%
Total Program Deposits	0.00	Annual Percentage Yield Earned	1.82%
Total Program Withdrawals	(0.00)	YTD Interest Paid	936.86
Interest Capitalized	155.87		
<b>Current Period Ending Balance</b>	<b>\$105,438.96</b>		

**Account Transaction Detail**

Date	Activity Type	Amount	Balance
06/30/2025	Interest Capitalization	\$155.87	\$105,438.96

**Summary of Balances as of June 30, 2025**

FDIC-Insured Institution	City/State	FDIC Cert No.	Balance
First-Citizens Bank & Trust Company	Raleigh, NC	11063	\$105,060.55
Western Alliance Bank	Phoenix, AZ	57512	378.41

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Berry's Chapel Utility Inc  
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Date 9/30/24 Page 1  
 Account Acct Ending 6300  
 Enclosures

**CHECKING ACCOUNTS**

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 6300	Statement Dates	7/01/24 thru 9/30/24
Beginning Balance	434,508.17	Days in this Statement Period	92
Deposits/Credits	.00		
1 Checks/Debits	20,000.00		
Service Charge	.00	Interest Earned	2,451.14
Interest Paid	2,451.14	Annual Percentage Yield Earned	2.34%
Ending Balance	416,959.31	2024 Interest Paid	7,412.38

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
8/01	ICS Compound/Declare Accrued	848.73
9/03	ICS Compound/Declare Accrued	829.80
9/30	Interest Deposit	772.61



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Date 9/30/24 Page 2  
Account Acct Ending 6300  
Enclosures

ICS Shadow MMDA/SAV Acct Ending 6300 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
7/16	Investment Sweep to DDA Acct No. Acct Ending 5763-D	20,000.00-

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
7/01	434,508.17	8/01	415,356.90	9/30	416,959.31
7/16	414,508.17	9/03	416,186.70		



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Berry's Chapel Utility Inc  
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Date 12/31/24  
 Account  
 Enclosures

Page 1  
 Acct Ending 6300

CHECKING ACCOUNTS

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 6300	Statement Dates	10/01/24 thru 12/31/24
Beginning Balance	416,959.31	Days in this Statement Period	92
4 Deposits/Credits	165,000.00		
1 Checks/Debits	200,000.00		
Service Charge	.00	Interest Earned	2,090.75
Interest Paid	2,090.75	Annual Percentage Yield Earned	1.93%
Ending Balance	384,050.06	2024 Interest Paid	9,503.13

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
10/08	Investment Sweep From DDA Acct No. Acct Ending 5763-D	45,000.00
11/01	ICS Compound/Declare Accrued	765.57
11/05	Investment Sweep From DDA Acct No. Acct Ending 5763-D	50,000.00
12/02	ICS Compound/Declare Accrued	762.21
12/03	Investment Sweep From DDA Acct No. Acct Ending 5763-D	40,000.00



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Date 12/31/24 Page 2  
 Account Acct Ending 6300  
 Enclosures

ICS Shadow MMDA/SAV Acct Ending 6300 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
12/12	Investment Sweep From DDA Acct No. Acct Ending 5763-D	30,000.00
12/31	Interest Deposit	562.97

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
11/27	Investment Sweep to DDA Acct No. Acct Ending 5763-D	200,000.00-

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
10/01	416,959.31	11/05	512,724.88	12/03	353,487.09
10/08	461,959.31	11/27	312,724.88	12/12	383,487.09
11/01	462,724.88	12/02	313,487.09	12/31	384,050.06



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Berry's Chapel Utility Inc  
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 Hold Mail-Internal  
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Date 3/31/25 Page 1  
 Account Acct Ending 6300  
 Enclosures

**CHECKING ACCOUNTS**

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 6300	Statement Dates	1/01/25 thru 3/31/25
Beginning Balance	384,050.06	Days in this Statement Period	90
Deposits/Credits	.00		
Checks/Debits	.00		
Service Charge	.00	Interest Earned	1,708.21
Interest Paid	1,118.98	Annual Percentage Yield Earned	1.81%
Ending Balance	385,169.04	2025 Interest Paid	1,118.98

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
2/03	ICS Compound/Declare Accrued	587.53
3/03	ICS Compound/Declare Accrued	531.45

**\*\*DAILY BALANCE INFORMATION\*\***

Date	Balance	Date	Balance	Date	Balance
1/01	384,050.06	2/03	384,637.59	3/03	385,169.04

Date  
06/30/2025

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### DETAILED ACCOUNT OVERVIEW

Account ID: \*\*\*\*\*763  
Account Title: Berry's Chapel Utility, Inc

#### Account Summary - Savings

Statement Period	6/1-6/30/2025	Average Daily Balance	\$346,853.60
Previous Period Ending Balance	\$346,836.48	Interest Rate at End of Statement Period	1.80%
Total Program Deposits	0.00	Annual Percentage Yield Earned	1.82%
Total Program Withdrawals	(0.00)	YTD Interest Paid	3,299.90
Interest Capitalized	513.48		
<b>Current Period Ending Balance</b>	<b>\$347,349.96</b>		

#### Account Transaction Detail

Date	Activity Type	Amount	Balance
06/30/2025	Interest Capitalization	\$513.48	\$347,349.96

#### Summary of Balances as of June 30, 2025

FDIC-Insured Institution	City/State	FDIC Cert No.	Balance
First-Citizens Bank & Trust Company	Raleigh, NC	11063	\$119,964.64
Western Alliance Bank	Phoenix, AZ	57512	227,385.32

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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

Date 7/31/24 Page 1  
 Account Acct Ending 9053  
 Enclosures 92

CHECKING ACCOUNTS

Public Funds Interest Analyzed		Number of Enclosures	92
Account Number	Acct Ending 9053	Statement Dates	7/01/24 thru 7/31/24
Beginning Balance	49,780.28	Days in this Statement Period	31
50 Deposits/Credits	100,289.51		
77 Checks/Debits	109,732.91		
Service Charge	.00	Interest Earned	8.84
Interest Paid	8.84	Annual Percentage Yield Earned	0.20%
Ending Balance	40,345.72	2024 Interest Paid	80.57

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
7/01	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	139.50
7/01	MTOT DEP BANKCARD-8566 CCD	428.80



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Date 7/31/24 Page 2  
 Account Acct Ending 9053  
 Enclosures 92

Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414 HARPETH WASTEWATER COO	
7/01	Deposit 8784	4,270.13
7/02	MTOT DEP BANKCARD-8566 CCD	2,521.03
	518089660005414 HARPETH WASTEWATER COO	
7/02	WW UTILITY HARPETH WW PPD	4,611.37
	FIRSTBANK	
7/02	Deposit 8785	981.10
7/03	BTOT DEP BANKCARD-8566 CCD	490.66
	518089660005414 HARPETH WASTEWATER COO	
7/03	Deposit 8786	1,137.86
7/05	BTOT DEP BANKCARD-8566 CCD	201.03
	518089660005414 HARPETH WASTEWATER COO	
7/05	BTOT DEP BANKCARD-8566 CCD	305.12
	518089660005414 HARPETH WASTEWATER COO	
7/05	Deposit 8787	219.50
7/08	MTOT DEP BANKCARD-8566 CCD	163.83
	518089660005414 HARPETH WASTEWATER COO	
7/08	Deposit 8788	2,572.39
7/09	BTOT DEP BANKCARD-8566 CCD	78.82
	518089660005414 HARPETH WASTEWATER COO	
7/09	Deposit 8789	858.94
7/10	MTOT DEP BANKCARD-8566 CCD	473.20
	518089660005414 HARPETH WASTEWATER COO	
7/10	Deposit 8790	559.36
7/11	MTOT DEP BANKCARD-8566 CCD	4,868.93
	518089660005414 HARPETH WASTEWATER COO	



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Date 7/31/24 Page 3  
 Account Acct Ending 9053  
 Enclosures 92

Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
7/11	WW UTILITY HARPETH WW PPD	14,982.84
7/11	FIRSTBANK Deposit 8791	1,671.33
7/12	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	795.33
7/12	Deposit 8792	1,941.05
7/15	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	193.83
7/15	Deposit 8793	1,370.75
7/16	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	69.49
7/16	Transfer CH x5763 to CH x9053 TMID:493a070f-6ad0-4 Aeration tank cleanout invoice	20,000.00
7/16	Deposit 8794	1,241.88
7/17	Deposit 8795	1,108.96
7/18	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	744.09
7/18	Deposit 8796	632.47
7/19	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	109.05
7/19	Deposit 8797	263.89
7/22	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	175.30
7/22	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,964.25
7/22	WW UTILITY HARPETH WW PPD	13,843.63



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Date 7/31/24 Page 4  
 Account Acct Ending 9053  
 Enclosures 92

Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	FIRSTBANK	
7/22	Deposit 8798	2,765.12
7/23	BTOT DEP BANKCARD-8566	81.72
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
7/23	Deposit 8800	967.53
7/24	BTOT DEP BANKCARD-8566	164.19
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
7/25	MTOT DEP BANKCARD-8566	59.30
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
7/25	Deposit 8801	840.89
7/26	MTOT DEP BANKCARD-8566	325.06
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
7/26	Deposit 8802	822.41
7/29	BTOT DEP BANKCARD-8566	56.92
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
7/29	BTOT DEP BANKCARD-8566	484.80
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
7/29	Deposit 8803	2,836.39
7/30	BTOT DEP BANKCARD-8566	305.03
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
7/30	Deposit 8804	1,480.16
7/31	BTOT DEP BANKCARD-8566	316.71
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
7/31	Deposit 8805	2,793.57
7/31	Interest Deposit	8.84



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Date 7/31/24 Page 5  
 Account Acct Ending 9053  
 Enclosures 92

**Public Funds Interest Analyzed Acct Ending 9053 (Continued)**

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
7/02	USATAXPYMT IRS CCD XXXXX8413487974	1,752.78-
7/09	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX9171490284	970.87-
7/15	BERRYS CHAPEL UTILITY Chargeback	68.86-
7/16	USATAXPYMT IRS CCD XXXXX9850165380	1,033.38-
7/23	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX0565147153	1,026.95-
7/30	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX1223308740	1,047.86-

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
7/08	1070	17.02	7/08	10708	410.45
7/01	10680*	292.84	7/08	10709	1,044.42
7/01	10681	546.37	7/03	10710	1,084.71
7/01	10683*	180.21	7/03	10711	889.74
7/01	10685*	28.14	7/11	10712	1,608.75
7/01	10687*	175.16	7/08	10713	4,933.05
7/01	10689*	1,021.08	7/11	10714	207.00
7/01	10692*	1,558.14	7/11	10715	4,626.66
7/01	10693	286.20	7/09	10716	617.80
7/05	10697*	2,595.59	7/09	10717	1,749.04
7/09	10698	1,063.78	7/09	10718	1,373.59
7/05	10699	140.00	7/12	10719	55.35
7/03	10700	515.00	7/12	10720	282.04
7/09	10701	2,520.00	7/12	10721	1,262.63
7/08	10702	300.00	7/10	10722	1,061.59
7/15	10703	488.37	7/10	10723	885.76
7/09	10704	1,247.68	7/15	10724	880.47
7/09	10705	4,384.00	7/17	10725	129.89
7/10	10707*	112.68	7/18	10726	825.00

\* Denotes Missing Check Numbers



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Date 7/31/24 Page 6  
 Account Acct Ending 9053  
 Enclosures 92

**Public Funds Interest Analyzed Acct Ending 9053 (Continued)**

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
7/16	10727	1,444.58	7/26	10746	5,822.10
7/25	10728	207.00	7/29	10748*	191.36
7/23	10730*	1,410.00	7/29	10749	293.38
7/19	10731	19.27	7/30	10750	589.17
7/18	10732	1,023.69	7/26	10751	428.38
7/26	10733	1,013.97	7/29	10752	1,195.13
7/18	10734	1,212.02	7/24	10753	1,084.71
7/23	10735	2,144.55	7/24	10754	848.98
7/19	10736	428.37	7/29	10755	1,360.90
7/22	10737	1,185.40	7/25	10756	321.37
7/17	10738	1,061.59	7/31	10757	1,122.90
7/17	10739	827.74	7/31	10761*	292.94
7/23	10740	329.25	7/31	10764*	223.33
7/23	10741	2,717.74	7/31	10771*	1,113.59
7/22	10742	99.15	7/31	10772	819.45
7/23	10743	28,000.00	7/31	10773	100.00
7/23	10745*	3,500.00			

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
7/01	50,530.57	7/12	52,252.28	7/24	46,158.47
7/02	56,891.29	7/15	52,379.16	7/25	46,530.29
7/03	56,030.36	7/16	71,212.57	7/26	40,413.31
7/05	54,020.42	7/17	70,302.31	7/29	40,750.65
7/08	50,051.70	7/18	68,618.16	7/30	40,898.81
7/09	37,062.70	7/19	68,543.46	7/31	40,345.72
7/10	36,035.23	7/22	86,007.21		
7/11	51,115.92	7/23	47,927.97		

