Tile

J4

Received	
Examined	SEWERUTILITIES
U# SWR 280	UTILITY AUDIY, FINANCE AND COMPLIANCE BRANCH DIVISION OF WATER AND AUDITS
	Division of the same

# 2011 ANNUAL REPORT OF

Rolling Green Utilities, Inc Sewer Division	on
(NAME UNDER WHICH CORPORATION, PARTNERSHIP, OR INDIVIDUAL IS DOIN	
139 Elmcrest St., Big Pine, CA 93513	
(OFFICIAL MAILING ADDRESS)	710

TO THE
PUBLIC UTILITIES COMMISSION
STATE OF CALIFORNIA
FOR THE YEAR ENDED DECEMBER 31, 2011

REPORT MUST BE FILED NOT LATER THAN APRIL 2, 2012

# **TABLE OF CONTENTS**

	Page
Instructions	2
General Information	3
Excess Capacity and Non-Tariffed Services	4
Schedule A - Balance Sheet	5
Schedule B - Sewer Plant In Service	5
Schedule C - Reserve for Depreciation of Utility Plant	5
Schedule D - Capital Stock Outstanding (As of December 31, 2011)	6
Schedule E - Long-Term Debts	6
Schedule F - Income Statement	6
Schedule G - Employees and Their Compensation	6
Schedule H - Advances for Construction	7
Schedule I - Total Meters and Services (Active and Inactive)	7
Schedule J - Meter-Testing Data	7
Schedule K - Service Connections at End of Year	7
Schedule L - Storage Facilities	7
Schedule M - Footages of Pipe (Excluding Service Pipes)	7
Declaration	8

### **INSTRUCTIONS**

 Two completed and signed hard copies of this report and one electronic copy must be filed NOT LATER THAN APRIL 2, 2012, with:

> CALIFORNIA PUBLIC UTILITIES COMMISSION DIVISION OF WATER AND AUDITS ATTN: KAYODE KAJOPAIYE 505 VAN NESS AVENUE, ROOM 3105 SAN FRANCISCO, CALIFORNIA 94102-3298 kok@cpuc.ca.gov

- Failure to file the report on time may subject a utility to the penalties and sanctions provided by the Public Utilities Code.
- The Oath on Page 8, must be signed by an authorized officer, partner, or owner.
- The report must be prepared in ink or by the use of a typewriter. Computer generated report forms may be substituted.
- 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 refer 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. If inserts are needed, prepare all inserts in one separate electronic file in Microsoft Excel format and file it with the electronic file of this report.
- This report must cover the calendar year from January 1, 2011, through December 31, 2011.Fiscal year reports will not be accepted.

# **CLASS D SEWER UTILITIES**

(HAVING LESS THAN 500 SERVICE CONNECTIONS)

