1/54

Received	
Examined	CLASS D
	WATER UTILITIES
U#	DEGEVE  MAY 1 2009  UTILITY AUDIT, FINANCE AND COMPLIANCE BRANCH DIVISION OF WATER AND AUDIT
	ANNUAL REPORT
·	
	OF .
•	
	KLEIN HOMES WATER COMPANY
(NAME UNDER W	HICH CORPORATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)
Lensing Allmarker	MONOGRAPHICALITY OF MENTIONE TO BOING DOUNEDO)
. 261 800	TNOTON DD HYTAH CA 95482

(OFFICIAL MAILING ADDRESS)

TO THE
PUBLIC UTILITIES COMMISSION
STATE OF CALIFORNIA
FOR THE
YEAR ENDED DECEMBER 31, 2008

REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2009 (FILE TWO COPIES IF THREE RECEIVED)

#### INSTRUCTIONS

1. One completed copy of this report (two copies if three received) must be filed NOT LATER THAN MARCH 31, following the year covered by the report, with:

CALIFORNIA PUBLIC UTILITIES COMMISSION WATER DIVISION
ATTN: Kayode Kajoypaiye
505 VAN NESS AVENUE, ROOM 3105
SAN FRANCISCO, CALIFORNIA 94102-3298

#### kok@cpuc.ca.gov

- 2. Failure to file the report on time may subject a utility to the penalties and sanctions provided by the Public Utilities Code.
- 3. The Oath, on the last page, must be signed by an officer, partner or owner.
- 4. The report must be prepared in ink, typed or computer generated.
- 5. The report must be filled in, and every question answered. LEAVE NO SCHEDULE BLANK, Insert the words "none" or "not applicable" or "n/a" when appropriate.
- Certain balance sheet and income statement accounts flow to supplemental schedules. The totals of the details in the latter must agree with the balances of the accounts to which they refer.
- 7. Some schedules provide for a "balance at beginning of year." The amount shown should agree with the "balance at end of year" as shown in the report for the previous year. If there is a difference it should be explained by footnote.
- 8. When there is insufficient space in a schedule to permit a complete statement of the requested information, insert sheets should be prepared and identified by the number of the schedule to which it refers. Be certain that the inserts are securely attached to the report.
- This report must cover a calander year, from January 1 through December 31. Fiscal year reports will not be accepted.

3. 57 M. J. L. 1964 - 109 3.

### **CLASS D WATER UTILITIES**

(HAVING LESS THAN 500 SERVICE CONNECTIONS)