**INTEREST RATE SUMMARY**	
Date	Interest Rate
6/30	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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CHECKING ACCOUNTS

Public Funds Interest Analyzed		Number of Enclosures	85
Account Number	Acct Ending 9053	Statement Dates	8/01/24 thru 9/02/24
Beginning Balance	40,345.72	Days in this Statement Period	33
48 Deposits/Credits	85,222.89		
67 Checks/Debits	61,840.18		
Service Charge	.00	Interest Earned	9.38
Interest Paid	8.69	Annual Percentage Yield Earned	0.20%
Ending Balance	63,737.12	2024 Interest Paid	89.26

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
8/01	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	158.73
8/01	Deposit 8806	819.43
8/02	BTOT DEP BANKCARD-8566 CCD	1,839.75



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414 HARPETH WASTEWATER COO	
8/02	WW UTILITY HARPETH WW PPD	5,930.64
	FIRSTBANK	
8/02	Deposit 8808	693.23
8/05	BTOT DEP BANKCARD-8566 CCD	350.72
	518089660005414 HARPETH WASTEWATER COO	
8/05	BTOT DEP BANKCARD-8566 CCD	374.24
	518089660005414 HARPETH WASTEWATER COO	
8/05	Deposit 8809	3,649.88
8/06	MTOT DEP BANKCARD-8566 CCD	65.67
	518089660005414 HARPETH WASTEWATER COO	
8/06	Deposit 8810	2,259.84
8/07	BTOT DEP BANKCARD-8566 CCD	286.48
	518089660005414 HARPETH WASTEWATER COO	
8/07	Deposit 8811	260.51
8/08	Deposit 8812	450.73
8/09	MTOT DEP BANKCARD-8566 CCD	60.93
	518089660005414 HARPETH WASTEWATER COO	
8/09	Deposit 8813	1,112.15
8/12	MTOT DEP BANKCARD-8566 CCD	646.75
	518089660005414 HARPETH WASTEWATER COO	
8/12	BTOT DEP BANKCARD-8566 CCD	4,504.44
	518089660005414 HARPETH WASTEWATER COO	
8/12	WW UTILITY HARPETH WW PPD	18,499.53
	FIRSTBANK	
8/12	Deposit 8814	4,566.16



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
8/13	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	132.62
8/13	Deposit 8815	1,034.47
8/14	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	446.65
8/14	Deposit 8816	1,560.08
8/15	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	560.92
8/15	Deposit 8817	170.84
8/16	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	93.12
8/16	Deposit 8818	553.09
8/19	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	340.82
8/19	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,008.88
8/19	Deposit 8819	3,156.98
8/20	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	426.91
8/20	Deposit 8820	563.96
8/21	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	2,404.79
8/21	WW UTILITY HARPETH WW PPD	17,111.03
8/21	FIRSTBANK Deposit 8821	1,941.02
8/22	BTOT DEP BANKCARD-8566 CCD	291.67



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**Public Funds Interest Analyzed Acct Ending 9053 (Continued)**

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414 HARPETH WASTEWATER COO	
8/22	Deposit 8822	272.82
8/23	Deposit 8823	369.56
8/26	BTOT DEP BANKCARD-8566 CCD	222.95
	518089660005414 HARPETH WASTEWATER COO	
8/26	BTOT DEP BANKCARD-8566 CCD	363.31
	518089660005414 HARPETH WASTEWATER COO	
8/26	Deposit 8824	1,494.92
8/27	Deposit 8825	793.54
8/28	BTOT DEP BANKCARD-8566 CCD	61.85
	518089660005414 HARPETH WASTEWATER COO	
8/28	Deposit 8826	715.04
8/29	MTOT DEP BANKCARD-8566 CCD	720.00
	518089660005414 HARPETH WASTEWATER COO	
8/29	Deposit 8827	832.64
8/30	BTOT DEP BANKCARD-8566 CCD	323.30
	518089660005414 HARPETH WASTEWATER COO	
8/30	Deposit 8828	725.30
8/31	Interest Deposit	8.69

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
8/06	USATAXPYMT IRS CCD	1,810.00-
	XXXXX1981434323 BERRYS CHAPEL UTILITY	
8/13	USATAXPYMT IRS CCD	960.01-
	XXXXX2685122936 BERRYS CHAPEL UTILITY	
8/20	USATAXPYMT IRS CCD	899.77-



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
8/27	XXXXXX3324412833 BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXXX4032109650 BERRYS CHAPEL UTILITY	953.00-

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
8/12	553	1,360.90	8/12	10793	674.63
8/13	10744*	6,239.10	8/13	10794	137.32
8/19	10747*	55.00	8/16	10795	61.67
8/16	10758*	207.00	8/19	10796	130.21
8/07	10759	504.00	8/20	10798*	489.47
8/06	10760	79.56	8/16	10799	135.13
8/05	10762*	40.20	8/16	10800	1,003.80
8/05	10763	79.82	8/14	10801	1,130.94
8/06	10765*	113.09	8/14	10802	885.95
8/05	10766	1,558.15	8/19	10803	19.27
8/05	10767	458.49	8/26	10804	951.58
8/01	10768	1,454.52	8/22	10806*	99.15
8/02	10769	437.35	8/22	10807	1,425.91
8/05	10770	1,028.65	8/26	10808	20.00
8/01	10774*	100.00	8/23	10809	428.38
8/06	10775	1,000.00	8/23	10810	1,008.11
8/07	10776	140.00	8/21	10811	1,078.93
8/05	10777	1,799.90	8/21	10812	884.35
8/06	10778	515.00	8/27	10813	87.10
8/12	10779	2,520.00	8/27	10815*	218.92
8/12	10780	5,345.83	8/29	10819*	1,454.51
8/08	10781	4,645.11	8/30	10820	437.34
8/12	10783*	1,575.00	8/30	10821	1,025.41
8/14	10784	3,280.00	8/28	10822	1,269.63
8/09	10785	959.67	8/28	10823	768.48
8/19	10786	207.00	8/28	10824	100.00
8/13	10787	1,425.91	8/28	10825	100.00
8/12	10788	146.25	8/28	10826	307.15
8/09	10789	428.38	8/28	10828*	83.03
8/09	10790	1,022.05	8/30	10829	68.63
8/07	10791	1,107.82	8/28	10832*	100.00
8/08	10792	798.65			

\* Denotes Missing Check Numbers



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
8/01	39,769.36	8/13	47,577.26	8/23	65,420.36
8/02	47,795.63	8/14	44,287.10	8/26	66,529.96
8/05	47,205.26	8/15	45,018.86	8/27	66,064.48
8/06	46,013.12	8/16	44,257.47	8/28	64,113.08
8/07	44,808.29	8/19	48,352.67	8/29	64,211.21
8/08	39,815.26	8/20	47,954.30	8/30	63,728.43
8/09	38,578.24	8/21	67,447.86	8/31	63,737.12
8/12	55,172.51	8/22	66,487.29		

**INTEREST RATE SUMMARY**	
Date	Interest Rate
7/31	0.20000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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Public Funds Interest Analyzed		Number of Enclosures	88
Account Number	Acct Ending 9053	Statement Dates	9/03/24 thru 9/30/24
Beginning Balance	63,737.12	Days in this Statement Period	28
46 Deposits/Credits	109,692.83		
70 Checks/Debits	63,643.30		
Service Charge	.00	Interest Earned	14.05
Interest Paid	14.74	Annual Percentage Yield Earned	0.20%
Ending Balance	109,801.39	2024 Interest Paid	104.00

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
9/03	BTOT DEP BANKCARD-8566 CCD 518089660005414	209.63
9/03	HARPEETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	2,894.65



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
9/03	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	6,377.11
	FIRSTBANK	
9/03	Deposit 8829	6,563.79
9/04	Deposit 8830	4,631.65
9/05	BTOT DEP BANKCARD-8566 CCD	759.55
	518089660005414	
9/05	HARPETH WASTEWATER COO Deposit 8831	175.94
9/06	BTOT DEP BANKCARD-8566 CCD	331.87
	518089660005414	
9/06	HARPETH WASTEWATER COO Deposit 8832	363.78
9/09	BTOT DEP BANKCARD-8566 CCD	536.34
	518089660005414	
9/09	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	832.84
	518089660005414	
9/09	HARPETH WASTEWATER COO Deposit 8833	4,939.20
9/10	BTOT DEP BANKCARD-8566 CCD	74.59
	518089660005414	
9/10	HARPETH WASTEWATER COO Deposit 8834	2,285.70
9/11	BTOT DEP BANKCARD-8566 CCD	7,040.97
	518089660005414	
9/11	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	23,903.22
	FIRSTBANK	
9/11	Deposit 8835	2,817.41
9/12	BTOT DEP BANKCARD-8566 CCD	204.54
	518089660005414	
9/12	HARPETH WASTEWATER COO Deposit 8836	383.19



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
9/13	Deposit 8837	1,182.61
9/16	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	59.94
9/16	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	561.06
9/16	Deposit 8838	1,062.55
9/17	Deposit 8839	564.89
9/18	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,040.74
9/18	Deposit 8840	2,477.70
9/19	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	57.58
9/19	Deposit 8841	695.37
9/20	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	867.60
9/20	Deposit 8842	65.67
9/23	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	79.05
9/23	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	2,819.07
9/23	WW UTILITY HARPETH WW PPD	17,471.17
9/23	FIRSTBANK Deposit 8843	4,054.42
9/24	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	74.59
9/24	Deposit 8845	72.68
9/24	Deposit 8844	469.07



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**Public Funds Interest Analyzed Acct Ending 9053 (Continued)**

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
9/25	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	420.45
9/25	Deposit 8847	44.01
9/25	Deposit 8846	652.33
9/26	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	176.10
9/26	Deposit 8848	2,022.72
9/27	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	509.81
9/27	Deposit 8849	1,618.24
9/30	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	306.11
9/30	Deposit 8850	4,941.33
9/30	Interest Deposit	14.74

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
9/04	USATAXPYMT IRS CCD XXXXX4812004750 BERRYS CHAPEL UTILITY	1,863.50-
9/10	USATAXPYMT IRS CCD XXXXX5485187189 BERRYS CHAPEL UTILITY	1,036.37-
9/17	USATAXPYMT IRS CCD XXXXX6181614699 BERRYS CHAPEL UTILITY	946.79-
9/24	USATAXPYMT IRS CCD XXXXX6841146116 BERRYS CHAPEL UTILITY	1,018.82-



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
9/13	10729	115.43	9/18	10857	61.89
9/04	10805*	2,144.55	9/17	10858	1,425.91
9/03	10814*	1,015.07	9/17	10859	2,099.17
9/03	10816*	293.38	9/18	10860	1,013.97
9/03	10817	1,558.14	9/18	10861	4,126.20
9/04	10818	343.41	9/17	10862	19.27
9/04	10827*	32.16	9/24	10863	1,387.79
9/04	10830*	1,051.61	9/20	10864	475.53
9/16	10831	207.00	9/24	10865	2,144.55
9/06	10833*	150.00	9/20	10866	146.25
9/05	10834	1,000.00	9/20	10867	550.00
9/13	10835	140.00	9/26	10868	207.00
9/06	10836	515.00	9/24	10869	99.15
9/09	10837	2,520.00	9/20	10870	428.38
9/10	10838	113.09	9/24	10871	1,019.35
9/10	10839	40.00	9/18	10872	1,188.74
9/06	10840	428.39	9/19	10873	889.74
9/06	10841	1,196.73	9/27	10874	293.38
9/04	10842	1,061.58	9/26	10875	1,425.91
9/04	10843	848.56	9/27	10876	304.59
9/10	10844	78.21	9/30	10877	1,558.15
9/10	10845	4,848.22	9/26	10879*	1,454.51
9/10	10846	1,910.75	9/26	10880	428.38
9/16	10847	750.00	9/27	10881	1,021.09
9/11	10848	129.85	9/25	10882	1,096.25
9/10	10849	1,759.47	9/25	10883	826.68
9/10	10850	625.83	9/25	10884	100.00
9/17	10851	1,205.52	9/25	10885	100.00
9/12	10852	1,023.69	9/25	10886	250.60
9/13	10853	428.37	9/26	10887	72.63
9/13	10854	1,016.33	9/25	10889*	70.35
9/11	10855	1,078.93	9/27	10890	88.26
9/11	10856	829.43	9/30	10892*	1,945.45

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
9/03	76,915.71	9/12	99,567.17	9/23	115,392.10
9/04	74,201.99	9/13	99,049.65	9/24	110,338.78
9/05	74,137.48	9/16	99,776.20	9/25	109,011.69
9/06	72,543.01	9/17	94,644.43	9/26	107,622.08
9/09	76,331.39	9/18	91,772.07	9/27	108,042.81
9/10	68,279.74	9/19	91,635.28	9/30	109,801.39
9/11	100,003.13	9/20	90,968.39		



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**INTEREST RATE SUMMARY**	
Date	Interest Rate
9/02	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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**CHECKING ACCOUNTS**

