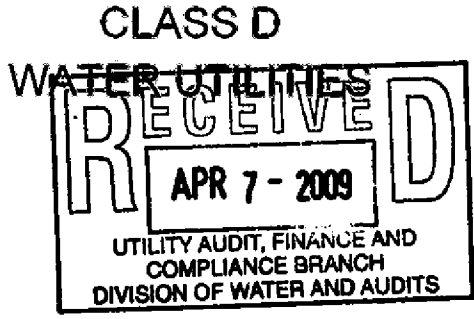


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Examined _____



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2008
ANNUAL REPORT
OF

THE PATTERSON TRUST

MIRA MONTE WATER Co.
(NAME UNDER WHICH CORPORATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)

PO Box 900

GERBER CA 96035
(OFFICIAL MAILING ADDRESS) ZIP

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.
6. 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.
9. This report must cover a calendar year, from January 1 through December 31. Fiscal year reports will not be accepted.

CLASS D WATER UTILITIES

(HAVING LESS THAN 500 SERVICE CONNECTIONS)

THE PATTERSON TRUST MIRA MONTE WATER CO

(Name under which corporation, partnership or individual is doing business)

PO BOX 900 GERBER CA 96035

(Official mailing address)

5 mi. W. of Red Bluff ~~GERBER CA 96035~~ TEHAMA COUNTY Cal.

(Service area-town and county)

Telephone Number: 530-385-1052

Fax Number: 530-385-1305

GENERAL INFORMATION

(Attach a supplementary statement, if necessary)

RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.

- 1 If a corporation show:
 - (A) Date of organization 4/28/1992 incorporated in the State of CA
 - (B) Names, titles and addresses of principal officers:
SHAN & SHIRLEY PATTERSON PO BOX 900 GERBER CA 96035
- 2 If unincorporated provide the name and address of the owner(s) or the partners:

- 3 Name, title, and telephone number of:
 - (A) One person listed above to receive correspondence:
 - (B) Person responsible for operations and services:
Shan Patterson 530 385-1052
- 4 Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year? (Yes or No)
If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged?

- 5 State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent:
LOS FLORES WATER WORKS
VISTA GRANDE WATER SYSTEM
PUBLIC HEALTH STATUS

Yes	No	Latest Date
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>unknown</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>3-2-09</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2008</u>
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

- 6 Has state or local health department inspection been made during the year?
- 7 Are routine laboratory tests of water being made?
- 8 Has state health department water supply permit been obtained? (Indicate date)
- 9 If no permit has been obtained, state whether application has been made and when.
- 10 Show expiration date if state permit is temporary.
- 11 List Name, Grade, and License Number of all Licensed Operators:

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

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

1. Current Fiscal Agent:

Name: N/A
 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	N/A	
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	\$ <u> N/A </u>
Deposits during the year	_____
Interest earned for calendar year	_____
Withdrawals from this account	_____
Balance at end of year	_____

Excess Capacity and Non-Tiered Services

NOTE: In D.00-07-018, D.03-04-008, and D. 04-12-023, the CRUC set both rules and mechanisms regarding water utilities provision of non-tiered services using excess capacity. These decisions set as water utilities to file an advice letter requesting Commission approval of that service, 2) provide information regarding non-tiered goods/services in each company's Annual Report to the Commission.

Based on the information and flags required in D.00-07-018, D.03-04-008, and D.04-12-023, provide the following information by each individual non-tiered good and service specified in 200 .

Row Number	Description of Non-Tiered Good/Service	Active or Passive	Total Revenue derived from Non-Tiered Good/Service (by account)	Total Revenue Account Number	Total Expenses incurred to provide Non-Tiered Good/Service (by Account)	Expense Account Number	Advice Letter and/or Resolution Number approving Non-Tiered Good/Service	Total Income Tax Liability Incurred because of non-Tiered Good/Service (by Account)	Income Tax Liability Account Number	Gross Value of Regulated Assets used in the provision of a Non-Tiered Good/Service (by account)	Regulated Asset Account Number
	N/A										

Applies to All Non-Tiered Goods/Services that require Approval by Advice Letter

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 in Service which were funded using SDWBA or SRF funds:

Line No.	Acct. No.	Title of Account (a)	Balance Beginning of Year (b)	Plant Additions During Year (c)	Plant Retirements During Year (d)	Other Debits* or (Credits) (e)	Balance End of Year (f)
1	NON-DEPRECIABLE PLANT		N/A				N/A
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					
17	340	Office furniture and equipment					
18	341	Transportation equipment					
19		Total depreciable plant					
20		Total water plant in service	N/A				N/A

