Received	
Examined	CLASS D
	WATER UTILITIES
114	_
U#	
RECEIVED	
	2022
MAY 01 2023	2022
PUBLIC UTILITIES COMMISSION WATER DIVISION	ANNUAL REPORT
WATER DIVISION	OF
	91
	el Oro Water Co., Inc.
	Magalia District
(NAME UNDER WHICH CORPO	RATION, PARTNERSHIP, OR INDIVIDUAL IS DOING BUSINESS)
	D 5470
	Drawer 5172
	Chico, CA 95927

TO THE
PUBLIC UTILITIES COMMISSION
STATE OF CALIFORNIA
FOR THE YEAR ENDED DECEMBER 31, 2022

ZIP

(OFFICIAL MAILING ADDRESS)

REPORT MUST BE FILED NO LATER THAN APRIL 30, 2023

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 APRIL 30, 2023, 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 water.division@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, 2022 through December 31, 2022. Fiscal year reports will not be accepted.

CLASS D WATER UTILITIES

(HAVING LESS THAN 500 SERVICE CONNECTIONS)

Bryan Fortino, Chief Financial Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary Drawer 5172, Chico, CA 95927 If unincorporated provide the name and address of the owner(s) or the partners: Variable	2, Chico, CA 95927 mailing address) a, Butte County a - Town and County) Fax Number: 530-717-2639 jeh@corporatecenter.us INFORMATION tary statement, if necessary) OMMISSION, NO PHOTOCOPIES. porated in the State of California 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 The owner(s) or the partners: The ce: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Torganization or person covering service, supervision and/or ? (Yes or No) NO ayment made under the agreement, to whom were ment charged? Is which, directly or indirectly, or through one or more inder common control with respondent: The certain part of the partners of the		(1)			nc Magalia District			
Magalia, Butte County	mailing address) a, Butte County a - Town and County) Fax Number: 530-717-2639 jeh@corporatecenter.us LINFORMATION tary statement, if necessary) OMMISSION, NO PHOTOCOPIES. prorated in the State of California 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 The owner(s) or the partners: The owner(s)		(Name un	ider which corpo	oration, partne	ership or individual is doing bu	usiness)		
Magalia, Butte County (Service Area - Town and County) 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. 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 Paul Matulich, Asst Secretary - 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: 3. Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4. Were any contracts or agreements in effect with any organization or person covering service, supervision and management of your business affairs during the year? (Yes or No No Mot 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 T2-43938 & D2-39331 Brandan Niblett T2-43938 & D2-39518	a, Butte County a - Town and County) Fax Number: 530-717-2639 jeh@corporatecenter.us INFORMATION tary statement, if necessary) OMMISSION, NO PHOTOCOPIES. Porated in the State of California 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 The owner(s) or the partners: The owner								
(Service Area - Town and County) 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. 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 Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary - Director - Director 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 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 per	Fax Number: 530-717-2639 jeh@corporatecenter.us INFORMATION tary statement, if necessary) OMMISSION, NO PHOTOCOPIES. prorated in the State of California 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 The owner(s) or the partners: The ce: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Torganization or person covering service, supervision and/or anyment made under the agreement, to whom were ment charged? Se which, directly or indirectly, or through one or more inder common control with respondent: The common control with respondent: The common control with respondent: The common control with respondents The common cont				(Official frialli	ig address)			
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. 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 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: 3. Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 3. Vere any contracts or agreements in effect with any organization or person covering service, supervision an management of your business affairs during the year? (Yes or No) MO If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment made under the agreement, to whom were payments made, and to what account was each payment made under the agreement, to whom were payments made, and to what account was each payment made under the agreement, to whom were 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 Nibett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-30018	jeh@corporatecenter.us INFORMATION tary statement, if necessary) OMMISSION, NO PHOTOCOPIES. Prorated in the State of California 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 The owner(s) or the partners: The owner(s) or the partners: The owner(s) or person covering service, supervision and/or experiment charged? The owner of the partners of the par			/Co.					
GENERAL INFORMATION (Attach a supplementary statement, if 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 Executive Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary - State Hanna - Secretary - Director Paul Matulich, Asst. Secretary - State - Paul Matu	iph@corporatecenter.us INFORMATION tary statement, if necessary) OMMISSION, NO PHOTOCOPIES. 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 The owner(s) or the partners: The owner(s) or the partners of the owner owner(s) or the partners of the owner(s) or the par			(Ser	vice Area - To	own and County)			
GENERAL INFORMATION (Attach a supplementary statement, if 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 Executive Officer - Director Biryan Fortino, Chief Executive Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary - Director Janice Hanna - Secretary - Director Drawer 5172, Chico, CA 95927 2 If unincorporated provide the name and address of the owner(s) or the partners: 3 Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4. Were any contracts or agreements in effect with any organization or person covering service, supervision an amangement of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: 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	Tarry statement, if necessary) OMMISSION, NO PHOTOCOPIES. Prorated in the State of California 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 The owner(s) or the partners: The ce: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Torganization or person covering service, supervision and/or ? (Yes or No) Payment made under the agreement, to whom were ment charged? The swhich, directly or indirectly, or through one or more inder common control with respondent: The certain part of the partners of the partner	Tele	ephone Number:	530-717-	2500	Fax Number:	530-71	7-2639	
(Attach a supplementary statement, if necessary) RETURN ORIGINAL TO COMMISSION, NO PHOTOCOPIES. 1. If a corporation show: (A) Date of organization (B) Names, titles and addresses of principal officers: Robert S. Fortino, Chief Executive Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary - Director Drawer 5172, Chico, CA 95927 2. If unincorporated provide the name and address of the owner(s) or the partners: 3. Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4. Were any contracts or agreements in effect with any organization or person covering service, supervision an management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: 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 72-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018	tary statement, if necessary) OMMISSION, NO PHOTOCOPIES. Proporated in the State of California 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 The owner(s) or the partners: The ce: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Torganization or person covering service, supervision and/or 2 (Yes or No) Augment made under the agreement, to whom were ment charged? The which, directly or indirectly, or through one or more inder common control with respondent: The certain part of the partners of the partne	Em	ail Address:		jeh	@corporatecenter.us			
