Examined		CLASS D
	l w	ATER UTILITIES
U#		
	2023	
	ANNUAL REPOR	Т
		A I
	OF	
	- . -	
	Del Oro Water Co., Inc.	
	Del Oro Water Co., Inc.	
	Del Oro Water Co., Inc. Benbow District	
(NAME UNDE		DUAL IS DOING BUSINESS)
(NAME UNDE	Benbow District	DUAL IS DOING BUSINESS)
(NAME UNDE	Benbow District R WHICH CORPORATION, PARTNERSHIP, OR INDIVID	DUAL IS DOING BUSINESS)
(NAME UNDE	Benbow District R WHICH CORPORATION, PARTNERSHIP, OR INDIVID	DUAL IS DOING BUSINESS) 95927

TO THE PUBLIC UTILITIES COMMISSION STATE OF CALIFORNIA FOR THE YEAR ENDED DECEMBER 31, 2023

REPORT MUST BE FILED NO LATER THAN APRIL 30, 2024

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, 2024, with:**

CALIFORNIA PUBLIC UTILITIES COMMISSION WATER DIVISION ATTN: BRUCE DEBERRY 505 VAN NESS AVENUE, ROOM 3200 SAN FRANCISCO, CALIFORNIA 94102-3298

<u>bmd@cpuc.ca.gov</u> <u>water.division@cpuc.ca.gov</u>

- 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, 2023 through December 31, 2023. 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) Benbow/Garberville, Humboldt 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 Bryan Fortino, Chief Financial Officer - Director Paul Matulich, Asst Secretary - Director Janice Hanna - Secretary - Director Janice Hanna - Secretary - Director Drawer 5172, Chico, CA 95927 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: Janice Hanna, Secretary, 530-809-3960 John O'Farrell, Field Superintendent, 530-809-3983 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 11 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 STAUS 6. 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 Licen		Del Oro Water Co., Ir				
Renbow/Garberville, Humboldt County		(Name under which corporation, partne	ership or individual is doing	j business)		
Benbow/Garberville, Humboldt County (Service Area - Town and County)						
(Service Area - Town and County) Telephone Number: 530-717-2600 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, Assit Secretary - Directo		(Official maili	ng 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 Bryan Fortino, Chief Executive Officer - Director Paul Matulich, Asst Secretary Director Janice Hanna - 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: (A) One person listed above to receive correspondence: (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 and/or management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 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 or local health department whether application has been made and when. 9. If no permit has been obtained, sale 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: Troy Hubner T2-20880 & D2-20800 Peter Thoresen T2-27745 & D2-20802 Doug Esget T12-23448 & D2-18175 Carson						
Seneral Information California General Information California General Information California General Information California General Information General Info		(Service Area - To	own and County)			
GENERAL INFORMATION (Altach 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 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: 3. Vere 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) 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 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: Troy Hubner T2-20680 & D2-20600 Peter Torseson T2-274745 & D2-206002 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	Tel	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 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 Dance Hanna - Secretary - Dance Hanna - Secretary	Em	ail Address: jeh	@corporatecenter.us			
(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 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: Janice Hanna, Secretary, 530-809-3960 John O'Farrell, Field Superintendent, 530-809-3983 4. Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 5. State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: PUBLIC HEALTH STATUS 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: Troy Hubner T2-2080 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791		(Attach a supplementary	statement, if necessary)			
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: Janice Hanna, Secretary, 530-809-3960 John O'Farrell, Field Superintendent, 530-809-3983 4. Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment 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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	1.		ted in the State of	Calif	ornia	
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/or management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791		(B) Names, titles and addresses of principal officers:	Robert S. Fortino, Chief	Executive Off	icer - Di	irector
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/or management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? 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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791						
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 John O'Farrell, Field Superintendent, 530-809-3983			Paul Matulich, Asst Sec	retary - Directo	or	
If unincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide the name and address of the owner(s) or the partners: Anincorporated provide above to receive correspondence: Anincorporated provides and services: Anincorporation person covering service, supervision and/or management of your business affairs during the year? (Yes or No) NO NO						
3 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 John O'Farrell, Field Superintendent, 530-809-3983 4. Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment 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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791			Drawer 5172, Chico, CA	95927		
3 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 John O'Farrell, Field Superintendent, 530-809-3983 4. Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year? (Yes or No) If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment 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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	2	If unincorporated provide the name and address of the ow	(ner(e) or the nartners:			
 Were any contracts or agreements in effect with any organization or person covering service, supervision and/or management of your business affairs during the year? (Yes or No) NO If so, what was the nature and the amount of each payment made under the agreement, to whom were payments made, and to what account was each payment charged? State the names of associated companies or persons which, directly or indirectly, or through one or more intermediaries, control, or are controlled by, or are under common control with respondent: PUBLIC HEALTH STATUS 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: Troy Hubner T2-20680 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791 	3	(A) One person listed above to receive correspondence:)-3983
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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791						
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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	4.	management of your business affairs during the year? ('If so, what was the nature and the amount of each payme	Yes or No) <u>NO</u> nt made under the agreem		_	and/or
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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791						
 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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791 				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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	6.	Has state or local health department inspection been mad	e during the year?		Х	6/17/20
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: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	7.	Are routine laboratory tests of water being made?		X		12/2023
10. Show expiration date if state permit is temporary. 11. List Name, Grade, and License Number of all Licensed Operators: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	8.	Has state health department water supply permit been ob	tained? (Indicate date)	Х		8/24/18
11. List Name, Grade, and License Number of all Licensed Operators: Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	9.	If no permit has been obtained, state whether application	has been made and when.			
Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175 Carson Wilson D2-56791	10.	Show expiration date if state permit is temporary.				
12. This annual report was prepared by:	11.	Troy Hubner T2-20680 & D2-20600 Pete Thoresen T2-27745 & D2-20602 Doug Esget T2-23448 & D2-18175	perators:			
12. I his annual report was prepared by:	, -					
Name of firm or consultant:	12.					