Public Funds Interest Analyzed		Number of Enclosures	85
Account Number	Acct Ending 9053	Statement Dates	10/01/24 thru 10/31/24
Beginning Balance	109,801.39	Days in this Statement Period	31
49 Deposits/Credits	116,860.94		
69 Checks/Debits	109,832.75		
Service Charge	.00	Interest Earned	17.75
Interest Paid	17.75	Annual Percentage Yield Earned	0.20%
Ending Balance	116,847.33	2024 Interest Paid	121.75

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
10/01	BTOT DEP   BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	74.01
10/01	Deposit                   8851	1,451.45
10/02	BTOT DEP   BANKCARD-8566 CCD	3,193.04



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
	HARPETH WASTEWATER COO	
10/02	WW UTILITY HARPETH WW PPD	7,374.67
	FIRSTBANK	
10/02	Deposit 8852	4,550.21
10/03	BTOT DEP BANKCARD-8566 CCD	223.77
	518089660005414	
	HARPETH WASTEWATER COO	
10/03	Deposit 8853	821.19
10/04	MTOT DEP BANKCARD-8566 CCD	375.51
	518089660005414	
	HARPETH WASTEWATER COO	
10/04	Deposit 8854	2,949.61
10/07	BTOT DEP BANKCARD-8566 CCD	428.83
	518089660005414	
	HARPETH WASTEWATER COO	
10/07	BTOT DEP BANKCARD-8566 CCD	710.38
	518089660005414	
	HARPETH WASTEWATER COO	
10/07	Deposit 8855	2,875.20
10/08	Deposit 8856	587.43
10/09	BTOT DEP BANKCARD-8566 CCD	49.11
	518089660005414	
	HARPETH WASTEWATER COO	
10/09	Deposit 8857	68.86
10/09	Deposit 8858	242.30
10/10	BTOT DEP BANKCARD-8566 CCD	420.85
	518089660005414	
	HARPETH WASTEWATER COO	
10/10	Deposit 8859	3,052.20
10/11	BTOT DEP BANKCARD-8566 CCD	7,177.59
	518089660005414	
	HARPETH WASTEWATER COO	
10/11	WW UTILITY HARPETH WW PPD	27,441.77



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	FIRSTBANK	
10/11	Deposit 8860	550.92
10/15	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	208.03
10/15	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	521.13
10/15	Deposit 8861	1,362.10
10/16	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	38.92
10/16	Deposit 8862	3,187.31
10/17	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	938.71
10/17	Deposit 8863	132.42
10/18	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	159.37
10/18	Deposit 8864	1,905.39
10/21	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	389.55
10/21	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	3,201.69
10/21	WW UTILITY HARPETH WW PPD	18,598.87
	FIRSTBANK	
10/21	Deposit 8865	3,874.38
10/22	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	72.04
10/22	Deposit 8866	1,082.41
10/23	Deposit 8867	100.00



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**Public Funds Interest Analyzed      Acct Ending 9053      (Continued)**

<b>**DEPOSITS &amp; OTHER CREDITS**</b>		
Date	Description	Amount
10/24	BTOT DEP    BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	187.09
10/24	Deposit                      8868	3,079.33
10/25	BTOT DEP    BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	112.81
10/25	Deposit                      8869	1,614.74
10/28	MTOT DEP    BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	111.35
10/28	BTOT DEP    BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,127.26
10/28	Deposit                      8870	4,141.68
10/29	BTOT DEP    BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	348.30
10/29	Deposit                      8871	1,499.52
10/30	BTOT DEP    BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	222.53
10/30	Deposit                      8872	3,893.77
10/31	Deposit                      8873	131.34
10/31	Interest Deposit	17.75

<b>**CHECKS &amp; OTHER DEBITS**</b>		
Date	Description	Amount
10/01	USATAXPYMT IRS CCD XXXXX7544325483 BERRYS CHAPEL UTILITY	1,769.17-
10/08	Transfer CH x9053 to CH x5763 TMID:3e224d3b-9c2f-4 SEPT 24 CASH MGMNT TRANSFER	45,000.00-
10/08	USATAXPYMT IRS CCD	976.14-



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
10/15	XXXXX8292235149 BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD	948.83-
10/16	XXXXX8934634969 BERRYS CHAPEL UTILITY Chargeback	328.75-
10/22	USATAXPYMT IRS CCD	1,059.91-
10/29	XXXXX9692375320 BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD	1,033.11-
	XXXXX0321712240 BERRYS CHAPEL UTILITY	

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
10/04	10878	302.83	10/15	10915	62.79
10/04	10888*	32.16	10/10	10916	5,000.00
10/01	10891*	56.48	10/15	10917	254.98
10/02	10893*	125.03	10/11	10918	1,425.91
10/03	10894	1,000.00	10/09	10919	428.38
10/09	10895	140.00	10/16	10920	948.18
10/07	10896	113.09	10/09	10921	1,130.93
10/08	10897	515.00	10/09	10922	842.83
10/10	10898	207.00	10/16	10923	130.11
10/07	10899	2,520.00	10/21	10924	701.41
10/04	10900	428.38	10/18	10925	19.27
10/03	10901	1,023.67	10/16	10926	571.78
10/02	10902	1,096.26	10/17	10927	1,099.51
10/02	10903	902.80	10/16	10928	1,107.83
10/08	10904	4,731.40	10/16	10929	859.60
10/08	10905	300.00	10/23	10930	99.15
10/08	10906	1,872.50	10/28	10931	948.86
10/15	10907	8.01	10/25	10932	692.25
10/15	10908	2,312.50	10/29	10933	2,144.55
10/15	10909	300.00	10/24	10934	177.80
10/15	10910	1,013.97	10/25	10935	1,425.91
10/16	10911	207.00	10/24	10936	1,800.00
10/16	10912	3,167.39	10/24	10937	60.25
10/16	10913	5,694.93	10/28	10938	293.66
10/11	10914	668.90	10/24	10939	428.38

\* Denotes Missing Check Numbers



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**Public Funds Interest Analyzed Acct Ending 9053 (Continued)**

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
10/24	10940	1,023.25	10/30	10954*	1,078.92
10/23	10941	1,223.40	10/30	10956*	841.55
10/23	10942	866.19	10/31	10957	100.00
10/24	10943	285.65	10/30	10958	100.00
10/29	10944	7.28	10/30	10959	260.11
10/31	10951*	1,454.51	10/30	10960	82.36

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
10/01	109,501.20	10/11	101,811.43	10/24	114,089.35
10/02	122,495.03	10/15	99,001.61	10/25	113,698.74
10/03	121,516.32	10/16	89,212.27	10/28	117,836.51
10/04	124,078.07	10/17	89,183.89	10/29	116,499.39
10/07	125,459.39	10/18	91,229.38	10/30	118,252.75
10/08	72,651.78	10/21	116,592.46	10/31	116,847.33
10/09	70,469.91	10/22	116,687.00		
10/10	68,735.96	10/23	114,598.26		

**INTEREST RATE SUMMARY**	
Date	Interest Rate
9/30	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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CHECKING ACCOUNTS

Public Funds Interest Analyzed		Number of Enclosures	84
Account Number	Acct Ending 9053	Statement Dates	11/01/24 thru 12/01/24
Beginning Balance	116,847.33	Days in this Statement Period	31
45 Deposits/Credits	111,226.94		
68 Checks/Debits	131,208.51		
Service Charge	.00	Interest Earned	15.48
Interest Paid	14.95	Annual Percentage Yield Earned	0.20%
Ending Balance	96,880.71	2024 Interest Paid	136.70

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
11/01	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	583.87
11/01	Deposit 8874	794.76
11/04	BTOT DEP BANKCARD-8566 CCD	525.14



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
	HARPETH WASTEWATER COO	
11/04	BTOT DEP BANKCARD-8566	2,190.31
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
11/04	WW UTILITY HARPETH WW	6,061.85
	PPD	
	FIRSTBANK	
11/04	Deposit 8875	5,111.53
11/05	BTOT DEP BANKCARD-8566	358.05
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
11/05	Deposit 8876	974.80
11/06	BTOT DEP BANKCARD-8566	498.53
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
11/06	Deposit 8877	2,801.07
11/07	MTOT DEP BANKCARD-8566	769.24
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
11/07	Deposit 8878	1,884.85
11/08	BTOT DEP BANKCARD-8566	70.77
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
11/08	Deposit 8879	542.80
11/08	Deposit 8880	1,202.00
11/12	BTOT DEP BANKCARD-8566	166.84
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
11/12	BTOT DEP BANKCARD-8566	307.10
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
11/12	BTOT DEP BANKCARD-8566	7,955.39
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
11/12	WW UTILITY HARPETH WW	31,516.98
	PPD	



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**			
Date	Description		Amount
	FIRSTBANK		
11/12	Deposit	8882	124.28
11/12	Deposit	8881	6,223.27
11/13	BTOT DEP	BANKCARD-8566	329.89
	CCD		
	518089660005414		
	HARPETH WASTEWATER COO		
11/13	Deposit	8883	1,666.66
11/14	Deposit	8884	2,744.00
11/15	BTOT DEP	BANKCARD-8566	939.39
	CCD		
	518089660005414		
	HARPETH WASTEWATER COO		
11/15	Deposit	8885	427.23
11/18	BTOT DEP	BANKCARD-8566	929.84
	CCD		
	518089660005414		
	HARPETH WASTEWATER COO		
11/18	Deposit	8886	1,701.45
11/19	BTOT DEP	BANKCARD-8566	485.96
	CCD		
	518089660005414		
	HARPETH WASTEWATER COO		
11/19	Deposit	8887	515.70
11/20	BTOT DEP	BANKCARD-8566	752.15
	CCD		
	518089660005414		
	HARPETH WASTEWATER COO		
11/20	Deposit	8888	1,323.07
11/21	MTOT DEP	BANKCARD-8566	1,815.43
	CCD		
	518089660005414		
	HARPETH WASTEWATER COO		
11/21	WW UTILITY HARPETH WW		14,363.46
	PPD		
	FIRSTBANK		
11/21	Deposit	8889	314.35
11/22	BTOT DEP	BANKCARD-8566	156.49
	CCD		
	518089660005414		
	HARPETH WASTEWATER COO		
11/22	Deposit	8890	186.83
11/25	BTOT DEP	BANKCARD-8566	128.49
	CCD		



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**Public Funds Interest Analyzed Acct Ending 9053 (Continued)**

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414 HARPETH WASTEWATER COO	
11/25	BTOT DEP BANKCARD-8566 CCD	548.97
	518089660005414 HARPETH WASTEWATER COO	
11/25	Deposit 8891	2,835.54
11/26	Deposit 8892	2,184.68
11/26	Deposit 8893	3,750.00
11/27	Deposit 9000	656.46
11/29	BTOT DEP BANKCARD-8566 CCD	814.73
	518089660005414 HARPETH WASTEWATER COO	
11/29	BTOT DEP BANKCARD-8566 CCD	992.74
	518089660005414 HARPETH WASTEWATER COO	
11/30	Interest Deposit	14.95

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
11/05	Transfer CH x9053 to CH x5763 TMID:b5c3d946-1fd0-4 October 24 Cash Mgmt Transfer	50,000.00-
11/05	USATAXPYMT IRS CCD XXXXX1024009478 BERRYS CHAPEL UTILITY	1,743.75-
11/12	USATAXPYMT IRS CCD XXXXX1722829852 BERRYS CHAPEL UTILITY	5,936.83-
11/19	USATAXPYMT IRS CCD XXXXX2485800250 BERRYS CHAPEL UTILITY	1,440.36-
11/26	USATAXPYMT IRS CCD XXXXX3150815264 BERRYS CHAPEL UTILITY	1,502.41-



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
11/12	10925	2,595.59	11/21	10985	207.00
11/04	10945*	720.00	11/14	10986	355.52
11/05	10946	2,081.96	11/14	10987	1,021.08
11/05	10947	1,012.88	11/13	10988	1,061.59
11/08	10948	207.00	11/18	10989	1,442.14
11/12	10949	1,558.14	11/13	10990	823.08
11/05	10950	458.85	11/21	10991	19.27
11/01	10952*	245.29	11/21	10992	194.68
11/01	10953	1,044.74	11/19	10993	99.15
11/01	10961*	95.09	11/22	10994	4,981.84
11/06	10962	40.20	11/22	10995	2,144.55
11/05	10963	150.00	11/22	10996	1,425.91
11/13	10964	1,000.00	11/25	10997	487.28
11/05	10966*	140.00	11/25	10998	1,474.86
11/05	10967	515.00	11/20	10999	535.94
11/12	10968	2,520.00	11/21	11000	1,021.73
11/06	10969	3,600.00	11/20	11001	1,061.59
11/08	10970	1,425.91	11/21	11002	1,442.14
11/13	10971	113.42	11/20	11003	834.74
11/07	10972	4,883.29	11/26	11004	2,647.94
11/08	10973	1,168.53	11/27	11005	1,100.00
11/12	10974	672.71	11/27	11016*	244.17
11/18	10975	1,125.00	11/29	11017	61.37
11/07	10976	500.08	11/27	11019*	67.15
11/13	10977	1,017.19	11/29	11024*	1,454.52
11/06	10978	1,182.95	11/29	11025	428.39
11/12	10979	1,442.14	11/27	11027*	1,061.58
11/06	10980	850.57	11/29	11028	1,442.14
11/06	10981	6,382.99	11/27	11029	838.37
11/13	10982	130.10	11/27	11030	150.00
11/12	10983	512.21	11/27	11031	100.00
11/18	10984	963.61			

