Received	
Examined	. CLASS D
	WATER UTILITIES
U#	
	2014
	ANNUAL REPORT
	OF
(NAME LINDER WHICH CORPO	Water, LLC DBA: Sonoma Springs PRATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)
(Williams States)	NATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)
1651 Warm Spci	ngs Road, Glen Ellen, CA 95442 AL MAILING ADDRESS) ZIP
(OFFICI	AL MAILING ADDRESS) ZIP

TO THE
PUBLIC UTILITIES COMMISSION
STATE OF CALIFORNIA
FOR THE YEAR ENDED DECEMBER 31, 2014

REPORT MUST BE FILED NOT LATER THAN MARCH 31, 2015

Revised 6/17/2015

### TABLE OF CONTENTS

	Page
Instructions	2
General Information	3
Excess Capacity and Non-Tariffed Services	4
Safe Drinking Water Bond Act / State Revolving Fund Data	5-6
Schedule A - Balance Sheet	7
Schedule B - Water Plant In Service	8
Schedule C - Reserve for Depreciation of Utility Plant	8
Schedule D - Capital Stock Outstanding (As of December 31, 2014)	9
Schedule E - Long-Term Debts	10
Schedule F - Income Statement	11
Schedule G - Source of Supply and Water Developed Wells	12
Schedule H - Water Delivered to Metered Customers	12
Schedule I - Employees and Their Compensation	12
Schedule J - Advances for Construction	13
Schedule K - Total Meters and Services (Active and Inactive)	13
Schedule L - Meter Testing Data	13
Schedule M - Service Connections at End of Year	13
Schedule N - Storage Facilities	13
Schedule O - Footages of Pipe (Excluding Service Pipes)	13
Facility Fees Data	14
Declaration	15

#### INSTRUCTIONS

 Two completed and signed hard copies of this report and one electronic copy must be filed NOT LATER THAN MARCH 31, 2015, 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.
- 3. The Oath on Page12, must be signed by an authorized officer, partner, or owner.
- 4. The report must be prepared in ink, typed or computer generated.
- 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. 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, 2014, through December 31, 2014.
   Fiscal year reports will not be accepted.

CLASS D WATER UTILITIES
(HAVING LESS THAN 500 SERVICE CONNECTIONS)

