Received		ELASS D R UTILITIES						
U# RECEIVED APR 01 2022 PUBLIC UTILITIES COMMISSION WATER DIVISION	2021 NNUAL REPORT OF							
De	el Oro Water Co., Inc.							
	tirling Bluffs District							
	ATION, PARTNERSHIP, OR INDIVIDUAL IS Drawer 5172	DOING BUSINESS)						
	Chico, CA	95927						
(OFFICIAI	L MAILING ADDRESS)	ZIP						
TO THE PUBLIC UTILITIES COMMISSION STATE OF CALIFORNIA								
FOR THE YEAF	R ENDED DECEMB	ER 31, 2021						
REPORT MUST	BE FILED NO LATER THAN APR	IL 30, 2022						

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# INSTRUCTIONS

1. Two completed and signed hard copies of this report and one electronic copy must be filed **NO LATER THAN APRIL 30, 2022**, with:

CALIFORNIA PUBLIC UTILITIES COMMISSION WATER DIVISION ATTN: BRUCE DEBERRY 505 VAN NESS AVENUE, ROOM 3200 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, 2021 through December 31, 2021. 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 business)         Drawer 5172, Chico, CA 95927         (Official mailing address)         Stirling City, Butte County         (Service Area - Town and County)         Telephone Number:       530-717-2639         Email Address:					Stirling Bluffs District					
(Official mailing address)         Stirling City, Bute County         (Service Area - Town and County)         Telephone Number:       530-717-2639         Email Address:       jeh@corporatecenter.us         GENERAL INFORMATION         (Attach a supplementary statement, it necessary)         RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.         1.       If a corporation show:       (A) Date of organization       1963       incorporated in the State of       California         (B) Names, titles and addresses of principal officers:       Robert S. Fortino, Chief Eracutive Officer - Director       Paul Matulich, Asst Secretary - Director         Janice Hanna - Secretary       Director       Paul Matulich, Asst Secretary - Director         Janice Hanna - Secretary       Director       Paul Matulich, Asst Secretary - Director         Variance Hanna - Secretary       Director       Paul Matulich, Asst Secretary, 530-809-3960         (B) Person responsible for operations and services:       Paul Matulich, Asst Secretary, 530-809-3961         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?       You         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 ea		(Name	e under which corporat	ion, partne	rship or individual is doi	ng business)				
(Official mailing address)         Stirling City, Bute County         (Service Area - Town and County)         Telephone Number:       530-717-2639         Email Address:       jeh@corporatecenter.us         GENERAL INFORMATION         (Attach a supplementary statement, it necessary)         RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.         1.       If a corporation show:       (A) Date of organization       1963       incorporated in the State of       California         (B) Names, titles and addresses of principal officers:       Robert S. Fortino, Chief Eracutive Officer - Director       Paul Matulich, Asst Secretary - Director         Janice Hanna - Secretary       Director       Paul Matulich, Asst Secretary - Director         Janice Hanna - Secretary       Director       Paul Matulich, Asst Secretary - Director         Variance Hanna - Secretary       Director       Paul Matulich, Asst Secretary, 530-809-3960         (B) Person responsible for operations and services:       Paul Matulich, Asst Secretary, 530-809-3961         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?       You         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 ea			Drawe	r 5172 Ch	CA 95927					
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Telephone Number:       530-717-2500       Fax Number:       530-717-2639         Email Address:       jeh@corporatecenter.us       GENERAL INFORMATION         (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.       1         1. If a corporation show: (A) Date of organization       1963       incorporated in the State of       California         (B) Names, titles and addresses of principal officers:       Robert S. Fortino, Chief Executive Officer - Director       Bryan Fortino, Chief Financial Officer - Director         Janice Hanna - Secretary       Director       Janice Hanna - Secretary       Director         Janice Hanna - Secretary       Director       Paul Matulich, Asst Secretary, 530-809-3960       (B)         (B) Person responsible for operations and services:       Janice Hanna, Secretary, 530-809-3960       (B)         (B) Person responsible for operations and services:       Janice Hanna, Secretary, 530-809-3960       (B)         (B) Person responsible for operations and services:       Janice Hanna, Secretary, 530-809-3960       (B)         (B) Person responsible for operations and services:       Janice Hanna, Secretary, 530-809-3960       (B)         (B) Person responsible for operations and services:       Pual Matulich, Asst. Secretary, 530-809-3960       (B)         (B) Person responsible for operations and services:       Pual Matulich, Asst. Secretary, 530-809-3										