	(Name under w		WATER CO		dain- 6:			_
201	BURLINGTON				95482	5)		
201	BUKLINGION		UKIAH, cial mailing add		93402			-
	142	N JOSE,	SAN	TA CLARA				
elephone Number		(Service Fax Nu	area-town and umber: RAL INFORM	d county)	Email Addre	ess:		_
RETURN ORIGINAL				nt, if necessary	')			
If a corporation s								
(A) Date of orga (B) Names, titles	nization and addresses of		ncorporated in t ers:	the State of	<u> </u>	<u> </u>		
	provide the name		f the owner(s)	or the partners:				
Name, title, and	WARREN PRIBY THE TON PRIBY THE PROPERTY OF THE PRIBY	UKIAH CA	95482					
	listed above to reco onsible for operation			A&B WILMA				
				(707)	1.69 1.191			
management of If so, what was to payments made, METER RE State the names	cts or agreements your business affai he nature and the a and to what accou CADING @ \$125 of associated com-	irs during the y amount of each unt was each p 5/MONTH npanies or pers	ear? (Yes or No payment mad ayment charge JORGE Poors which, dire	on or person covino) de under the agred? PEREZ ectly or indirectl	eement, to wh	om were		
management of If so, what was to payments made, METER RE State the names	your business affai he nature and the a and to what accou ADING @ \$125 of associated com ontrol, or are contr	irs during the y amount of each unt was each p 5/MONTH npanies or pers	ear? (Yes or Man n payment mad ayment charge JORGE P cons which, dire a under commo	on or person covino) de under the agred? PEREZ ectly or indirectl	ering service, reement, to when y, or through o espondent:	om were	re	]
management of If so, what was to payments made, METER RE State the names intermediaries, co	your business affai he nature and the a and to what accou ADING @ \$125 of associated com- ontrol, or are contr	irs during the y amount of each unt was each p 5/MONTH npanies or pers colled by, or are	ear? (Yes or Man payment made ayment charge JORGE Prons which, direct under commonstrates and status	on or person cov No) de under the agred? EREZ, ectly or indirectly on control with re	ering service, reement, to when y, or through o espondent:	om were	re	
management of If so, what was to payments made, METER RE State the names intermediaries, of the state or local transfer or local transfer mediaries.	your business affai he nature and the a and to what accou ADING @ \$125 of associated com- ontrol, or are contr	irs during the y amount of each unt was each p 5/MONTH npanies or pers colled by, or are BLIC HEALTH ant inspection be	ear? (Yes or Man payment made ayment charge JORGE Pons which, direct under commo	on or person cov No) de under the agred? EREZ, ectly or indirectly on control with re	ering service, reement, to when y, or through o espondent:	ne or mo	re	
management of If so, what was the payments made, METER REState the names intermediaries, of the state or local Are routine laborates.	your business affai he nature and the a and to what accou CADING @ \$125 of associated com- control, or are control Put	irs during the y amount of each unt was each p 5/MONTH apanies or pers colled by, or are BLIC HEALTH ant inspection be ar being made?	ear? (Yes or Man payment made ayment charge JORGE Prons which, direct under commo	on or person covino) de under the agreed? EREZ, ectly or indirectly on control with re	ering service, reement, to when y, or through of espondent:	ne or mo	re	
management of If so, what was the payments made, METER REState the names intermediaries, of the state or local Are routine labor. Has state health	your business affai he nature and the a and to what accou CADING @ \$125 of associated com- control, or are control Put al health departmentatory tests of wate	irs during the y amount of each unt was each p 5/MONTH apanies or pers colled by, or are BLIC HEALTH ant inspection be ar being made? supply permit to	ear? (Yes or Man payment made ayment charge JORGE Pons which, direct under commonstratus)  STATUS  een made during peen obtained?	on or person covino) de under the agreed? PEREZ, ectly or indirectly on control with re	ering service, reement, to wh y, or through o espondent:	ne or mo	re	
management of If so, what was the payments made, METER RESTATE State the names intermediaries, of the state or local Are routine labor. Has state health If no permit has It of Show expiration AFTER 20	your business affai he nature and the a and to what accord CADING @ \$125 of associated com- control, or are control.  Put  If health department atory tests of water department water been obtained, state	irs during the y amount of each unt was each p 5/MONTH hpanies or pers colled by, or are BLIC HEALTH ht inspection be r being made? supply permit to the whether app t is temporary. GATIVE RES	ear? (Yes or Non payment made ayment charge JORGE Prons which, direct under common STATUS  STATUS  STATUS  SEE IN MARKET COMMON	on or person covino) de under the agreed? PEREZ, ectly or indirectly on control with reference the person co	ering service, reement, to when	ne or mo	Latest Date	

# Excess Capacity and Non-Tariffed Services

NOTE: in 0 00-07-018, 0.03-04-028, and 0.04-12-023, the CPUC set forth rules and requirements regardly water utilities provision of non-harified services using excess capacity. These decisions require whiter utilities to 1348 an advice letter requesting Commission sprayons of that service, 2) provide information regarding non-tairfied goods/services in each companies Annual Report to the Commission.

