

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

W-02524A

Fort Mojave Tribal Utilities Authority  
PO Box 5559  
Mohave Valley, AZ 86446

RECEIVED

APR 23 2014

ACC UTILITIES DIRECTOR

**ANNUAL REPORT**

**Water**

**FOR YEAR ENDING**

12	31	2012
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FOR COMMISSION USE

ANN 04	12
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5-2-14

## COMPANY INFORMATION

**Company Name (Business Name)** Fort Mojave Tribal Utilities Authority

**Mailing Address** P.O. Box 5559  
(Street)

Mohave Valley  
(City)

AZ  
(State)

86446  
(Zip)

928-768-2200

Telephone No. (Include Area Code)

928-768-2262

Fax No. (Include Area Code)

Cell No. (Include Area Code)

**Email Address** rdexter@fmtua.com

**Local Office Mailing Address** P.O. Box 5559

(Street)

Mohave Valley  
(City)

AZ  
(State)

86446  
(Zip)

928-768-2200

Local Office Telephone No. (Include Area Code)

928-768-2262

Fax No. (Include Area Code)

Cell No. (Include Area Code)

**Email Address** rdexter@fmtua.com

## MANAGEMENT INFORMATION

**Regulatory Contact:**

**Management Contact:** Amanda McCord Board Chair  
(Name) (Title)

8780 S. Hwy 95

(Street)

928-768-2200

Mohave Valley

(City)

928-768-2262

AZ

(State)

86440

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

**Email Address** \_\_\_\_\_

**On Site Manager:** William Cyr

(Name)

8780 S. Hwy 95

(Street)

928-768-2200

Mohave Valley

(City)

928-768-2262

AZ

(State)

86440

(Zip)

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

**Email Address** \_\_\_\_\_

**Statutory Agent:** \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

\_\_\_\_\_  
Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

**Attorney:** David A. Wolff, General Council Fort Mojave Indian Tribe  
(Name)

8490 S. Hwy 95, Suite 105 Mohave Valley AZ 86440

\_\_\_\_\_  
(Street) (City) (State) (Zip)  
928-346-2444 928-346-2405

\_\_\_\_\_  
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:

- |  |   |
|--|---|
| <input type="checkbox"/> Sole Proprietor (S)   | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P)   | <input type="checkbox"/> Subchapter S Corporation (Z)                     |
| <input type="checkbox"/> Bankruptcy (B)  | <input type="checkbox"/> Association/Co-op (A)                            |
| <input type="checkbox"/> Receivership (R)  | <input type="checkbox"/> Limited Liability Company                        |
| <input checked="" type="checkbox"/> Other (Describe) <u>Native American – Fort Mojave Indian Tribe</u> |   |

**COUNTIES SERVED**

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

- |                                     |                                   |  |
|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> APACHE     | <input type="checkbox"/> COCHISE  | <input type="checkbox"/> COCONINO          |
| <input type="checkbox"/> GILA       | <input type="checkbox"/> GRAHAM   | <input type="checkbox"/> GREENLEE          |
| <input type="checkbox"/> LA PAZ     | <input type="checkbox"/> MARICOPA | <input checked="" type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO     | <input type="checkbox"/> PIMA     | <input type="checkbox"/> PINAL             |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI  | <input type="checkbox"/> YUMA              |
| <input type="checkbox"/> STATEWIDE  |                                   |  |

**UTILITY PLANT IN SERVICE**

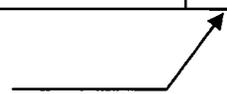
<b>Acct. No.</b>	<b>DESCRIPTION</b>	<b>Original Cost (OC)</b>	<b>Accumulated Depreciation (AD)</b>	<b>O.C.L.D. (OC less AD)</b>
301	Organization	4,779		4,779
302	Franchises	0		0
303	Land and Land Rights	2,616		2,616
304	Structures and Improvements	9,770	9,770	0
307	Wells and Springs	17,862	17,862	0
311	Pumping Equipment	20,175	20,175	0
320	Water Treatment Equipment	1,899	1,899	0
330	Distribution Reservoirs and Standpipes	10,717	10,717	0
331	Transmission and Distribution Mains	271,281	271,281	0
333	Services	15,359	15,359	0
334	Meters and Meter Installations	28,355	28,355	0
335	Hydrants	1,477	1,477	0
336	Backflow Prevention Devices	0		0
339	Other Plant and Misc. Equipment	24,211	24,211	0
340	Office Furniture and Equipment	58,270	56,442	1,833
341	Transportation Equipment	209,612	154,051	55,561
343	Tools, Shop and Garage Equipment	159,462	88,087	71,375
344	Laboratory Equipment			
345	Power Operated Equipment	23,000	23,000	0
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	<b>TOTALS</b>	<b>858,850</b>	<b>722,686</b>	<b>136,164</b>