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IS Construction         GENERAL INFORMATION (Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES.         1.       If a corporation show: (A) Date of organization1963incorporated in the State ofCalifornia (B) Names, titles and addresses of principal officers: Robert S. Fortino, Chief Executive Officer - Director Bryan Fortino, Chief Financial Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary Drawer 5172, Chico, CA 95927         2       If unincorporated provide the name and address of the owner(s) or the partners: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Paul Matulich, Asst. Secretary, 530-809-3960 (B) Person responsible for operations and services: Paul Matulich, Asst. Secretary, 530-809-3961         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) <u>NO</u> 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: X <u>Ves No Date</u> X 4/12/2019         6.       Has state or local health department inspection been made during the year?       X <u>Jec-21</u> X 4/12/2019         7.       Are routine laboratory tests of water being made? <u>Jis Robbae</u> <u>Jis Robbae</u>	Tele	ephone Number:	530-717-250	00	Fax Number:	530-71	7-2639			
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Janice Hanna - Secretary         Drawer 5172, Chico, CA 95927         2       If unincorporated provide the name and address of the owner(s) or the partners:         3       Name, title, and telephone number of: (A) One person listed above to receive correspondence:         Janice Hanna, Secretary, 530-809-3960 (B) Person responsible for operations and services:       Danice Hanna, Secretary, 530-809-3960 (B) Person responsible for operations and services:         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?       NO         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: <b>PUBLIC HEALTH STATUS</b> Yes       No       Latest Date         6.       Has state or local health department inspection been made during the year?       X       4/12/2019         7.       Are routine laboratory tests of water being made?       X       1/12/2019         8.       Has state health department water supply permit been obtained? (Indicate date)       X       5/8/1997         9.       If no permit has been obtained, state whether application h								or		
Drawer 5172, Chico, CA 95927         2       If unincorporated provide the name and address of the owner(s) or the partners:         3       Name, title, and telephone number of: <ul> <li>(A) One person listed above to receive correspondence:</li> <li>Janice Hanna, Secretary, 530-809-3960</li> <li>(B) Person responsible for operations and services:</li> <li>Paul Matulich, Asst. Secretary, 530-809-3961</li> </ul> 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         NO         NO         NO         MO							or			
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3       Name, title, and telephone number of:         (A) One person listed above to receive correspondence:       Janice Hanna, Secretary, 530-809-3960         (B) Person responsible for operations and services:       Paul Matulich, Asst. Secretary, 530-809-3961         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?       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:         Vestile Nealth tepartment inspection been made during the year?         7.       Are routine laboratory tests of water being made?       X <u>Upec-21</u> 8.       Has state or local health department water supply permit been obtained? (Indicate date)       X <u>Dec-21</u> 9.       If no permit has been obtained, state whether application has been made and when.       X <u>Job 249331</u> 10.       Show expiration date if state permit is temporary.       I       List Name, Grade, and License Number of all Licensed Operators:         Brandan Niblett       T2-43983 & D2-49331       Jake Kerwitch T2-43983 & D2-49331       Jake Kerwitch T2-43963 & D3-20597 <td></td> <td></td> <td></td> <td></td> <td>Drawer 5172, Chico, C</td> <td>JA 95927</td> <td></td> <td></td>					Drawer 5172, Chico, C	JA 95927				
<ul> <li>(A) One person listed above to receive correspondence: Janice Hanna, Secretary, 530-809-3960</li> <li>(B) Person responsible for operations and services: Paul Matulich, Asst. Secretary, 530-809-3961</li> <li>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</li> <li>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?</li> <li>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:</li> <li>PUBLIC HEALTH STATUS</li> <li>6. Has state or local health department inspection been made during the year?</li> <li>7. Are routine laboratory tests of water being made?</li> <li>8. Has state health department water supply permit been obtained? (Indicate date)</li> <li>9. If no permit has been obtained, state whether application has been made and when.</li> <li>10. Show expiration date if state permit is temporary.</li> <li>11. List Name, Grade, and License Number of all Licensed Operators:</li> <li>Brandan Niblett T2-43983 &amp; D2-49331</li> <li>Jake Kevwitch T2-31539 &amp; D2-30618</li> <li>Jesse Vondracek T2-44603</li> <li>Jim Roberts T2-13963 &amp; D3-20597</li> </ul>	-									
(B) Person responsible for operations and services:       Paul Matulich, Asst. Secretary, 530-809-3961         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?       NO         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:       Yes       No       Latest         PUBLIC HEALTH STATUS       Yes of water being made?       X       4/12/2019         7. Are routine laboratory tests of water being made?       X       Dec-21       X       5/8/1997         9. If no permit has been obtained, state whether application has been made and when.       Image: State transmit is temporary.       Image: State transmit is temporary.       Image: State transmit is transmit is temporary.         11. List Name, Grade, and License Number of all Licensed Operators:       Brandan Niblet: T2-43983 & D2-49331       Jake Kewitch: T2-43963 & D3-20597	3									