Based on the information and farga required in 0.00-07-018, 0.03-04-028, and 0.04-12-023, provide the following information by each individual non-lawfled good and service grounded in 200.

	information by each individual non-taxified good and service provided in 200	rovided in 200:				Apples	Apoles to All Non-Tariffed Goods/Services that require Approval by Advice Letter	cods/Services that re	Muire Approva	Ibv Advice Letter	
					Total Expenses			Total Income Tax			
			Total Revenue		ercurred to		Advice Letter	Lisbility incurred			
			derived from Non-		provide Non-		and/or Resolution	because of non-	Income Tex	because of non- Income Tex Gross Value of Regulated	
			Terffed	Revenue	Tartled	Expense	Number approving	Cartified	(Applied)	Assets used in the	Regulated
₽0¥		Active or	Good/Service (by	Account	Good/Service	Account	Non-Tardled	Non-Tardfed Good/Service (by	Account	Account provision of a Non-Tarified Asset Account	Asset Accoun
Number	Number   Description of Non-Tandled Good/Service	Passive	SCOOLINE)	Nember	(by Account)	Number	Good/Service	Account	Nomber	Number   Good/Service (by account)   Number	Negaber

## CLASS A, B, C AND D WATER COMPANIES SAFE DRINKING WATER BOND ACT/STATE REVOLVING FUND DATA

N/A

Please provide the following information relating to each Safe Drinking Water Bond Act (SDWBA) or Safe Drinking Water State Revioving Fund loan surcharge collection for the calendar year. Please use one page per loan,

1.	Current Fiscal Agent;			
	Name:			
	Address:		_	
	Phone Number:		_	
	Account Number.		_	•
•	Date Hired:			
2.	Total surcharge collected from customers during the 12 month reporting period:			
	\$	Meter Size	No. of Metered Customers	Monthly Surcharge Per Customer
	,	3/4 inch		
		1 inch 1 1/2 inch		
		2 inch		
		3 inch		
		4 inch		
		6 inch		
		Number of Flat		
		Rate		
		Customers		
		Total		
				,
3.	Summary of the bank account activities showing:			
	Balance at beginning of year			\$
	Deposits during the year			
	Interest earned for calendar year Withdrawais from this account			
	Balance at end of year		-	
	bearing at the or year			

#### CLASS A, B, C AND D WATER COMPANIES

#### SAFE DRINKING WATER BOND ACT/STATE REVOLVING FUND DATA (cont.)

5. Plant amounts included in Schedule A-1a, Account No. 101-Water Plant iff Service which were funded using SDWBA or SRF funds:

			Balance	Plant	Plant		
	1	1	Beginning	Additions	Retirements	Other Debits*	Balance
Line	Acct.	Title of Account	of Year	During Year	During Year	or (Credits)	End of Year
No.	No.	(a)	(b)	(c)	(d)	(e)	(f)
1	NON DEPRECIABLE PLAN	T					
2	301	Intangible plant					
3	303	Land					
4		Total non-depreciable plant					
5	DEPRECIABLE PLANT						
6	304	Structures					
7	307	Wells					
8	317	Other water source plant					
9	311	Pumping equipment					
10	320	Water treatment plant					
11	330	Reservoirs, tanks and sandpipes					
12	331	Water mains					
13	333	Services and meter installations					
14	334	Meters					
15	335	Hydrants					
16	339	Other equipment		i i			
17	340	Office fumiture and equipment					
18	341	Transportation equipment					
19		Total depreciable plant					
20		Total water plant in service				, i	