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

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

<b>Acct. No.</b>	<b>DESCRIPTION</b>	<b>Original Cost (1)</b>	<b>Depreciation Percentage (2)</b>	<b>Depreciation Expense (1x2)</b>
301	Organization	4,779		
302	Franchises	0		
303	Land and Land Rights	2,616		
304	Structures and Improvements	9,770	0	0
307	Wells and Springs	17,862	0	0
311	Pumping Equipment	20,175	0	0
320	Water Treatment Equipment	1,899	0	0
330	Distribution Reservoirs and Standpipes	10,717	0	0
331	Transmission and Distribution Mains	271,281	0	0
333	Services	15,359	0	0
334	Meters and Meter Installations	28,355	0	0
335	Hydrants	1,477	0	0
336	Backflow Prevention Devices	0	0	0
339	Other Plant and Misc. Equipment	24,211	0	0
340	Office Furniture and Equipment	58,275	.571%	333
341	Transportation Equipment	209,612	6.88%	14,430
343	Tools, Shop and Garage Equipment	159,462	6.20%	9,886
344	Laboratory Equipment	0	0	0
345	Power Operated Equipment	23,000	0	0
346	Communication Equipment	0	0	0
347	Miscellaneous Equipment	0	0	0
348	Other Tangible Plant	0	0	0
	<b>TOTALS</b>	<b>858,850</b>		<b>24,649</b>

This amount goes on the Comparative Statement of Income and Expense Acct. No. 403.



**BALANCE SHEET**

<b>Acct No.</b>	<b>ASSETS</b>	<b>BALANCE AT BEGINNING OF YEAR</b>	<b>BALANCE AT END OF YEAR</b>
	<b>CURRENT AND ACCRUED ASSETS</b>		
131	Cash	\$ 43,274	\$ 153,949
134	Working Funds		
135	Temporary Cash Investments	96,659	0
141	Customer Accounts Receivable	25,802	96,371
146	Notes/Receivables from Associated Companies		
151	Plant Material and Supplies		
162	Prepayments		
174	Miscellaneous Current and Accrued Assets		
	<b>TOTAL CURRENT AND ACCRUED ASSETS</b>	\$ 165,735	\$ 250,320
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$ 764,957	\$ 571,524
103	Property Held for Future Use		
105	Construction Work in Progress	14,644	0
108	Accumulated Depreciation – Utility Plant	(698,036)	(722,686)
121	Non-Utility Property	93,893	405,461
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	\$ 175,458	\$ 254,299
	<b>TOTAL ASSETS</b>	\$ 341,193	\$ 504,619

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

**BALANCE SHEET (CONTINUED)**

<b>Acct. No.</b>		<b>BALANCE AT BEGINNING OF YEAR</b>	<b>BALANCE AT END OF YEAR</b>
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITES</b>		
231	Accounts Payable	\$ 7,930	\$ 16,438
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	5,207	11,814
236	Accrued Taxes	2,123	0
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities	6,143	35,018
	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$ 21,403</b>	<b>\$ 63,270</b>
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$ 0	\$ 114,000
	<b>DEFERRED CREDITS</b>		
251	Unamortized Premium on Debt	\$ 0	\$ 0
252	Advances in Aid of Construction		
255	Accumulated Deferred Investment Tax Credits		
271	Contributions in Aid of Construction		
272	Less: Amortization of Contributions		
281	Accumulated Deferred Income Tax		
	<b>TOTAL DEFERRED CREDITS</b>	<b>\$ 0</b>	<b>\$ 0</b>
	<b>TOTAL LIABILITIES</b>	<b>\$ 21,403</b>	<b>\$ 177,270</b>
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	319,790	327,349
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	<b>\$ 319,790</b>	<b>\$ 327,349</b>
	<b>TOTAL LIABILITIES AND CAPITAL</b>	<b>\$ 341,193</b>	<b>\$ 504,619</b>

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

<b>Acct. No.</b>	<b>OPERATING REVENUES</b>	<b>PRIOR YEAR</b>	<b>CURRENT YEAR</b>
461	Metered Water Revenue	\$ 277,720	\$ 248,152
460	Unmetered Water Revenue	22,362	4,470
474	Other Water Revenues	1,611	
	<b>TOTAL REVENUES</b>	<b>\$ 301,693</b>	<b>\$ 252,622</b>
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$ 53,133	\$ 63,834
610	Purchased Water	49,050	45,832
615	Purchased Power	29,402	32,614
618	Chemicals	20,811	19,101
620	Repairs and Maintenance	15,330	16,713
621	Office Supplies and Expense	1,680	1,809
630	Outside Services	70,743	179,214
635	Water Testing	12,333	9,222
641	Rents		
650	Transportation Expenses	6,422	7,658
657	Insurance – General Liability		
659	Insurance - Health and Life	16,573	16,163
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense	222	
403	Depreciation Expense	34,091	24,649
408	Taxes Other Than Income	20,174	18,112
408.11	Property Taxes	27,319	11,027
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$ 357,283</b>	<b>\$ 445,948</b>
	<b>OPERATING INCOME/(LOSS)</b>	<b>\$ (35,416)</b>	<b>\$ (193,326)</b>
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	<b>\$ 0</b>	<b>\$ 0</b>
	<b>NET INCOME/(LOSS)</b>	<b>\$ (35,416)</b>	<b>\$ (193,326)</b>