(Name under which corporation, partnership or individual is doing business)  139 Elmcrast St., Big Pine, CA 93513  (Official mailing address)  Big Pine - Inyo County (Service area-town and county)  GENERAL INFORMATION  RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES  If a corporation show: (A) Date of organization (B) Names, titles and addresses of principal officers: Arnold Paterson, General Manager and Kathy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513  If unincorporated give the name and address of owner or of each partner:  Name and telephone number of: (A) One person listed above to receive correspondence: Kathy Peterson, Secretary, 760-938-3311  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?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.		Rolling Green Utilities, Inc. Sewer Division			
Cofficial mailing address		(Name under which corporation, partnership or individual is doing busin	ess)		
Service area-town and county					
(Service area-town and county)  GENERAL INFORMATION  RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES  1 If a corporation show: (A) Date of organization (B) Names, titles and addresses of principal officers: Arnold Peterson, General Manager and Kathy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513 1 funincorporated give the name and address of owner or of each partner:  Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Arnold Peterson, General Manager, 760-938-3311  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?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.		(Official mailing address)			
RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES  1 If a corporation show: (A) Date of organization (B) Names, titles and addresses of principal officers: Arnold Peterson, General Manager and Katthy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513 1 If unincorporated give the name and address of owner or of each partner:  Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Arnold Peterson, Secretary, 760-938-3311 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) 1 So, what was the nature and the amount of each partner and 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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.	_				
RETURN ORIGINAL TO COMMISSION NO PHOTOCOPIES  1 If a corporation show: (A) Date of organization (B) Names, titles and addresses of principal officers: Arnold Peterson, General Manager and Kathy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513 2 If unincorporated give the name and address of owner or of each partner:  3 Name and telephone number of: (A) One person listed above to receive correspondence: Kathy Peterson, Secretary, 760-938-3311 (B) Person responsible for operations and services: Arnold Peterson, General Manager, 760-938-3311 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 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:  PUBLIC HEALTH STATUS  Yes No Latest Date  4 Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Are routine laboratory tests of water being made?  If no permit has been obtained, state whether application has been made and when.  10 Show expiration date if state permit is temporary.		(Service area-town and county)			
TO COMMISSION NO PHOTOCOPIES  If a corporation show:  (A) Date of organization 3/29/1965 incorporated in the State of California (B) Names, titles and addresses of principal officers: Arnold Peterson, General Manager and Kathy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513  If unincorporated give the name and address of owner or of each partner:  Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Arnold Peterson, Secretary, 760-938-3311  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) 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 tharged?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.		GENERAL INFORMATION			
If a corporation show:  (A) Date of organization 3/29/1965 incorporated in the State of California  (B) Names, titles and addresses of principal officers: Arnold Peterson, General Manager and Kathy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513  If unincorporated give the name and address of owner or of each partner:  Name and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Arnold Peterson, Secretary, 760-938-3311  Arnold Peterson, General Manager, 760-938-3311  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)  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?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Are routine laboratory tests of water being made?  X Dec-11  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.	RE	TURN ORIGINAL			
If a corporation show:  (A) Date of organization  (B) Names, titles and addresses of principal officers: Arnold Peterson, General Manager and Kathy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513  If unincorporated give the name and address of owner or of each partner:  Name and telephone number of:  (A) One person listed above to receive correspondence: Kathy Peterson, Secretary, 760-938-3311  (B) Person responsible for operations and services: Arnold Peterson, General Manager, 760-938-3311  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) 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 made under the agreement, to whom were payments made, and to what account was each payment charged?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.					
(A) Date of organization 3/29/1965 incorporated in the State of California (B) Names, titles and addresses of principal officers: Arnold Peterson, General Manager and Kathy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513  If unincorporated give the name and address of owner or of each partner:  Name and telephone number of: (A) One person listed above to receive correspondence: Kathy Peterson, Secretary, 760-938-3311 (B) Person responsible for operations and services: Arnold Peterson, General Manager, 760-938-3311  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) 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?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.	110				
(B) Names, titles and addresses of principal officers: Arnold Peterson, General Manager and Kathy Peterson, Secretary Both are located at 139 Elmcrest St., Big Pine, CA 93513  If unincorporated give the name and address of owner or of each partner:  Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services:  Kathy Peterson, Secretary, 760-938-3311  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)  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?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.	1		ia		
2 If unincorporated give the name and address of owner or of each partner:  Name and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services:  Amold Peterson, General Manager, 760-938-3311  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)  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?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Amold Peterson, Secretary, 760-938-3311  Amold Peterson, General Manager, 760-938-3311  Amold Peterson, General Manager, 760-938-3311  Amold Peterson, Secretary, 760-938-3311  Amold Peterson, General Manager, 760-938-331		(B) Names, titles and addresses of principal officers: Arnold Peterson, General Ma		and	
3 Name and telephone number of: (A) One person listed above to receive correspondence: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services:  Arnold Peterson, General Manager, 760-938-3311  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)  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  4 Are routine laboratory tests of water being made?  Are routine laboratory tests of water being made?  4 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.	2				
(A) One person listed above to receive correspondence: (B) Person responsible for operations and services:  Arnold Peterson, General Manager, 760-938-3311  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) 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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  10 Show expiration date if state permit is temporary.					
(B) Person responsible for operations and services:  Arnold Peterson, General Manager, 760-938-3311  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)  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?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  X Dec-11  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.	3				
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) 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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  X Dec-11  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.					18-3311
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?  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:  PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.					
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:  PUBLIC HEALTH STATUS  Yes No Latest Date  No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.	4		ce, sup	ervisio	n and/or
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:  PUBLIC HEALTH STATUS  Yes No Latest Date  No Latest Date  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.		If so, what was the nature and the amount of each payment made under the agreement, to	whom	were	
PUBLIC HEALTH STATUS  Public HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.		payments made, and to what account was each payment charged?			
PUBLIC HEALTH STATUS  Yes No Latest Date  Has state or local health department inspection been made during the year?  Are routine laboratory tests of water being made?  Has state health department water supply permit been obtained? (Indicate date)  If no permit has been obtained, state whether application has been made and when.  Show expiration date if state permit is temporary.	5			or more	<del>)</del>
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.		miletimedianes, control, or are controlled by, or are united common control with respondent.			
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.		PUBLIC HEALTH STATUS	Yes	No	Latest Date
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:					
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:	6	Has state or local health department inspection been made during the year?		х	
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:	7	Are routine laboratory tests of water being made?	х		Dec-11
10 Show expiration date if state permit is temporary.  11 List Name, Grade, and License Number of all Licensed Operators:	8	Has state health department water supply permit been obtained? (Indicate date)			
11 List Name, Grade, and License Number of all Licensed Operators:	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:			
	•	•			