(Name under which corporation, partnership or individual is doing bus 1651 Warm Springs Read Glen Ellen CA (Official mailing address)  Kenwood Service Area - Town and County)  ephone Number:  (Service Area - Town and County)  ephone Number:  (Attach a supplementary statement, if necessary)  RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show:  (A) Date of organization 2013 incorporated in the State of (B) Names, titles and addresses of principal officers:  If unincorporated provide the name and address of the owner(s) or the partners:  Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving an agreement of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering serving an agreement of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering serving anyment made, and to what account was each payment made under the agreement, to payments made, and to what account was each payment charged? Troy Bathke State the names of associated companies or persons which, directly or indirectly, or throug intermediaries, control, or are controlled by, or are under common control with respondent public HEALTH STATUS  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  iform ((CE) ngs R  ince, supino whom \$360/	ervision were	1651 Warm Glen Elle (707)-33
(Service Area - Town and County)  ephone Number:  (\$\frac{1}{407} - \frac{833}{33} - \frac{5511}{5511}\$ Fax Number:    Name, title, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving anyments made, and to what account was each payment charged? Troy Bathke, state the names of associated companies or persons which, directly or indirectly, or throug intermediaries, control, or are controlled by, or are under common control with respondents?  PUBLIC HEALTH STATUS  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.	ings R	ervision were	Glen Elle (707)-33 on and/or
(Service Area - Town and County)  ephone Number:  (\$\frac{1}{407} - \frac{833}{33} - \frac{5511}{5511}\$ Fax Number:    Name, title, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving anyments made, and to what account was each payment charged? Troy Bathke, state the names of associated companies or persons which, directly or indirectly, or throug intermediaries, control, or are controlled by, or are under common control with respondents?  PUBLIC HEALTH STATUS  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.	ings R	ervision were	Glen Elle (707)-33 on and/or
Address:  GENERAL INFORMATION  (Attach a supplementary statement, if necessary)  RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show:  (A) Date of organization  (B) Names, titles and addresses of principal officers:  If unincorporated provide the name and address of the owner(s) or the partners:  Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving and the amount of each payment made under the agreement, to payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or throug intermediaries, control, or are controlled by, or are under common control with respondent.  PUBLIC HEALTH STATUS  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.	information (CE)	ervision were	(707)-33 on and/or th, Acc+ (
Address:  GENERAL INFORMATION  (Attach a supplementary statement, if necessary)  RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show:  (A) Date of organization  (B) Names, titles and addresses of principal officers:  If unincorporated provide the name and address of the owner(s) or the partners:  Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving and the amount of each payment made under the agreement, to payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or throug intermediaries, control, or are controlled by, or are under common control with respondent.  PUBLIC HEALTH STATUS  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.	information (CE)	ervision were	(707)-33 on and/or th, Acc+ (
GENERAL INFORMATION  (Attach a supplementary statement, if necessary)  RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show:  (A) Date of organization  (B) Names, titles and addresses of principal officers:  If unincorporated provide the name and address of the owner(s) or the partners:  Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering servi management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering servi management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering servi management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering servi management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering servi management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering servi management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering servi management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering servi management of your business affairs during the year?  To yether	information (CE)	ervision were	(707)-33 on and/or th, Acc+ (
(Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show:  (A) Date of organization  2013  incorporated in the State of  Caller Stepanek  (B) Names, titles and addresses of principal officers:  Caller Stepanek  Frim  Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering serving so, what was the nature and the amount of each payment made under the agreement, to payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or througe intermediaries, control, or are controlled by, or are under common control with respondent.  PUBLIC HEALTH STATUS  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.	ings R	ervision were	(707)-33 on and/or th, Acc+ (
(Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show:  (A) Date of organization  2013  incorporated in the State of  Caller Stepanek  (B) Names, titles and addresses of principal officers:  Caller Stepanek  Frim  Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving management of your business affairs during the year?  Were any contracts or agreements in effect with any organization or person covering serving so, what was the nature and the amount of each payment made under the agreement, to payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or througe intermediaries, control, or are controlled by, or are under common control with respondent.  PUBLIC HEALTH STATUS  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.	ings R	ervision were	(707)-33 on and/or th, Acc+ (
(A) Date of organization	cice, suprice	ervision were	Glen Elle L707)-33 on and/or th, Acct (
(B) Names, titles and addresses of principal officers:  Cailen Stepanek  If unincorporated provide the name and address of the owner(s) or the partners:  Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving an agreement 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 payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or through intermediaries, control, or are controlled by, or are under common control with respondent.  PUBLIC HEALTH STATUS  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.	cice, suprice	ervision were	Glen Elle L707)-33 on and/or th, Acct (
Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering services management of your business affairs during the year?  If so, what was the nature and the amount of each payment made under the agreement, to payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or through intermediaries, control, or are controlled by, or are under common control with respondent:  PUBLIC HEALTH STATUS  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.	vice, suprice whom \$360 / gh one of:	ervision were monitor more	(707)-33 on and/or th , 14cc+ 6
Name, title, and telephone number of:  (A) One person listed above to receive correspondence:  (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering services management of your business affairs during the year?  If so, what was the nature and the amount of each payment made under the agreement, to payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or through intermediaries, control, or are controlled by, or are under common control with respondent:  PUBLIC HEALTH STATUS  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.	vice, suprice whom \$360 / gh one of:	ervision were monitor more	(707)-33 on and/or th , 14cc+ 6
(A) One person listed above to receive correspondence: (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving management of your business affairs during the year?  If so, what was the nature and the amount of each payment made under the agreement, to payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or through intermediaries, control, or are controlled by, or are under common control with respondent:  PUBLIC HEALTH STATUS  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.	o whom \$ 360 / gh one o	were monitor more	on and/or th, Acct (
(A) One person listed above to receive correspondence: (B) Person responsible for operations and services:  Were any contracts or agreements in effect with any organization or person covering serving management of your business affairs during the year?  If so, what was the nature and the amount of each payment made under the agreement, to payments made, and to what account was each payment charged?  State the names of associated companies or persons which, directly or indirectly, or through intermediaries, control, or are controlled by, or are under common control with respondent:  PUBLIC HEALTH STATUS  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.	o whom \$ 360 / gh one o	were monitor more	on and/or th, Acct (
State the names of associated companies or persons which, directly or indirectly, or through intermediaries, control, or are controlled by, or are under common control with respondent:  PUBLIC HEALTH STATUS  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.	gh one o	or more	th, Acct (
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.	Yes		
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.	1 169 1	NIO	Latest
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.		No ×	Date
If no permit has been obtained, state whether application has been made and when. Show expiration date if state permit is temporary.	×		
Show expiration date if state permit is temporary.		X	
	X		04/01/14
let Nama Crada and Linear M.			
List Name, Grade, and License Number of all Licensed Operators:			
Troy Bathke, TZ, 23410			
This annual report was prepared by:			
of pavier			
Address of firm or consultant: 1651 Warm Springs Roa	d, 61	len E	Ellen CA
			/
Phone Number of firm or consultant: (707) - 332 - 1077			