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 Executive 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: 3. Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4. Were any contracts or agreements in effect with any organization or person covering service, supervision at management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: PUBLIC HEALTH STATUS 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	Porated in the State of California 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 The owner(s) or the partners: The ce: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Torganization or person covering service, supervision and/or NO RO Royment made under the agreement, to whom were ment charged? So which, directly or indirectly, or through one or more more more more more more more			GE	NERAL INF	FORMATION			
1. If a corporation show: (A) Date of organization (B) Names, titles and addresses of principal officers: Robert S. Fortino, Chief Executive Officer - Dire 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: 3. Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: 4. Were any contracts or agreements in effect with any organization or person covering service, supervision an 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 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 Kewwitch T2-31539 & D2-36018	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 The owner(s) or the partners: The owner(s) or t								
(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 - Dire Bryan Fortino, Chief Financial Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary - Director - Janice Hanna - Janice Hanna - Secretary - Director - Janice Hanna - Secretary - Director - Janice Hanna - Secretary - Director - Janice Hanna - Janice Hanna - Janice Hanna - Secretary - Director - Dir	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 The owner(s) or the partners: The ce: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Torganization or person covering service, supervision and/or response to the agreement, to whom were nent charged? The swhich, directly or indirectly, or through one or more nent charged? The swhich, directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly or indirectly, or through one or more nent charged? The swhich directly or indirectly or ind		R	ETURN ORIGIN	IAL TO COMM	ISSION, NO PHOTOCOPIES.			
(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 If unincorporated provide the name and address of the owner(s) or the partners: Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Were any contracts or agreements in effect with any organization or person covering service, supervision at management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: PUBLIC HEALTH STATUS Has state or local health department inspection been made during the year? Are routine laboratory tests of water being made? Has state health department water supply permit been obtained? (Indicate date) If no permit has been obtained, state whether application has been made and when. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018	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 The owner(s) or the partners: The ce: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Torganization or person covering service, supervision and/or response to the agreement, to whom were nent charged? The swhich, directly or indirectly, or through one or more nent charged? The swhich, directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly, or through one or more nent charged? The swhich directly or indirectly or indirectly, or through one or more nent charged? The swhich directly or indirectly or ind	1.	If a corporation show:						
Bryan Fortino, Chief Financial Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary Drawer 5172, Chico, CA 95927 If unincorporated provide the name and address of the owner(s) or the partners: Variable	Bryan Fortino, Chief Financial Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary Drawer 5172, Chico, CA 95927 The owner(s) or the partners: The owner		(A) Date of organization	1963	incorporat	ted in the State of	Calif	ornia	
Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary Drawer 5172, Chico, CA 95927 If unincorporated provide the name and address of the owner(s) or the partners: Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Paul Matulich, Asst. Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Were any contracts or agreements in effect with any organization or person covering service, supervision an amangement 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 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	Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary Drawer 5172, Chico, CA 95927 The owner(s) or the partners: The owner(s) or the partne		(B) Names, titles and address	ses of principal	officers:				
Janice Hanna - Secretary Drawer 5172, Chico, CA 95927 If unincorporated provide the name and address of the owner(s) or the partners: Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Were any contracts or agreements in effect with any organization or person covering service, supervision an management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: PUBLIC HEALTH STATUS Has state or local health department inspection been made during the year? Are routine laboratory tests of water being made? Has state health department water supply permit been obtained? (Indicate date) If no permit has been obtained, state whether application has been made and when. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018	Janice Hanna - Secretary Drawer 5172, Chico, CA 95927 The owner(s) or the partners: The own								or
Drawer 5172, Chico, CA 95927 If unincorporated provide the name and address of the owner(s) or the partners: Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Janice Hanna, Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 Were any contracts or agreements in effect with any organization or person covering service, supervision at management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: PUBLIC HEALTH STATUS Has state or local health department inspection been made during the year? Are routine laboratory tests of water being made? Has state health department water supply permit been obtained? (Indicate date) If no permit has been obtained, state whether application has been made and when. Show expiration date if state permit is temporary. It ist Name, Grade, and License Number of all Licensed Operators: Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018	Drawer 5172, Chico, CA 95927 The owner(s) or the partners: T						ary - Directo	or	
State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: Public HEALTH STATUS Are routine laboratory tests of water being made? Show expiration date if state permit is temporary. Show expiration date if state permit is temporary. Show expiration date if \$12-43983 & D2-49331 Jake Kevwitch \$T2-31539 & D2-36018 Danies or person covering service Danies (Show expiration or person covering service, supervision at management of your business affairs during the year? (Yes or No) NO NO NO NO NO NO NO N	The owner(s) or the partners:						5927		