<ul> <li>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</li> <li>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?</li> <li>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:</li> <li>PUBLIC HEALTH STATUS</li> <li>6. Has state or local health department inspection been made during the year?</li> <li>7. Are routine laboratory tests of water being made?</li> <li>8. Has state health department water supply permit been obtained? (Indicate date)</li> <li>9. If no permit has been obtained, state whether application has been made and when.</li> <li>10. Show expiration date if state permit is temporary.</li> <li>11. List Name, Grade, and License Number of all Licensed Operators:</li> <li>Brandan Niblett T2-43983 &amp; D2-49331</li> <li>Jake Kevwitch T2-131639 &amp; D2-30018</li> <li>Jases Vondracek T2-44603</li> <li>Jim Roberts T2-13963 &amp; D3-20597</li> </ul>										
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         6.       Has state or local health department inspection been made during the year?       X       4/12/2019         7.       Are routine laboratory tests of water being made?       X       Dec-21         8.       Has state health department water supply permit been obtained? (Indicate date)       X       5/8/1997         9.       If no permit has been obtained, state whether application has been made and when.       Image: Comparison of all Licensed Operators:         11.       List Name, Grade, and License Number of all Licensed Operators:       Brandan Niblett       T2-43983 & D2-49331         Jake Kerwitch       T2-31539 & D2-36018       Jasse Vondracek       T2-44603         Jim Roberts       T2-13963 & D3-20597       Jim Roberts       T2-13963 & D3-20597		(B) Person responsible fo	or operations and servio	ces:	Paul Matulich, Asst. S	ecretary, 530-80	9-3961			
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         6.       Has state or local health department inspection been made during the year?         7.       Are routine laboratory tests of water being made?         8.       Has state health department water supply permit been obtained? (Indicate date)         9.       If no permit has been obtained, state whether application has been made and when.         10.       Show expiration date if state permit is temporary.         11.       List Name, Grade, and License Number of all Licensed Operators:         Brandan Niblett       T2-43983 & D2-49331         Jake Kevwitch       T2-31539 & D2-36018         Jesse Vondracek       T2-44603         Jim Roberts       T2-13963 & D3-20597	4.	Were any contracts or ag	reements in effect with	n any organ	ization or person cover	ing service, supe	ervision	and/or		
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         6.       Has state or local health department inspection been made during the year?         7.       Are routine laboratory tests of water being made?         8.       Has state health department water supply permit been obtained? (Indicate date)         9.       If no permit has been obtained, state whether application has been made and when.         10.       Show expiration date if state permit is temporary.         11.       List Name, Grade, and License Number of all Licensed Operators:         Brandan Niblett       T2-43983 & D2-49331         Jake Kevwitch       T2-41939 & D2-36018         Jesse Vondracek       T2-44603         Jim Roberts       T2-13963 & D3-20597							-			
<ul> <li>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:</li> <li>PUBLIC HEALTH STATUS</li> <li>6. Has state or local health department inspection been made during the year?</li> <li>7. Are routine laboratory tests of water being made?</li> <li>8. Has state health department water supply permit been obtained? (Indicate date)</li> <li>9. If no permit has been obtained, state whether application has been made and when.</li> <li>10. Show expiration date if state permit is temporary.</li> <li>11. List Name, Grade, and License Number of all Licensed Operators:</li> <li>Brandan Niblett T2-43983 &amp; D2-49331 <ul> <li>Jake Kewwitch T2-31539 &amp; D2-36018</li> <li>Jesse Vondracek T2-44603</li> <li>Jim Roberts T2-13963 &amp; D3-20597</li> </ul> </li> </ul>						ement, to whom	vere			
intermediaries, control, or are controlled by, or are under common control with respondent:          PUBLIC HEALTH STATUS       Yes       No       Date         6. Has state or local health department inspection been made during the year?       X       4/12/2019         7. Are routine laboratory tests of water being made?       X       Dec-21         8. Has state health department water supply permit been obtained? (Indicate date)       X       5/8/1997         9. If no permit has been obtained, state whether application has been made and when.       Image: Comparison date if state permit is temporary.       Image: Comparison date if state permit is temporary.         11. List Name, Grade, and License Number of all Licensed Operators:       Brandan Niblett       T2-43983 & D2-49331         Jake Kevwitch       T2-31539 & D2-36018       Jesse Vondracek       T2-44603         Jim Roberts       T2-13963 & D3-20597       Image: Comparison date if the comparis		payments made, and to v	vhat account was each	payment c	narged?					