#### SCHEDULE A - BALANCE SHEET (DECEMBER 31, 20 08)

Line	Acct.	. Assets	Balance	Acct.	Equity and Liabilities	Balance
1	101	Water plant in service	53,600	201	Common Stock (Corporations only)	Î'
2	103	Water plant held for future use	1	211	Other paid-in capital (Corporations only)	
3	_104	Water plant purchased or sold	Ţ	215	Retained earnings	1
4	105	Water plant construction work in progress	-	218	Proprietary capital	27,437
5	108	Accumulated depreciation of water plant	(49,039	224	Long term debt	_
6	114	Water plant acquisition adjustments			Current Liabilities	
7	124	Other investments		252	Advances for construction	
8	131	Cash	20,872	253	Other deferred credits	-
9	141	Accounts receivable - customers		255	Accumulated deferred investment tax credits	
10	142	Receivables from associated companies		282	Accumulated deferred income taxes - Acrs	
11	151	Materials and supplies			depreciation	•
12	174	Other current assets		283	Accumulated deferred income taxes - other	
13	180	Deferred charges		271	Contributions in aid of construction	
14				272	Accumulated amortization of contributions	
15		Total Assets	27,437		Total Equity and Liabilities	

#### SCHEDULE B - WATER PLANT IN SERVICE

			Balance	Plt Additions	Plt Retirements	Other Debits	Balance
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	End of year
16	301	Intangible plant				· · · · · · · · · · · · · · · · · · ·	T -
17	303	Land			1	<del></del>	
18	304	Structures					
19	307	Wells			† <u>`</u>		<u> </u>
20	317	Other water source plant					<del>-</del>
21	311	Pumping equipment			1		† <del>-</del>
22	320	Water treatment plant		-	† · · · · · · · · · · · · · · · · · · ·		<del>-</del>
23	330	Reservoirs tanks and sandpipes				-	<del> </del>
24	331	Water mains	8,439				8,439
25	333	Services and meter installations	22,035			<del></del> -	22.035
26	334	Meters	1,011		<u> </u>	,u	1,011
27	335	Hydrants					
28	339	Other equipment	14.112	-	1 1	<u></u>	14,112
29	340	Office furniture and equipment	150			<u> </u>	150
30	341	Transportation equipment	4,917		1		4,917
31		Total water plant in service	50,664		†		50,664

<sup>\*</sup> Debit or credit entries should be explained by footnotes or supplementary schedules

#### SCHEDULE C - RESERVE FOR DEPRECIATION OF UTILITY PLANT

$\Box$		Account 106	Account 106,1	
Line	ltem	Water Plant	SDWBA Loans	1
	Balance in reserves at beginning of year	(47,035)	,	A. Method used to compute depreciation
33	Add: Credits to reserves during year			expense (Acct. 403) and rate.
34	(a) Charged to Account No. 272	( 2.004)		7 year life for vehicle
35				& computer
36	(c) Charged to Account No. 407			B. Amount of depreciation expense claimed
37	(d) Salvage recovered			or to be claimed on utility property in
38	(e) All other credits			your federal income tax return for the year
39	Total credits			covered by this report \$
40	Deduct: Debits to reserves during year			3% depreciation rate for al
41	(a) Book cost of property retired		-	other plant
42	(b) Cost of removal			C. State method used to compute tax
43	(c) All other debits			depreciation.
44	Total debits			
45	Balance in reserve at end of year	(49,039)		
46	(1) Explanation of all other credits			
47	(2) Explanation of all other debits			

#### SCHEDULE D - CAPITAL STOCK OUTSTANDING (DECEMBER 31, 20 08) N/A

Line		SCHEDULE	D - CAPI	ITAL STO	CK C	OUTSTANDING (DECEMBER 31, 20 <u>08)</u> N/A
1	Common - (Shares	, \$	par)			List persons owning more than 5% of outstanding stock
2	Preferred - (Shares	, \$	par)			and number of shares owned by each:
3	Dividends - Common	Rate - \$				· · · · · · · · · · · · · · · · · · ·
4	- Preferred	Rate - \$				

			SCHE	DULE E - LO	ING TERM DEBT		N/A	
	Class	Date of Issue	Date of Maturity	Principal Amount Authorized	Outstanding Per Balance Sheet	Rate of Interest	Interest Accrued During Year	Interest Paid During Year
5				1				_
6								
7			Ţ					
8	Totals			I				