Name, title, email, and telephone number of: (A) One person listed above to receive correspondence: (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 at management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: 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	Paul Matulich, Asst. Secretary, 530-809-3960 Paul Matulich, Asst. Secretary, 530-809-3961 organization or person covering service, supervision and/or? (Yes or No) NO ayment made under the agreement, to whom were nent charged? s which, directly or indirectly, or through one or more neder common control with respondent: Yes No Date The provided Hanna, Secretary, 530-809-3961 The provided Hanna, Secretary, 530-809-396								
(A) One person listed above to receive correspondence: (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 as management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: 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	Paul Matulich, Asst. Secretary, 530-809-3961 organization or person covering service, supervision and/or? (Yes or No) ayment made under the agreement, to whom were nent charged? s which, directly or indirectly, or through one or more neder common control with respondent: Yes No Date The property of the part of t	2	If unincorporated provide the	name and addı	ress of the ow	ner(s) or the partners:			
(A) One person listed above to receive correspondence: (B) Person responsible for operations and services: Paul Matulich, Asst. Secretary, 530-809-3961 4. Were any contracts or agreements in effect with any organization or person covering service, supervision as management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: 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	Paul Matulich, Asst. Secretary, 530-809-3961 organization or person covering service, supervision and/or? (Yes or No) ayment made under the agreement, to whom were nent charged? s which, directly or indirectly, or through one or more neder common control with respondent: Yes No Date The property of the part of t								
(A) One person listed above to receive correspondence: (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 as management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: 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	Paul Matulich, Asst. Secretary, 530-809-3961 organization or person covering service, supervision and/or? (Yes or No) ayment made under the agreement, to whom were nent charged? s which, directly or indirectly, or through one or more neder common control with respondent: Yes No Date The property of the part of t								
(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 at management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: 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	Paul Matulich, Asst. Secretary, 530-809-3961 organization or person covering service, supervision and/or? (Yes or No) ayment made under the agreement, to whom were nent charged? s which, directly or indirectly, or through one or more neder common control with respondent: Yes No Date The property of the part of t	3				lanias Hamas Casastani. S	-20 000 200	20	
 Were any contracts or agreements in effect with any organization or person covering service, supervision at management of your business affairs during the year? (Yes or No) NO If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: PUBLIC HEALTH STATUS Has state or local health department inspection been made during the year? Are routine laboratory tests of water being made? Has state health department water supply permit been obtained? (Indicate date) If no permit has been obtained, state whether application has been made and when. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018 	organization or person covering service, supervision and/or? (Yes or No) NO ayment made under the agreement, to whom were nent charged? So which, directly or indirectly, or through one or more neder common control with respondent: Yes No Date The property of the prop								
management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: 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	? (Yes or No) NO ayment made under the agreement, to whom were nent charged? s which, directly or indirectly, or through one or more		(b) I croom responsible for op		CIVICCS.	1 dai Matallott, 763t. October	.di y, 000-00	0-0001	
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	ayment made under the agreement, to whom were ment charged? so which, directly or indirectly, or through one or more ader common control with respondent: Yes No Date The property of the part of t	4.					ervice, 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 Yes No	ment charged? s which, directly or indirectly, or through one or more							•	
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	which, directly or indirectly, or through one or more						t, to whom v	were	
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	made during the year? In obtained? (Indicate date) Attion has been made and when. The sepondent: Yes No Date X 3/11/20 X Dec-22 X 8/1/03		payments made, and to what	. account was co	aon payment	snarged:			
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	made during the year? The second of the sec	5.						r more	
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	made during the year? Yes No Date		intermediaries, control, or are	e controlled by,	or are under o	common control with responde	ent:		
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	made during the year? X 3/11/20 X Dec-22 en obtained? (Indicate date) Ation has been made and when.								Latest
 Are routine laboratory tests of water being made? Has state health department water supply permit been obtained? (Indicate date) If no permit has been obtained, state whether application has been made and when. Show expiration date if state permit is temporary. List Name, Grade, and License Number of all Licensed Operators: Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018 	x Dec-22 n obtained? (Indicate date) x 8/1/03 ation has been made and when.		PUBLIC HEALTH STATUS				Yes	No	Date
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	en obtained? (Indicate date) X 8/1/03 ation has been made and when.	6.	Has state or local health depart	artment inspect	ion been mad	e during the year?		Х	3/11/20
 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 	ation has been made and when.	7.	Are routine laboratory tests o	of water being m	nade?		Х		Dec-22
 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 		8.	Has state health department	water supply pe	ermit been obt	ained? (Indicate date)	Х		8/1/03
11. List Name, Grade, and License Number of all Licensed Operators: Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018	ed Operators:	9.	If no permit has been obtaine	ed, state whethe	er application l	nas been made and when.			
Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018	ed Operators:	10.	Show expiration date if state	permit is tempo	orary.				
Brandan Niblett T2-43983 & D2-49331 Jake Kevwitch T2-31539 & D2-36018	ed Operators:	44							
Jake Kevwitch T2-31539 & D2-36018		11.			III Licensed Op	perators:			
JIIII ΓΟΡΕΙΙ2 12-19303 & D9-20931			Jim Roberts T2-13963 & D3-						
12. This appual report was prepared by:		10	This applied report was seen	arod by					
12. This annual report was prepared by:		12.	rnis annuai report was prepa	ared by:					
Name of firm or consultant:			Name of firm or consultant:						
Address of firms or consultant.			Address of fines an assettant	. .	<u> </u>				
ADDIESS OF BUILDING CONCURSORS			Address of firm or consultant Email address of firm or cons		-				