PUBLIC HEALTH STATUS         6. Has state or local health department inspection been made during the year?       X       4/12/2019         7. Are routine laboratory tests of water being made?       X       Dec-21         8. Has state health department water supply permit been obtained? (Indicate date)       X       5/8/1997         9. If no permit has been obtained, state whether application has been made and when.       Image: Colspan="2">1         10. Show expiration date if state permit is temporary.       Image: Colspan="2">Image: Colspan="2" Image: Colspa	5.	State the names of assoc	iated companies or pe	rsons whic	h, directly or indirectly,	or through one o	r more			
PUBLIC HEALTH STATUS       Yes       No       Date         6. Has state or local health department inspection been made during the year?       X       4/12/2019         7. Are routine laboratory tests of water being made?       X       Dec-21         8. Has state health department water supply permit been obtained? (Indicate date)       X       5/8/1997         9. If no permit has been obtained, state whether application has been made and when.       X       5/8/1997         10. Show expiration date if state permit is temporary.       X       0         11. List Name, Grade, and License Number of all Licensed Operators:       X       Vestore         Brandan Niblett       T2-43983 & D2-49331       Vestore       Vestore         Jake Kerwitch       T2-31539 & D2-36018       Vestore       Vestore         Jim Roberts       T2-13963 & D3-20597       Vestore       Vestore		intermediaries, control, or	r are controlled by, or a	are under co	ommon control with res	pondent:				
PUBLIC HEALTH STATUS       Yes       No       Date         6. Has state or local health department inspection been made during the year?       X       4/12/2019         7. Are routine laboratory tests of water being made?       X       Dec-21         8. Has state health department water supply permit been obtained? (Indicate date)       X       5/8/1997         9. If no permit has been obtained, state whether application has been made and when.       X       5/8/1997         10. Show expiration date if state permit is temporary.       X       0         11. List Name, Grade, and License Number of all Licensed Operators:       X       Vestore         Brandan Niblett       T2-43983 & D2-49331       Vestore       Vestore         Jake Kerwitch       T2-31539 & D2-36018       Vestore       Vestore         Jim Roberts       T2-13963 & D3-20597       Vestore       Vestore								Latest		
<ul> <li>6. Has state or local health department inspection been made during the year?</li> <li>7. Are routine laboratory tests of water being made?</li> <li>8. Has state health department water supply permit been obtained? (Indicate date)</li> <li>9. If no permit has been obtained, state whether application has been made and when.</li> <li>10. Show expiration date if state permit is temporary.</li> <li>11. List Name, Grade, and License Number of all Licensed Operators:</li> <li>Brandan Niblett T2-43983 &amp; D2-49331 Jake Kevwitch T2-31539 &amp; D2-36018 Jesse Vondracek T2-44603 Jim Roberts T2-13963 &amp; D3-20597</li> </ul>		PUBLIC HEALTH STAT	US			Yes	No			
<ul> <li>7. Are routine laboratory tests of water being made?</li> <li>8. Has state health department water supply permit been obtained? (Indicate date)</li> <li>9. If no permit has been obtained, state whether application has been made and when.</li> <li>10. Show expiration date if state permit is temporary.</li> <li>11. List Name, Grade, and License Number of all Licensed Operators:</li> </ul> Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018 Jesse Vondracek T2-44603 Jim Roberts T2-13963 & D3-20597	6.			been made	e during the year?		Х	4/12/2019		
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:         Brandan Niblett       T2-43983 & D2-49331         Jake Kevwitch       T2-31539 & D2-36018         Jesse Vondracek       T2-44603         Jim Roberts       T2-13963 & D3-20597	7.					Х		Dec-21		
<ul> <li>10. Show expiration date if state permit is temporary.</li> <li>11. List Name, Grade, and License Number of all Licensed Operators:</li> <li>Brandan Niblett T2-43983 &amp; D2-49331 Jake Kevwitch T2-31539 &amp; D2-36018 Jesse Vondracek T2-44603 Jim Roberts T2-13963 &amp; D3-20597</li> </ul>	8.	Has state health departm	ent water supply permi	it been obta	ained? (Indicate date)	X		5/8/1997		
11. List Name, Grade, and License Number of all Licensed Operators: Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018 Jesse Vondracek T2-44603 Jim Roberts T2-13963 & D3-20597	9.	If no permit has been obt	ained, state whether a	pplication h	as been made and whe	en.				
Brandan Niblett         T2-43983 & D2-49331           Jake Kevwitch         T2-31539 & D2-36018           Jesse Vondracek         T2-44603           Jim Roberts         T2-13963 & D3-20597	10.	Show expiration date if st	ate permit is temporary	у.						
Jake Kevwitch         T2-31539 & D2-36018           Jesse Vondracek         T2-44603           Jim Roberts         T2-13963 & D3-20597	11.	List Name, Grade, and Li	cense Number of all Li	censed Op	erators:					
Jesse Vondracek T2-44603 Jim Roberts T2-13963 & D3-20597		Brandan Niblett T2-439	83 & D2-49331							
Jim Roberts T2-13963 & D3-20597										
Madalyn Miller T2-43553 & D3-50738										