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
11/01	116,840.84	11/13	91,675.23	11/22	98,014.33
11/04	130,009.67	11/14	93,042.63	11/25	99,565.19
11/05	75,240.08	11/15	94,409.25	11/26	101,349.52
11/06	66,482.97	11/18	93,509.79	11/27	98,444.71
11/07	63,753.69	11/19	92,971.94	11/29	96,865.76
11/08	62,767.82	11/20	92,614.89	11/30	96,880.71
11/12	93,824.06	11/21	106,223.31		



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Public Funds Interest Analyzed      Acct Ending 9053      (Continued)

**INTEREST RATE SUMMARY**	
Date	Interest Rate
10/31	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

Date 12/31/24  
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CHECKING ACCOUNTS

Public Funds Interest Analyzed		Number of Enclosures	92
Account Number	Acct Ending 9053	Statement Dates	12/02/24 thru 12/31/24
Beginning Balance	96,880.71	Days in this Statement Period	30
47 Deposits/Credits	100,369.61		
79 Checks/Debits	163,857.38		
Service Charge	.00	Interest Earned	8.94
Interest Paid	9.47	Annual Percentage Yield Earned	0.20%
Ending Balance	33,402.41	2024 Interest Paid	146.17

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
12/02	BTOT DEP BANKCARD-8566 CCD 518089660005414	31.27
12/02	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	5,469.43



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	FIRSTBANK	
12/02	Deposit 9001	4,415.12
12/03	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	2,320.06
12/03	Deposit 9002	1,548.38
12/04	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	207.20
12/04	Deposit 9003	78.16
12/05	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	330.78
12/05	Deposit 9004	1,681.44
12/06	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	437.90
12/06	Deposit 9005	588.82
12/09	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	375.43
12/09	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	445.38
12/09	Deposit 9006	9,292.19
12/10	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	201.48
12/10	Deposit 9007	680.18
12/11	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	5,162.74
12/11	WW UTILITY HARPETH WW PPD	22,803.65
	FIRSTBANK	
12/11	Deposit 9008	113.97



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**Public Funds Interest Analyzed Acct Ending 9053 (Continued)**

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
12/12	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	374.04
12/12	Deposit 9009	1,122.81
12/13	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	98.86
12/13	Deposit 9010	2,299.13
12/16	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,185.72
12/16	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,643.72
12/16	Deposit 9011	1,005.32
12/17	Deposit 9012	1,301.28
12/18	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,296.75
12/18	Deposit 9013	1,436.78
12/19	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,173.40
12/19	Deposit 9014	218.61
12/20	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	54.21
12/20	Deposit 9015	379.82
12/23	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	596.06
12/23	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	2,114.23
12/23	WW UTILITY HARPETH WW PPD	16,292.12



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
12/23	FIRSTBANK Deposit 9016	3,420.65
12/24	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	484.71
12/26	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	611.45
12/26	Deposit 9017	1,446.79
12/27	Deposit 9018	1,773.56
12/30	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	267.71
12/30	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	335.34
12/30	Deposit 9019	1,015.75
12/31	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	49.33
12/31	Deposit 9021	236.77
12/31	Deposit 9020	1,951.11
12/31	Interest Deposit	9.47

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
12/03	Transfer CH x9053 to CH x5763 TMID:de5af340-7d10-4	40,000.00-
12/03	USATAXPYMT IRS CCD XXXXX3855779719 BERRYS CHAPEL UTILITY	2,314.34-
12/10	USATAXPYMT IRS CCD XXXXX4534300411 BERRYS CHAPEL UTILITY	1,594.68-
12/12	Transfer CH x9053 to CH x5763 TMID:945b3b9a-bf0c-4	30,000.00-



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
12/13	Dec 2024 Cash Mgmt Transfer	
	Chargeback	206.64-
12/17	USATAXPYMT IRS	1,424.78-
	CCD	
	XXXXX5205439481	
	BERRYS CHAPEL UTILITY	
12/24	USATAXPYMT IRS	1,500.02-
	CCD	
	XXXXX5930138212	
	BERRYS CHAPEL UTILITY	
12/31	USATAXPYMT IRS	2,321.18-
	CCD	
	XXXXX6673681083	
	BERRYS CHAPEL UTILITY	

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
12/09	11006	293.66	12/04	11043	854.50
12/03	11007	1,425.91	12/13	11044	1,900.00
12/05	11008	1,083.76	12/13	11045	138.00
12/09	11010*	138.00	12/10	11046	694.19
12/05	11011	1,000.00	12/11	11047	129.93
12/06	11012	140.00	12/13	11048	375.00
12/09	11013	515.00	12/20	11049	136.64
12/06	11014	2,520.00	12/16	11050	1,425.91
12/03	11015	245.77	12/11	11051	428.38
12/16	11018*	32.16	12/17	11052	917.64
12/02	11020*	62.40	12/11	11053	1,078.93
12/09	11021	487.28	12/11	11054	1,442.15
12/09	11022	1,558.15	12/11	11055	778.89
12/16	11023	338.90	12/17	11056	19.27
12/02	11026*	1,079.89	12/17	11057	1,553.75
12/09	11032*	113.42	12/23	11058	3,843.73
12/06	11033	400.00	12/24	11059	2,646.69
12/10	11034	5,374.36	12/20	11060	1,425.91
12/09	11035	364.00	12/23	11061	649.25
12/10	11036	5,115.07	12/30	11062	1,032.88
12/11	11037	679.44	12/23	11063	99.15
12/16	11038	56.78	12/18	11064	446.30
12/05	11039	318.77	12/19	11065	1,019.07
12/06	11040	1,323.60	12/18	11066	1,130.93
12/04	11041	1,061.59	12/18	11067	1,442.14
12/05	11042	1,442.14	12/18	11068	790.57

\* Denotes Missing Check Numbers



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 Account Acct Ending 9053  
 Enclosures 92

**Public Funds Interest Analyzed Acct Ending 9053 (Continued)**

**CHECKS IN NUMBER ORDER**						
Date	Check No	Amount	Date	Check No	Amount	
12/27	11069	1,600.00	12/30	11082	1,454.51	
12/30	11070	16,423.46	12/26	11083	318.78	
12/26	11071	295.76	12/27	11084	1,140.39	
12/26	11072	28.34	12/26	11085	1,084.70	
12/26	11073	50.00	12/26	11086	1,442.14	
12/27	11075*	74.99	12/26	11087	843.89	
12/31	11076	4,878.39	12/26	11089*	100.00	
12/31	11077	293.58	12/26	11090	300.00	
12/31	11079*	32.16	12/31	11091	249.83	
12/31	11081*	314.97				

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**						
Date	Balance	Date	Balance	Date	Balance	
12/02	105,654.24	12/11	77,006.09	12/20	45,816.15	
12/03	65,536.66	12/12	48,502.94	12/23	63,647.08	
12/04	63,905.93	12/13	48,281.29	12/24	59,985.08	
12/05	62,073.48	12/16	50,262.30	12/26	57,579.71	
12/06	58,716.60	12/17	47,648.14	12/27	56,537.89	
12/09	65,360.09	12/18	46,571.73	12/30	39,245.84	
12/10	53,463.45	12/19	46,944.67	12/31	33,402.41	

**INTEREST RATE SUMMARY**	
Date	Interest Rate
12/01	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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 Enclosures 90

CHECKING ACCOUNTS

Public Funds Interest Analyzed		Number of Enclosures	90
Account Number	Acct Ending 9053	Statement Dates	1/01/25 thru 2/02/25
Beginning Balance	33,402.41	Days in this Statement Period	33
49 Deposits/Credits	93,592.03		
76 Checks/Debits	85,760.31		
Service Charge	.00	Interest Earned	7.40
Interest Paid	7.00	Annual Percentage Yield Earned	0.20%
Ending Balance	41,241.13	2025 Interest Paid	7.00

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
1/02	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	328.63
1/02	BTOT DEP BANKCARD-8566 CCD	1,155.89



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 Account Acct Ending 9053  
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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
1/02	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	3,265.42
1/02	FIRSTBANK Deposit 9022	3,903.06
1/03	BTOT DEP BANKCARD-8566 CCD	151.73
	518089660005414	
1/03	HARPETH WASTEWATER COO Deposit 9023	576.48
1/06	BTOT DEP BANKCARD-8566 CCD	295.86
	518089660005414	
1/06	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	984.11
	518089660005414	
1/06	HARPETH WASTEWATER COO Deposit 9024	3,118.51
1/07	Deposit 9025	1,208.89
1/08	BTOT DEP BANKCARD-8566 CCD	145.36
	518089660005414	
1/08	HARPETH WASTEWATER COO CORP PAY BANKCARDASSOC CCD	299.99
	BERRY CHAPEL	
1/08	Deposit 9026	3,609.17
1/09	BTOT DEP BANKCARD-8566 CCD	474.36
	518089660005414	
1/09	HARPETH WASTEWATER COO Deposit 9027	782.22
1/13	BTOT DEP BANKCARD-8566 CCD	292.63
	518089660005414	
1/13	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	5,210.48
	518089660005414	
1/13	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	24,412.78



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	FIRSTBANK	
1/13	Deposit 9028	2,924.89
1/14	Deposit 9029	2,133.94
1/15	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,025.61
1/15	Deposit 9030	352.53
1/16	MTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	394.11
1/16	Deposit 9031	1,904.02
1/17	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	514.16
1/17	Deposit 9032	450.13
1/21	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	51.02
1/21	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	2,164.25
1/21	WW UTILITY HARPETH WW PPD	14,794.65
	FIRSTBANK	
1/21	Deposit 9033	1,866.21
1/22	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	272.41
1/22	Deposit 9034	992.77
1/23	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	306.00
1/23	Deposit 9036	809.88
1/24	BTOT DEP BANKCARD-8566 CCD	433.83



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414 HARPETH WASTEWATER COO	
1/24	Deposit 9037	193.51
1/27	MTOT DEP BANKCARD-8566 CCD	272.06
	518089660005414 HARPETH WASTEWATER COO	
1/27	BTOT DEP BANKCARD-8566 CCD	399.21
	518089660005414 HARPETH WASTEWATER COO	
1/27	Deposit 8894	1,827.40
1/28	BTOT DEP BANKCARD-8566 CCD	69.75
	518089660005414 HARPETH WASTEWATER COO	
1/28	Deposit 8895	1,493.06
1/29	BTOT DEP BANKCARD-8566 CCD	317.77
	518089660005414 HARPETH WASTEWATER COO	
1/29	Deposit 8896	208.26
1/30	BTOT DEP BANKCARD-8566 CCD	119.24
	518089660005414 HARPETH WASTEWATER COO	
1/30	Deposit 8897	2,728.00
1/31	BTOT DEP BANKCARD-8566 CCD	166.82
	518089660005414 HARPETH WASTEWATER COO	
1/31	Deposit 8900	101.59
1/31	Deposit 8898	339.38
1/31	Deposit 8899	3,750.00
1/31	Interest Deposit	7.00

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
1/02	MTOT DISC BANKCARD-8566 CCD	299.99-
	518089660005414 HARPETH WASTEWATER COO	
1/06	USATAXPYMT IRS CCD	329.55-



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
	XXXXX0691338422	
	BERRYS CHAPEL UTILITY	
1/07	USATAXPYMT IRS	1,564.47-
	CCD	
	XXXXX0772071731	
	BERRYS CHAPEL UTILITY	
1/14	USATAXPYMT IRS	1,620.88-
	CCD	
	XXXXX1414098497	
	BERRYS CHAPEL UTILITY	
1/21	Chargeback Fee	5.00-
1/21	Chargeback 3847	49.75-
1/21	USATAXPYMT IRS	1,561.60-
	CCD	
	XXXXX2114137853	
	BERRYS CHAPEL UTILITY	
1/28	USATAXPYMT IRS	1,606.20-
	CCD	
	XXXXX2863366619	
	BERRYS CHAPEL UTILITY	

