## Revised 4/4/2019

Received	
Examined	CLASS D
	WATER UTILITIES
U#	·
	2018
	ANNUAL REPORT
	OF
•	
	BAYCLIFF WATER
(NAME UNDER WHIC	CH CORPORATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)
	· · · · · · · · · · · · · · · · · · ·
134	149 Anderson Road, Lower Lake, 95457
	(OFFICIAL MAILING ADDRESS) ZIP

# TO THE PUBLIC UTILITIES COMMISSION STATE OF CALIFORNIA FOR THE YEAR ENDED DECEMBER 31, 2018

**REPORT MUST BE FILED NO LATER THAN MARCH 31, 2019** 

### **TABLE OF CONTENTS**

	Page
Instructions	3
General Information	4
Excess Capacity and Non-Tariffed Services	5
Schedule A - Balance Sheet	6-7
Schedule A-1 - Utility Plant	8
Schedule A-1a - Account 101 - Water Plant in Service (Excluding SDWBA/SRF, Grant Funds)	8
Schedule A-1b - Account 101.1 - Water Plant in Service - SDWBA/SRF	9
Schedule A-1c - Account 101.2 - Water Plant in Service - Grant Funds	9
Schedule A-2 - Accounts 108, 108.1, 108.2, 108.3, 122 - Depreciation and Amortization Reserves	10
Schedule A-3 - Account 201 - Common Stock	11
Schedule A-4 - Account 204 - Preferred Stock	11
Schedule A-5 - Record of Stockholders at End of Year	11
Schedule A-6 - Account 206 - Subchapter S Corporation Accumulated Adjustments Account	12
Schedule A-7 - Account 211 - Other Paid in Capital (Corporations only)	12
Schedule A-8 - Account 215 - Retained Earnings (Corporations Only)	12
Schedule A-9 - Account 218 - Proprietary Capital (Sole Proprietorship or Partnership)	13
Schedule A-10 - Account 224 - Long-Term Debt	13
Schedule B - Income Statement	14
Schedule B-1 - Account 400 - Operating Revenues	15
Schedule B-2 - Account 401 - Operating Expenses	16
Schedule B-3 - Accounts 408, 409, 410 - Taxes Charged During the Year	17
Schedule B-4 - Accounts 421, 426 - Income and Expense from Non-Utility Operations	17
Schedule B-5 - Account 427 - Interest Expense	17
Schedule C - Sources of Supply and Water Developed Wells	18
Schedule D - Water Delivered to Metered Customers	18
Schedule E - Employees and Their Compensation	18
Schedule F - Advances for Construction	19
Schedule G - Total Meters and Services (Active and Inactive)	19
Schedule H - Meter Testing Data	19
Schedule I - Service Connections at End of Year	19
Schedule J - Storage Facilities	19
Schedule K - Footages of Pipe (Excluding Service Pipes)	19
Schedule L - Safe Drinking Water Bond Act/State Revolving Fund Data	20
Schedule M - Facility Fees Data	21
Declaration	22

### **INSTRUCTIONS**

1. Two completed and signed hard copies of this report and one electronic copy must be filed **NO LATER THAN MARCH 31, 2019**, with:

CALIFORNIA PUBLIC UTILITIES COMMISSION WATER DIVISION
ATTN: BRUCE DEBERRY
505 VAN NESS AVENUE, ROOM 3105
SAN FRANCISCO, CALIFORNIA 94102-3298
bmd@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 Declaration on Page 22 must be signed by an authorized officer, partner, or owner.
- 4. The report must be prepared in accordance with the CPUC Excel annual report template. The Excel file and a PDF of the file is to be submitted to the Commission.
- 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. When entering dollar amounts, enter whole dollars.
- 6. Certain balance sheet and income statement accounts refer to supplemental schedules. Complete the supplemental schedules FIRST. The balances in these schedules will then auto-fill the appropriate boxes in the balance sheet/income statement. Total and subtotal boxes are automatically summed in Excel. Auto-filled and summed boxes are Excel locked and identified by a light coloring of the box. Uncolored boxes can be manually filled. Complete the statements by filling in the uncolored boxes where appropriate.
- 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 <u>one separate electronic file</u> in Microsoft Excel format and file it with the electronic file of this report.
- 9. This report must cover the calendar year from January 1, 2018, through December 31, 2018. Fiscal year reports will not be accepted.

### **CLASS D WATER UTILITIES**

(HAVING LESS THAN 500 SERVICE CONNECTIONS)