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 2022:

	Applies to All Non-Tariffed Goods/Services that require Approval by Advice Letter										
					_			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	Dalama
				Balance
l l		-	Schedule	End of
Line	Acct.	Title of Account	Number	Year
No.	No.	(a)	(b)	(c)
1.1		UTILITY PLANT		
2.1	101	Water Plant in Service (Excluding SDWBA/SRF, Grant Funds)	A-1, A-1a	1,025,452
3.1	101.1	Water Plant in Service - SDWBA/SRF	A-1, A-1b	264,849
4.1	101.2	Water Plant in Service - Grant Funds	A-1, A-1c	-
5.1	101.3	Water Plant in Service - Other	A-1	-
6.1	103	Water Plant Held for Future Use	A-1	-
7.1	104	Water Plant Purchased or Sold	A-1	-
8.1	105	Construction Work in Progress - Water Plant	A-1	-
9.1	105.1	Construction Work in Progress - SDWBA/SRF	A-1	-
10.1	105.2	Construction Work in Progress - Grant Funds	A-1	-
11.1	105.3	Construction Work in Progress - Other	A-1	-
12.1	114	Water Plant Acquisition Adjustments	A-1	(55,478)
13.1		Total Utility Plant		\$ 1,234,822
14.1	108	Accumulated Depreciation of Water Plant	A-2	(653,565)
15.1	108.1	Accumulated Amortization of SDWBA/SRF loan	A-2	(78,123)
16.1	108.2	Accumulated Depreciation of Water Plant - Grant Funds	A-2	-
17.1	108.3	Accumulated Depreciation of Water Plant - Other	A-2	
18.1		Total Accumulated Depreciation/Amortization		\$ (731,688)
19.1		Net Utility Plant		\$ 503,134
20.1				
21.1		INVESTMENTS		
22.1	121	Non-utility Property and Other Assets		
23.1	122	Accumulated Depreciation of Non-Water Utility Property	A-2	-
24.1		Net non-utility property		\$ -
25.1	123	Investments in Affiliated Companies		
26.1	124	Other Investments		
27.1		Total Investments		\$ -
28.1				
29.1		CURRENT AND ACCRUED ASSETS		
30.1	131	Cash		131,398
31.1	132	Cash - Special Deposits		3,603
32.1	141	Accounts Receivable - Customers		11,352
33.1	142	Receivables from Affiliated Companies		
34.1	143	Accumulated Provision for Uncollectible Accounts		
35.1	151	Materials and Supplies		745
36.1	174	Other Current Assets		3,344
37.1		Total current and accrued assets		\$ 150,442
38.1				
39.1	180	Deferred Charges		
40.1	181	Accumulated Deferred Income Tax Assets		
41.1				
42.1		Total Assets and Other Debits		\$ 653,576