Address of firm or consultant:	
Email 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 2023:

	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

				I	Balance
			Schedule		End of
Line	Acct.	Title of Account	Number		Year
No.	No.	(a)	(b)		(C)
1.1	NO.	UTILITY PLANT	(b)		(0)
2.1	101	Water Plant in Service (Excluding SDWBA/SRF, Grant Funds)	A-1, A-1a		1,143,302
3.1	101.1	Water Plant in Service - SDWBA/SRF	A-1, A-1b		
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		36,347
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		-
13.1		Total Utility Plant		\$	1,179,649
14.1	108	Accumulated Depreciation of Water Plant	A-2		(500,292)
15.1	108.1	Accumulated Amortization of SDWBA/SRF loan	A-2		-
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		\$	(500,292)
19.1		Net Utility Plant		\$	679,357
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		Φ.	
27.1		Total Investments		\$	-
28.1		CURRENT AND ACCRUED ASSETS			
29.1 30.1	131	CURRENT AND ACCRUED ASSETS Cash			167,413
31.1	132	Cash - Special Deposits		1	107,413
32.1	141	Accounts Receivable - Customers			27,825
33.1	142	Receivables from Affiliated Companies			21,023
34.1	143	Accumulated Provision for Uncollectible Accounts			
35.1	151	Materials and Supplies			9,380
36.1	174	Other Current Assets			4,992
37.1	177	Total current and accrued assets		\$	209,610
38.1		Total outfork and doorded doodle		Ψ	200,010
39.1	180	Deferred Charges			
40.1	181	Accumulated Deferred Income Tax Assets			
41.1				t	
42.1		Total Assets and Other Debits		\$	888,967