# **Excess Capacity and Non-Tariffed Services**

NOTE: In D.00-07-018, D.03-04-028, and D. 04-12-023, the CPUC set forth rules and requirements regarding water utilities provision of non-tariffed services using excess capacity. These decisions require water utilities to: 1) file an advice letter requesting Commission approval of that service, 2) provide information regarding non-tariffed goods/services in each company's Annual Report to the Commission.

Based on the information and filings required in D.00-07-018, D.03-04-028, and D.04-12-023, provide the following information by each individual non-tariffed goods and services provided in calendar year 2011:

No.	Row									
No. Description of Non-Tariffed Good/Service										which a man and a second man in an analysis and the
Passive	<u></u>	Active								1 1011-1 81
(by account)	Services	Goods/	Non-Tariffed	From	Derived	Revenue	Total			11100
Number	Account	Revenue								19/ Oct AIC
Passive (by account) Number (by Account) Number	Services Account Services	Goods/	Non-Tariffed	to Provide	Incurred	Expenses	Total			hai inii ca
Number	Account	Expense								
	Goods/	Non-Tariffed	Approving	Number	Resolution	and/or	Letter	Advice		JOYAL DY A
(by Account)	Services	Goods/	Approving   Non-Tariffed	Because of	Incurred	Liability	Tax	Income	Total	IOVAL DY AUVICE LEUE
Number	Account	Liability	Tax	Income						81
Services   (by Account)   Number   (by Account)   Number	Services	Goods/	Non-Tariffed   Regulated	Because of   Income   Provision of a	Used in the	Assets	Regulated	Value of	Gross	
Number	Account	Asset	Regulated							