SCHEDULE A BALANCE SHEET Liabilities and Other Credits

				Balance
			Schedule	End of
Line	Acct.	Title of Account	Number	Year
No.	No.	(a)	(b)	(c)
1.2		CORPORATE CAPITAL AND RETAINED EARNINGS		
2.2	201	Common Stock	A-3	-
3.2	204	Preferred Stock	A-4	-
4.2	206	Subchapter S Corporation Accumulated Adjustments Account	A-6	-
5.2	211	Other Paid-in Capital	A-7	347,303
6.2	215	Retained Earnings	A-8	22,443
7.2		Total corporate capital and retained earnings		\$ 369,746
8.2				
9.2		PROPRIETARY CAPITAL		
10.2	218	Proprietary Capital	A-9	•
11.2				
12.2		LONG TERM DEBT		
13.2	224	Long-term Debt	A-10	193,817
14.2				
15.2		CURRENT AND ACCRUED LIABILITIES		
16.2	230	Payables to Affiliated Companies		5,518
17.2	231	Accounts Payable		1,067
18.2	232	Short-term Notes Payable		3,486
19.2	233	Customer Deposits		505
20.2	236	Taxes Accrued		
21.2	237	Interest Accrued		
22.2	241	Other Current Liabilities		304
23.2		Total current and accrued liabilities		\$ 10,881
24.2				
25.2		DEFERRED CREDITS		
26.2	252	Advances for Construction		18,731
27.2	253	Other Credits		
28.2	255	Accumulated Deferred Investment Tax - Credits		
29.2	282	Accumulated Deferred Income Taxes - Accel. Tax Depreciation		
30.2	283	Accumulated Deferred Income Tax Liabilities		
31.2		Total deferred credits		\$ 18,731
32.2				
33.2		CONTRIBUTIONS IN AID OF CONSTRUCTION		
34.2	265	Contributions in Aid of Construction		140,012
35.2	272	Accumulated Amortization of Contributions (negative number)		(79,611)
36.2		Net Contributions in Aid of Construction		\$ 60,401
37.2		Total Liabilities and Other Credits		\$ 653,576

SCHEDULE A-1 UTILITY PLANT Balance Plant Additions Plant (Retirements) Other Debits* Balance Title of Account Line Acct Beg of Year During year During year or (Credits) End of year No. No. (a) (b) (c) (d) (e) 1,023,435 \$ 1,025,452 101 Water Plant in Service (Sch A-1a) 2,016 101.1 Water Plant In Service - SDWBA/SRF (Sch A-1b) 264,849 \$ 264,849 2 Water Plant In Service - Grant Funds (Sch A-1c) 101.2 \$ 3 101.3 Water Plant In Service - Other 4 \$ 5 103 Water Plant Held for Future Use (Sch A-1d) \$ 6 104 Water Plant Purchased or Sold \$ 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 (58,780)3,302 \$ (55,478)12 Total utility plant 1,229,504 \$ 2,016 \$ 3,302 1,234,822

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)	End of year
No.	No.	(a)	(b)	(c)	(d)	(e)	(f)
1		NON-DEPRECIABLE PLANT					
2	301	Intangible Plant					\$ -
3	303	Land	19,674				\$ 19,674
4		Total non-depreciable plant	\$ 19,674	\$ -	\$ -	\$ -	\$ 19,674
5							
6		DEPRECIABLE PLANT					
7	304	Structures	1,116				\$ 1,116
8	307	Wells	40,031				\$ 40,031
9	311	Pumping Equipment	604,394				\$ 604,394
10	317	Other Water Source Plant					\$
11	320	Water Treatment Plant					\$ -
12	330	Reservoirs, Tanks and Standpipes	114,537				\$ 114,537
13	331	Water Mains	222,593				\$ 222,593
14	333	Services and Meter Installations	2,592				\$ 2,592
15	334	Meters	13,123	135			\$ 13,257
16	335	Hydrants	2,500	1,882			\$ 4,381
17	339	Other Equipment	2,877				\$ 2,877
18	340	Office Furniture and Equipment					\$ -
19	341	Transportation Equipment				·	\$ -
20		Total depreciable plant	\$ 1,003,762	\$ 2,016	\$ -	\$ -	\$ 1,005,778
21		Total water plant in service	\$ 1,023,435	\$ 2,016	\$ -	\$ -	\$ 1,025,452

 $^{^{\}star}$ Debit or credit entries should be explained by footnotes or supplementary schedules

i dollioles.		