	BA	AYCLIFF W	ATER				
(Name u				ing busine	ess)		
	13449 Anders	on Road L	owerlake 95457				
	Jabo	o Bay, Lake	County				
	(Service	Area - Towr	and County)				
ephone Number:	707 489-0107	7	Fax Number:		707 99	4-5855	
ail Address:		pnol	asco@pacific.net				
And the second state of the second se	CENE						
				nv)			
F							
	ir	ncornorated	in the State of				
5 S		4:					
(B) Names, titles and address	sses of principal office	ers: _					
If unincorporated provide the	e name and address	of the owne	r(s) or the partners:				
A							
Name, title, and telephone n	umber of:						
		ndence: F	Peter Nolasco				
(B) Person responsible for o	perations and service	es: <u>F</u>	Peter Nolasco				
More any contracts or cares	monte in offect with	any organiz	ation or norson covo	rina convio	o cupo	nicion	- 11
management of your busines		any organiza		IIIIU SEI VIL			
	ss analis during the v	vear? (Yes			o, oupc	NISION	and/or
	nd the amount of eac	h payment r	or No) No made under the agre	1.T.1			and/or
payments made, and to wha	nd the amount of eac	h payment r	or No) No made under the agre	1.T.1			and/or
payments made, and to wha	nd the amount of eac it account was each p	ch payment r payment cha	s or No) No made under the agre arged?	ement, to	whom \	were	and/or
	nd the amount of each part account was each part ed companies or pers	ch payment r payment cha sons which,	s or No) No made under the agre arged?	ement, to	whom \	were	and/or
payments made, and to what State the names of associate	nd the amount of each part account was each part ed companies or pers	ch payment r payment cha sons which,	s or No) No made under the agre arged?	ement, to	whom \	were	and/or
State the names of associate intermediaries, control, or an	nd the amount of each part account was each part ed companies or pers	ch payment r payment cha sons which,	s or No) No made under the agre arged?	ement, to	whom whom who one o	were r more	Latest
State the names of associate intermediaries, control, or an PUBLIC HEALTH STATUS	nd the amount of each part account was each ped companies or persecutive controlled by, or are	ch payment r payment cha sons which, re under con	s or No)  made under the agre arged?  directly or indirectly, amon control with res	ement, to	whom \	were	Latest Date
State the names of associate intermediaries, control, or an   PUBLIC HEALTH STATUS  Has state or local health dep	nd the amount of each part account was each ped companies or perse controlled by, or are	ch payment repayment characteristics sons which, re under con	s or No)  made under the agre arged?  directly or indirectly, amon control with res	ement, to	yes	were r more	Latest Date 7/1/17
State the names of associate intermediaries, control, or an  PUBLIC HEALTH STATUS Has state or local health department of the state or local health department of the state of	and the amount of each account was each ped companies or persecutive controlled by, or are controlled by artment inspection but of water being made?	ch payment r payment cha sons which, re under con peen made o	s or No) No made under the agre arged?  directly or indirectly, mon control with res  luring the year?	ement, to	Yes	were r more	Latest Date 7/1/17 monthly
State the names of associate intermediaries, control, or an example.  PUBLIC HEALTH STATUS  Has state or local health department of the state health department.	and the amount of each part account was each part ed companies or persecution by a controlled by, or are controlled by, or are controlled by a	sons which, re under con	s or No) No made under the agre arged?  directly or indirectly, mmon control with res  during the year?	or through	yes	were r more	Latest Date 7/1/17
State the names of associate intermediaries, control, or an example.  PUBLIC HEALTH STATUS  Has state or local health department of the permit has been obtain.	and the amount of each that account was each produced companies or personal econtrolled by, or an econtrolled by, econtrol	sons which, re under conveen made of the been obtain plication has	s or No) No made under the agre arged?  directly or indirectly, mmon control with res  during the year?	or through	Yes	were r more	Latest Date 7/1/17 monthly
State the names of associate intermediaries, control, or an example.  PUBLIC HEALTH STATUS  Has state or local health department of the state health department.	and the amount of each that account was each produced companies or personal econtrolled by, or an econtrolled by, econtrol	sons which, re under conveen made of the been obtain plication has	s or No) No made under the agre arged?  directly or indirectly, mmon control with res  during the year?	or through	Yes	were r more	Latest Date 7/1/17 monthly
State the names of associate intermediaries, control, or an example.  PUBLIC HEALTH STATUS  Has state or local health department of the permit has been obtain.	and the amount of each account was each pred companies or perse controlled by, or are controlled by, or are controlled by, or are controlled by an account inspection be of water being made? It water supply permit ed, state whether appears to the permit is temporary.	sons which, re under con peen made con peen been obtain plication has	directly or indirectly, amon control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?	or through	Yes	were r more	Latest Date 7/1/17 monthly
State the names of associate intermediaries, control, or an arrow PUBLIC HEALTH STATUS. Has state or local health department of the permit has been obtain. Show expiration date if state List Name, Grade, and Licer Peter Nolasco T2 14434 D.	and the amount of each account was each pred companies or perse controlled by, or an each product water being made at water supply permit ed, state whether appearant is temporary.	sons which, re under con	directly or indirectly, amon control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?	or through	Yes	were r more	Latest Date 7/1/17 monthly