		SCHEDULE A - BALANC	ΕS	HEET	(AS	OF DECEMBER 31, 2011)		
Line	Acct	Assets		Balance	Acct.	Equity and Liabilities	Baland	
1	101	Plant in service	\$	199,798	201	Common Stock (Corporations only)	\$	27,150
2	101.1	SDWA Plant			211	Other paid-in capital (Corporations only)	\$	(35,712)
3	103	Plant held for future use			215	Retained earnings	\$	28,166
4	104	Plant purchased or sold			218	Proprietary capital		
5	105	Plant construction work in progress			224	Long term debt		
6	108	Accumulated depreciation of plant	mulated depreciation of plant \$ (185,934) Current Liabilities		\$	14,931		
7	114	Plant acquisition adjustments			252	Advances for construction		
8	124	Other investments	Π		253	Other deferred credits	\$	12,893
9	131	Cash	\$	20,442	255	Accumulated deferred investment tax credits		
10	141	Accounts receivable - customers			282	Accumulated deferred income taxes - ACRS		
11	142	Receivables from associated companies	\$	10,088		Depreciation		
12	151	Materials and supplies	\$	1,050	283	Accumulated deferred income taxes - other	Π	
13	174	Other current assets	\$ 1,984 271 Contributions in aid of construction					
14	180	Deferred charges			272	Accumulated amortization of contributions		
15		Total Assets	\$	47,429		Total Equity and Liabilities	\$	47,429

		SCHEDULE B	- SE	WER PI	LANT IN SI	ERVICE			
			В	alance	Plt Additions	Plt Retirements	Other Debits	E	Balance
Line	Acct	Title of Account	Beg	g of Year	During year	Ouring year	or (Credits)	] En	d of year
1	301	Intangible plant							
2	303	Land	\$	8,608				\$	8,608
3	304	Structures	\$	2,325				\$	2,325
4	307	Sewer System	\$	152,969				\$ 1	52,969
5	317	Other source plant	\$	- [				\$	-
6	311	Pumping equipment	\$	852				\$	852
7	320	Treatment plant	\$	- [				\$	-
8	330	Reservoirs	\$					\$	-
9	331	Mains	\$	4,201				\$	4,201
10	333	Services and meter installations	\$	-				\$	-
11	334	Meters	\$	-				\$	-
12	339	Other equipment	\$	17,762		Į į		\$	17,762
13	340	Office furniture and equipment	\$	11,327	-			\$	11,327
14	341	Transportation equipment	\$	1,754				\$	1,754
15		Total Plant in service	\$	199,798				\$1	99,798

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

	SCHEDULE C - RESERVE FOR	R DE	PRECI	ATION OF UTILITY PLANT
		A	count 106	
Line	ltem	1.	Plant	
1	Balance in reserves at beginning of year	\$	181,345	A. Method used to compute depreciation
2	Add: Credits to reserves during year			expense (Acct. 403) and rate. 2.4%
3	(a) Charged to Account No. 403	\$	4,589	
4	(b) Charged to Account No. 272	1		
5	(c) Charged to clearing accounts			B. Amount of depreciation expense claimed
6	(d) Salvage recovered			or to be claimed on utility property in
7	(e) All other credits	T		your federal income tax return for the year
8	Total credits	\$	4,589	covered by this report \$
9	Deduct: Debits to reserves during year		•	
10	(a) Book cost of property retired	Ī		
11	(b) Cost of removal			C. State method used to compute tax
12	(c) All other debits			depreciation.
13	Total debits			
14	Balance in reserve at end of year	\$	185,934	
15	(1) Explanation of all other credits	Ι''		
16	(2) Explanation of all other debits	1		

Line	SCHEDULE D	SCHEDULE D - CAPITAL STOCK OUTSTANDING (AS OF DECEMBER 31, 2011)											
1	Common - (Shares 27,150 \$	1.00 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 - \$		Peterson 100% or 27,150 shares										
4	- Preferred Rate - \$												

	SCHEDULE E - LONG-TERM DEBTS													
	Date Date Principal Outstanding Interest Interest of Amount Per Balance Rate of Accrued Paid													
Line	Class	of Issue	of Maturity	Authorized	Sheet	Interest	Accrued During Year	Paid During Year						
1	ie Class Issue Maturity Authorized Sneet Interest During Year During													
2						<u> </u>								
3	3													
4	Totals													