#### SCHEDULE F - INCOME STATEMENT

9		Operating revenues	XXXXXXXXXXXX
10	460	Unmetered water revenue	
_11	462	Fire protection revenue	
12		Irrigation revenue	
13		Metered water revenue	26,886
14	480	Other water revenue	
15		Total Operating Revenue	26,886
16		Operating revenue deductions	XXXXXXXXXXX
17		Operating expenses	XXXXXXXXXXX
18	610	Purchased water	15.898
19		Purchased power	
20		Other volume related expenses	
21	630	Employee labor	
22	640	Materials	971
23		Contract work	1700
24	660	Transportation expenses	3566
25		Other plant maintenance expense	
26		Office salaries	
27		Management salaries	6000
28		Employee pensions and benefits	
29		Uncollectible accounts expense	
30		Office services and rentals	2345
31		Office supplies and expense	1004
32		Professional services	985
33		Insurance	
34	688	Regulatory commission expense	
35	689	General expenses	20
36		Total Operating Expenses	32 489
37		Depreciation expense	2.004
38		SDWBA loan amortization expense	
39		Taxes other than income taxes	393
40	409	State income tax expense	
41	410	Federal income tax expense	
42		Total Operating Revenue Deductions	2397
43		Utility Operating Income	
44	421	Non-utility income	
45	426	Miscellaneous non-utility expense	
46		Interest expense	
47		Net Income	(7.948

SCHEDULE G -SOURCES OF SUPPLY AND

WΔ.	TER	DEVE	OPED WE	:1 I S

N	1	٨

Lo	ocation	No.	Dìam. Inch	Depth to water feet	Pumping capacity (g.p.m.)	Annual quantities pumped
				,		·
				_		
OTHER			N/	A		

Streams or springs location of diversion point		ow in ity right		(Unit) Diversions	Annual Quantities Diverted
	Claim	Capacity	Max	Min	Unit
		-		<del></del>	<u> </u>
Purchased water (unit)	<u></u>				<u> </u>
Supplier:				Annual Quantity	
				<u> </u>	

#### SCHEDULE H

#### WATER DELIVERED TO METERED CUSTOMERS

(If figures are available) (specify unit)

Classification	Max mo.	Min. Mo.	
of service	Mo. of	Mo. Of	Total for year
Residential			
Commercial			
Industrial			<del></del>
Fire Protection			
Irrigation			
Other (specify)			
			·
Total			

#### SCHEDULE I - EMPLOYEES AND THEIR COMPENSATION

			Number at	Salaries Charged	Salaries Charged	Total Salaries
Line	Acct	Account	End of year	to Expense	to Plant Accounts	and Wages Paid
48	630	Employee Labor				<u> </u>
49	670	Office salaries				
50	671	Management salaries	1	6000		6000
51		Total				<b>V</b> 000