SCHEDULE A - BALANCE SHEET (DECEMBER 31, 2020)

Line	Acct.	Assets	Balance	Acct.	Equity and Liabilities	Balance
1	101	Water plant in service	41813	201	Common Stock (Corporations only)	
2	103	Water plant held for future use		211	Other paid-in capital (Corporations only)	
3	104	Water plant purchased or sold		215	Retained earnings	
4	105	Water plant construction work in progress		218	Proprietary capital	26206
5	108	Accumulated depreciation of water plant	17654	224	Long term debt	
6	114	Water plant acquisition adjustments			Current Liabilities	
7	124	Other investments		252	Advances for construction	
8	131	Cash	1887	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	160		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	26206		Total Equity and Liabilities	26206

SCHEDULE B - WATER PLANT IN SERVICE

Line	Acct	Title of Account	Balance Beg of Year	Plt Additions During year	Plt Retirements During year	Other Debits or (Credits)	Balance End of year
16	301	Intangible plant	500				500
17	303	Land	2000				2000
18	304	Structures	0				0
19	307	Wells	0				0
20	317	Other water source plant	0				0
21	311	Pumping equipment	13523				13523
22	320	Water treatment plant	0				0
23	330	Reservoirs tanks and sandpipes	5817				5817
24	331	Water mains	11150				11150
25	333	Services and meter installations	1065				1065
26	334	Meters	3630				3630
27	335	Hydrants	150				150
28	339	Other equipment	0				0
29	340	Office furniture and equipment	882				882
30	341	Transportation equipment	3096				3096
31		Total water plant in service	41813				41813

* Debit or credit entries should be explained by footnotes or supplementary schedules

SCHEDULE C - RESERVE FOR DEPRECIATION OF UTILITY PLANT

Line	Item	Account 106 Water Plant	Account 106.1 SDWBA Loans	
32	Balance in reserves at beginning of year	16235		A. Method used to compute depreciation
33	Add: Credits to reserves during year			expense (Acct. 403) and rate. SL 2.2%
34	(a) Charged to Account No. 272			
35	(b) Charged to Account No. 403	1419		
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	1419		covered by I 1419
40	Deduct: Debits to reserves during year			
41	(a) Book cost of property retired			
42	(b) Cost of removal			C. State method used to compute SL 2.2%
43	(c) All other debits			depreciation 1419
44	Total debits			
45	Balance in reserve at end of year	17654		
46	(1) Explanation of all other credits			
47	(2) Explanation of all other debits			

SCHEDULE D - CAPITAL STOCK OUTSTANDING (DECEMBER 31, 20__)

Line					
1	Common - (Shares	\$	par)	N/A	List persons owning more than 5% of outstanding stock and number of shares owned by each:
2	Preferred - (Shares	\$	par)		
3	Dividends - Common	Rate - \$			
4	- Preferred	Rate - \$			

SCHEDULE E - LONG TERM DEBT

	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	N/A							
6								
7								
8	Totals							

SCHEDULE F - INCOME STATEMENT

9		Operating revenues	xxxxxxxxxx
10	460	Unmetered water revenue	
11	462	Fire protection revenue	
12	465	Irrigation revenue	
13	470	Metered water revenue	26755
14	480	Other water revenue	0
15		Total Operating Revenue	26755
16		Operating revenue deductions	xxxxxxxxxx
17		Operating expenses	xxxxxxxxxx
18	610	Purchased water	0
19	615	Purchased power	5548
20	618	Other volume related expenses	
21	630	Employee labor	
22	640	Materials	129
23	650	Contract work	2374
24	660	Transportation expenses	596
25	664	Other plant maintenance expense	0
26	670	Office salaries	0
27	671	Management salaries	516
28	674	Employee pensions and benefits	0
29	676	Uncollectible accounts expense	0
30	678	Office services and rentals	16
31	681	Office supplies and expense	329
32	682	Professional services	205
33	684	Insurance	355
34	688	Regulatory commission expense	330
35	689	General expenses	99
36		Total Operating Expenses	12486
37	403	Depreciation expense	1419
38	407	SDWBA loan amortization expense	0
39	408	Taxes other than income taxes	641
40	409	State income tax expense	800
41	410	Federal income tax expense	1831
42		Total Operating Revenue Deductions	4691
43		Utility Operating Income	
44	421	Non-utility income	
45	426	Miscellaneous non-utility expense	
46	427	Interest expense	
47		Net Income	9578