		SCHEDULE F - INCOME STATEMEN	T	
Line	Acct	Operating revenues		
1	460	Unmetered revenue	\$	108,913
2	470	Metered revenue		
3	475	Approved Total Surcharge Revenue(s) / PUC Fees	\$	1,659
4	480	Other revenue		
5		Total Revenue Received	\$	110,571
6		Less: Revenue Deductions		·
		SDWBA/SRF surcharge revenue		
ļ		Total Operating Revenue	\$	110,571
7		Operating expenses		
9	610	Purchased water		
10		Power		
11		Other volume related expenses		
12		Employee labor	s	6,363
13		Materials	\$	3,629
14		Contract work	Š	950
15		Transportation expenses	\$	6,474
16		Other plant maintenance expense	\$	1,491
17		Office salaries	\$	2,901
18	671	Management salaries	Š	23,133
19	674	Employee pensions and benefits	\$	5,000
20		Uncollectible accounts expense		
21	678	Office services and rentals	\$	13,427
22	681	Office supplies and expense	\$	1,116
23	682	Professional services	\$	2,396
24	684	Insurance	\$	11,282
25	688	Regulatory commission expense		
26	689	General expenses	\$	4,670
27		Total Operating Expenses	\$	82,832
28	403	Depreciation expense	\$	4,589
29	408	Taxes other than income taxes	\$	4,103
30		State corporate income tax expense	\$	1,481
31	410	Federal corporate income tax expense	\$	2,290
32		Total Operating Revenue Deductions	\$	95,295
33		Utility Operating Income	\$	15,277
34	421	Non-utility income (PUC Annual Fees)	\$	(1,659)
35	426	Miscellaneous non-utility expense		•
36		Interest expense	\$	639
37		Net Income	\$	12,979

	SCHEDULE G - EMPLOYEES AND THEIR COMPENSATION												
	Number at Salaries Charged Salaries Charged Total Salaries												
Line	Acct	Account	End of Year		to Expense	to Plant Accounts	and V	Vages Paid					
1	630	Employee Labor	. 1	\$	6,363		\$	6,363					
2	670	Office salaries	1	\$	2,901		\$	2,901					
3	671	Management salaries	1	\$	23,133		\$	23,133					
4		Total		\$	32,397		\$	32,397					

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

SCHEDULE I - TOTAL METERS AND SERVICES (active and inactive)				
Size	Meters	Services		
-in				
Total		N/A		

SCHEDULE J - METER-TESTING DATA				
Numb	er of meters tested during	g year		
1	Used, before repair	- /		
2	Used, after repair			
3	Fast, requiring refund			
		-		

Classification	Active			-		Total connections		
	Metered	Flat	Total	Metered	Flat	Total	Metered	Flat
Residences		285	285		0			28
Industrial					<del> </del>		<del>                                     </del>	
Other (specify)								
Total		285	285	1	0		<del>                                     </del>	28

SCHEDUI	E L - STOR	AGE FACILITIES	SCHEDULE M	- FOOT	AGES O	F PIPE	(EXCLUDING SERV	CE PIPES)
		Combined capacity			2 1/4 to		Other sizes (specify)	T '
Description	No.	in gallons	Description	under	3 1/4	4"	6"-8"	Total
Concrete	3	66,000	Cast Iron	1				1
Earth			Welded steel					
Wood			Standard screw					
Steel			Cement-asbestos				6,695	6,695
Other			Plastic		i i		<del>                                      </del>	
			Other (specify)				<del>                                     </del>	
			Poly				6,918	6,918
Total	3	66,000	Total	<del> </del>			13,613	13,613

	DECLARATION
(PLEASE VERIFY THAT AL	SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)
I, the undersigned	Arnold Peterson
	Officer, Partner, or Owner (Please Print)
of	Rolling Green Utilities
	Name of Utility
same to be a complete and correct and the operations of its property  General Manage	
Title (Please Pri	t) Signature
	4-Apr-12
Telephone Num	er Date