PUBLIC HEALTH STATUS Has state or local health department If no permit has been obtain Show expiration date if state List Name, Grade, and Licer Peter Nolasco T2 14434 D Erik Bader D2 38232	and the amount of each account was each pred companies or perse controlled by, or an each product water being made at water supply permit ed, state whether appearant is temporary.	sons which, re under con	directly or indirectly, amon control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?	or through	Yes	were r more	Latest Date 7/1/17 monthly
State the names of associate intermediaries, control, or an arrow PUBLIC HEALTH STATUS. Has state or local health department of the permit has been obtain. Show expiration date if state List Name, Grade, and Licer Peter Nolasco T2 14434 D.	and the amount of each account was each pred companies or perse controlled by, or an each product water being made at water supply permit ed, state whether appearant is temporary.	sons which, re under con	directly or indirectly, amon control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?	or through	Yes	were r more	Latest Date 7/1/17 monthly
PUBLIC HEALTH STATUS Has state or local health department If no permit has been obtain Show expiration date if state List Name, Grade, and Licer Peter Nolasco T2 14434 D Erik Bader D2 38232	and the amount of each that account was each properties or person to controlled by, or an each properties of the controlled by the control	sons which, re under con	directly or indirectly, amon control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?  It is a control with resultaring the year?	or through	Yes	were r more	Latest Date 7/1/17 monthly
State the names of associate intermediaries, control, or an arrow public HEALTH STATUS. Has state or local health department of the permit has been obtain. Show expiration date if states List Name, Grade, and Licer Peter Nolasco T2 14434 D Erik Bader D2 38232 Todd DiAngelo D2 46540	and the amount of each account was each pred companies or persection but the controlled by, or an each prediction but the controlled by th	sons which, re under con	s or No) No made under the agre arged?  directly or indirectly, mon control with res  during the year?  med? (Indicate date) s been made and wh  ators:	or through	Yes	were r more	Latest Date 7/1/17 monthly
State the names of associate intermediaries, control, or an another mediaries, control, or an another mediar	and the amount of each account was each pred companies or perse controlled by, or an each produced the controlled by, or an each produced by the controlled	ch payment repayment charpayment charpayment charpayment charpayment charpayment repayment repayment conseen made of the conseen made of the conseen c	s or No) No made under the agre arged?  directly or indirectly, mon control with res  during the year?  med? (Indicate date) s been made and wh  ators:	or through	Yes	were r more	Latest Date 7/1/17 monthly
State the names of associate intermediaries, control, or an another mediaries, control, or an another mediar	and the amount of each account was each pred companies or perse controlled by, or an each produced the controlled by, or an each produced by the controlled	ch payment repayment charpayment charpayment charpayment charpayment charpayment repayment repayment conseen made of the conseen made of the conseen c	s or No) No made under the agre arged?  directly or indirectly, mon control with res  during the year?  med? (Indicate date) s been made and wh  ators:	or through	Yes	were r more	Latest Date 7/1/17 monthly
	ephone Number:  ail Address:  If a corporation show: (A) Date of organization  (B) Names, titles and address  If unincorporated provide the Name, title, and telephone in (A) One person listed above (B) Person responsible for owners any contracts or agrees	### 13449 Anders    Coffice	### 13449 Anderson Road, Letter (Official mailing)  ### Jabo Bay, Lake (Service Area - Town of the Number:  ### 1707 489-0107  ### GENERAL INFO (Attach a supplementary state (Attach a supplementary state (A) Date of organization	13449 Anderson Road, Lower Lake, 95457 (Official mailing address)   Jabo Bay, Lake County (Service Area - Town and County)   Pax Number:	13449 Anderson Road, Lower Lake, 95457 (Official mailing address)  Jabo Bay, Lake County (Service Area - Town and County)  ephone Number: 707 489-0107 Fax Number:  pnolasco@pacific.net  GENERAL INFORMATION (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show: (A) Date of organization 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: Peter Nolasco	(Official mailing address)  Jabo Bay, Lake County (Service Area - Town and County)  ephone Number: 707 489-0107 Fax Number: 707 99- ail Address: pnolasco@pacific.net  GENERAL INFORMATION (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show: (A) Date of organization 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: Peter Nolasco (B) Person responsible for operations and services: Peter Nolasco	13449 Anderson Road, Lower Lake, 95457 (Official mailing address)  Jabo Bay, Lake County (Service Area - Town and County)  ephone Number: 707 489-0107 Fax Number: 707 994-5855  ail Address: pnolasco@pacific.net  GENERAL INFORMATION (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.  If a corporation show: (A) Date of organization 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: Peter Nolasco Peter Nolasco Peter Nolasco