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
1/03	11074	4,625.00	1/14	11111	1,425.91
1/06	11080*	1,558.14	1/24	11112	138.00
1/07	11092*	113.42	1/09	11113	417.27
1/03	11093	819.91	1/15	11114	1,246.89
1/03	11094	146.25	1/08	11115	1,158.15
1/03	11095	1,000.00	1/08	11116	1,446.51
1/06	11096	140.00	1/08	11117	879.38
1/07	11097	525.00	1/14	11118	144.98
1/09	11098	2,520.00	1/14	11119	130.03
1/02	11099	112.89	1/22	11120	6,086.12
1/07	11100	1,259.47	1/21	11121	19.27
1/02	11101	1,194.89	1/23	11122	549.90
1/03	11102	1,446.51	1/27	11123	4,487.42
1/02	11103	848.62	1/29	11124	1,012.88
1/07	11104	73.34	1/24	11125	138.00
1/09	11105	1,662.71	1/21	11126	6,178.00
1/09	11106	300.00	1/22	11127	395.95
1/09	11107	43.05	1/23	11128	2,757.48
1/07	11108	5,484.60	1/22	11129	1,069.43
1/13	11110*	800.33	1/15	11130	455.26

\* Denotes Missing Check Numbers



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
1/22	11131	1,067.20	1/29	11146	300.91
1/15	11132	1,219.39	1/31	11147	45.24
1/15	11133	1,446.51	1/30	11148	219.49
1/15	11134	822.29	1/28	11149	275.54
1/21	11135	52.39	1/31	11151*	1,425.91
1/24	11136	2,646.69	1/30	11159*	1,454.51
1/30	11137	1,950.91	1/29	11160	531.29
1/28	11139*	99.15	1/31	11161	1,078.99
1/28	11140	312.79	1/29	11162	1,121.39
1/22	11141	455.26	1/29	11163	1,446.51
1/27	11142	1,077.29	1/30	11164	878.72
1/22	11143	1,274.53	1/31	11165	86.61
1/22	11144	1,446.51	1/30	11166	193.15
1/22	11145	882.74	1/29	11168*	100.00

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
1/01	33,402.41	1/13	55,773.42	1/23	51,441.84
1/02	39,599.02	1/14	54,585.56	1/24	49,146.49
1/03	32,289.56	1/15	50,773.36	1/27	46,080.45
1/06	34,660.35	1/16	53,071.49	1/28	45,349.58
1/07	26,848.94	1/17	54,035.78	1/29	41,362.63
1/08	27,419.42	1/21	65,045.90	1/30	39,513.09
1/09	23,732.97	1/22	53,633.34	1/31	41,241.13

**INTEREST RATE SUMMARY**	
Date	Interest Rate
12/31	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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CHECKING ACCOUNTS

Public Funds Interest Analyzed		Number of Enclosures	75
Account Number	Acct Ending 9053	Statement Dates	2/03/25 thru 3/02/25
Beginning Balance	41,241.13	Days in this Statement Period	28
45 Deposits/Credits	68,780.77		
61 Checks/Debits	59,984.13		
Service Charge	.00	Interest Earned	7.25
Interest Paid	7.10	Annual Percentage Yield Earned	0.20%
Ending Balance	50,044.87	2025 Interest Paid	14.10

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
2/03	MTOT DEP BANKCARD-8566 CCD 518089660005414	678.70
2/03	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	1,606.25



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
2/03	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	2,774.28
	FIRSTBANK	
2/03	Deposit 8901	2,917.81
2/04	BTOT DEP BANKCARD-8566 CCD	61.21
	518089660005414	
2/04	HARPETH WASTEWATER COO Deposit 8902	798.50
2/05	BTOT DEP BANKCARD-8566 CCD	432.70
	518089660005414	
2/05	HARPETH WASTEWATER COO Deposit 8903	1,229.35
2/06	BTOT DEP BANKCARD-8566 CCD	278.61
	518089660005414	
2/06	HARPETH WASTEWATER COO Deposit 8904	476.87
2/07	BTOT DEP BANKCARD-8566 CCD	131.15
	518089660005414	
2/07	HARPETH WASTEWATER COO Deposit 8905	1,100.04
2/10	BTOT DEP BANKCARD-8566 CCD	81.72
	518089660005414	
2/10	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	358.37
	518089660005414	
2/10	HARPETH WASTEWATER COO Deposit 8906	3,924.39
2/11	BTOT DEP BANKCARD-8566 CCD	3,006.12
	518089660005414	
2/11	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	14,937.76
	FIRSTBANK	
2/11	Deposit 8907	564.68



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
2/12	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	728.79
2/12	Deposit 8908	1,951.79
2/13	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	68.86
2/13	Deposit 8909	300.33
2/14	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	167.30
2/14	Deposit 8910	598.23
2/18	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	45.93
2/18	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	561.87
2/18	Deposit 8912	520.91
2/18	Deposit 8911	3,247.55
2/19	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	63.12
2/20	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	128.80
2/20	Deposit 8913	1,196.67
2/21	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	2,246.26
2/21	WW UTILITY HARPETH WW PPD	14,245.49
2/21	FIRSTBANK Deposit 8914	1,106.04
2/24	BTOT DEP BANKCARD-8566 CCD	213.70



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414 HARPETH WASTEWATER COO	
2/24	BTOT DEP BANKCARD-8566 CCD	746.10
	518089660005414 HARPETH WASTEWATER COO	
2/24	Deposit 8915	1,458.21
2/25	BTOT DEP BANKCARD-8566 CCD	35.29
	518089660005414 HARPETH WASTEWATER COO	
2/25	Deposit 8916	477.65
2/26	BTOT DEP BANKCARD-8566 CCD	164.02
	518089660005414 HARPETH WASTEWATER COO	
2/26	Deposit 8917	643.56
2/27	BTOT DEP BANKCARD-8566 CCD	60.83
	518089660005414 HARPETH WASTEWATER COO	
2/27	Deposit 8918	2,139.98
2/28	MTOT DEP BANKCARD-8566 CCD	65.04
	518089660005414 HARPETH WASTEWATER COO	
2/28	Deposit 8919	239.94
2/28	Interest Deposit	7.10

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
2/04	USATAXPYMT IRS CCD	2,016.08-
	XXXXX3503463419 BERRYS CHAPEL UTILITY	
2/11	USATAXPYMT IRS CCD	1,636.41-
	XXXXX4230932336 BERRYS CHAPEL UTILITY	
2/19	USATAXPYMT IRS CCD	1,642.39-
	XXXXX5022727356 BERRYS CHAPEL UTILITY	



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
2/19	USATAXPYMT IRS CCD XXXXX5020132888	1,675.74-
2/25	BERRYS CHAPEL UTILITY Chargeback	40.83-

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
2/05	11138	152.00	2/18	11189	144.98
2/04	11150*	42.00	2/12	11190	455.27
2/04	11152*	1,000.00	2/12	11192*	1,158.14
2/04	11153	140.00	2/12	11193	1,446.51
2/04	11154	1,827.34	2/12	11194	849.73
2/05	11155	525.00	2/19	11195	21.55
2/10	11156	2,620.80	2/19	11196	2,822.79
2/04	11157	105.24	2/21	11198*	2,646.69
2/04	11158	475.67	2/24	11199	2,014.91
2/07	11167*	100.00	2/19	11200	455.27
2/28	11169*	100.00	2/18	11202*	1,121.39
2/10	11170	150.00	2/18	11203	1,446.51
2/12	11171	113.55	2/18	11204	1,254.39
2/07	11172	5,271.61	2/21	11205	99.93
2/19	11173	947.18	2/27	11206	20.00
2/05	11174	692.81	2/21	11207	1,497.20
2/11	11175	1,126.63	2/20	11210*	362.47
2/05	11176	1,133.65	2/26	11211	312.79
2/05	11177	1,446.52	2/28	11212	271.02
2/05	11178	871.36	2/26	11215*	247.40
2/12	11179	867.15	2/27	11219*	1,599.96
2/11	11180	150.44	2/27	11220	117.27
2/13	11181	1,140.02	2/26	11221	388.10
2/18	11182	525.00	2/26	11223*	1,121.39
2/24	11183	3,964.26	2/26	11224	1,446.51
2/18	11184	900.00	2/27	11225	896.72
2/13	11185	739.65	2/26	11227*	100.00
2/13	11188*	1,425.91	2/26	11228	100.00

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
2/03	49,218.17	2/05	41,312.26	2/07	37,927.32
2/04	44,471.55	2/06	42,067.74	2/10	39,521.00



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
2/11	55,116.08	2/19	42,217.64	2/26	50,536.95
2/12	52,906.31	2/20	43,180.64	2/27	50,103.81
2/13	49,969.92	2/21	56,534.61	2/28	50,044.87
2/14	50,735.45	2/24	52,973.45		
2/18	49,719.44	2/25	53,445.56		

**INTEREST RATE SUMMARY**	
Date	Interest Rate
2/02	0.20000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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**CHECKING ACCOUNTS**

Public Funds Interest Analyzed		Number of Enclosures	92
Account Number	Acct Ending 9053	Statement Dates	3/03/25 thru 3/31/25
Beginning Balance	50,044.87	Days in this Statement Period	29
49 Deposits/Credits	66,699.98		
76 Checks/Debits	85,930.83		
Service Charge	.00	Interest Earned	5.84
Interest Paid	6.39	Annual Percentage Yield Earned	0.20%
Ending Balance	30,820.41	2025 Interest Paid	20.49

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
3/03	BTOT DEP BANKCARD-8566 CCD 518089660005414	314.70
3/03	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	780.66



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
	HARPETH WASTEWATER COO	
3/03	WW UTILITY HARPETH WW PPD	2,762.78
	FIRSTBANK	
3/03	Deposit 8920	2,131.70
3/04	BTOT DEP BANKCARD-8566 CCD	174.09
	518089660005414	
	HARPETH WASTEWATER COO	
3/04	Deposit 8921	2,717.88
3/05	MTOT DEP BANKCARD-8566 CCD	68.22
	518089660005414	
	HARPETH WASTEWATER COO	
3/05	Deposit 8922	74.46
3/06	BTOT DEP BANKCARD-8566 CCD	223.63
	518089660005414	
	HARPETH WASTEWATER COO	
3/06	Deposit 8923	202.36
3/07	BTOT DEP BANKCARD-8566 CCD	85.48
	518089660005414	
	HARPETH WASTEWATER COO	
3/07	Deposit 8924	235.61
3/10	MTOT DEP BANKCARD-8566 CCD	255.37
	518089660005414	
	HARPETH WASTEWATER COO	
3/10	BTOT DEP BANKCARD-8566 CCD	604.12
	518089660005414	
	HARPETH WASTEWATER COO	
3/10	Deposit 8925	2,095.36
3/11	BTOT DEP BANKCARD-8566 CCD	2,490.28
	518089660005414	
	HARPETH WASTEWATER COO	
3/11	WW UTILITY HARPETH WW PPD	13,619.32
	FIRSTBANK	
3/11	Deposit 8926	1,554.02



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
3/12	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	167.02
3/12	Deposit 8927	1,143.18
3/13	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	477.58
3/13	Deposit 8928	676.85
3/14	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	102.04
3/14	Deposit 8929	183.01
3/17	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	694.06
3/17	Deposit 8930	3,430.26
3/18	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	58.03
3/18	Deposit 8931	372.95
3/19	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	56.02
3/19	Deposit 8932	1,707.51
3/20	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	80.96
3/20	Deposit 8933	586.03
3/21	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	2,146.86
3/21	WW UTILITY HARPETH WW PPD	13,819.45
3/21	FIRSTBANK Deposit 8934	121.60
3/24	BTOT DEP BANKCARD-8566 CCD	435.87



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414 HARPETH WASTEWATER COO	
3/24	BTOT DEP BANKCARD-8566 CCD	586.45
	518089660005414 HARPETH WASTEWATER COO	
3/24	Deposit 8935	2,133.60
3/25	BTOT DEP BANKCARD-8566 CCD	384.42
	518089660005414 HARPETH WASTEWATER COO	
3/25	Deposit 8936	755.76
3/26	MTOT DEP BANKCARD-8566 CCD	45.93
	518089660005414 HARPETH WASTEWATER COO	
3/26	Deposit 8937	1,060.88
3/27	BTOT DEP BANKCARD-8566 CCD	524.85
	518089660005414 HARPETH WASTEWATER COO	
3/27	Deposit 8938	1,001.37
3/28	BTOT DEP BANKCARD-8566 CCD	285.70
	518089660005414 HARPETH WASTEWATER COO	
3/28	Deposit 8939	579.87
3/31	BTOT DEP BANKCARD-8566 CCD	185.56
	518089660005414 HARPETH WASTEWATER COO	
3/31	BTOT DEP BANKCARD-8566 CCD	244.29
	518089660005414 HARPETH WASTEWATER COO	
3/31	Deposit 8940	2,261.98
3/31	Interest Deposit	6.39

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
3/04	USATAXPYMT IRS CCD	1,971.65-



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
3/11	XXXXX6351406238 BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD	1,572.89-
3/18	XXXXX7065696043 BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD	1,637.27-
3/25	XXXXX7795868301 BERRYS CHAPEL UTILITY Bill.com Logical Pros CCD	864.83-
3/25	015NAKBMDHWPBZ Harpeth Wastewater Coo USATAXPYMT IRS CCD	1,629.47-
	XXXXX8464686253 BERRYS CHAPEL UTILITY	