Page 3 of 15

### **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 2014:

Row No. Description of No	n-Tariffed Good/Service	Active or Passive	Services	Revenue Account Number	Total Expenses Incurred to Provide Non-Tariffed Goods/ Services (by Account)	Expense	Non-Tariffed Goods/	Services	Tax Liability Account	Gross Value of Regulated Assets Used in the Provision of a Non-Tariffed Goods/ Services (by Account)	
------------------------------	-------------------------	-------------------	----------	------------------------------	--	---------	------------------------	----------	-----------------------------	--	--

# FOR ALL 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 (SRF) 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 Pe Customer
		5/8 X 3/4 inch		Guotomor
		3/4 inch		
		1 inch		
		1 1/2 inch		
		2 inch		
		3 inch		
		4 inch		
		6 inch		
		Number of Flat		FIELD BOOK
		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			
	Withdrawals from this account			
	Balance at end of year		15 6 6 6	
4.	Reason or Purpose of Withdrawal from this bank account			
55				

## FOR ALL WATER COMPANIES SAFE DRINKING WATER BOND ACT/STATE REVOLVING FUND DATA (Continued)

 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.	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				(0)	(1)
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 Standpipes					
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					

Line	Acct.	Assets	Balance
1	101	Water Plant in Service (Excluding SDWBA)	\$45 954
2	101.1	Water Plant in Service - SDWBA	345,457
3	101.2	Water Plant in Service - Prop 50	
4	103	Water Plant Held for Future Use	
5	104	Water Plant Purchased or Sold	
6	105	Water Plant Construction Work in Progress	
7	100.3	Construction Work in Progress (Prop 50)	
8	108	Accumulated Depreciation of Water Plant	1575 27
9	108.1	Accumulated Amortization of SDWBA Loan	(\$35,270
10	114	Water Plant Acquisition Adjustments	
11	121	Non-water Utility Property and Other Assets	
12	121.3	Cash - Miscellaneous Special Deposits (Prop 50)	
13	122	Accumulated Depreciation of Non-water Utility Property	
14	124	Other Investments	-
15	131	Cash	-
16	131.3	Cash - Miscellaneous Special Deposits (Prop 50)	
17	132	Special Deposits	
18	141	Accounts Receivable - Customers	1 2 2
19	142	Receivables from Associated Companies	\$1,500
20	143	Accumulated Provision for Uncollectible Accounts	
21	151	Materials and Supplies	
22	174	Other Current Assets	
23	180	Deferred Charges	
24	100	Deletred Charges	
25			
26		Total Assets	
20		Total Assets	\$12,186
ine	Acct.	Equity and Liabilities	Balance
27	001		Daidilloc
21	201	Common Stock (for corporations only)	
28	201	Common Stock (for corporations only)  Preferred Stock (for corporations only)	
		Preferred Stock (for corporations only)	
28 29	204	Preferred Stock (for corporations only)  Other Paid-in Capital (for corporations only)	412 10/1
28	204 211	Preferred Stock (for corporations only)  Other Paid-in Capital (for corporations only)  Retained earnings (for corporations only)	\$12,184
28 29 30	204 211 215	Preferred Stock (for corporations only)  Other Paid-in Capital (for corporations only)  Retained earnings (for corporations only)  Proprietary Capital (for proprietorships and partnerships only)	\$12,184
28 29 30 31	204 211 215 218	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt	\$12,184
28 29 30 31 32	204 211 215 218 224	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable	\$12,184
28 29 30 31 32 33 34 35	204 211 215 218 224 231	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable	\$12,184
28 29 30 31 32 33 34 35 36	204 211 215 218 224 231 232	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits	\$12,184
28 29 30 31 32 33 34 35 36 37	204 211 215 218 224 231 232 233	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable	\$12,184
28 29 30 31 32 33 34 35 36 37	204 211 215 218 224 231 232 233 236	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued	\$12,184
28 29 30 31 32 33 34 35 36 37	204 211 215 218 224 231 232 233 236 237	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39	204 211 215 218 224 231 232 233 236 237 241	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50)	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39	204 211 215 218 224 231 232 233 236 237 241 250	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40	204 211 215 218 224 231 232 233 236 237 241 250 252	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42	204 211 215 218 224 231 232 233 236 237 241 250 252 253 255	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	204 211 215 218 224 231 232 233 236 237 241 250 252 253 255 266.0	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits Contributions - Publicly Grant-Funded Plant (Prop 50)	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	204 211 215 218 224 231 232 233 236 237 241 250 252 253 255	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits Contributions - Publicly Grant-Funded Plant (Prop 50) Accumulated Amortization of Contributions - Publicly Grant-Funded	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	204 211 215 218 224 231 232 233 236 237 241 250 252 253 255 266.0 266.1	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits Contributions - Publicly Grant-Funded Plant (Prop 50) Accumulated Amortization of Contributions - Publicly Grant-Funded Plant (Prop 50)	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	204 211 215 218 224 231 232 233 236 237 241 250 252 253 255 266.0 266.1	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits Contributions - Publicly Grant-Funded Plant (Prop 50) Accumulated Amortization of Contributions - Publicly Grant-Funded Plant (Prop 50) Contributions in Aid of Construction	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	204 211 215 218 224 231 232 233 236 237 241 250 252 253 266.0 266.1	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits Contributions - Publicly Grant-Funded Plant (Prop 50) Accumulated Amortization of Contributions - Publicly Grant-Funded Plant (Prop 50) Contributions in Aid of Construction Accumulated Amortization of Contributions	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	204 211 215 218 224 231 232 233 236 237 241 250 252 253 266.0 266.1	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits Contributions - Publicly Grant-Funded Plant (Prop 50) Accumulated Amortization of Contributions - Publicly Grant-Funded Plant (Prop 50) Contributions in Aid of Construction Accumulated Amortization of Contributions Accumulated Deferred Income Taxes - ACRS Depreciation	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	204 211 215 218 224 231 232 233 236 237 241 250 252 253 266.0 266.1	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits Contributions - Publicly Grant-Funded Plant (Prop 50) Accumulated Amortization of Contributions - Publicly Grant-Funded Plant (Prop 50) Contributions in Aid of Construction Accumulated Amortization of Contributions	\$12,184
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	204 211 215 218 224 231 232 233 236 237 241 250 252 253 266.0 266.1	Preferred Stock (for corporations only) Other Paid-in Capital (for corporations only) Retained earnings (for corporations only) Proprietary Capital (for proprietorships and partnerships only) Long-Term Debt Accounts Payable Short-Term Notes Payable Customer Deposits Taxes Accrued Interest Accrued Other Current Liabilities Reserve for Depreciation of Utility Plant (Prop 50) Advances for Construction Other Credits Accumulated Deferred Investment Tax Credits Contributions - Publicly Grant-Funded Plant (Prop 50) Accumulated Amortization of Contributions - Publicly Grant-Funded Plant (Prop 50) Contributions in Aid of Construction Accumulated Amortization of Contributions Accumulated Deferred Income Taxes - ACRS Depreciation	\$12,184