# **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 companies 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 good and service provided in 2017:

10	9	∞	7	6	5	4	ယ	2	_	No.	Row										
										Description of Non-Tariffed Goods/Services											, Johnson ,
										Passive	악	Active									O FILL INC.
										8	Services	Goods/	Non-tariffed	from	Derived	Revenue	Total				which we will require the second of the seco
										Number	Account	Revenue									4010014100
										(by account)	Services	Goods/	Non-tariffed	Provide	Incurred to	Expenses	Total				o ciac icdan
										Number	Account	Expense									- Andrew
										Services	Goods/	Non-tariffed	Approving	Number	Resolution	and/or	Letter	Advice			
										(by account)	Services	Goods/	tariffed	of Non-	Because	Incurred	Liability	Tax	Income	Total	orro.
										Number	Account	Liability	Tax	Income							
										<u>-</u>	Services	Goods/	tariffed	of a Non-	Provision	Used in the	Assets	Regulated	Value of	Gross	
											Account	Asset	Regulated								

# SCHEDULE A BALANCE SHEET Assets and Other Debits

				Balance
		Till (1)	Schedule	End of
Line	Acct.	Title of Account	Number	Year
No.	No.	(a)	(b)	(c)
2	101	Water Plant in Service (Excluding SDWBA/SRF, Grant Funds)	A-1, A-1a	68,54
3	101.1	Water Plant in Service (Excluding SDWBA/SRF, Grant Funds)  Water Plant in Service - SDWBA/SRF	A-1, A-1a A-1, A-1b	00,34
4	101.1	Water Plant in Service - Shwbwskr	A-1, A-10	
5	101.3	Water Plant in Service - Other	A-1, A-10	
6	103	Water Plant Held for Future Use	A-1	-
7	104	Water Plant Purchased or Sold	A-1	<del> </del>
8	105	Construction Work in Progress - Water Plant	A-1	
9	105.1	Construction Work in Progress - SDWBA/SRF	A-1	
10	105.2	Construction Work in Progress - Grant Funds	A-1	
11	105.3	Construction Work in Progress - Other	A-1	
12	114	Water Plant Acquisition Adjustments	A-1	
13		Total Utility Plant		\$ 68,54
14	108	Accumulated Depreciation of Water Plant	A-2	(20,25
15	108.1	Accumulated Amortization of SDWBA/SRF loan	A-2	, , , , , , , , , , , , , , , , , , ,
16	108.2	Accumulated Depreciation of Water Plant - Grant Funds	A-2	
17	108.3	Accumulated Depreciation of Water Plant - Other	A-2	
18		Total Accumulated Depreciation/Amortization		\$ (20,25)
19		Net Utility Plant		\$ 48,28
20	essensione en la compa			
21		INVESTMENTS		
22	121	Non-utility Property and Other Assets		
23	122	Accumulated Depreciation of Non-Water Utility Property	A-2	
24		Net non-utility property		\$
25	123	Investments in Affiliated Companies		
26	124	Other Investments		
27		Total Investments		\$
28				
29		CURRENT AND ACCRUED ASSETS		
30	131	Cash		1,59
31	132	Cash - Special Deposits		
32	141	Accounts Receivable - Customers		
33	142	Receivables from Affiliated Companies		
34	143	Accumulated Provision for Uncollectible Accounts		
35	151	Materials and Supplies		
36	174	Other Current Assets		
37		Total current and accrued assets		\$ 1,59
38		B ( 10)		
39	180	Deferred Charges		
40	181	Accumulated Deferred Income Tax Assets		
41		Total Access and Other Patita		0 40.07
42		Total Assets and Other Debits		\$ 49,87

# SCHEDULE A BALANCE SHEET Liabilities and Other Credits

				Ва	alance
			Schedule	E	nd of
Line	Acct.	Title of Account	Number	,	Year
No.	No.	(a)	(b)		(c)
1		CORPORATE CAPITAL AND RETAINED EARNINGS			
2	201	Common Stock	A-3		
3	204	Preferred Stock	A-4		
4	206	Subchapter S Corporation Accumulated Adjustments Account	A-6		
5	211	Other Paid-in Capital	A-7		
6	215	Retained Earnings	A-8		1,59
7		Total corporate capital and retained earnings		\$	1,593
8					
9		PROPRIETARY CAPITAL			
10	218	Proprietary Capital	A-9		48,286
11					
12		LONG TERM DEBT			
13	224	Long-term Debt	A-10		
14					
15		CURRENT AND ACCRUED LIABILITIES			
16	230	Payables to Affiliated Companies			
17	231	Accounts Payable			
18	232	Short-term Notes Payable			
19	233	Customer Deposits			
20	236	Taxes Accrued			100
21	237	Interest Accrued			
22	241	Other Current Liabilities			- 100000
23		Total current and accrued liabilities		\$	
24					
25		DEFERRED CREDITS			
26	252	Advances for Construction			Land
27	253	Other Credits			11/0/20
28	255	Accumulated Deferred Investment Tax - Credits			
29	282	Accumulated Deferred Income Taxes - Accel. Tax Depreciation			
30	283	Accumulated Deferred Income Tax Liabilities			
31		Total deferred credits		\$	
32					
33		CONTRIBUTIONS IN AID OF CONSTRUCTION			
34	265	Contributions in Aid of Construction			
35	272	Accumulated Amortization of Contributions (negative number)			
36		Net Contributions in Aid of Construction		\$	
37		Total Liabilities and Other Credits		\$	49,87

			IEDULE A-1 LITY PLANT					
Line	Acct	Title of Account	Balance Beg of Year	Plant Additions During year	Plant (Retirements)  During year	Other Debits* or (Credits)	Bala	
No.	No.	(a)	(b)	(c)	(d)	(e)	End of	
1	101	Water Plant in Service (Sch A-1a)	50,136	-	-	(1,650)		8,486
2	101.1	Water Plant In Service - SDWBA/SRF (Sch A-1b)	-	-	-	-	\$	-
3	101.2	Water Plant In Service - Grant Funds (Sch A-1c)	-	-	-	-	\$	-
4	101.3	Water Plant In Service - Other					\$	
5	103	Water Plant Held for Future Use (Sch A-1d)					\$	-
6	104	Water Plant Purchased or Sold					\$	-
7	105	Construction Work in Progress - Water Plant					\$	-
8	105.1	Construction Work in Progress - SDWBA/SRF					\$	-
9	105.2	Construction Work in Progress - Grant Funds					\$	-
10	105.3	Construction Work in Progress - Other					\$	-
11	114	Water Plant Acquisition Adjustments					\$	-
12		Total utility plant	\$ 50,136	\$ -	\$ -	\$ (1,650)	\$ 4	8,486