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
3/07	11191	1,335.24	3/07	11240	1,068.79
3/03	11197*	152.00	3/05	11241	1,158.14
3/07	11201*	1,066.06	3/05	11242	1,446.51
3/03	11208*	152.00	3/05	11243	988.24
3/04	11213*	32.45	3/11	11244	6,344.00
3/03	11214	152.00	3/13	11245	1,425.00
3/05	11216*	33.60	3/11	11246	3,560.00
3/07	11217	85.35	3/07	11247	236.00
3/07	11218	357.42	3/11	11248	150.41
3/07	11222*	1,068.78	3/11	11249	832.83
3/06	11226*	100.00	3/18	11250	145.01
3/07	11229*	1,070.82	3/17	11251	6,025.39
3/05	11230	140.00	3/17	11252	822.95
3/06	11231	4,383.90	3/14	11253	146.25
3/11	11232	1,481.63	3/12	11254	474.26
3/10	11233	1,035.88	3/25	11255	1,207.61
3/06	11234	525.00	3/12	11256	1,176.53
3/17	11235	2,620.80	3/12	11257	1,446.51
3/12	11236	113.55	3/12	11258	909.57
3/06	11237	5,209.82	3/17	11259	19.27
3/06	11238	1,425.91	3/24	11260	876.99
3/05	11239	455.27	3/28	11261	889.60

\* Denotes Missing Check Numbers



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS IN NUMBER ORDER**						
Date	Check No	Amount	Date	Check No	Amount	
3/24	11262	649.25	3/28	11276	203.79	
3/25	11263	2,646.69	3/28	11277	312.79	
3/21	11264	1,447.60	3/27	11280*	1,527.24	
3/26	11265	152.00	3/26	11281	455.27	
3/20	11266	1,425.91	3/26	11283*	1,251.66	
3/21	11267	1,521.14	3/26	11284	1,446.51	
3/21	11268	104.79	3/27	11285	843.71	
3/19	11269	569.28	3/26	11286	100.00	
3/25	11270	1,220.22	3/31	11287	100.00	
3/19	11271	1,141.39	3/26	11288	100.00	
3/19	11272	1,446.51	3/26	11290*	284.22	
3/19	11273	917.60	3/26	11291	100.31	
3/26	11274	476.00	3/27	11292	171.87	
3/31	11275	3,291.63				

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**						
Date	Balance	Date	Balance	Date	Balance	
3/03	55,578.71	3/12	38,032.10	3/21	41,129.15	
3/04	56,466.58	3/13	37,761.53	3/24	42,758.83	
3/05	52,387.50	3/14	37,900.33	3/25	36,330.19	
3/06	41,168.86	3/17	32,536.24	3/26	33,071.03	
3/07	35,201.49	3/18	31,184.94	3/27	32,054.43	
3/10	37,120.46	3/19	28,873.69	3/28	31,513.82	
3/11	40,842.32	3/20	28,114.77	3/31	30,820.41	

**INTEREST RATE SUMMARY**	
Date	Interest Rate
3/02	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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CHECKING ACCOUNTS

**Effective 07/01/2025: Depending on the type of check that you deposit, funds may not be available until the seventh business day of your deposit. The first \$275.00 of your deposits, however, will be available on the first business day.**

Public Funds Interest Analyzed		Number of Enclosures	86
Account Number	Acct Ending 9053	Statement Dates	4/01/25 thru 4/30/25
Beginning Balance	30,820.41	Days in this Statement Period	30
44 Deposits/Credits	97,688.62		
76 Checks/Debits	92,458.84		
Service Charge	.00	Interest Earned	5.08
Interest Paid	5.08	Annual Percentage Yield Earned	0.20%
Ending Balance	36,055.27	2025 Interest Paid	25.57

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

\*\*DEPOSITS & OTHER CREDITS\*\*

Date	Description	Amount
4/01	BTOT DEP BANKCARD-8566 CCD	51.02



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
4/02	518089660005414 HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	781.48
4/02	518089660005414 HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	2,537.96
4/02	FIRSTBANK Deposit 8941	599.52
4/03	BTOT DEP BANKCARD-8566 CCD	403.22
4/03	518089660005414 HARPETH WASTEWATER COO Deposit 8942	2,238.29
4/04	BTOT DEP BANKCARD-8566 CCD	193.23
4/04	518089660005414 HARPETH WASTEWATER COO Deposit 8943	332.45
4/07	BTOT DEP BANKCARD-8566 CCD	154.28
4/07	518089660005414 HARPETH WASTEWATER COO Deposit 8944	1,351.91
4/08	BTOT DEP BANKCARD-8566 CCD	244.70
4/08	518089660005414 HARPETH WASTEWATER COO Transfer CH x5763 to CH x9053 TMID:d2ff6655-e992-4	20,000.00
4/09	BTOT DEP BANKCARD-8566 CCD	289.68
4/09	518089660005414 HARPETH WASTEWATER COO Deposit 8945	2,238.95
4/10	BTOT DEP BANKCARD-8566 CCD	80.96
4/10	518089660005414 HARPETH WASTEWATER COO Deposit 8946	302.83
4/11	MTOT DEP BANKCARD-8566 CCD	2,684.70



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
4/11	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	13,107.52
4/11	FIRSTBANK Deposit 8947	244.99
4/14	BTOT DEP BANKCARD-8566 CCD	453.40
	518089660005414	
4/14	HARPETH WASTEWATER COO MTOT DEP BANKCARD-8566 CCD	484.86
	518089660005414	
4/14	HARPETH WASTEWATER COO Deposit 8948	775.60
4/15	BTOT DEP BANKCARD-8566 CCD	47.20
	518089660005414	
4/15	HARPETH WASTEWATER COO Deposit 8949	1,191.27
4/16	BTOT DEP BANKCARD-8566 CCD	65.04
	518089660005414	
4/16	HARPETH WASTEWATER COO Deposit 8950	1,326.71
4/17	BTOT DEP BANKCARD-8566 CCD	428.02
	518089660005414	
4/17	HARPETH WASTEWATER COO Deposit 8951	144.79
4/18	BTOT DEP BANKCARD-8566 CCD	129.62
	518089660005414	
4/21	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	237.20
	518089660005414	
4/21	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	2,128.41
	518089660005414	
4/21	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	13,536.72



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
4/21	FIRSTBANK Deposit 8952	3,670.88
4/22	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	108.55
4/22	Deposit 8953	2,328.07
4/23	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	227.72
4/23	Deposit 8954	484.20
4/24	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	429.93
4/25	Deposit 8955	140.87
4/28	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	250.62
4/28	Deposit 8956	793.75
4/29	Transfer CH x5763 to CH x9053 TMID:89e80cb0-9caa-4 Transfer to Operating 04.29.25	20,000.00
4/29	Deposit 8957	412.66
4/30	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	54.84
4/30	Interest Deposit	5.08

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
4/01	USATAXPYMT IRS CCD XXXXX9102831409	1,550.89-
4/02	BERRYS CHAPEL UTILITY Bill.com Logical Pros CCD 015XFIJQCZEB6YM Harpeth Wastewater Co	1,349.93-



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
4/08	USATAXPYMT IRS CCD XXXXX9813889348	2,014.97-
4/15	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX0530864037	1,538.15-
4/22	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX1255119718	1,739.33-
4/23	BERRYS CHAPEL UTILITY SALE LOGICAL, LLC CCD	2,304.75-
4/29	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX1942669037 BERRYS CHAPEL UTILITY	1,889.67-

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
4/03	11278	40.00	4/08	11309	150.56
4/01	11279	361.01	4/10	11310	152.00
4/01	11282*	1,065.83	4/10	11311	197.40
4/01	11289*	84.93	4/08	11312	852.58
4/02	11293*	296.77	4/11	11313	300.00
4/01	11294	33.60	4/10	11314	560.00
4/04	11295	5,943.66	4/15	11315	675.00
4/01	11296	1,425.91	4/11	11316	92.33
4/03	11297	90.00	4/17	11317	7,927.46
4/11	11298	1,000.00	4/14	11318	1,964.56
4/08	11299	140.00	4/10	11320*	455.27
4/04	11300	525.00	4/15	11321	1,139.57
4/15	11301	2,620.80	4/09	11322	1,141.39
4/08	11302	113.55	4/09	11323	1,446.50
4/02	11303	493.27	4/09	11324	883.62
4/08	11304	1,133.43	4/23	11325	1,632.05
4/02	11305	1,141.38	4/18	11326	2,046.04
4/02	11306	1,446.51	4/21	11327	1,025.76
4/03	11307	914.92	4/18	11328	1,247.68
4/07	11308	5,631.09	4/21	11329	145.01

\* Denotes Missing Check Numbers



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
4/18	11330	19.27	4/25	11345	196.05
4/22	11331	2,646.69	4/29	11346	367.61
4/17	11332	531.29	4/28	11347	312.57
4/23	11333	1,409.07	4/23	11348	455.26
4/16	11334	1,214.92	4/29	11349	1,796.13
4/16	11335	1,446.52	4/23	11350	1,141.38
4/17	11336	844.82	4/23	11351	1,446.51
4/24	11337	8,835.96	4/24	11352	891.65
4/17	11338	253.99	4/30	11356*	455.27
4/29	11339	339.00	4/30	11358*	1,141.39
4/24	11340	1,354.62	4/30	11359	1,446.51
4/24	11341	2,305.60	4/30	11362*	100.00
4/25	11342	20.00	4/30	11363	100.00
4/24	11343	104.79	4/30	11365*	288.84
4/28	11344	69.00			

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**					
Date	Balance	Date	Balance	Date	Balance
4/01	26,349.26	4/11	45,629.80	4/23	35,982.18
4/02	25,540.36	4/14	45,379.10	4/24	22,919.49
4/03	27,136.95	4/15	40,644.05	4/25	22,844.31
4/04	21,193.97	4/16	39,374.36	4/28	23,507.11
4/07	17,069.07	4/17	30,389.61	4/29	39,527.36
4/08	32,908.68	4/18	27,206.24	4/30	36,055.27
4/09	31,965.80	4/21	45,608.68		
4/10	30,984.92	4/22	43,659.28		

**INTEREST RATE SUMMARY**	
Date	Interest Rate
3/31	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

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**CHECKING ACCOUNTS**

**Effective 07/01/2025: Depending on the type of check that you deposit, funds may not be available until the seventh business day of your deposit. The first \$275.00 of your deposits, however, will be available on the first business day.**

Public Funds Interest Analyzed		Number of Enclosures	88
Account Number	Acct Ending 9053	Statement Dates	5/01/25 thru 6/01/25
Beginning Balance	36,055.27	Days in this Statement Period	32
51 Deposits/Credits	67,908.71		
71 Checks/Debits	70,284.73		
Service Charge	.00	Interest Earned	5.67
Interest Paid	5.48	Annual Percentage Yield Earned	0.20%
Ending Balance	33,684.73	2025 Interest Paid	31.05

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

<b>**DEPOSITS &amp; OTHER CREDITS**</b>		
Date	Description	Amount
5/01	BTOT DEP BANKCARD-8566 CCD	543.07



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
	HARPETH WASTEWATER COO	
5/01	Deposit 8958	126.94
5/02	BTOT DEP BANKCARD-8566	918.15
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
5/02	WW UTILITY HARPETH WW	2,737.94
	PPD	
	FIRSTBANK	
5/02	Deposit 8959	157.90
5/05	BTOT DEP BANKCARD-8566	109.27
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
5/05	MTOT DEP BANKCARD-8566	224.02
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
5/05	Deposit 8960	171.35
5/06	MTOT DEP BANKCARD-8566	118.61
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
5/06	Deposit 8961	978.34
5/07	BTOT DEP BANKCARD-8566	202.11
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
5/07	Deposit 8962	152.68
5/08	BTOT DEP BANKCARD-8566	571.71
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
5/08	Deposit 8963	137.12
5/09	BTOT DEP BANKCARD-8566	375.44
	CCD	
	518089660005414	
	HARPETH WASTEWATER COO	
5/09	Deposit 8964	593.37
5/09	Deposit 8965	2,527.73
5/12	BTOT DEP BANKCARD-8566	350.54
	CCD	



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 Account Acct Ending 9053  
 Enclosures 88

Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
	518089660005414	
5/12	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	2,573.95
	518089660005414	
5/12	HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	12,342.75
5/12	FIRSTBANK Deposit 8966	969.10
5/13	BTOT DEP BANKCARD-8566 CCD	48.47
	518089660005414	
5/13	HARPETH WASTEWATER COO Deposit 8967	907.52
5/14	CORP PAY BANKCARDASSOC CCD	13.90
	BERRY CHAPEL	
5/14	BTOT DEP BANKCARD-8566 CCD	1,069.39
	518089660005414	
5/14	HARPETH WASTEWATER COO Deposit 8968	2,153.00
5/15	BTOT DEP BANKCARD-8566 CCD	617.88
	518089660005414	
5/15	HARPETH WASTEWATER COO Deposit 8969	111.59
5/16	BTOT DEP BANKCARD-8566 CCD	168.09
	518089660005414	
5/16	HARPETH WASTEWATER COO Deposit 8970	102.21
5/19	BTOT DEP BANKCARD-8566 CCD	61.85
	518089660005414	
5/19	HARPETH WASTEWATER COO MTOT DEP BANKCARD-8566 CCD	463.94
	518089660005414	
5/19	HARPETH WASTEWATER COO Deposit 8971	1,602.42
5/20	BTOT DEP BANKCARD-8566 CCD	279.95



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Account Acct Ending 9053
Enclosures 88

Public Funds Interest Analyzed Acct Ending 9053 (Continued)

Table with columns: Date, Description, Amount. Header: \*\*DEPOSITS & OTHER CREDITS\*\*. Rows include various deposit and withdrawal entries for HARPETH WASTEWATER COO and FIRSTBANK, dated from 5/20 to 5/31.