Line	Acct	Title of Account	Balance Beg of Year	Plant Additions During year	Plant Retirements  During year	Other Debits or (Credits)	Balance
1	301	Intangible Plant			During year	or (Credits)	End of year
2	303	Land					
3	304	Structures					
4	307	Wells	\$5,500				F
5	311	Pumping Equipment	\$4,666				\$5,500
6	317	Other Water Source Plant	1 1,000				\$4,666
7	320	Water Treatment Plant	\$878				5000
8		Reservoirs, Tanks and Standpipes	\$7,500				\$878
9	331	Water Mains	\$11,000				\$7,500
10	333	Services and Meter Installations	\$10,490				\$ 11,000
11		Meters	\$1,420				\$ 10,490
12	335	Hydrants	\$4,500				\$1,420
13	339	Other Equipment	4 1,500				\$ 4,500
14	340	Office Furniture and Equipment					
15	341	Transportation Equipment					
16		Total water plant in service	\$45,954				\$45,954

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

Line	Item	Account 108 Water Plant	Account 108.1 SDWBA Loans	Water Plant Funded by Prop 50 (For information only)	
1	Balance in reserves at beginning of year	\$34,235			A. Method used to compute
2	Add: Credits to reserves during year	7			
3	(a) Charged to Account No. 272				depreciation expense
4	(b) Charged to Account No. 403	\$1,035			(Acct. 403) and rate.
5	(c) Charged to Account No. 407	11000			
6	(d) Salvage recovered				B. Amount of depreciation expense
7	(e) All other credits				or to be claimed on utility property
8	Total credits				in your federal income tax return
9	Deduct: Debits to reserves during year				for the year covered by this
10	(a) Book cost of property retired				report \$
11	(b) Cost of removal				
12	(c) All other debits				C. State method used to compute
13	Total debits				tax depreciation.
14	Balance in reserve at end of year	\$75 27.			
15	(1) Explanation of all other credits	\$35,270			
16	(2) Explanation of all other debits				

Line	Description	Number o	The second second
1	Common Stocks	Shareholder Name Shares	Par Value
2	Common Stocks		
3	Common Stocks		
4	Common Stocks		
5	Common Stocks		
6	Common Stocks		
7	Common Stocks		
8	Common Stocks		
9			
	Common Stocks		
10	Common Stocks		
11	Common Stocks		
12	Common Stocks		
13	Common Stocks		
14	Common Stocks		
15	Common Stocks		
16	Total - Common Stocks		
		THE RESIDENCE OF THE PARTY OF T	
17	Preferred Stocks		
18	Preferred Stocks		
19	Preferred Stocks		+
20	Preferred Stocks		
21	Preferred Stocks		_
22	Preferred Stocks		
23	Preferred Stocks		
24	Preferred Stocks		
25	Preferred Stocks		_
26	Preferred Stocks		_
27	Preferred Stocks		
	Preferred Stocks		_
	Preferred Stocks		_
	Preferred Stocks		
	Preferred Stocks		
	Total - Preferred Stocks		
33	Total annual dividends declare	ed and/or paid to common stockholders idend to common stockholders as a percentage of total net income (%)	\$
		ad and/or poid to professed at a to the	s

Note: Please use duplicate page(s) to meet your company's needs if additional lines are needed.