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

SCHEDULE A-1b Account 101.1 - Water Plant in Service - SDWBA/SRF

			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	1,673,949				\$ 1,673,949
10	317	Other Water Source Plant					\$ -
11	320	Water Treatment Plant	1,614,248				\$ 1,614,248
12	330	Reservoirs, Tanks and Sandpipes	302,336				\$ 302,336
13	331	Water Mains	1,704,770				\$ 1,704,770
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	\$ 5,295,302	\$ -	\$ -	\$ -	\$ 5,295,302
21		Total water plant in service	\$ 5,295,302	\$ -	\$ -	\$ -	\$ 5,295,302
	•	* Debit or credit entries should be evals	inad by faatnataa a		hadulaa		

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

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

		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	\$ -	\$ -	\$ -	\$ -	\$ -

^{*} 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
				Accumulated	Accumulated	Accumulated
		Accumulated	Accumulated	Depreciation of	Depreciation of	Depreciation of
		Depreciation of	Amortization 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	623,147	73,563	, ,	` ,	, ,
2	Add: Credits to reserves during year					
3	(a) Charged to Account 272	3,500				
4	(b) Charged to Account 403	23,616				
5	(c) Charged to Account 407		4,560			
6	(d) Charged to Account 426					
7	(e) Charged to clearing accounts.					
8	(f) Salvage recovered					
9	(g) All other credits	3,302				
10	Total Credits	\$ 30,418	\$ 4,560	\$ -	\$	\$ -
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	\$ 653,565	\$ 78,123	\$ -	\$ -	\$ -
17						
18	(1) COMPOSITE DEPRECIATION RATE USED FOR				3.00%	
19	(2) CPUC Authorization for Composite Depreciation Ra	ate (CPUC Decis	ion, Resolution, c	or Advice Letter):		
20						
21	(3) EXPLANATION OF ALL OTHER CREDITS:					
22						
23						
24						
25						
26	(4) EXPLANATION OF ALL OTHER DEBITS:					
27						
28						
29						
30						
31						
32	(5) METHOD USED TO COMPUTE INCOME TAX DE	PRECIATION				
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					

SCHEDULE A-3 Account 201 - Common Stock Number of Par Value Dividends Declared Shares of Stock Authorized Authorized **During Year** by by Number Articles of Articles of of Shares Balance Line Class of Stock Incorporation Incorporation Outstanding¹ End of Year Rate Amount No. (a) (b) (c) (d) (e) (f) (g) NONE \$ 1 \$ \$ 2 \$ 3 \$ \$ 4 \$ \$ 5 \$ \$ Total 6 \$ \$

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

	Number of Shares Authorized by Articles of	Par Value of Stock Authorized by Articles of	Number of Shares	Balance		ds Declared ing Year
	Articles of	Articles of	of Shares	Ralance		1
			Of Offares	Daiance		
Class of Stock	Incorporation	Incorporation	Outstanding ¹	End of Year	Rate	Amount
(a)	(b)	(c)	(d)	(e)	(f)	(g)
E						
	<u> </u>		Total	\$ -		\$
			r deduction for amount of reacquired stock held by or for the respondent.	Total	Total \$ -	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	Description of Items	Amount					
No.	(a)	(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	Parent Company - Utility Management Services, Inc.	347,303				
2						
3						
4						
5	Total	\$ 347,303				

SCHEDULE A-8 Account 215 - Retained Earnings (Corporations Only)						
Line	Item	Amount				
No	(a)	(b)				
1	Balance beginning of year	32,449				
2	Add: Credits					
3	Net income	(7,847)				
4	Prior period adjustments					
5	Other credits (detail)	(2,160)				
6	Total Credits	\$ (10,006)				
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	\$ 22,443				

	SCHEDULE A-9							
	Account 218 - Proprietary Capital							
	(Sole Proprietor or Partnership)							
	N/A							
Line	ltem	Amount						
No.	(a)	(b)						
1	Balance beginning of year							
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 I									
Line No.	Nature of Obligation (a)	Issue (b)	Maturity (c)	End of Year (d)	Interest (e)	During Year (f)	During Year (g)		
1	State of California	9/1/09	1/1/45		2.28%	2,050	2,050		
2									
3									
4									
5									
6									
7	Current Portion Notes Payable	See A (Liabiliiti	es) Line 18	(3,486)					
8			Total	\$ 193,817		\$ 2,050	\$ 2,050		