12. This annual report was prepared by:

Name of firm or consultant:

Address of firm or consultant:

Phone Number of firm or consultant:

#### **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 2021:

	Applies to	All Non-	Tariffed Good	ds/Service	s that require	Approval	by Advice L	etter			
								Total		Gross	
								Income		Value of	
							Advice	Tax		Regulated	
			Total		Total		Letter	Liability		Assets	
			Revenue		Expenses		and/or	Incurred		Used in the	
			Derived		Incurred to		Resolution	Because		Provision	
			from		Provide		Number	of Non-	Income	of a Non-	
			Non-tariffed		Non-tariffed		Approving	tariffed	Tax	tariffed	Regulated
		Active	Goods/	Revenue	Goods/	Expense	Non-tariffed	Goods/	Liability	Goods/	Asset
Row		or	Services	Account	Services	Account	Goods/	Services	Account	Services	Account
No.	Description of Non-Tariffed Goods/Services	Passive	(by account)	Number	(by account)	Number	Services	(by account)	Number	(by account)	Number
1	See combined annual report										
2											
3											
4											
5											
6											
7											
8											
9											
10											

		SCHEDULE A			
		BALANCE SHEET			
		Assets and Other Debits			
			1		Balance
			Schedule		End of
Line	Acct.	Title of Account	Number		Year
No.	No.	(a)	(b)		(C)
1	110.		(8)		(0)
2	101	Water Plant in Service (Excluding SDWBA/SRF, Grant Funds)	A-1, A-1a		475,352
3	101.1	Water Plant in Service - SDWBA/SRF	A-1, A-1b		-
4	101.2	Water Plant in Service - Grant Funds	A-1, A-1c		1,178,850
5	101.3	Water Plant in Service - Other	A-1		-
6	103	Water Plant Held for Future Use	A-1		-
7	104	Water Plant Purchased or Sold	A-1		-
8	105	Construction Work in Progress - Water Plant	A-1		1,252
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		\$	1,655,454
14	108	Accumulated Depreciation of Water Plant	A-2		(148,449)
15	108.1	Accumulated Amortization of SDWBA/SRF loan	A-2		-
16	108.2	Accumulated Depreciation of Water Plant - Grant Funds	A-2		(181,738)
17	108.3	Accumulated Depreciation of Water Plant - Other	A-2		-
18		Total Accumulated Depreciation/Amortization		\$	(330,187)
19		Net Utility Plant		\$	1,325,267
20					
21		INVESTMENTS			
22	121	Non-utility Property and Other Assets			
23	122	Accumulated Depreciation of Non-Water Utility Property	A-2		-
24	100	Net non-utility property		\$	-
25	123	Investments in Affiliated Companies			
26	124	Other Investments		<b>^</b>	
27 28		Total Investments		\$	-
28		CURRENT AND ACCRUED ASSETS			
30	131	Corrent and accroed assets Cash	+		94,547
30	131	Cash - Special Deposits	+		34,047
32	141	Accounts Receivable - Customers			10,709
33	142	Receivables from Affiliated Companies			10,709
34	143	Accumulated Provision for Uncollectible Accounts			
35	151	Materials and Supplies			
36	174	Other Current Assets			9,153
37	<i>с</i> і т	Total current and accrued assets	1	\$	114,409
38				Ť	114,400
39	180	Deferred Charges	1		
40	181	Accumulated Deferred Income Tax Assets			
41					
42		Total Assets and Other Debits		\$	1,439,676

		SCHEDULE A		
		BALANCE SHEET		
		Liabilities and Other Credits		
 				Balance
			Schedule	End 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	102,070
6	215	Retained Earnings	A-8	317,253
7		Total corporate capital and retained earnings		\$ 419,323
8				-
9		PROPRIETARY CAPITAL		
10	218	Proprietary Capital	A-9	-
11				
12		LONG TERM DEBT		
13	224	Long-term Debt	A-10	-
14				
15		CURRENT AND ACCRUED LIABILITIES		
16	230	Payables to Affiliated Companies		12,818
17	231	Accounts Payable		1,363
18	232	Short-term Notes Payable		
19	233	Customer Deposits		87
20	236	Taxes Accrued		
21	237	Interest Accrued		
22	241	Other Current Liabilities		330
23		Total current and accrued liabilities		\$ 14,598
24				
25		DEFERRED CREDITS		
26	252	Advances for Construction		8,643
27	253	Other Credits		
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		\$ 8,643
32				
33		CONTRIBUTIONS IN AID OF CONSTRUCTION		
34	265	Contributions in Aid of Construction		1,178,850
35	272	Accumulated Amortization of Contributions (negative number)		(181,738)
36		Net Contributions in Aid of Construction		\$ 997,112
37		Total Liabilities and Other Credits		\$ 1,439,676

			EDULE A-1 ITY PLANT				
			Balance	Plant Additions	Plant (Retirements)	Other Debits*	Balance
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	End of year
No.	No.	(a)	(b)	(c)	(d)	(e)	(f)
1	101	Water Plant in Service (Sch A-1a)	319,478	155,874	-	-	\$ 475,352
2	101.1	Water Plant In Service - SDWBA/SRF (Sch A-1b)	-	-	-	-	\$-
3	101.2	Water Plant In Service - Grant Funds (Sch A-1c)	1,178,850	-	-	-	\$ 1,178,850
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	1,252				\$ 1,252
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	\$ 1,499,580	\$ 155,874	\$-	\$-	\$ 1,655,454

\* 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)

		1							
			Balance		Plant Additions	Plant (Retirements)	Other Debits*		Balance
Line	Acct	Title of Account	Beg of Ye	ar	During year	During year	or (Credits)	E	nd of year
No.	No.	(a)	(b)		(c)	(d)	(e)		(f)
1		NON-DEPRECIABLE PLANT							
2	301	Intangible Plant	7,	223				\$	7,223
3	303	Land						\$	-
4		Total non-depreciable plant	\$7,	223	\$-	\$-	\$-	\$	7,223
5									
6		DEPRECIABLE PLANT							
7	304	Structures						\$	-
8	307	Wells						\$	-
9	311	Pumping Equipment	44,	207	149,454			\$	193,661
10	317	Other Water Source Plant						\$	-
11	320	Water Treatment Plant	216,	886				\$	216,886
12	330	Reservoirs, Tanks and Standpipes	7,	661				\$	7,661
13	331	Water Mains	8,	643				\$	8,643
14	333	Services and Meter Installations						\$	-
15	334	Meters	6,	702				\$	6,702
16	335	Hydrants	28,	156	6,420			\$	34,576
17	339	Other Equipment						\$	-
18	340	Office Furniture and Equipment						\$	-
19	341	Transportation Equipment						\$	-
20		Total depreciable plant	\$ 312,	255	\$ 155,874	\$-	\$-	\$	468,129
21		Total water plant in service	\$ 319,	478	\$ 155,874	\$-	\$-	\$	475,352

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

Footnotes:

			SCHEDUL	E A-1b			
		Account 101.1	- Water Plant i	in Service - S	SDWBA/SRF		
		N/A					
			Balance	Plant Additions	Plant (Retirements)	Other Debits*	Balance
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	End of year
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					
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	\$ -	\$-	\$-	\$-	\$-