SCHEDULE E - LONG-TERM DEBTS										
Line	Lender Name	CPUC Order No.	Class	Date of Issuance	Date of Maturity	Principle Amount Authorized	Interest Rate (%)	Accrued Interest for Current Year	Interest Paid for Current Year	Outstanding Balance as o 12/31/2014
2										
3										
4						_				
5				_						
6				_		_				
7				_						
8				+ +						
9				_						
10										
11	Total			-		N/A				-

Note: Please use duplicate page(s) to meet your company's needs if additional lines are needed.

Line	Acct.	Description	Balance
1		Operating Revenues:	Dalance
2	460	Unmetered Water Revenue	
3	462	Fire Protection Revenue	
4	465	Irrigation Revenue	
5	470	Metered Water Revenue	* i=
6	475	Approved Total Surcharge Revenue(s)	\$13,140
7	480	Other water revenue	\$129
8		Total Revenue Received	k12 - C
9		Less: Revenue Deductions	\$13,26
10		SDWBA/SRF Surcharge Revenue	
11		Total Operating Revenue	
12		Operating Expenses:	
13	610	Purchased Water	
14	615	Power	
15	618	Other Volume Related Expenses	\$4,200
16	630	Employee Labor	
17	640	Materials	
18	650	Contract Work	20.0
19	660	Transportation Expense	\$3,600
20	664	Other Plant Maintenance Expenses	
21	670	Office Salaries	
22	671	Management Salaries	***
23	674	Employee Pensions and Benefits	\$2,200
24	676	Uncollectible Accounts Expense	
25	678	Office Services and Rentals	
26	681	Office Supplies and Expense	
27	682	Professional Services	
28	684	Insurance	
29	688	Regulatory Commission Expense	
30	689	General Expense	
31		Total Operating Expenses	kin 000
32	403	Depreciation Expense	\$10,000
33	407	SDWBA/SRF Loan Amortization Expense	\$1,035
34	408	Taxes Other Than Income Taxes	
35	409	State Corporate Income Tax Expense	
6	410	Federal Corporate Income Tax Expense	
7		Total Operating Revenue Deductions	*11 .00
8		Utility Operating Income	\$11,035
9	421	Non-utility Income	
0	426	Miscellaneous Non-utility Expense	
1	427	Interest Expense	
2		Net Income	\$2,234

Location	No.	Diam. Inch	Depth to Water Feet	Pumping Capacity (g.p.m.)	Annual Quantities Pumped
1651 Warm Springs	1	2	7	180	1.1
OTHER					
Streams or Springs Location of Diversion Point		ow in ty Right		(Unit) versions	Annual Quantities Diverted
Streams or Springs Location of Diversion					
Streams or Springs Location of Diversion	Priori	ty Right	Di	versions	Quantities Diverted
Streams or Springs Location of Diversion	Priori	ty Right	Di	versions	Quantities Diverted

SCHEDULE H - W	VATER DELI figures are a	VERED TO ME available) (specif	TERED CUSTOMERS
	Month	of Year	
Classification of Service	Maximum	Minimum	Total for Year
Residential			, otal for four
Commercial			
Industrial			
Fire Protection			
Irrigation			
Other (specify)			
Total			

Line	Acct	Account	Number at End of Year	Salaries Charged to Expense	Salaries Charged to Plant Accounts	Total Salaries
1	630	Employee Labor		to Expense	to Flant Accounts	and wages Paid
2	670	Office salaries				
3	671	Management salaries	1			
4		Total				\$2,200