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

SCHEDULE A-1a
Account 101 - Water Plant in Service (Excluding SDWBA/SRF, Grant Funds)

			Balance	Plant Additions	Plant (Retirements)	Other Debits*	Balance	
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	Er	nd of year
No.	No.	(a)	(b)	(c)	(d)	(e)		(f)
1		NON-DEPRECIABLE PLANT						
2	301	Intangible Plant					\$	-
3	303	Land	10,000				\$	10,000
4	-147-147	Total non-depreciable plant	\$ 10,000	\$ -	\$ -	\$ -	\$	10,000
5								
6		DEPRECIABLE PLANT						
7	304	Structures	10,000		0		\$	10,000
8	307	Wells	15,000				\$	15,000
9	311	Pumping Equipment	3,000				\$	3,000
10	317	Other Water Source Plant					\$	-
11	320	Water Treatment Plant	2,000				\$	2,000
12	330	Reservoirs, Tanks and Standpipes	5,000				\$	5,000
13	331	Water Mains	15,000				\$	15,000
14	333	Services and Meter Installations					\$	-
15	334	Meters	7,000				\$	7,000
16	335	Hydrants	1,500				\$	1,500
17	339	Other Equipment	42				\$	42
18	340	Office Furniture and Equipment					\$	-
19	341	Transportation Equipment					\$	-
20		Total depreciable plant	\$ 58,542	\$ -	\$ -	\$ -	\$	58,542
21		Total water plant in service	\$ 68,542	\$ -	\$ -	\$ -	\$	68,542

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

Footnotes:			

			SCHEDUL	E A-1b				
		Account 101.1	- Water Plant	in Service - S	DWBA/SRF			
	Table 200		Balance	Plant Additions	Plant (Retirements)	Other Debits*	Baland	18
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	End of y	ear
No.	No.	(a)	(b)	(c)	(d)	(e)	(f)	
1		NON-DEPRECIABLE PLANT						
2	301	Intangible Plant					\$	-
3	303	Land					\$	
4		Total non-depreciable plant	\$ -	\$ -	\$ -	\$ -	\$	-
5								
6		DEPRECIABLE PLANT				September 2000 (2000 (2000) 100 (		
7	304	Structures					\$	
8	307	Wells					\$	-
9	311	Pumping Equipment					\$	-
10	317	Other Water Source Plant					\$	-
11	320	Water Treatment Plant					\$	-
12	330	Reservoirs, Tanks and Sandpipes					\$	-
13	331	Water Mains					\$	-
14	333	Services and Meter Installations					\$	_
15	334	Meters					\$	-
16	335	Hydrants					\$	-
17	339	Other Equipment					\$	-
18	340	Office Furniture and Equipment					\$	+
19	341	Transportation Equipment					\$	-
20		Total depreciable plant	\$ -	\$ -	\$ -	\$ -	\$	_
21		Total water plant in service	\$ -	\$ -	\$ -	\$ -	\$	-

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

	SCHEDULE A-1c Account 101.2 - Water Plant in Service - Grant Funds											
Line No.	Acct	Title of Account (a)	Balance Beg 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										
2	301	Intangible Plant					\$					
3	303	Land					\$					
4		Total non-depreciable plant	\$ -	\$ -	\$ -	\$ -	\$					
5												
6		DEPRECIABLE PLANT										
7	304	Structures					\$					
8	307	Wells					\$					
9	311	Pumping Equipment					\$					
10	317	Other Water Source Plant					\$					
11	320	Water Treatment Plant					\$					
12	330	Reservoirs, Tanks and Sandpipes					\$					
13	331	Water Mains					\$					
14	333	Services and Meter Installations					\$					
15	334	Meters					\$					
16	335	Hydrants					\$					
17	339	Other Equipment					\$					
18	340	Office Furniture and Equipment		1			\$					
19	341	Transportation Equipment					\$					
20		Total depreciable plant	\$ -	\$ -	\$ -	\$ -	\$					
21		Total water plant in service	\$ -	\$ -	\$ -	\$ -	\$					