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Date 5/30/25 Page 5  
 Account Acct Ending 9053  
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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
5/02	MTOT DISC BANKCARD-8566 CCD 518089660005414	13.90-
5/06	HARPETH WASTEWATER COO USATAXPYMT IRS CCD XXXXX2621039467	1,923.83-
5/13	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX3365115857	1,498.21-
5/20	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX4085189470	1,614.91-
5/27	BERRYS CHAPEL UTILITY Chargeback	43.38-
5/28	USATAXPYMT IRS CCD XXXXX4880635199 BERRYS CHAPEL UTILITY	1,591.55-

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
5/19	11171	2,620.80	5/07	11376	2,719.06
5/02	11353*	90.00	5/06	11377	5,549.69
5/07	11354	121.62	5/15	11378	5,802.46
5/01	11355	1,527.24	5/14	11379	881.01
5/06	11357*	1,069.47	5/16	11380	152.00
5/02	11360*	910.39	5/12	11381	600.00
5/02	11361	100.00	5/19	11382	375.00
5/06	11364*	1,069.43	5/12	11383	959.16
5/02	11366*	144.43	5/09	11384	455.27
5/07	11367	16.80	5/23	11385	1,072.19
5/06	11368	106.77	5/07	11386	1,141.39
5/16	11369	152.00	5/07	11387	1,446.51
5/07	11370	140.00	5/07	11388	858.19
5/06	11372*	1,000.00	5/16	11389	1,150.18
5/07	11373	525.00	5/20	11390	1,554.35
5/06	11374	67.50	5/19	11391	426.62
5/07	11375	113.62	5/16	11392	464.77

\* Denotes Missing Check Numbers



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 Account Acct Ending 9053  
 Enclosures 88

Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS IN NUMBER ORDER**						
Date	Check No	Amount	Date	Check No	Amount	
5/23	11393	1,085.80	5/28	11410	1,069.43	
5/14	11394	1,343.56	5/28	11411	187.58	
5/14	11395	1,446.51	5/28	11413*	162.38	
5/14	11396	852.63	5/29	11416*	1,527.24	
5/23	11397	534.00	5/28	11417	134.73	
5/20	11398	1,425.91	5/29	11418	1,239.40	
5/21	11400*	19.27	5/28	11419	1,239.39	
5/22	11401	2,946.04	5/28	11420	1,446.51	
5/27	11402	4,083.47	5/28	11421	1,236.07	
5/27	11403	10.00	5/28	11422	100.00	
5/27	11404	104.79	5/28	11423	100.00	
5/22	11405	455.27	5/28	11424	100.00	
5/23	11406	1,070.49	5/28	11425	256.64	
5/21	11407	1,288.42	5/28	11426	239.28	
5/21	11408	1,446.51	5/30	11428*	108.03	
5/21	11409	956.68				

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**						
Date	Balance	Date	Balance	Date	Balance	
5/01	35,198.04	5/13	39,725.87	5/23	35,882.90	
5/02	37,753.31	5/14	38,438.45	5/27	36,848.36	
5/05	38,257.95	5/15	33,365.46	5/28	32,624.00	
5/06	28,568.21	5/16	31,716.81	5/29	33,113.04	
5/07	21,840.81	5/19	30,422.60	5/30	33,679.25	
5/08	22,549.64	5/20	27,498.28	5/31	33,684.73	
5/09	25,590.91	5/21	40,867.34			
5/12	40,268.09	5/22	39,054.44			

**INTEREST RATE SUMMARY**	
Date	Interest Rate
4/30	0.200000%



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Berry's Chapel Utility Inc  
 106 Mission CT Ste 104a  
 Franklin TN 37067-6442

Date 6/30/25 Page 1  
 Account Acct Ending 9053  
 Enclosures 83

**CHECKING ACCOUNTS**

Public Funds Interest Analyzed		Number of Enclosures	83
Account Number	Acct Ending 9053	Statement Dates	6/02/25 thru 6/30/25
Beginning Balance	33,684.73	Days in this Statement Period	29
54 Deposits/Credits	70,689.05		
63 Checks/Debits	64,445.96		
Service Charge	.00	Interest Earned	5.66
Interest Paid	5.85	Annual Percentage Yield Earned	0.20%
Ending Balance	39,933.67	2025 Interest Paid	36.90

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
6/02	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	61.69
6/02	BTOT DEP BANKCARD-8566 CCD	500.58



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Date 6/30/25 Page 2  
 Account Acct Ending 9053  
 Enclosures 83

Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
6/02	518089660005414 HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	3,957.19
6/02	FIRSTBANK Deposit 8982	2,612.47
6/03	BTOT DEP BANKCARD-8566 CCD 518089660005414	1,616.19
6/03	HARPETH WASTEWATER COO Deposit 8983	3,444.79
6/04	MTOT DEP BANKCARD-8566 CCD 518089660005414	59.94
6/04	HARPETH WASTEWATER COO Deposit 8986	40.83
6/04	Deposit 8985	106.21
6/04	Deposit 8984	644.61
6/05	BTOT DEP BANKCARD-8566 CCD 518089660005414	232.63
6/05	HARPETH WASTEWATER COO Deposit 8987	979.40
6/06	MTOT DEP BANKCARD-8566 CCD 518089660005414	96.75
6/06	HARPETH WASTEWATER COO Deposit 8988	2,482.64
6/09	BTOT DEP BANKCARD-8566 CCD 518089660005414	73.32
6/09	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD	200.07
6/09	518089660005414 HARPETH WASTEWATER COO Deposit 8989	1,225.41
6/10	BTOT DEP BANKCARD-8566 CCD 518089660005414	30.00
6/10	HARPETH WASTEWATER COO Deposit 8990	348.03
6/11	BTOT DEP BANKCARD-8566 CCD	2,707.24



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 Account Acct Ending 9053  
 Enclosures 83

Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
6/11	518089660005414 HARPETH WASTEWATER COO WW UTILITY HARPETH WW PPD	12,738.07
6/11	FIRSTBANK Deposit 8991	1,708.72
6/12	BTOT DEP BANKCARD-8566 CCD 518089660005414	627.50
6/12	HARPETH WASTEWATER COO Deposit 8992	489.24
6/13	MTOT DEP BANKCARD-8566 CCD 518089660005414	352.82
6/13	HARPETH WASTEWATER COO Deposit 8993	68.22
6/16	MTOT DEP BANKCARD-8566 CCD 518089660005414	216.87
6/16	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD 518089660005414	886.27
6/16	HARPETH WASTEWATER COO Deposit 8994	808.45
6/17	MTOT DEP BANKCARD-8566 CCD 518089660005414	103.89
6/17	HARPETH WASTEWATER COO Deposit 8995	187.06
6/18	BTOT DEP BANKCARD-8566 CCD 518089660005414	215.81
6/18	HARPETH WASTEWATER COO Deposit 8997	274.76
6/18	Deposit 8996	392.76
6/20	BTOT DEP BANKCARD-8566 CCD 518089660005414	119.11
6/20	HARPETH WASTEWATER COO BTOT DEP BANKCARD-8566 CCD 518089660005414	357.72
6/20	HARPETH WASTEWATER COO Deposit 8998	73.95



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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**DEPOSITS & OTHER CREDITS**		
Date	Description	Amount
6/23	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	447.56
6/23	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	2,408.30
6/23	WW UTILITY HARPETH WW PPD	14,488.54
6/23	FIRSTBANK Deposit 9076	100.00
6/23	Deposit 8999	2,718.17
6/24	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	110.26
6/24	Deposit 9077	1,406.86
6/25	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	185.36
6/25	Deposit 9079	40.83
6/25	Deposit 9078	2,214.57
6/26	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	66.02
6/26	Deposit 9080	302.25
6/27	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	242.97
6/27	Deposit 9081	246.00
6/30	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	155.55
6/30	BTOT DEP BANKCARD-8566 CCD 518089660005414 HARPETH WASTEWATER COO	1,596.74
6/30	Deposit 9082	2,917.86
6/30	Interest Deposit	5.85



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Date 6/30/25 Page 5  
 Account Acct Ending 9053  
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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS & OTHER DEBITS**		
Date	Description	Amount
6/03	USATAXPYMT IRS CCD XXXXX5444041368	2,058.69-
6/10	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX6195481787	1,609.62-
6/17	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX6865355537	1,549.22-
6/24	BERRYS CHAPEL UTILITY USATAXPYMT IRS CCD XXXXX7594481039	1,562.48-
6/25	BERRYS CHAPEL UTILITY Chargeback	66.31-

**CHECKS IN NUMBER ORDER**					
Date	Check No	Amount	Date	Check No	Amount
6/02	11399	145.01	6/10	11445	913.89
6/06	11412*	228.00	6/16	11446	600.00
6/02	11414*	312.57	6/13	11447	53.81
6/02	11415	233.45	6/20	11448	3,733.98
6/02	11427*	33.60	6/17	11449	500.00
6/06	11429*	146.25	6/25	11450	146.25
6/09	11430	113.62	6/20	11452*	963.00
6/10	11431	140.00	6/12	11453	455.27
6/10	11432	2,620.80	6/16	11454	1,138.54
6/05	11433	1,000.00	6/11	11455	1,141.40
6/06	11434	1,391.08	6/11	11456	1,446.51
6/06	11435	5,554.92	6/11	11457	954.01
6/10	11436	4,210.47	6/17	11458	146.46
6/06	11437	607.29	6/17	11459	19.27
6/16	11438	1,141.95	6/24	11460	649.25
6/04	11439	1,178.14	6/23	11461	2,946.04
6/04	11440	1,446.51	6/25	11462	3,616.39
6/05	11441	878.06	6/23	11463	455.27
6/09	11442	1,443.74	6/23	11464	1,175.97
6/10	11443	1,265.97	6/18	11465	1,141.39
6/17	11444	600.00	6/18	11466	1,446.51

\* Denotes Missing Check Numbers



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Date 6/30/25 Page 6  
 Account Acct Ending 9053  
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Public Funds Interest Analyzed Acct Ending 9053 (Continued)

**CHECKS IN NUMBER ORDER**						
Date	Check No	Amount	Date	Check No	Amount	
6/20	11467	913.84	6/25	11478	100.00	
6/24	11468	1,425.91	6/25	11479	100.00	
6/26	11471*	1,527.23	6/25	11480	256.43	
6/26	11472	300.46	6/25	11481	348.90	
6/25	11474*	1,141.39	6/26	11484*	83.16	
6/25	11475	1,446.51	6/30	11486*	167.21	
6/25	11476	936.60	6/30	11490*	312.57	
6/25	11477	100.00	6/30	11491	104.79	

\* Denotes Missing Check Numbers

**DAILY BALANCE INFORMATION**						
Date	Balance	Date	Balance	Date	Balance	
6/02	40,092.03	6/11	38,477.91	6/23	44,834.39	
6/03	43,094.32	6/12	39,139.38	6/24	42,713.87	
6/04	41,321.26	6/13	39,506.61	6/25	36,895.85	
6/05	40,655.23	6/16	38,537.71	6/26	35,353.27	
6/06	35,307.08	6/17	36,013.71	6/27	35,842.24	
6/09	35,248.52	6/18	34,309.14	6/30	39,933.67	
6/10	24,865.80	6/20	29,249.10			

**INTEREST RATE SUMMARY**	
Date	Interest Rate
6/01	0.200000%

MFR59-5



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Berry's Chapel Utility Inc  
 \*\*\*\*\*  
 Hold Mail-Internal  
 \*\*\*\*\*

Date 9/30/24 Page 1  
 Account Acct Ending 9600  
 Enclosures

**CHECKING ACCOUNTS**

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 9600	Statement Dates	7/01/24 thru 9/30/24
Beginning Balance	21,908.04	Days in this Statement Period	92
Deposits/Credits	.00		
Checks/Debits	.00		
Service Charge	.00	Interest Earned	128.44
Interest Paid	128.44	Annual Percentage Yield Earned	2.34%
Ending Balance	22,036.48	2024 Interest Paid	383.60

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
8/01	ICS Compound/Declare Accrued	43.76
9/03	ICS Compound/Declare Accrued	43.85
9/30	Interest Deposit	40.83



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Date 9/30/24 Page 2  
Account Acct Ending 9600  
Enclosures