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	97,894
3				
4		OPERATING REVENUE DEDUCTIONS		
5	401	Operating Expenses	B-2	65,955
6	403	Depreciation Expense	A-2	23,616
7	407	SDWBA Loan Amortization Expense	A-2	4,560
8	408	Taxes Other Than Income Taxes	B-3	7,738
9	409	State Corporate Income Tax Expense	B-3	-
10	410	Federal Corporate Income Tax Expense	B-3	-
11		Total operating revenue deductions		\$ 101,870
12		Total utility operating income		\$ (3,976)
13				
14		OTHER INCOME AND DEDUCTIONS		
15	421	Non-Utility Income	B-4	136
16	426	Miscellaneous Non-Utility Expense	B-4	1,957
17	427	Interest Expense (excluding SDWBA)	B-5	-
18	427	Interest Expense (SDWBA)	B-5	2,050
19		Total other income and deductions		\$ (3,871)
20		Net income / <loss></loss>		\$ (7,847)

SCHEDULE B-1 Account 400 - Operating Revenues

			1
			Amount
Line	Acct.	Account	Current 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	68,114
19		470.2 Commercial and Multi-residential Master Metered	10,410
20		470.3 Large Water Users	5,532
21		470.4 Safe Drinking Water Bond Surcharge	6,607
22		470.5 Other Metered Revenues	
23		Subtotal	\$ 90,663
24		Total water service revenues	\$ 90,663
25			
26	480	Other water revenue	7,231
27		Total Operating Revenues	\$ 97,894

SCHEDULE B-2 Account 401 - Operating Expenses

	I		$\overline{}$	
				Amount
				Current
Line	Acct.	Account		Year
No.	No.	(a)		(b)
1		PLANT OPERATION AND MAINTENANCE EXPENSES		. ,
2		VOLUME RELATED EXPENSES		
3	610	Purchased Water		11,144
4	615	Power		5,403
5	618	Other Volume Related Expenses		
6		Total volume related expenses	\$	16,547
7				
8		NON-VOLUME RELATED EXPENSES		
9	630	Employee Labor		10,614
10	640	Materials		341
11	650	Contract Work		1,143
12	660	Transportation Expense		2,384
13	664	Other Plant Maintenance Expenses		
14		Total non-volume related expenses	\$	14,482
15		Total plant operation and maintenance exp.	\$	31,029
16				
17		ADMINISTRATIVE AND GENERAL EXPENSES		
18	670	Office Salaries		7,099
19	671	Management Salaries		7,032
20	674	Employee Pensions and Benefits		5,996
21	676	Uncollectible Accounts Expense		494
22	678	Office Services and Rentals		1,560
23	681	Office Supplies and Expenses		4,391
24	682	Professional Services		393
25	684	Insurance		5,192
26	688	Regulatory Compliance Expense		2,018
27	689	General Expenses		752
28		Total administrative and general expenses	\$	34,926
29	800	Expenses Capitalized - Credit (Optional)		
30	900	Clearing Accounts (Optional)		
31		Net administrative and general expense	\$	34,926
32		Total Operating Expenses	\$	65,955

	SCHEDULE B-3 Accounts 408, 409, 410 - Taxes Charged During the Year							
		Taxes Charged						
Line	Type of Tax	Total Taxes Charged During Year						
No.	(a)	Water (b)	Nonutility (c)	(d)				
1	408 Taxes other than income taxes:	, ,	,					
2	408.1 Property taxes	5,911		\$ 5,911				
3	408.2 Payroll taxes	1,827		\$ 1,827				
4	408.3 Other taxes and licenses			\$ -				
5	Total taxes other than income taxes	\$ 7,738	\$ -	\$ 7,738				
6								
7	409 State corporate income tax			\$ -				
8	410 Federal corporate income tax			\$ -				
9	Total income taxes	\$ -	\$ -	\$ -				
10								
11	Total	\$ 7,738	\$ -	\$ 7,738				

	SCHEDULE B-4 Accounts 421, 426 - Income and Expense from	Non-Utility Ope	rations				
Non-Utility M							
		Income	Non-Utility Expense				
Line	Description	Acct. 421	Acct. 426				
No.	(a)	(b)	(c)				
1	Non-utility Expense - Bank Fees		1,957				
2	Bank Interest	132					
3	Bank Interest SRF Fiscal	4					
4							
5	Total	\$ 136	\$ 1,957				

	SCHEDULE B-5 Account 427 - Interest Expense	
Line No.	Description (a)	Amount (b)
1	Interest on SDWBA loan	2,050
2	Interest on other (give details below):	·
3		
4		
5		
6		
7		
8		
9		
10	Total	\$ 2,050