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

### SCHEDULE A-2 Accounts 108, 108.1, 108.2, 108.3, 122 - Depreciation and Amortization Reserves

		Account 108	Account 108.1	Account 108.2	Account 108.3	Account 122
		Account 100	Account 100.1	Accumulated	Accumulated	Accumulated
		Accumulated	Accumulated	Depreciation of	Depreciation of	Depreciation of
		Depreciation of			Water Plant -	Non-Water
Line	Item	Water Plant	SDWBA/SRF	Grant Funds	Other	Utility Property
No.	(a)	(b)	(c)	(d)	(e)	(f)
1	Balance in reserves at beginning of year	18,408	(0)	(u)	(6)	(1)
2	Add: Credits to reserves during year	10,400				
3	(a) Charged to Account 272					
4	(b) Charged to Account 403	1.650				
5	(c) Charged to Account 403	1,030				
6	(d) Charged to Account 426					
7	(e) Charged to Account 426					
8	(f) Salvage recovered					
9	(g) All other credits					
10	(g) All other credits  Total Credits	1 050	\$ -	6	•	
11	Less: Debits to reserves during year	\$ 1,650	<b>3</b> -	\$ -	\$ -	\$ -
12	(a) Book cost of property retired					
13	(b) Cost of removal					
14 15	(c) All other debits					
	Total debits	\$ -	\$ -	\$ -	\$ -	\$ -
16	Balance in reserve at end of year	\$ 20,058	\$ -	\$ -	\$ -	\$ -
17 18	(4) COMPOSITE DEDDECIATION DATE LICED E	OD OTDAIOUT LINE	DEMAINING LIE			
19	(1) COMPOSITE DEPRECIATION RATE USED FO	OR STRAIGHT LINE	REMAINING LIF	-E %		
	(2) EVELANATION OF ALL OTHER OPERITOR					
20	(2) EXPLANATION OF ALL OTHER CREDITS:					
21						
22						
24 25						
26	(2) EVELANATION OF ALL OTHER REDITO					
27	(3) EXPLANATION OF ALL OTHER DEBITS:					
	- Entrem					
28						
29						
30 31					*******	
	(A) METHOD LICED TO COMPLITE INCOME TAY	DEDDEOLATION				
32	(4) METHOD USED TO COMPUTE INCOME TAX	DEPRECIATION				
	(a) Straight line					
34	(b) Liberalized					
35	(1) Sum of the years digits					1000
36	(2) Double declining balance					
37	(3) Other					
38	(c) Both straight line and liberalized					

### **SCHEDULE A-3** Account 201 - Common Stock Number of Par Value of Stock Dividends Declared Shares Authorized Authorized **During Year** Number by by Articles of Articles of of Shares Balance Class of Stock Outstanding<sup>1</sup> Line Incorporation Incorporation End of Year Rate Amount No. (a) (b) (d) (c) (e) (f) (g) \$ 1 \$ 2 \$ \$ 3 \$ \$ 4 \$ \$ 5 \$ \$ 6 Total \$ \$

After deduction for amount of reacquired stock held by or for the respondent.

		SCHE Account 204	DULE A-4 - Preferred				
		Number of Shares Authorized by	Par Value of Stock Authorized by	Number		Dividends Declar During Year	
Line	Class of Stock	Articles of	Articles of	of Shares	Balance	Data	
No.	(a)	Incorporation (b)	Incorporation (c)	Outstanding <sup>1</sup> (d)	End of Year (e)	Rate (f)	Amount (g)
1	(4)	(6)	(0)	(u)	(6)	(1)	(9)
2							
3				Willia		WAYE HIS THE	
4							
5							
6				Total	\$ -		\$

	SCHEDULE A-5 Record of Stockholders at End of Year					
Line	COMMON STOCK Name	Number Shares	PREFERRED STOCK Name	Number Shares		
No.	(a)	(b)	(c)	(d)		
1						
2						
3						
4						
5						
6			SINING AS			
7						
8		300000000000000000000000000000000000000				
9	Total number of shares	-	Total number of shares			

Ac	SCHEDULE A-6 Account 206 - Subchapter S Corporation Accumulated Adjustments Account				
Line No.	Description of Items (a)	Amount (b)			
1	Balance beginning of year				
2	Add: Credits				
3	Net Income				
4	Accounting Adjustments				
5	Total Credits	\$ -			
6	Less: Debits				
7	Net Loss				
8	Accounting Adjustments				
9	Dividends				
10	Total Debits	\$ -			
11	Balance end of year	\$ -			

	SCHEDULE A-7 Account 211 - Other Paid in Capital (Corporations only)					
Line No.	Description of Items (a)	Balance End of Year (b)				
1	V.					
3						
4						
5	Total	\$				

SCHEDULE A-8 Account 215 - Retained Earnings (Corporations Only)					
Line	Item	Amount			
No	(a)	(b)			
2	Balance beginning of year Add: Credits				
3	Net income				
4	Prior period adjustments				
5	Other credits (detail)				
6	Total Credits	\$ -			
7					
8	Less: Debits				
9	Net losses				
10	Prior period adjustments				
11	Dividend appropriations - preferred stock				
12	Dividend appropriations - common stock				
13	Other debits (detail)				
14	Total Debits	-			
15	Balance end of year	\$ -			

	SCHEDULE A-9		
	Account 218 - Proprietary Capital		
	(Sole Proprietor or Partnership)		
Line	Item	Α	mount
No.	(a)		(b)
1	Balance beginning of year		53,486
2	Add: Credits		
3	Net income		602
4	Additional investments during year		
5	Other credits (detail):		
6			
7			
8	Total Credits	\$	602
9	Less: Debits		
10	Net losses		
11	218.1 Proprietary Drawings		
12	Other debits (detail):		
13			
14			
15	Total Debits	\$	
16	Balance end of year	\$	54,088

	SCHEDULE A-10 Account 224 - Long-Term Debt						
Line No.	Nature of Obligation (a)	Date of Issue (b)	Date of Maturity (c)	Balance End of Year (d)	Rate of Interest (e)	Interest Accrued During Year (f)	Interest Paid During Year (g)
1							
2							
3							
4							
5	- 0.8   12.02   12.02						
6					7		
7							
8			Total	\$ -	- a-	\$ -	\$ -