SCHEDULE A BALANCE SHEET Liabilities and Other Credits

			<u></u>		Balance
l		T''	Schedule		End of
Line	Acct.	Title of Account	Number		Year
No.	No.	(a)	(b)		(c)
1.2	004	CORPORATE CAPITAL AND RETAINED EARNINGS	1 0		
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		608,859
6.2	215	Retained Earnings	A-8	Φ.	107,888
7.2		Total corporate capital and retained earnings		\$	716,747
8.2		DDODDIETADY CARITAL			
9.2	040	PROPRIETARY CAPITAL	A 0		
10.2	218	Proprietary Capital	A-9		-
11.2		LONG TERM REPT			
12.2	004	LONG TERM DEBT	A 40		
13.2	224	Long-term Debt	A-10		-
14.2		CURRENT AND ACCRUED LIABILITIES			
15.2	000	CURRENT AND ACCRUED LIABILITIES			44.050
16.2	230	Payables to Affiliated Companies			11,350
17.2	231 232	Accounts Payable Short-term Notes Payable			3,729
18.2	232				4.022
19.2	236	Customer Deposits Taxes Accrued			1,032
20.2	237				70
21.2		Interest Accrued			4.000
22.2	241	Other Current Liabilities		Φ	4,299
23.2		Total current and accrued liabilities		\$	20,481
24.2 25.2		DEFERRED CREDITS			
26.2	252	Advances for Construction			
27.2	252 253	Other Credits			-
28.2	255	Accumulated Deferred Investment Tax - Credits			
29.2	282	Accumulated Deferred Investment Tax - Credits Accumulated Deferred Income Taxes - Accel. Tax Depreciation			
30.2	283	Accumulated Deferred Income Taxes - Accel. Tax Depreciation Accumulated Deferred Income Tax Liabilities			6,280
31.2	203	Total deferred credits		\$	6,280
32.2		rotal deletred credits		Ф	0,200
33.2		CONTRIBUTIONS IN AID OF CONSTRUCTION			
34.2	265	Contributions in Aid of Construction			206,264
35.2	272	Accumulated Amortization of Contributions (negative number)			
36.2	212	Net Contributions in Aid of Construction		\$	(60,804) 145,460
37.2		Total Liabilities and Other Credits		\$	888,967
31.2		Total Elabilities and Other Credits	<u> </u>	φ	000,907

			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)	1,143,230	72	-	-	\$ 1,143,302
2	101.1	Water Plant In Service - SDWBA/SRF (Sch A-1b)	-	-	-	-	\$ -
3	101.2	Water Plant In Service - Grant Funds (Sch A-1c)	-	-	-	-	\$ -
4	101.3	Water Plant In Service - Other					\$ -
5	103	Water Plant Held for Future Use (Sch A-1d)					\$ -
6	104	Water Plant Purchased or Sold					\$ -
7	105	Construction Work in Progress - Water Plant	32,769	3,577			\$ 36,347
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	\$ 1,176,000	\$ 3,649	\$ -	\$ -	\$ 1,179,649

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

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

			Balance	Plant Additions	Plant (Retirements)	Other Debits*	Balance
Line	Acct	Title of Account	Beg of Year	During year	During year	or (Credits)	End of year
No.	No.	(a)	(b)	(c)	(d)	(e)	(f)
1		NON-DEPRECIABLE PLANT					
2	301	Intangible Plant	28,489				\$ 28,489
3	303	Land	72,100				\$ 72,100
4		Total non-depreciable plant	\$ 100,589	\$ -	\$ -	\$ -	\$ 100,589
5							
6		DEPRECIABLE PLANT					
7	304	Structures	105,507				\$ 105,507
8	307	Wells	15,085				\$ 15,085
9	311	Pumping Equipment	128,314				\$ 128,314
10	317	Other Water Source Plant	-				\$ -
11	320	Water Treatment Plant	272,028				\$ 272,028
12	330	Reservoirs, Tanks and Standpipes	201,419				\$ 201,419
13	331	Water Mains	205,318				\$ 205,318
14	333	Services and Meter Installations	21,523				\$ 21,523
15	334	Meters	25,635				\$ 25,635
16	335	Hydrants	3,738				\$ 3,738
17	339	Other Equipment	17,648	72			\$ 17,720
18	340	Office Furniture and Equipment	14,391				\$ 14,391
19	341	Transportation Equipment	32,036				\$ 32,036
20		Total depreciable plant	\$ 1,042,642	\$ 72	\$ -	\$ -	\$ 1,042,713
21		Total water plant in service	\$ 1,143,230	\$ 72	\$ -	\$ -	\$ 1,143,302

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

Footnotes:			

			SCHEDUL	E A-1b			
		Account 101.1	- Water Plant	in Service - S	SDWBA/SRF		
N/A		1.000 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

			SCHEDUL	Ε Λ ₋₁ ς			
		Account 101.2			Prant Funds		
N/A		Account 101.2	- water Flant	III Service - C	orani Funus		
			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
		710000111 100	710000111 100.1	Accumulated	Accumulated	Accumulated
		Accumulated	Accumulated	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	471,911	(0)	(4)	(0)	(1)
2	Add: Credits to reserves during year	47 1,011				
3	(a) Charged to Account 272	4,574				
4	(b) Charged to Account 403	23,807				
5	(c) Charged to Account 407	20,00.				
6	(d) Charged to Account 426					
7	(e) Charged to clearing accounts.					
8	(f) Salvage recovered					
9	(g) All other credits					
10	Total Credits	\$ 28.381	\$ -	\$ -	\$ -	\$ -
11	Less: Debits to reserves during year	7 = 5,000	7	- T	_ 	
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	\$ 500,292	\$ -	\$ -	\$ -	\$ -
17	·					
18	(1) COMPOSITE DEPRECIATION RATE USED FOR				3.00%	
19	(2) CPUC Authorization for Composite Depreciation R	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 Shares of Stock **Dividends Declared** Authorized Authorized **During Year** by by Number Balance Articles of Articles of of Shares Class of Stock Outstanding¹ End of Year Line Incorporation Incorporation Rate Amount No. (a) (b) (c) (d) (e) (f) (g) NONE \$ 2 \$ 3 \$ \$ 4 \$ \$ 5 \$ \$ Total 6 \$ After deduction for amount of reacquired stock held by or for the respondent.

	SCHEDULE A-4 Account 204 - Preferred Stock							
		Number of Shares Authorized by	Par Value of Stock Authorized by	Number			ds Declared ing Year	
		Articles of	Articles of	of Shares	Balance			
Line	Class of Stock	Incorporation	Incorporation	Outstanding ¹	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	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.	603,756			
2	Debt Forgiveness	5,103			
3					
4					
5	Total	\$ 608,859			

	SCHEDULE A-8 Account 215 - Retained Earnings (Corporations Only)				
Line	Item	Amount			
No	(a)	(b)			
1	Balance beginning of year	118,891			
2	Add: Credits				
3	Net income	84,996			
4	Prior period adjustments				
5	Other credits (detail)				
6	Total Credits	\$ 84,996			
7					
8	Less: Debits				
9	Net losses				
10	Prior period adjustments				
11	Dividend appropriations - preferred stock				
12	Dividend appropriations - common stock	(96,000)			
13	Other debits (detail)				
14	Total Debits	(96,000)			
15	Balance end of year	\$ 107,888			

	SCHEDULE A-9					
	Account 218 - Proprietary Capital					
	(Sole Proprietor or Partnership)					
N/A	(0000110					
Line	Item	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 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	270,838
3				
4		OPERATING REVENUE DEDUCTIONS		
5	401	Operating Expenses	B-2	147,658
6	403	Depreciation Expense	A-2	23,807
7	407	SDWBA Loan Amortization Expense	A-2	-
8	408	Taxes Other Than Income Taxes	B-3	16,223
9	409	State Corporate Income Tax Expense	B-3	1
10	410	Federal Corporate Income Tax Expense	B-3	340
11		Total operating revenue deductions		\$ 188,028
12		Total utility operating income		\$ 82,811
13				
14		OTHER INCOME AND DEDUCTIONS		
15	421	Non-Utility Income	B-4	2,665
16	426	Miscellaneous Non-Utility Expense	B-4	480
17	427	Interest Expense (excluding SDWBA)	B-5	-
18	427	Interest Expense (SDWBA)	B-5	
19		Total other income and deductions		\$ 2,186
20		Net income / <loss></loss>		\$ 84,996

SCHEDULE B-1 Account 400 - Operating Revenues

				Amount
	Acct.	Account	Cur	rent 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	\$	1
9				
10	462	Fire protection and hydrant revenue		
11		462.1 Public Fire Protection		
12		462.2 Private Fire Protection		2,614
13		Subtotal	\$	2,614
14				
15	465	Irrigation revenue		
16				
17	470	Metered water revenue		
18		470.1 Residential, Single-family, Multiple Dwelling Units		181,518
19		470.2 Commercial and Multi-residential Master Metered		61,546
20		470.3 Large Water Users		12,977
21		470.4 Safe Drinking Water Bond Surcharge		
22		470.5 Other Metered Revenues		
23		Subtotal	\$	256,042
24		Total water service revenues	\$	258,656
25				
26	480	Other water revenue		12,183
27		Total Operating Revenues	\$	270,838

SCHEDULE B-2 Account 401 - Operating Expenses

			1	
				Amount
				Current
Line	Acct.	Account		Year
No.	No.	(a)		(b)
1		PLANT OPERATION AND MAINTENANCE EXPENSES		
2		VOLUME RELATED EXPENSES		
3	610	Purchased Water		-
4	615	Power		32,137
5	618	Other Volume Related Expenses		6,370
6		Total volume related expenses	\$	38,507
7				
8		NON-VOLUME RELATED EXPENSES		
9	630	Employee Labor		42,382
10	640	Materials		2,930
11	650	Contract Work		1,195
12	660	Transportation Expense		5,988
13	664	Other Plant Maintenance Expenses		1,800
14		Total non-volume related expenses	\$	54,295
15		Total plant operation and maintenance exp.	\$	92,802
16				
17		ADMINISTRATIVE AND GENERAL EXPENSES		
18	670	Office Salaries		9,750
19	671	Management Salaries		8,229
20	674	Employee Pensions and Benefits		11,233
21	676	Uncollectible Accounts Expense		428
22	678	Office Services and Rentals		1,595
23	681	Office Supplies and Expenses		9,182
24	682	Professional Services		892
25	684	Insurance		8,340
26	688	Regulatory Compliance Expense		3,479
27	689	General Expenses		1,728
28		Total administrative and general expenses	\$	54,856
29	800	Expenses Capitalized - Credit (Optional)		
30	900	Clearing Accounts (Optional)		
31		Net administrative and general expense	\$	54,856
32		Total Operating Expenses	\$	147,658

	SCHEDULE B-3 Accounts 408, 409, 410 - Taxes Charged During the Year					
			of Taxes Charged	· 		
		Total Taxes Charged				
Line	Type of Tax	Water	Nonutility	During Year		
No.	(a)	(b)	(c)	(d)		
1	408 Taxes other than income taxes:					
2	408.1 Property taxes	8,427		\$ 8,427		
3	408.2 Payroll taxes	4,743		\$ 4,743		
4	408.3 Other taxes and licenses	3,053		\$ 3,053		
5	Total taxes other than income taxes	\$ 16,223	-	\$ 16,223		
6						
7	409 State corporate income tax			\$ -		
8	410 Federal corporate income tax	340		\$ 340		
9	Total income taxes	\$ 340	- \$	\$ 340		
10						
11	Total	\$ 16,563	- \$	\$ 16,563		

	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		480						
2	Bank Interest	2,665							
3									
4									
5	Total	\$ 2,665	\$ 480						

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

SCHEDULI	E C -SOUR	PLY AND WATE	ER DEVELOPED W	/ELLS	
			Depth	Pumping	Annual
		Diam.	to Water	Capacity	Quantities
Location	No.	Inch	Feet	(g.p.m.)	Pumped (CCF)
OTHER					
Streams or Springs					Annual
Location of Diversion	Flo	w in	(1	Unit)	Quantities
Point	Priorit	y Right	Diversions		Diverted
	Claim	Capacity	Max	Min	CCF
Fern Springs Rd.	234	400	178	88	47,319
Purchased water (unit)					
Supplier:		Annual Quantity			

SCHEDULE D - WATER DELIVERED TO METERED CUSTOMERS							
(If figures are available) (CCF)							
	Month	of Year	Total for Year				
Classification of Service	Maximum	Minimum					
Residential	Aug	Mar	18,609				
Commercial	Aug	Mar	12,295				
Industrial							
Fire Protection	Aug	Jan	80				
Irrigation							
Other (Governmental)	Aug	Dec	290				
		Total	31,274				

	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	5	42,382		\$ 42,382			
2	670	Office salaries	9	9,750		\$ 9,750			
3	671	Management salaries	2	8,229		\$ 8,229			
4		Total	16	\$ 60,361	\$ -	\$ 60,361			

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

SCHEDULE G - TOTAL METERS						
	AND SERVICES (Active and Inactive)					
Size	Meters	Services				
5/8 x 3/4-in	65	101				
3/4-in	34	38				
1-in	4	5				
1 1/2-in	1	1				
2-in	1	1				
3-in	1	1				
4-in	1	1				
6-in	1	1				
Total	108	149				

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 connections	
Classification	Metered	Flat	Total	Metered	Flat	Total	Metered	Flat	
Residences	99		99	38		38	137	-	
Industrial/Commercial	6		6	2		2	8	-	
Irrigation			-			-	-	-	
Fire Protection (public)			-			-	-	-	
Fire Protection (private)	1		1	-		-	1	-	
Other (specify)	2		2	1		1	3	-	
			-			-	-	-	
Total	108	-	108	41	-	41	149	-	

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)					
		capacity		2" and	2 1/4 to		Other sizes		
Description	No.	in gallons	Description	under	3 1/4	4"	6"-10"	Totals	
Concrete			Cast Iron					ı	
Earth			Welded steel					-	
Wood			Standard screw					-	
Steel	2	215,000	Cement-asbestos			5,200	6,851	12,051	
Other (Plastic)	3	15,000	Plastic	1,830	1,800	4,573	4,355	12,558	
			Other (HDPE)	150	2,450	992	852	4,444	
			Other (Ductile Iron)				500	500	
								_	
Total	5	230,000	Total	1,980	4,250	10,765	12,558	29,553	

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 collec	ted from customers during the 12 m	onth 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.	Balance at Add: Surch Intere Othe Less: Loan Bank Othe	beginning of year narge collections est earned deposits payments charges withdrawals end of year		\$ \$	
4.	Reason for other depo	sits/withdrawals			
5.	Total Accumulated Re	serve: \$			

SCHEDULE M FACILITY FEES DATA

Please provide the following information relating to Facility Fees collected for the calendar year 2023, pursuant to Resolution No. W-4110.

Tr	ust Account Information:	N/A			
Ва	ink Name:				
	ldress:				
	count Number:				
Da	ate Opened:				
Fa	cilities Fees collected for new con	nections during the ca	alendar year:		
A.	Commercial				
	NAME			_	AMOUNT
				\$	
				φ_ \$	
				\$	
				\$	
				\$_	
В.	Residential				
	NAME			_	AMOUNT
				¢	
				\$_ \$	
				\$_	
				\$	
				\$_	
Sι	ımmary of the bank account activi	ties showing:			
	,	J		_	AMOUNT
	Balance at beginning of year			\$	
	Deposits during the year			<u>*</u> –	
	Interest earned for calendar yea	ar		\$	
	Withdrawals from this account			\$_	
	Balance at end of year			\$	
Re	eason or Purpose of Withdrawal fr	om 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. - Benbow 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, 2023 through December 31, 2023. Secretary/Director Corporate Accounting Title (Please Print) Signature 530-809-3960 April 30, 2024 Telephone Number Date