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

### SCHEDULE A-1c Account 101.2 - Water Plant in Service - Grant Funds

			Balance	Plant Additions	Plant (Retirements)	Other Debits*	Balance
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	End of year
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					
7	304	Structures					\$-
8	307	Wells					\$-
9	311	Pumping Equipment					\$-
10	317	Other Water Source Plant					\$-
11	320	Water Treatment Plant	1,178,850				\$ 1,178,850
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	\$ 1,178,850	\$-	\$-	\$-	\$ 1,178,850
21		Total water plant in service	\$ 1,178,850	\$-	\$-	\$-	\$ 1,178,850
		* Dobit or credit ontrios should be evel:	in a d bur fa a fur a fa a s		h a duda a		•

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

		SCHEDULE /				
	Accounts 108, 108.1, 108.2, 108	8.3, 122 - Depre	eciation and A	mortization R	leserves	
		1				
		Account 108	Account 108.1	Account 108.2	Account 108.3	Account 122
				Accumulated	Accumulated	Accumulated
		Accumulated	Accumulated	Depreciation of	Depreciation of	Depreciation of
		Depreciation of		Water Plant -	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	140,265		152,267		
2	Add: Credits to reserves during year					
3	(a) Charged to Account 272			29,471		
4	(b) Charged to Account 403	8,184				
5	(c) Charged to Account 407					
6	(d) Charged to Account 426					
7	(e) Charged to clearing accounts.					
8	(f) Salvage recovered					
9	(g) All other credits					
10	Total Credits	\$ 8,184	\$-	\$ 29,471	\$-	\$-
11	Less: Debits to reserves during year					
12	(a) Book cost of property retired					
13	(b) Cost of removal					
14	(c) All other debits					
15	Total debits	\$ -	\$ -	\$ -	\$ -	\$-
16	Balance in reserve at end of year	\$ 148,449	\$-	\$ 181,738	\$-	\$-
17				0/	0.000/	
18	(1) COMPOSITE DEPRECIATION RATE USED FOR	R STRAIGHT LINE	REMAINING LIF	E %	3.00%	
19						
20	(2) EXPLANATION OF ALL OTHER CREDITS:					
21						
22						
23 24						
24 25						
25 26	(3) EXPLANATION OF ALL OTHER DEBITS:					
20	() LAFLANATION OF ALL OTHER DEDITS.					
27						
20 29						
30						
30						
32	(4) METHOD USED TO COMPUTE INCOME TAX D	EPRECIATION				
33	(a) Straight line					
34	(b) Liberalized					
35	(1) Sum of the years digits					
36	(2) Double declining balance					
37	(3) Other					
38	(c) Both straight line and liberalized					
აი						

		SCHE Account 201	DULE A-3 - Commoi				
		Number of Shares Authorized by	Par Value of Stock Authorized by	Number		Dividends Declard During Year	
		Articles of	Articles of	of Shares	Balance		
Line	Class of Stock	Incorporation	Incorporation	Outstanding <sup>1</sup>	End of Year	Rate	Amount
No.	(a)	(b)	(c)	(d)	(e)	(f)	(g)
1	NONE				\$-		\$
2					\$-		\$
3					\$-		\$
4					\$-		\$
5					\$-		\$
6		•	••	Total	\$-		\$

		SCHE Account 204	DULE A-4				
		Number of Shares Authorized by	Par Value of Stock Authorized by	Number			ds Declared ing Year
ľ		Articles of	Articles of	of Shares	Balance		
Line	Class of Stock	Incorporation	Incorporation	Outstanding <sup>1</sup>	End of Year	Rate	Amount
No.	(a)	(b)	(c)	(d)	(e)	(f)	(g)
1	NONE						
2							
3							
4							
5							
6				Total	\$-		\$

	SCHEDULE A-5 Record of Stockholders at End of Year							
	COMMON STOCK Number PREFERRED STOCK Number							
Line	Name	Shares	Name	Shares				
No.	(a)	(b)	(c)	(d)				
1	NONE							
2								
3								
4								
5								
6								
7								
8								
9	Total number of shares	-	Total number of shares	-				

Ac	SCHEDULE A-6 Account 206 - Subchapter S Corporation Accumulated Adjustments Account N/A				
Line No.	Description of Items (a)	Amount (b)			
1	Balance beginning of year	(b)			
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	Parent Company - Utility Management Services, Inc.	102,070		
2				
4				
5	Total	\$ 102,070		

	SCHEDULE A-8 Account 215 - Retained Earnings (Corporations Only)				
Line	Item	Amount			
No	(a)	(b)			
1	Balance beginning of year	177,298			
2	Add: Credits				
3	Net income	184,195			
4	Prior period adjustments				
5	Other credits (detail)				
6	Total Credits	\$ 184,195			
7					
8	Less: Debits				
9	Net losses				
10	Prior period adjustments				
11	Dividend appropriations - preferred stock				
12	Dividend appropriations - common stock	(44,240)			
13	Other debits (detail)				
14	Total Debits	(44,240)			
15	Balance end of year	\$ 317,253			