SCHEDUL	SCHEDULE C -SOURCES OF SUPPLY AND WATER DEVELOPED WELLS							
			Depth	Pumping	Annual			
		Diam.	to Water	Capacity	Quantities			
Location	No.	Inch	Feet	(g.p.m.)	Pumped (CCF)			
Loomis	1	8"	47	40	2			
Indian	1	10"	58	60	-			
OTHER								
Streams or Springs					Annual			
Location of Diversion	1	w in	(l	Quantities				
Point	Priorit	y Right	Dive	Diverted				
	Claim	Capacity	Max	Min	Unit			
Purchased water (unit)	CCF	<u> </u>						
Supplier:		Annual Quantity						
Del Oro Water Co Par	adise Pines		11185					

SCHEDULE D - WATER DELIVERED TO METERED CUSTOMERS						
(CCF)						
		of Year	Total for Year			
Classification of Service	Maximum	Minimum				
Residential	Sep	Jan	6,311			
Commercial	Aug	Dec	1,455			
Industrial						
Fire Protection						
Irrigation	Sep	Dec	1,169			
Other (Governmental)	n/a	n/a	I			
		Total	8,934			

	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	10,614		\$ 10,614			
2	670	Office salaries	9	7,099		\$ 7,099			
3	671	Management salaries	2	7,032		\$ 7,032			
4		Total	18	\$ 24,745	\$ -	\$ 24,745			

SCHEDULE F - ADVANCES FOR CONSTRUCTION				
Balance beginning of year		18,731		
Additions during year				
Subtotal - Beginning balance plus additions during year	\$	18,731		
Refunds				
Transfers to Acct. 265 - Contributions in Aid of Construction				
Balance end of year	\$	18,731		

SCHEDULE G - TOTAL METERS AND SERVICES (Active and Inactive)						
Size	Meters	Services				
5/8 x 3/4-in	87	265				
3/4-in	9	12				
1-in	1	3				
2-in		2				
-in						
-in						
Total	97	282				

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	85		85	167		167	252	-
Industrial/Commercial	10		10	15		15	25	-
Irrigation	2		2	1		1	3	-
Fire Protection (public)			-	2		2	2	-
Fire Protection (private)			-			-	-	-
Other (specify)			-				-	-
			-			-	-	-
Total	97	-	97	185	-	185	282	-

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

SCHEDULE J - STOR	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					-	
Wood			Standard screw					-	
Steel	2	255,000	Cement-asbestos			2,700	11,250	13,950	
Other			Plastic	550		2,950	7,350	10,850	
			Other (specify)					1	
						·		-	
								-	
Total	2	255,000	Total	550	-	5,650	18,600	24,800	

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.

	o (,	,		
1.	Current Fiscal Agent:				
	Name:	Five Star Bank			
	Address:		77		
	Phone Number:	-	• •		
	Account Number:				
	Date Hired:	July 2008			
2.	Total surcharge colle	cted from customers during the 12 mor	nth reporting period:		
	\$	6,607	Meter Size	No. of Metered Customers	Monthly Surcharge Per Custome
		Five Star Blank	\$ 5.16		
				9	\$ 7.74
			•		
			1 1/2 inch		
				_	\$ 41.26
			Meter Size No. of Metered Customers Monthly Surcharge Per Customer 5/8 X 3/4 inch 3/4 inch 1 inch 1 inch 2 inch 2 inch 4 inch 6 inch Number of Flat Rate Customers - \$ 41.26 Number of Flat Rate Customers - 97		
			6 inch		
			Number of		
			Flat Rate		
			Customers		
			Total	97	
3.	Summary of the bank	account activities showing:			
	Balance a	it beginning of year		\$	1,891
					4
					(5.000)
					(5,082)
				\$	3 603
	Balarioe	ic cha or year		Ψ	0,000
4.	Reason for other dep	osits/withdrawals			

5. Total Accumulated Reserve:

SCHEDULE M FACILITY FEES DATA

Please provide the following information relating to Facility Fees collected for the calendar year 2022, pursuant to Resolution No. W-4110.

Tı	rust Account Information:	N/A		
	ank Name:			
	ddress: ccount Number:			
	ate Opened:			
D	ate Opened.			
F	acilities Fees collected for new co	onnections during the calendar	year:	
Α	. Commercial			
	NAME			AMOUNT
			\$	
			\$	
			 \$_	
			 \$_	
В	. Residential			
	NAME			AMOUNT
			\$	
			\$	
			 \$_	
			\$_	
S	ummary of the bank account acti	vities showing:		
			-	AMOUNT
	Balance at beginning of year		\$_	
	Deposits during the year Interest earned for calendar y	vear.	\$_ \$	
	Withdrawals from this accour		\$ _ \$	
	Balance at end of year		\$	
R	eason 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, Partner, or Owner (Please Print) Del Oro Water Company, Inc. - Magalia 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, 2022 through December 31, 2022. Secretary/Director Corporate Accounting Janice Hanna Title (Please Print) Signature 530-809-3960 April 30, 2023 Telephone Number Date