				- ADVANCES FO	R CON	STRUC	TION					
		e beginning of y	rear						_			
		ns during year	h = 1= = = = 1:						-			
	Refund		oaiance pii	us additions during y	ear		<del> </del>		-	N.	/A	
			- Contribut	ions in Aid of Constr	uction							
	<u> </u>	e end of year	- Continuo	HOIS III AIG OF COIST	uction		<del> </del>		-			
	Dalanc	c cho or year										
		EK-TOTAL M			00							
		ES (active and				OULE L -					<del>`</del>	
E10 × 214	Size	Meters	Serv	ices		r of mete					- 1	N/A
5/8 x 3/4 3/4-in	-111	11		<del></del>	1 2	Used	l, before I, after re	repair.	·· —			N/A
1-in		1 4		<del>,</del>	_		requiring					
-in				<del>'</del>	_	rs of met				a to	<del></del>	
-in		-		<del></del>		neral Ord				y te	:at	
Total		18		<del></del>	Ibei Gei	ierai Oio	CI 140, 1	00 ,	••			
7000		1 10		<u>*                                    </u>								
		SCHEDULE	M-SEE	RVICE CONNECT	IONS A	AT END	OF Y	EΔR				
			Activ		1		Inactive				Total co	nnections
Classific	ation	Metered	Flat	Total	Met	tered	Flat	<u>-</u> i	Total		Metered	Flat
Residences		18	,,,,,,,	- otal	1	1		$\dashv$	. 0(01			1 101
Industriat/Commercial	cial	10		<del>                                     </del>	<del> </del>		<del>                                     </del>	$\dashv$				<del></del>
Irrigation					<del>i</del>			<del>-  </del>				
Fire Protection (pul	blic)			· · · · · · · · · · · · · · · · · · ·	<del>†                                      </del>							
Fire Protection (pri	vate)				<del>                                     </del>			1				
Other (specify)		1		<del></del>	1			$\neg$				
				ľ								
Total		18				1						
					1							
NOTE: Total connection	s (metered plus fla	t) should agree with	total service:	s in Schedule K.			•				<del></del>	
SCHEDI		AGE FACILITIE	S NI/A	SCHEDULE	o Eoo.	TAGES	SE DIDE	(EYCI	LIDIN	G E	EBVICE B	IDE 61
JUNEDO	CE N - 31010	Combined		SONEDULE		2 1/4 to		(EXUL	.00114	<del>y s</del>	ERVICE	ires)
Description	No.	in gatte		Description	under	1	4"	Other	sizes	(en	acifo	Totals
Concrete				Cast Iron	97.901	<del>, ,,,</del>	<del></del>	0	1	٣	JUNY/	10(6)3
Earth				Welded steel	<del> </del>	<del></del>	1415		-	T		
Wood		<del></del>		Standard screw			- 120		1	T		
Steel				Cement-aspestos	1	<del> </del>	<del></del>		1	T		
Other		<del></del>		Plastic						十	<u> </u>	
				Other (specify)	† · · · ·	<del>                                     </del>				T		
		1		1	Î				$\top$	T		
		1			1	<u> </u>			$\top$	Τ		
Total				Total	1		1415	<u> </u>		T		
						•			•	•		
				DECLARATION	NC			•				
	(BEFORE S	IGNING PLEAS	SE CHECK	TO SEE THAT ALL		ULES HA	VE BEF	N CO	MPLE1	ED	)}	
	,=2, 5,,2						<u></u>					
I, the undersign	ned (officer, pa	ither or owner)	of K	LEIN HOMES_W	ATER	COMPA	NY		ίN	ame	e of utility).	
				een prepared by me				om the				
				mined the same, and								
				ed respondent and the								
								フェ			,	
January 1, 20	08 through	h December 31	. 20 08		12							-
		++++					1/2	//-				
				Signed	//		//					
					OWNER	-	-					
				Title	OUMER							
					/30/0	Ω						
				Date	<del>, , , , , , , , , , , , , , , , , , , </del>	U						

#### FACILITIES FEES DATA N/A

Please provide the following information relating to Facilities Fees collected for the calendar year, pursuant to Resolution No. W-4110.

Bank Name: Address:	· · · · · · · · · · · · · · · · · · ·		
Account Number: Date Opened:			
·	w connections during the cale		
A. Commerical			
NAME		AMOUNT	
		\$	
	•	\$ \$ \$ \$	
		\$	
B. Residential			
NAME		AMOUNT	
		<u>\$</u>	
		\$ \$ \$ \$	
	<del></del>	\$	
Summary of the bank	account activities showing:		
	Balance at beginning of	year	\$
	Deposits during the year		_
	Interest earned for cale Withdrawals from this a		_
	Balance at end of year	ood unit	_
Reason or Purpose of	Withdrawal from this bank as	ecount	_
Transcript of alphood of	Third and it office bally at	Joodini,	