	SCHEDULE A-9 Account 218 - Proprietary Capital (Sole Proprietor or Partnership) N/A					
Line No.	Item (a)	Amount				
1	Balance beginning of year	(b)				
2	Add: Credits					
3	Net income					
4	Additional investments during year					
5	Other credits (detail):					
6						
7						
8	Total Credits	\$ -				
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	\$-				

	SCHEDULE A-10 Account 224 - Long-Term Debt								
	Date of Date of Balance Rate of Interest Accrued Interest Paid								
Line	Nature of Obligation	Issue	Maturity	End of Year	Interest	During Year	During Year		
No.	(a)	(b)	(c)	(d)	(e)	(f)	(g)		
1	NONE								
2									
3									
4									
5									
6									
7									
8			Total	\$-		\$-	\$-		

	SCHEDULE B INCOME STATEMENT					
			Schedule			
Line	Acct.	Account	Number	Amount		
No.	No.	(a)	(b)	(c)		
1		UTILITY OPERATING INCOME				
2	400	Operating Revenues	B-1	217,283		
3						
4		OPERATING REVENUE DEDUCTIONS				
5	401	Operating Expenses	B-2	168,051		
6	403	Depreciation Expense	A-2	8,184		
7	407	SDWBA Loan Amortization Expense	A-2	-		
8	408	Taxes Other Than Income Taxes	B-3	4,563		
9	409	State Corporate Income Tax Expense	B-3	-		
10	410	Federal Corporate Income Tax Expense	B-3	-		
11		Total operating revenue deductions		\$ 180,798		
12		Total utility operating income		\$ 36,485		
13						
14		OTHER INCOME AND DEDUCTIONS				
15	421	Non-Utility Income	B-4	149,489		
16	426	Miscellaneous Non-Utility Expense	B-4	1,779		
17	427	Interest Expense (excluding SDWBA)	B-5	-		
18	427	Interest Expense (SDWBA)	B-5	-		
19		Total other income and deductions		\$ 147,710		
20		Net income		\$ 184,195		

		SCHEDULE B-1		
		Account 400 - Operating Revenues		
				Amount
Line	Acct.	Account	Cu	rrent Year
No.	No.	(a)		(b)
1		WATER SERVICE REVENUES		
2	460	Unmetered water revenue		
3		460.1 Residential, Single-family, Multiple Dwelling Units		
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	\$	-
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		89,589
19		470.2 Commercial and Multi-residential Master Metered		1,349
20		470.3 Large Water Users		12,150
21		470.4 Safe Drinking Water Bond Surcharge		
22		470.5 Other Metered Revenues	-	108,097
23		Subtotal	\$	211,185
24		Total water service revenues	\$	211,185
25	400			0.000
26	480	Other water revenue		6,098
27		Total Operating Revenues	\$	217,283

	SCHEDULE B-2 Account 401 - Operating Expenses				
				Amount Current	
Line	Acct.	Account		Year	
No.	No.			(b)	
1		PLANT OPERATION AND MAINTENANCE EXPENSES VOLUME RELATED EXPENSES			
2	610	Purchased Water		62,782	
4	615	Power		20,398	
5	618	Other Volume Related Expenses		2,367	
6	010	Total volume related expenses	\$	85,547	
7			Ψ	00,047	
8		NON-VOLUME RELATED EXPENSES			
9	630	Employee Labor		15,450	
10	640	Materials		1,978	
11	650	Contract Work		4,186	
12	660	Transportation Expense		4,401	
13	664	Other Plant Maintenance Expenses		1,130	
14		Total non-volume related expenses	\$	27,145	
15		Total plant operation and maintenance exp.	\$	112,692	
16					
17		ADMINISTRATIVE AND GENERAL EXPENSES			
18	670	Office Salaries		10,506	
19	671	Management Salaries		10,851	
20	674	Employee Pensions and Benefits		9,341	
21	676	Uncollectible Accounts Expense			
22	678	Office Services and Rentals		2,447	
23	681	Office Supplies and Expenses		7,096	
24	682	Professional Services		821	
25	684	Insurance	<u> </u>	10,181	
26	688	Regulatory Compliance Expense	<u> </u>	3,241	
27	689	General Expenses	<b>*</b>	876	
28		Total administrative and general expenses	\$	55,359	
29	800	Expenses Capitalized - Credit (Optional)			
30	900	Clearing Accounts (Optional)	¢		
31		Net administrative and general expense	\$	55,359	
32		Total Operating Expenses	\$	168,051	

	SCHE Accounts 408, 409, 410 - T	EDULE B-3 Faxes Charged	I During the Yea	r
				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	1,778		\$ 1,778
3	408.2 Payroll taxes	2,785		\$ 2,785
4	408.3 Other taxes and licenses			\$-
5	Total taxes other than income taxes	\$ 4,563	\$-	\$ 4,563
6				
7	409 State corporate income tax			\$-
8	410 Federal corporate income tax			\$-
9	Total income taxes	\$-	\$-	\$-
10				
11	Total	\$ 4,563	\$-	\$ 4,563

	SCHEDULE B-4						
	Accounts 421, 426 - Income and Expense from Non-Utility Operations						
		Non-Utility	Miscellaneous				
		Income	Non-Utility Expense				
Line	Description	Acct. 421	Acct. 426				
No.	(a)	(b)	(c)				
1	Non-utility Expense - Bank Fees		1,779				
2	Insurance Funds Received	149,454					
3	Bank Interest - Money Market	36					
4							
5	Total	\$ 149,489	\$ 1,779				