ICS Shadow MMDA/SAV Acct Ending 9600 (Continued)

**DAILY BALANCE INFORMATION**			
Date	Balance	Date	Balance
7/01	21,908.04	9/03	21,995.65
8/01	21,951.80	9/30	22,036.48



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Berry's Chapel Utility Inc  
 \*\*\*\*\*  
 Hold Mail-Internal  
 \*\*\*\*\*

Date 12/31/24 Page 1  
 Account Acct Ending 9600  
 Enclosures

**CHECKING ACCOUNTS**

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 9600	Statement Dates	10/01/24 thru 12/31/24
Beginning Balance	22,036.48	Days in this Statement Period	92
Deposits/Credits	.00		
Checks/Debits	.00		
Service Charge	.00	Interest Earned	105.53
Interest Paid	105.53	Annual Percentage Yield Earned	1.91%
Ending Balance	22,142.01	2024 Interest Paid	489.13

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
11/01	ICS Compound/Declare Accrued	37.46
12/02	ICS Compound/Declare Accrued	34.25
12/31	Interest Deposit	33.82



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Date 12/31/24                      Page        2  
Account                              Acct Ending 9600  
Enclosures

ICS Shadow MMDA/SAV                      Acct Ending 9600 (Continued)

**DAILY BALANCE INFORMATION**			
Date	Balance	Date	Balance
10/01	22,036.48	12/02	22,108.19
11/01	22,073.94	12/31	22,142.01



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Berry's Chapel Utility Inc  
 \*\*\*\*\*  
 Hold Mail-Internal  
 \*\*\*\*\*

Date 3/31/25 Page 1  
 Account Acct Ending 9600  
 Enclosures

**CHECKING ACCOUNTS**

ICS Shadow MMDA/SAV		Number of Enclosures	0
Account Number	Acct Ending 9600	Statement Dates	1/01/25 thru 3/31/25
Beginning Balance	22,142.01	Days in this Statement Period	90
Deposits/Credits	.00		
Checks/Debits	.00		
Service Charge	.00	Interest Earned	98.48
Interest Paid	64.51	Annual Percentage Yield Earned	1.81%
Ending Balance	22,206.52	2025 Interest Paid	64.51

	Total For This Period	Total Year-to-Date
Total Overdraft Fees for this Period	\$ .00	\$ .00
Total Returned Item Fees for this Period	\$ .00	\$ .00

**\*\*DEPOSITS & OTHER CREDITS\*\***

Date	Description	Amount
2/03	ICS Compound/Declare Accrued	33.87
3/03	ICS Compound/Declare Accrued	30.64

**\*\*DAILY BALANCE INFORMATION\*\***

Date	Balance	Date	Balance	Date	Balance
1/01	22,142.01	2/03	22,175.88	3/03	22,206.52

Date  
06/30/2025

Page  
2 of 4

### DETAILED ACCOUNT OVERVIEW

Account ID: \*\*\*\*\*696  
Account Title: Berry's Chapel Utility, Inc

#### Account Summary - Savings

Statement Period	6/1-6/30/2025	Average Daily Balance	\$22,308.58
Previous Period Ending Balance	\$22,307.48	Interest Rate at End of Statement Period	1.80%
Total Program Deposits	0.00	Annual Percentage Yield Earned	1.82%
Total Program Withdrawals	(0.00)	YTD Interest Paid	198.49
Interest Capitalized	33.02		
<b>Current Period Ending Balance</b>	<b>\$22,340.50</b>		

#### Account Transaction Detail

Date	Activity Type	Amount	Balance
06/30/2025	Interest Capitalization	\$33.02	\$22,340.50

#### Summary of Balances as of June 30, 2025

FDIC-Insured Institution	City/State	FDIC Cert No.	Balance
First-Citizens Bank & Trust Company	Raleigh, NC	11063	\$22,340.50

**Berry's Chapel Utility  
Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

60. Explain the nature and extent of each of Berry's Chapel Utility's or, where applicable, Multi-state Utility's non-regulated operations.

**RESPONSE:**

Berry's Chapel Utility does not have non-regulated operations.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

61. Provide an Income Statement and identify assets devoted to and liabilities specifically arising from non-regulated operations of Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company, for the last two (2) fiscal years. For each year, identify each class of revenue separately (appliance, propane sales, etc.). The statements should include the following information for each year:
- a. The direct expense incurred by Berry's Chapel Utility for each operation.
  - b. The general office expense allocated to each operation by Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company
  - c. All expenses charged to Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company, from the non-regulated activities.
  - d. All revenues billed by Berry's Chapel Utility regulated operations to the non-regulated operations.

**RESPONSE:**

Berry's Chapel Utility does not have non-regulated operations.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

62. Provide a complete explanation and calculation of how costs (other than salaries and wages) as requested above were allocated to non-utility operations for the test period and for the period from the end of the test period through the attrition period.

**RESPONSE:**

Berry's Chapel Utility does not have non-regulated operations.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: James Savage**

63. Provide the percentage of non-regulated labor for the test period.

**RESPONSE:**

Berry's Chapel Utility does not have non-regulated operations.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

---

**Responsible Witness: William H. Novak**

64. Provide a calculation of Berry's Chapel Utility's, its Parent's, Multi-State Utility's, or Affiliated Utility Service Company's, debt, equity capital and the debt and equity ratios for the last two (2) years. Show long and short-term debt, preferred stock and common equity separately.

**RESPONSE:**

See Company Workpapers, "Debt-1" tab for a listing of the Company's monthly debt balances by account from July 2021 to June 2025. Berry's Chapel Utility is a non-profit entity and has no equity capital. Also, refer to the testimony of Christopher C. Klein in the Company's last rate case (Docket No. 11-00198) regarding the cost of capital calculation for Berry's Chapel Utility.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

65. Provide a copy of any information filed with other Regulatory Commissions (other than the Tennessee Public Utility Commission) where such information describes the Company's debt position and equity position. Provide all data submitted in the last twelve-(12) months and also on a forward-going basis.

**RESPONSE:**

Berry's Chapel Utility has no information on file with any other regulatory commission.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

66. Provide a calculation of the average composite interest cost for the long-term debt and short-term debt for the last two (2) years.

**RESPONSE:**

See Company Workpapers, "Debt-3" tab for the composite interest cost for long-term and short-term debt.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

67. Provide a schedule identifying the following for Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company, for the last two (2) fiscal years and adjust for any stock splits:
- a. Primary earnings per share
  - b. Fully diluted earnings per share
  - c. Dividends per share
  - d. Book value per share
  - e. High market price for each year
  - f. Low market price for each year
  - g. Average market price for each year

**RESPONSE:**

Berry's Chapel Utility is a non-profit entity and has no equity capital.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

68. Provide a schedule identifying the date and amount of each common stock dividend paid during the last three (3) fiscal years. Include any announced future dividend payments and adjust for any stock splits.

**RESPONSE:**

Berry's Chapel Utility is a non-profit entity and has no equity capital.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

69. Provide the computer file showing items below for the Parent, Multi-State Utility, or Affiliated Utility Service Company, for each of the last fifteen (15) fiscal years:
- a. Earnings, annual dividends declared, annual dividends paid, book value of common equity, and price of common equity (each item should be shown per average actual common share outstanding, adjusted for stock splits and stock dividends)
  - b. Rate of return to average common equity
  - c. Common stock earnings retention ratio
  - d. For common stock not issued to the public, but issued pursuant to a) tax reduction act stock ownership plans, b) employee stock option plans, and c) dividend reinvestment plans, provide net proceeds per common share issued, and number of shares issued and previously outstanding at the beginning of the year. Provide the information separately for each of the three (3) types of plans and report each plan's information as annual aggregate or as an average and indicate whether you are providing an average or aggregate figure.
  - e. For those issues of common stock sold to the public and not falling under d. above, provide:
    - 1) Date of issue
    - 2) Number of shares issued and previously outstanding for each issue and in the aggregate
    - 3) Number of shares sold to the public
    - 4) Gross proceeds per share from the public
    - 5) Net proceeds per share from the public
    - 6) Price per share to the public

**RESPONSE:**

Berry's Chapel Utility is a non-profit entity and has no equity capital. Further, Berry's Chapel Utility has no parent or affiliates.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

70. In a computer file, provide the balance for the following for each month of the latest fiscal year:
- a. Long- and medium-term debt by issue and aggregated
  - b. Preferred stock by issue and aggregated
  - c. Common equity

**RESPONSE:**

See Company Workpapers, "Debt-1" tab for a listing of the Company's monthly debt balances by account from July 2021 to June 2025. Berry's Chapel Utility is a non-profit entity and has no preferred stock or common equity.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

71. In a computer file, provide a schedule, for each month of the latest fiscal year, showing interest rates, dividend rates, the monthly amortization of discount, premium and issuance expense and the monthly unamortized balances of discount, premium and issuance expense for long-term debt and preferred stock identified in response to the item above. Specifically, be sure to provide in your response for each month the balances by issue for unamortized discount, premium, and issuance expense for all of the Parent's, Multi-State Utility's, or Affiliated Utility Service Company's long- and medium-term debt and preferred stock, if any.

**RESPONSE:**

See Company Workpapers, "Debt-1" tab for a listing of the Company's monthly debt balances by account from July 2021 to June 2025. Berry's Chapel Utility is a non-profit entity and has no preferred stock or common equity.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: William H. Novak**

72. In a computer file, provide for each month of the latest fiscal year the balances of capital surplus. Separate the surplus between common and preferred stock. For purposes of this request, "capital surplus" means amounts paid in that are less than or are in excess of par value of the respective stock issues.

**RESPONSE:**

See Company Workpapers, "Debt-1" tab for a listing of the Company's monthly debt balances by account from July 2021 to June 2025. Berry's Chapel Utility is a non-profit entity and has no preferred stock or common equity.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

73. In a computer file, provide unamortized balances, if any, on the gain or loss on reacquired preferred or preference stock for each month in the latest fiscal year. Clearly identify the issue for each unamortized balance.

**RESPONSE:**

Berry's Chapel Utility is a non-profit entity and has no preferred stock.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

74. In a computer file, provide the monthly amortization of any gain or loss on reacquired preferred or preference stock, if any, for each month of the latest fiscal year.

**RESPONSE:**

Berry's Chapel Utility is a non-profit entity and has no preferred stock.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

75. In a computer file, provide the unamortized balances, if any, of gain or loss in reacquired long-term debt for each month in the latest fiscal year. Be sure to clearly identify the issue for each unamortized balance.

**RESPONSE:**

Berry's Chapel Utility has no reacquired long-term debt cost.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

76. In a computer file, provide the monthly amortization, if any, of the gain or loss on reacquired long-term debt for each month of the latest fiscal year.

**RESPONSE:**

Berry's Chapel Utility is a non-profit entity and has no gain or losses on reacquired long-term debt.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

77. If applicable, provide the amount of return on investment billed to Berry's Chapel Utility by any affiliate of Berry's Chapel Utility for the latest fiscal year and for the attrition period. Include in your response a calculation of the return on equity percent and the account charged for the return amount. As used in this item, "affiliate" means any entity that controls, is controlled by, or is under common control with Berry's Chapel Utility, its Parent, Multi-State Utility, or Affiliated Utility Service Company.

**RESPONSE:**

Not applicable. Berry's Chapel Utility has no parent or affiliates.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

78. For the latest two (2) fiscal years and for each month to the present for which data is available, provide a monthly listing of the shares of common stock sold by Berry's Chapel Utility directly to investors and shareholders. Separate the monthly listing between stock sold through the Stock Purchase Plan of Berry's Chapel Utility and stock sold through the Dividend Reinvestment Plan of Berry's Chapel Utility.

**RESPONSE:**

Not applicable. Berry's Chapel Utility does not have any stock that is sold to investors or shareholders.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

79. Provide copies of Berry's Chapel Utility projected annual equity ratio for the next five (5) fiscal years.

**RESPONSE:**

Not applicable. Berry's Chapel Utility is a non-profit entity and has no equity capital.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

80. Provide copies of Berry's Chapel Utility projected new stock and debt issues for the next five (5) fiscal years.

**RESPONSE:**

Berry's Chapel Utility is a non-profit entity and has no equity capital. Berry's Chapel Utility does not anticipate issuing any debt for the next five fiscal years.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

81. Provide copies of Berry's Chapel Utility's projected annual dividends per share of common stock for the next five (5) fiscal years.

**RESPONSE:**

Not applicable. Berry's Chapel Utility is a non-profit entity and has no equity capital.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

82. If material to the Tennessee Operations, provide copies of projected annual earnings per share of common stock for the next five (5) fiscal years.

**RESPONSE:**

Not applicable to Berry's Chapel Utility. Berry's Chapel Utility has no stockholders or common stock.

**Berry's Chapel Utility**  
**Responses to TPUC Minimum Filing Requirement**

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**Responsible Witness: James Savage**

83. If not provided in response to Item 4, provide the most recent 10K filed with the SEC.

**RESPONSE:**

Not applicable. Berry's Chapel Utility is not an SEC regulated entity.