SCHEDULE G - SOURCES OF SUPPLY AND WATER DEVELOPED WELLS

Location	No.	Diam. Inch	Depth to water feet	Pumping capacity (g.p.m.)	Annual quantities pumped
ALTA VISTA COURT	1	10"	150	170	UNKNOWN
ALTA VISTA DRIVE	1	8"	150	UNKNOWN	UNKNOWN

OTHER

Streams or springs location of diversion point	Flow in Priority right		(Unit) Diversions		Annual Quantities Diverted Unit
	Claim	Capacity	Max	Min	
NONE					
Purchased water (unit)			Annual Quantity		
Supplier:					

SCHEDULE H

WATER DELIVERED TO METERED CUSTOMERS

(If figures are available) (specify unit)

Classification of service	Max mo. Mo. of	Min. Mo. Mo. Of	Total for year
Residential	FEB	AVG	1,548,000
Commercial			
Industrial			
Fire Protection			
Irrigation			
Other (specify)			
Total			

SCHEDULE I - EMPLOYEES AND THEIR COMPENSATION

Line	Acct	Account	Number at End of year	Salaries Charged to Expense	Salaries Charged to Plant Accounts	Total Salaries and Wages Paid
48	630	Employee Labor				
49	670	Office salaries		1989		1989
50	671	Management salaries		516		516
51		Total		2505		2505

SCHEDULE J - ADVANCES FOR CONSTRUCTION

Balance beginning of year	N/A
Additions during year	
Subtotal - Beginning balance plus additions during year	
Refunds	
Transfers to Acct. 271 - Contributions in Aid of Construction	
Balance end of year	

SCHEDULE K - TOTAL METERS AND SERVICES (active and inactive)

Size	Meters	Services
5/8 x 3/4-in	35	35
3/4-in	4	4
1-in		
-in <i>FLAT</i>		3
-in		
Total	39	42

SCHEDULE L - METER-TESTING DATA

Number of meters tested during year	
1 Used, before repair...	0
2 Used, after repair	
3 Fast, requiring refund	
Numbers of meters in service requiring test per General Order No. 103	

SCHEDULE M - SERVICE CONNECTIONS AT END OF YEAR

Classification	Active			Inactive			Total connections	
	Metered	Flat	Total	Metered	Flat	Total	Metered	Flat
Residences	38	3	41	0	2		41	2
Industrial/Commercial								
Irrigation								
Fire Protection (public)			5					
Fire Protection (private)								
Other (specify)								
Total	38	3	41	0	2		41	2

NOTE: Total connections (metered plus flat) should agree with total services in Schedule K.

SCHEDULE N - STORAGE FACILITIES

SCHEDULE O - FOOTAGES OF PIPE (EXCLUDING SERVICE PIPES)

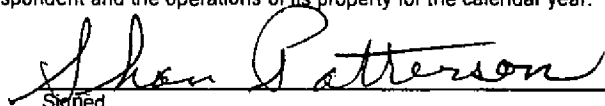
Description	No.	Combined capacity in gallons	Description	2" and	2 1/4 to	4"	Other sizes (specify)	Totals
				under	3 1/4			
Concrete			Cast Iron					
Earth			Welded steel					
Wood			Standard screw					
Steel	2	2000	Cement-asbestos					
Other			Plastic		1000	6000		7000
			Other (specify)					
Total	2	2000	Total		1000	6000		7000

DECLARATION

(BEFORE SIGNING PLEASE CHECK TO SEE THAT ALL SCHEDULES HAVE BEEN COMPLETED)

I, the undersigned (officer, partner or owner) of MIRA MONTE WATER CO (Name of utility), under penalty of perjury do declare that this report has been prepared by me, or under my direction, from the books, documents, and records of the respondent; that I have carefully examined the same, and declare the same to be a complete and correct statement of the business and affairs of the above-named respondent and the operations of its property for the calendar year.

January 1, 2008 through December 31, 2008.


 Signed
CO owner
 Title
3-17-09
 Date

FACILITIES FEES DATA

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

1. Trust Account Information:

Bank Name: _____ N/A _____
 Address: _____
 Account Number: _____
 Date Opened: _____

2. Facilities Fees collected for new connections during the calendar year:

A. Commerical

NAME	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Residential

NAME	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Summary of the bank account activities showing:

Balance at beginning of year	\$ _____
Deposits during the year	_____
Interest earned for calendar year	_____
Withdrawals from this account	_____
Balance at end of year	_____

4. Reason or Purpose of Withdrawal from this bank account:

