ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

SW-04136A
Santa Rosa Utility Company
9532 E. Riggs Rd.
Sun Lakes, AZ 85248

RECEIVED

ACC UTILITIES DIRECTOR

ANNUAL REPORT
Sewer

FOR YEAR ENDING

12	31	2010

FOR COMMISSION USE

ANN05	10

5-4-11

COMPANY INFORMATION

Company Name (Business Name) Santa Rosa Utility Company

Mailing Address 9532 E. Riggs Rd.
(Street)

Sun Lakes (City) AZ (State) 85248 (Zip)

(480) 895-4200 Telephone No. (Include Area Code) (480) 895-5455 Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address

Local Office Mailing Address 24607 S. Price Rd.
(Street)

Sun Lakes (City) AZ (State) 85248 (Zip)

(480) 895-5009 Local Office Telephone No. (Include Area Code) (480) 802-9463 Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address

MANAGEMENT INFORMATION

☐ **Regulatory Contact:**

☐ **Management Contact:** Steve Soriano (Name) Vice President/General Manager (Title)

9532 E. Riggs Rd. (Street) Sun Lakes (City) AZ (State) 85248 (Zip)

(480) 895-4200 Telephone No. (Include Area Code) (480) 895-5455 Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address steve.soriano@robson.com

On Site Manager: Dave Voorhees (Name)

24607 S. Price Rd. (Street) Sun Lakes (City) AZ (State) 85248 (Zip)

(480) 895-5009 Telephone No. (Include Area Code) (480) 895-9463 Fax No. (Include Area Code) Cell No. (Include Area Code)

Email Address dave.voorhees@robson.com

Statutory Agent: James Hubbard
(Name)

9532 E. Riggs Rd.	Sun Lakes	AZ	85248
(Street)	(City)	(State)	(Zip)

(480) 895-4200	(480) 895-0136	
Telephone No. (Include Area Code)	Fax No. (Include Area Code	Cell No. (Include Area Code)

Attorney: Marty Aronson
(Name)

One Camelback Rd.	Phoenix	AZ	85012
(Street)	(City)	(State)	(Zip)

(602) 263- 2972		
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)

Email Address _____

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- ☐ **Sole Proprietor (S)**
- ☐ **C Corporation (C) (Other than Association/Co-op)**
- ☐ **Partnership (P)**
- ☐ **Subchapter S Corporation (Z)**
- ☐ Bankruptcy (B)
- ☐ Association/Co-op (A)
- ☐ Receivership (R)
- ☐ Limited Liability Company
- ☐ **Other (Describe)** _____

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

☐ **APACHE**	☐ **COCHISE**	☐ **COCONINO**
☐ **GILA**	☐ **GRAHAM**	☐ **GREENLEE**
☐ **LA PAZ**	☐ **MARICOPA**	☐ **MOHAVE**
☐ **NAVAJO**	☐ **PIMA**	☐ **PINAL**
☐ **SANTA CRUZ**	☐ **YAVAPAI**	☐ **YUMA**
☐ **STATEWIDE**		

COMPANY NAME Santa Rosa Utility Company

UTILITY PLANT IN SERVICE

Acct. No.	DECRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	0	0	0

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME Santa Rosa Utility Company

CALCULATION OF DEPRECIATION EXPENSE

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
351	Organization			
352	Franchises			
353	Land and Land Rights			
354	Structures and Improvements			
355	Power Generation Equipment			
360	Collection Sewers – Force			
361	Collection Sewers – Gravity			
362	Special Collecting Structures			
363	Services to Customers			
364	Flow Measuring Devices			
365	Flow Measuring Installations			
370	Receiving Wells			
380	Treatment and Disposal Equip.			
381	Plant Sewers			
382	Outfall Sewer Lines			
389	Other Plant and Misc. Equipment			
390	Office Furniture and Equipment			
391	Transportation Equipment			
393	Tools, Shop and Garage Equip.			
394	Laboratory Equipment			
395	Power Operated Equipment			
398	Other Tangible Plant			
	TOTALS	0	0	0

This amount goes on the Comparative Statement of Income and Expense Acct. 403

COMPANY NAME Santa Rosa Utility Company

BALANCE SHEET

Acct No.	ASSETS	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
	CURRENT AND ACCRUED ASSETS		
131	Cash	$0	$0
132	Special Deposits		
135	Temporary Cash Investments		
141	Customer Accounts Receivable		
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	TOTAL CURRENT AND ACCRUED ASSETS	$0	$0
	FIXED ASSETS		
101	Utility Plant in Service	$0	$00
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant		
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	$0	$0
	TOTAL ASSETS	**$0**	**$0**

NOTE: Total Assets on this page should equal **Total Liabilities and Capital** on the following page.

COMPANY NAME Santa Rosa Utility Company

BALANCE SHEET (CONTINUED)

Acct No.	LIABILITIES	BALANCE AT BEGINNING OF TEST YEAR	BALANCE AT END OF YEAR
	CURRENT LIABILITES		
231	Accounts Payable	$0	$0
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	$0	$0
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	$0	$0
	DEFERRED CREDITS		
252	Advances in Aid of Construction	$0	$0
253	Other Deferred Credits		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	TOTAL DEFERRED CREDITS	$0	$0
	TOTAL LIABILITIES	$0	$0
	CAPITAL ACCOUNTS		
201	Common Stock Issued	$0	$0
211	Other Paid in Capital		
215	Retained Earnings		
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	$0	$0
	TOTAL LIABILITIES AND CAPITAL	**$0**	**$0**

COMPANY NAME Santa Rosa Utility Company

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
521	Flat Rate Revenues	$0	$0
522	Measured Revenues		
536	Other Wastewater Revenues		
	TOTAL REVENUES	$0	$0
	OPERATING EXPENSES		
701	Salaries and Wages	$0	$0
710	Purchased Wastewater Treatment		
711	Sludge Removal Expense		
715	Purchased Power		
716	Fuel for Power Production		
718	Chemicals		
720	Materials and Supplies		
731	Contractual Services – Professional		
735	Contractual Services – Testing		
736	Contractual Services – Other		
740	Rents		
750	Transportation Expense		
755	Insurance Expense		
765	Regulatory Commission Expense		
775	Miscellaneous Expense		
403	Depreciation Expense		
408	Taxes Other Than Income		
408.11	Property Taxes		
409	Income Taxes		
	TOTAL OPERATING EXPENSES	$0	$0
	OTHER INCOME/EXPENSE		
419	Interest and Dividend Income	$0	$0
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	TOTAL OTHER INCOME/EXPENSE	$0	$0
	NET INCOME/(LOSS)	**$0**	**$0**

COMPANY NAME Santa Rosa Utility Company

SUPPLEMENTAL FINANCIAL DATA

Long-Term Debt

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued	N/A			
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	$0	$	$	$
Amount Outstanding	$0	$	$	$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	$0	$	$	$
Current Year Principle	$0	$	$	$

COMPANY NAME Santa Rosa Utility Company	
Name of System:	**Wastewater Inventory Number (if applicable):**

WASTEWATER COMPANY PLANT DESCRIPTION
TREATMENT FACILITY

TYPE OF TREATMENT (Extended Aeration, Step Aeration, Oxidation Ditch, Aerobic Lagoon, Anaerobic Lagoon, Trickling Filter, Septic Tank, Wetland, Etc.)	N/A
DESIGN CAPACITY OF PLANT (Gallons Per Day)	N/A

LIFT STATION FACILITIES

Location	Quantity of Pumps	Horsepower Per Pump	Capacity Per Pump (GPM)	Wet Well Capacity (gals)
N/A	N/A	N/A	N/A	N/A

FORCE MAINS

Size	Material	Length (Feet)
4-inch	N/A	N/A
6-inch	N/A	N/A

MANHOLES

Type	Quantity
Standard	N/A
Drop	N/A

CLEANOUTS

Quantity
N/A
N/A

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME Santa Rosa Utility Company	
Name of System:	**Wastewater Inventory Number (if applicable):**

WASTEWATER COMPANY PLANT DESCRIPTION (CONTINUED)

COLLECTION MAINS

Size (in inches)	Material	Length (in feet)
4	N/A	N/A
6		
8		
10		
12		
15		
18		
21		
24		
30		

SERVICES

Size (in inches)	Material	Quantity
4	N/A	N/A
6		
8		
12		
15		

FOR THE FOLLOWING FIVE ITEMS, LIST THE UTILITY OWNED ASSETS IN EACH CATEGORY PER WASTEWATER SYSTEM

SOLIDS PROCESSING AND HANDLING FACILITIES	N/A
DISINFECTION EQUIPMENT (Chlorinator, Ultra-Violet, Etc.)	N/A
FILTRATION EQUIPMENT (Rapid Sand, Slow Sand, Activated Carbon, Etc.)	N/A
STRUCTURES (Buildings, Fences, Etc.)	N/A
OTHER (Laboratory Equipment, Tools, Vehicles, Standby Power Generators, Etc.	N/A

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME Santa Rosa Utility Company	
Name of System:	**Wastewater Inventory Number (if applicable):**

WASTEWATER FLOWS

MONTH/YEAR (Most Recent 12 Months)	NUMBER OF SERVICES	TOTAL MONTHLY SEWAGE FLOW	SEWAGE FLOW ON PEAK DAY
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

PROVIDE THE FOLLOWING INFORMATION AS APPLICABLE PER WASTEWATER SYSTEM

Method of Effluent Disposal (leach field, surface water discharge, reuse, injection wells, groundwater recharge, evaporation ponds, etc.)	N/A
Groundwater Permit Number	N/A
ADEQ Aquifer Protection Permit Number	N/A
ADEQ Reuse Permit Number	N/A
EPA NPDES Permit Number	N/A

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME: Santa Rosa Utility Company	
Name of System:	**Wastewater Inventory Number (if applicable):**

UTILITY SHUTOFFS / DISCONNECTS

MONTH		Termination without Notice R14-2- 609.B	Termination with Notice R14-2- 609.C	OTHER
JANUARY		0	0	0
FEBRUARY		0	0	0
MARCH		0	0	0
APRIL		0	0	0
MAY		0	0	0
JUNE		0	0	0
JULY		0	0	0
AUGUST		0	0	0
SEPTEMBER		0	0	0
OCTOBER		0	0	0
NOVEMBER		0	0	0
DECEMBER		0	0	0
TOTALS →		0	0	0

OTHER (description):

COMPANY NAME Santa Rosa Utility Company **YEAR ENDING 12/31/2010**

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported	0
Estimated or Actual Federal Tax Liability	0
State Taxable Income Reported	0
Estimated or Actual State Tax Liability	0

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances	0
Amount of Gross-Up Tax Collected	0
Total Grossed-Up Contributions/Advances	0

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

SIGNATURE	4-28-11 **DATE**
Steve Soriano **PRINTED NAME**	Vice President/General Manager **TITLE**

COMPANY NAME Santa Rosa Utility Company **YEAR ENDING 12/31/2010**

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2010 was: $ 0

Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why.

VERIFICATION
AND
SWORN STATEMENT
Taxes

RECEIVED

ACC UTILITIES DIRECTOR

VERIFICATION

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	Maricopa
NAME (OWNER OR OFFICIAL) TITLE	Steve Soriano – Vice President/General Manager
COMPANY NAME	Santa Rosa Utility Company

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

SIGNATURE OF OWNER OR OFFICIAL

(480) 895-4200
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 28 **DAY OF**

COUNTY NAME	Maricopa
MONTH	April, 2011

(SEAL) DENENE A. TILL NOTARY PUBLIC - ARIZONA MARICOPA COUNTY My Commission Expires December 31, 2013

Denene A. Till
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 12/31/13

VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only

RECEIVED

ACC UTILITIES DIRECTOR

VERIFICATION

COUNTY OF (COUNTY NAME)	Maricopa
NAME (OWNER OR OFFICIAL) TITLE	Steve Soriano – Vice President/General Manager
COMPANY NAME	Santa Rosa Utility Company

STATE OF Arizona

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2010 WAS:

Arizona Intrastate Gross Operating Revenues Only ($)
$ 0

(THE AMOUNT IN BOX ABOVE INCLUDES $_____ IN SALES TAXES BILLED, OR COLLECTED)

****REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)**

SIGNATURE OF OWNER OR OFFICIAL

(480) 895-4200

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF Maricopa

THIS 28 **DAY OF** April, 2011

DENENE A. TILL
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
Commission Expires
December 31, 2013

(SEAL)

Denene A. Till

SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 12/31/13

VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE
INTRASTATE REVENUES ONLY

RECEIVED

ACC UTILITIES DIRECTOR

VERIFICATION
STATE OF Arizona

COUNTY OF (COUNTY NAME) Maricopa	
NAME (OWNER OR OFFICIAL) Steve Soriano	TITLE Vice President/General Manager
COMPANY NAME	

I, THE UNDERSIGNED

OF THE

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2010

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2010 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES

$ 0

(THE AMOUNT IN BOX AT LEFT INCLUDES $ 0 **IN SALES TAXES BILLED, OR COLLECTED**

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.**

SIGNATURE OF OWNER OR OFFICIAL

(480) 895-4200

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 28 **DAY OF**

NOTARY PUBLIC NAME	Denene A. Till
COUNTY NAME	Maricopa
MONTH	April, 20 11

(SEAL)

DENENE A. TILL
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
My Commission Expires
December 31, 2013

MY COMMISSION EXPIRES 12/31/13

SIGNATURE OF NOTARY PUBLIC