# SCHEDULE B INCOME STATEMENT

			Schedule	1
Line	Acct.	Account	Number	Amount
No.	No.	(a)	(b)	(c)
1	INO.	UTILITY OPERATING INCOME	(5)	(6)
	100		D 4	27.400
2	400	Operating Revenues	B-1	37,499
3				
4		OPERATING REVENUE DEDUCTIONS		
5	401	Operating Expenses	B-2	34,427
6	403	Depreciation Expense	A-2	1,650
7	407	SDWBA Loan Amortization Expense	A-2	-
8	408	Taxes Other Than Income Taxes	B-3	2,820
9	409	State Corporate Income Tax Expense	B-3	-
10	410	Federal Corporate Income Tax Expense	B-3	-
11		Total operating revenue deductions		\$ 38,897
12		Total utility operating income		\$ (1,398)
13				
14		OTHER INCOME AND DEDUCTIONS		
15	421	Non-Utility Income	B-4	-
16	426	Miscellaneous Non-Utility Expense	B-4	-
17	427	Interest Expense (excluding SDWBA)	B-5	-
18	427	Interest Expense (SDWBA)	B-5	-
19		Total other income and deductions		\$ -
20		Net income		\$ (1,398)

# SCHEDULE B-1 Account 400 - Operating Revenues

	_			W
Line No.	Acct.	Account (a)	0.500	mount rent Year (b)
1		WATER SERVICE REVENUES		
2	460	Unmetered water revenue		
3		460.1 Residential, Single-family, Multiple Dwelling Units		37,499
4		460.2 Commercial and Miscellaneous		
5		460.3 Large Water Users		
6		460.4 Safe Drinking Water Bond Surcharge		
7		460.5 Other Unmetered Revenue		
8		Subtotal	\$	37,499
9				
10	462	Fire protection and hydrant revenue		
11		462.1 Public Fire Protection		
12		462.2 Private Fire Protection		
13		Subtotal	\$	
14				
15	465	Irrigation revenue		
16				
17	470	Metered water revenue		
18		470.1 Residential, Single-family, Multiple Dwelling Units		
19		470.2 Commercial and Multi-residential Master Metered		
20		470.3 Large Water Users		
21	4	470.4 Safe Drinking Water Bond Surcharge		
22		470.5 Other Metered Revenues		
23		Subtotal	\$	-
24		Total water service revenues	\$	37,499
25				
26	480	Other water revenue		
27		Total Operating Revenues	\$	37,499

### SCHEDULE B-2 Account 401 - Operating Expenses

-				
Line	Acct.	Account		Amount Current Year
No.	No.	(a)		(b)
1	110.	PLANT OPERATION AND MAINTENANCE EXPENSES		(~)
2		VOLUME RELATED EXPENSES		
3	610	Purchased Water		
4	615	Power	\$	2,033
5	618	Other Volume Related Expenses		,
6		Total volume related expenses	\$	2,033
7		·		·
8		NON-VOLUME RELATED EXPENSES		
9	630	Employee Labor		
10	640	Materials		
11	650	Contract Work	\$	4,399
12	660	Transportation Expense	\$	2,000
13	664	Other Plant Maintenance Expenses	\$	3,130
14		Total non-volume related expenses	\$	9,529
15		Total plant operation and maintenance exp.	\$	11,562
16				
17		ADMINISTRATIVE AND GENERAL EXPENSES		
18	670	Office Salaries	\$	5,000
19	671	Management Salaries	\$	15,500
20	674	Employee Pensions and Benefits		
21	676	Uncollectible Accounts Expense		
22	678	Office Services and Rentals		
23	681	Office Supplies and Expenses	\$	317
24	682	Professional Services		
25	684	Insurance	\$	1,983
26	688	Regulatory Compliance Expense		
27	689	General Expenses	\$	65
28		Total administrative and general expenses	\$	22,865
29	800	Expenses Capitalized - Credit (Optional)		
30	900	Clearing Accounts (Optional)	<u> </u>	
31		Net administrative and general expense	\$	22,865
32		Total Operating Expenses	\$	34,427

### SCHEDULE B-3 Accounts 408, 409, 410 - Taxes Charged During the Year

		Distribution of	Taxes Charged		
				Total Taxes	
				Charged	
Line	Type of Tax	Water	Nonutility	During Year	
No.	(a)	(b)	(c)	(d)	
1	408 Taxes other than income taxes:				
2	408.1 Property taxes			\$ 1,8	335
3	408.2 Payroll taxes			\$	-
4	408.3 Other taxes and licenses			\$ 9	985
5	Total taxes other than income taxes	\$ -	\$ -	\$ 2,8	320
6					
7	409 State corporate income tax			\$	-
8	410 Federal corporate income tax			\$	-
9	Total income taxes	\$ -	\$ -	\$	-
10					
11	Total	\$ -	\$ -	\$ 2,8	320

	SCHEDULE B- Accounts 421, 426 - Income and Expense		perations
		Non-Utility Income	Miscellaneous Non-Utility Expense
Line	Description	Acct. 421	Acct. 426
No.	(a)	(b)	(c)
1			
2			
3			

Total

Total

4 5

	SCHEDULE B-5 Account 427 - Interest Expense					
Line No.	Description (a)	Amount (b)				
1	Interest on SDWBA loan	( )				
2	Interest on other (give details below):					
3						
4						
5						
6						
7						
8						
a						

SCHEDULI	E C -SOUR	CES OF SUPP	LY AND WATE	R DEVELOPED WE	LLS
Location	No.	Diam. Inch	Depth to Water Feet	Pumping Capacity (g.p.m.)	Annual Quantities Pumped
13449 Anderson Road	1	6	20	18	2.14 mg
OTHER					
Streams or Springs Location of Diversion Point				Unit) ersions	Annual Quantities Diverted
	Claim	Capacity	Max	Min	Unit
Purchased water (unit)		İ		Annual Quantity	
Supplier:				Annual Quantity	

SCHEDULE D - WATER D	ELIVERED T	O METERED O	USTOMERS
(If figures	are availabl	e) (specify uni	t)
	Month	of Year	Total for Year
Classification of Service	Maximum	Minimum	
Residential	Jul 285,300	Jan 131,580g	2.14 mg
Commercial			
Industrial			
Fire Protection			
Irrigation			
Other (specify)			
		Total	-

		SCHEDULE E - E	MPLOYEES AN	THEIR COMPEN	SATION	10	25-110/2-1-1-1-1
Line	Acct	Account	Number at End of Year	Salaries Charged to Expense	Salaries Charged to Plant Accounts	70,000,000,000,000	l Salaries Vages Paid
1	630	Employee Labor				\$	-
2	670	Office salaries		5,000		\$	5,000
3	671	Management salaries		15,500		\$	15,500
4		Total	-	\$ 20,500	\$ -	\$	20,500

SCHEDULE F - ADVANCES FOR CONSTRUCTION				
Balance beginning of year				
Additions during year				
Subtotal - Beginning balance plus additions during year	\$	-		
Refunds				
Transfers to Acct. 265 - Contributions in Aid of Construction				
Balance end of year	\$	-		

	G - TOTAL METI ES (Active and Ina	
Size		Services
5/8 x 3/4-in		
3/4-in		
1-in		
-in		
-in		
-in		
Total	-	

SCHEDULE H - 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 General Order No. 103	

	1			INECTIONS				
		Active			Inactive		Total conn	ections
Classification	Metered	Flat	Total	Metered	Flat	Total	Metered	Flat
Residences		54	54			-	-	54
Industrial/Commercial			-			-	-	-
Irrigation			-			-	-	-
Fire Protection (public)			3			-	- 1	-
Fire Protection (private)			-			-	-	
Other (specify)			-			-	-	
			-			-		-
Total	-	54	57	-	-	-	- 1	54

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

SCHEDULE J - STO	DRAGE FACI	LITIES	SCHEDULE K -	FOOTAGE	S OF PIPE (	EXCLUDING	SERVICE PI	PES)
Description	No.	Combined capacity in gallons	Description	2" and under	2 1/4 to 3 1/4	4"	Other sizes (specify)	Totals
Concrete			Cast Iron				` ' '	-
Earth			Welded steel					-
Wood			Standard screw	2,000				2,000
Steel		23,000	Cement-asbestos					-
Other			Plastic	600		1,900		2,500
			Other (specify)					-
	_			+				
Total	-	23,000	Total	2,600	-	1,900	-	4,500

### **SCHEDULE L**

# 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 Per Customer
		5/8 X 3/4 inch 3/4 inch 1 inch		
		1 1/2 inch 2 inch 3 inch		
		4 inch 6 inch		
		Number of Flat Rate Customers		
		Total	-	
3.	Summary of the bank account activities showing:			
	Balance at beginning of year Add: Surcharge collections Interest earned Other deposits Less: Loan payments		\$	
	Bank charges Other withdrawals Balance at end of year		\$	
4.	Reason for other deposits/withdrawals			
			<b></b>	
_	Total Accumulated Reserve: \$		VART WAT 45 TO 15	

### SCHEDULE M FACILITY FEES DATA

Please provide the following information relating to Facility Fees collected for the calendar year 2018, pursuant to Resolution No. W-4110.

1.	Trus	st Account Information:		
		k Name:		
		ress:		
		ount Number:		
	Date	e Opened:		
2.	Fac	ilities Fees collected for new connections during the calendar year:		
	A.	Commercial		
		NAME	_	AMOUNT
			\$	
			\$_	
			\$ \$	
			\$_	
	B.	Residential		
		NAME	_	AMOUNT
			\$	
			\$	
			\$_ \$	
			\$_ *_	
3.	Sun	nmary of the bank account activities showing:		
		•	<u>-</u>	AMOUNT
		Balance at beginning of year	\$_	
		Deposits during the year	\$_	_
		Interest earned for calendar year	\$_ \$	
		Withdrawals from this account Balance at end of year	\$_ \$_	
		balance at end of year	<b>a</b> _	7.5
4.	Rea	son or Purpose of Withdrawal from this bank account:		

DECLARATION  (PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)	
	Officer, Partner, or Owner (Please Print)
	Officer, Faither, of Owner (Flease Fills)
of	BAYCLIFF WATER
	Name of Utility
	ect statement of the business and affairs of the above-named respondent for the period of January 1, 2018, through December 31, 2018.
Owner	/s/ Peter Noiasco
Title (Please P	rint) Signature
707 489-01 0	7 April 4, 2019
Telephone Num	nber Date