	SCHEDULE B-5 Account 427 - Interest Expense						
Line No.	Description (a)	Amount (b)					
1	Interest on SDWBA loan	(0)					
2	Interest on other (give details below):						
3	NONE						
4							
5							
6							
7							
8							
9							
10	Total	\$-					

SCHEDUL	ER DEVELOPED W	ELLS				
			Depth	Pumping	Annual	
		Diam.	to Water	Capacity	Quantities	
Location	No.	Inch	Feet	(g.p.m.)	Pumped	
OTHER						
Streams or Springs					Annual	
Location of Diversion		w in		per Minute	Quantities	
Point		y Right	Dive	ersions	Diverted	
	Claim	Capacity	Max	Min	CCF	
Hendrix Canal	365 AF				23,985	
Purchased water (unit)						
Supplier:				Annual Quantity		

SCHEDULE D - WATER DELIVERED TO METERED CUSTOMERS								
(CCF)								
	Month	of Year	Total for Year					
Classification of Service	Maximum	Minimum						
Residential	Jul	Mar	13,406					
Commercial	Sep	Jan	111					
Industrial								
Fire Protection								
Irrigation	Aug	Dec	1,666					
Other (Governmental)	Aug	Mar	677					
		Total	15,860					

	SCHEDULE E - EMPLOYEES AND THEIR COMPENSATION									
			Number at	Salaries Charged	Salaries Charged	Total Salaries				
Line	Acct	Account	End of Year	to Expense	to Plant Accounts	and Wages Paid				
1	630	Employee Labor	7	15,450		\$ 15,450				
2	670	Office salaries	10	10,506		\$ 10,506				
3	671	Management salaries	2	10,851		\$ 10,851				
4		Total	19	\$ 36,807	\$-	\$ 36,807				

SCHEDULE F - ADVANCES FOR CONSTRUCTION					
Balance beginning of year		8,643			
Additions during year					
Subtotal - Beginning balance plus additions during year	\$	8,643			
Refunds					
Transfers to Acct. 265 - Contributions in Aid of Construction					
Balance end of year	\$	8,643			

SCHEDULE G - TOTAL METERS AND SERVICES (Active and Inactive)						
Size	Meters	Services				
5/8 x 3/4-in	154	164				
3/4-in						
1-in	1	1				
1 1/2-in	1	1				
3-in	1	1				
-in						
Total	157	167				

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					

SCHEDULE I - SERVICE CONNECTIONS AT END OF YEAR								
		Active			Inactive		Total con	nections
Classification	Metered	Flat	Total	Metered	Flat	Total	Metered	Flat
Residences	146		146	9		9	155	-
Industrial/Commercial	3		3	1		1	4	-
Irrigation	2		2	-		-	2	-
Fire Protection (public)			-			-	-	-
Fire Protection (private)			-			-	-	-
Other (Governmental)	6		6	-		-	6	-
			-			-	-	-
Total	157	-	157	10	-	10	167	-

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

SCHEDULE J - STORAGE FACILITIES			SCHEDULE K - FOOTAGES OF PIPE (EXCLUDING SERVICE PIPES)					
		Combined						
		capacity		2" and	2 1/4 to		Other sizes	
Description	No.	in gallons	Description	under	3 1/4	4"	(6"-8")	Totals
Concrete			Cast Iron					-
Earth			Welded steel	5,000			28,500	33,500
Wood			Standard screw					-
Steel	1	168,000	Cement-asbestos					-
Other			Plastic			6,400		6,400
			Other (specify)					-
								-
								-
Total	1	168,000	Total	5,000	-	6,400	28,500	39,900

### 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:	N/A
	Name:	
	Address:	
	Phone Number:	
	Account Number:	
	Date Hired:	

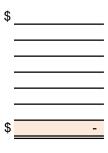
2. Total surcharge collected from customers during the 12 month reporting period:

\$

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

5. Total Accumulated Reserve:

21 of 23

\$

### SCHEDULE M FACILITY FEES DATA

Please provide the following information relating to Facility Fees collected for the calendar year 2021, pursuant to Resolution No. W-4110.

1.	Trust Account Information:	N/A	
	Bank Name: Address: Account Number: Date Opened:		

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

A. Commercial

NAME	AMOUN
	\$
	\$\$
	\$
Residential	
NAME	AMOUN
	AMOUN \$
	\$\$
	\$

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

AMOUNT

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

DECLARATION					
(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)					
I, the undersigned	Janice Hanna				
Officer, Partn	er, or Owner (Please Print)				
Del Oro Water Company, Inc Stirling Bluffs District					
of Del Oro Water Company, Inc Stirling Bluffs District Name of Utility					
under penalty of perjury do declare that this report has been prepared by me, or under my direction, from the books, papers and records of the respondent; that I have carefully examined the same, and declare the same to be a complete and correct statement of the business and affairs of the above-named respondent and the operations of its property for the period of January 1, 2021 through December 31, 2021.					
Secretary/Director Corporate Accounting Title (Please Print)	Signature				
530-809-3960 Telephone Number	April 30, 2022 Date				