SCHEDULE J - ADVANCES FOR CONSTRUCTION		
Balance beginning of year		
Additions during year		
Subtotal - Beginning balance plus additions during year	N/N	
Refunds	10/14	
Transfers to Acct. 271 - Contributions in Aid of Construction		
Balance end of year		

SCHEDULE K - TOTAL METERS AND SERVICES (Active and Inactive)				
Meters	Services			
20				
21				

SCHEDULE L - METER-TESTING DATA						
Number	of meters tested during year					
1	Used, before repair					
2	Used, after repair					
3	Fast, requiring refund					
Numbers	of meters in service requiring					
test per C	General Order No. 103					

		Active		Inactive			Total connections	
Classification	Metered	Flat	Total	Metered	Flat	Total	Metered	Flat
Residences	7.1			111010100	1 101	Total	Mereien	rial
Industrial/Commercial				-			+	
Irrigation							_	
Fire Protection (public)				_			_	
Fire Protection (private)							_	
Other (specify)							+	_
Total								
Total	21			1			22	

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

SCHEDU	LE N - STOR	SCHEDULE O - FOOTAGES OF PIPE (EXCLUDING SERVICE PIPES)						
Description	No.	Combined capacity in gallons	Description	2" and under	2 1/4 to 3 1/4	4"	Other sizes (specify)	Totals
Concrete	1	16,000	Cast Iron			500	Other sizes (specify)	
Earth			Welded steel			300		500
Wood			Standard screw					
Steel			Cement-asbestos			_		
Other			Plastic	200				
			Other (specify)	200				200
Total	1	16,000	Total					700

se provide the following information relating to Facility Fees collected for new connections during the calendar years.	<u> </u>	/-4110. n:	ution No. W	olution nt Infor	Reso Accour	rust /	T
Bank Name:  Nddress:  Account Number:  Date Opened:				:	lame:	ank f	
Account Number: Date Opened:		_ N,	er:				В
Account Number: Date Opened:			er:	mber:	SS:	44	
Date Opened:			per:	mber:			
					Account Number:		
acilities Fees collected for new connections during the calendar ye				a:	pened	ate C	U
	nr	or new co	collected for	es colle	es Fee	aciliti	F
A. Commercial			cial	ercial	omme	С	A
NAME					AME	N	
						_	
	_			_		_	
	_					_	
3. Residential			tial	ntial	eside	R	В
NAME					AME	N	
	-					-	
	_					_	
						_	
immary of the bank account activities showing:	iti	ount acti	e bank acc	the bar	ary of	ımm	Sı
Balance at beginning of year							
Deposits during the year		ear	during the y	s durin	eposits	D	
Interest earned for calendar year	a	alendar y	arned for ca	earned	terest	In	
Balance at end of year		ar	it end of yea	e at end	alance	В	
eason or Purpose of Withdrawal from this bank account:	ro	hdrawal	pose of Wit	urpose	or Pu	easor	Re
***************************************							
	es showing:	vities showing:	ount activities showing:  g of year year alendar year s account ar	nk account activities showing: ginning of year g the year d for calendar year om this account d of year	the bank account activities showing:  at beginning of year siduring the year earned for calendar year wals from this account at end of year	esidential  AME  ary of the bank account activities showing:  alance at beginning of year eposits during the year terest earned for calendar year (/ithdrawals from this account alance at end of year	Residential  NAME  ummary of the bank account activities showing:

	DECI	LARATION
(PLEASE VERIFY	THAT ALL SCHEDULES AF	RE ACCURATE AND COMPLETE BEFORE SIGNING)
I, the undersigned	Caile	en Stepanek
	Office	r, Partner, or Owner (Please Print)
of	Common Water	Iame of Utility
	N	lame of Utility
its property for the period	ement of the business and at of January 1, 2014, through I	ffairs of the above-named respondent and the operations of December 31, 2014.  Cailen Straink
	lease Print)	Signature
(707)-3	32-1077	06/16/2014
Telepho	one Number	Date