**COMPANY NAME** Fort Mojave Tribal Utilities Authority

**SUPPLEMENTAL FINANCIAL DATA**  
**Long-Term Debt**

	<b>LOAN #1</b>	<b>LOAN #2</b>	<b>LOAN #3</b>	<b>LOAN #4</b>
Date Issued	1/19/2012			
Source of Loan	Aha Macav Power Serv.			
ACC Decision No.				
Reason for Loan	Cash Flow			
Dollar Amount Issued	\$ 300,000	\$	\$	\$
Amount Outstanding	\$ 298,537	\$	\$	\$
Date of Maturity	10/01/2032			
Interest Rate	5%	%	%	%
Current Year Interest	\$ 2,496.96	\$	\$	\$
Current Year Principle	\$ 1,462.78	\$	\$	\$

Meter Deposit Balance at Test Year End \$ \_\_\_\_\_

Meter Deposits Refunded During the Test Year \$ \_\_\_\_\_

<b>COMPANY NAME</b>	<b>Fort Mojave Tribal Utilities Authority</b>		
<b>Name of System:</b>	<b>SOUTH VALLEY</b>	<b>ADEQ Public Water System Number: 08003</b>	

**WATER COMPANY PLANT DESCRIPTION**

**WELLS**

<b>ADWR ID Number*</b>	<b>Pump Horsepower</b>	<b>Pump Yield (gpm)</b>	<b>Casing Depth (Feet)</b>	<b>Casing Diameter (Inches)</b>	<b>Meter Size (inches)</b>	<b>Year Drilled</b>
55-0532195	15	255	120'	8"	3"	1992
55-600333	15	200	180'	22"	3"	1979

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

<b>Name or Description</b>	<b>Capacity (gpm)</b>	<b>Gallons Purchased or Obtained (in thousands)</b>
CITY OF NEEDLES (BACKUP)	275	20,857

<b>BOOSTER PUMPS</b>		<b>FIRE HYDRANTS</b>	
<b>Horsepower</b>	<b>Quantity</b>	<b>Quantity Standard</b>	<b>Quantity Other</b>
7.5	1	32	
15	1		

<b>STORAGE TANKS</b>		<b>PRESSURE TANKS</b>	
<b>Capacity</b>	<b>Quantity</b>	<b>Capacity</b>	<b>Quantity</b>
75,000	1	7000	1
		7000	1

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

<b>COMPANY NAME</b>	<b>Fort Mojave Tribal Utilities Authority</b>
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**WATER COMPANY PLANT DESCRIPTION (CONTINUED)**

**MAINS**

Size (in inches)	Material	Length (in feet)
2		
3		
4		
5		
6		
8		
10		
12		
<b>TOTAL</b>		210,240

**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	942
3/4	48
1	2
1 1/2	1
2	4
Comp. 3	1
Turbo 3	
Comp. 4	
Turbo 4	
Comp. 6	
Turbo 6	

**For the following three items, list the utility owned assets in each category for each system.**

**TREATMENT EQUIPMENT:**

Liquid Chlorine Storage and injection system: 55-600333-St George .

Liquid Chlorine Storage and injection system: 55-532195-Curcio .

**STRUCTURES:**

55-600333 - St George - Pressure Tank .

55-532195 – Curcio – Pressure Tank, 75000 Gallon Storage Tank .

**OTHER:**

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

<b>COMPANY NAME:</b> Fort Mojave Tribal Utilities Authority
<b>Name of System:</b> ADEQ Public Water System Number:

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	1051	8233	10352	721
FEBRUARY	1052	6579	7707	40
MARCH	1055	6579	9635	4398
APRIL	1047	8062	9580	1952
MAY	1052	10058	11574	13289
JUNE	1044	14252	16260	280
JULY	1048	10959	12477	3155
AUGUST	1041	10959	13466	0
SEPTEMBER	1039	9321	11181	1724
OCTOBER	1041	9509	10911	0
NOVEMBER	1044	7151	7222	0
DECEMBER	1043	4602	6700	0
<b>TOTALS →</b>		<b>10,626</b>	<b>127,065</b>	<b>25,559</b>

What is the level of arsenic for each well on your system? <.0001 mg/l  
*(If more than one well, please list each separately.)*

If system has fire hydrants, what is the fire flow requirement? 1500 GPM Commercial (N/A), 1000 GPM Residential for 2 hrs

If system has chlorination treatment, does this treatment system chlorinate continuously?  
 Yes       No

Is the Water Utility located in an ADWR Active Management Area (AMA)?  
 Yes       No

Does the Company have an ADWR Gallons Per Capita Per Day (GPCPD) requirement?  
 Yes       No

If yes, provide the GPCPD amount: \_\_\_\_\_

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

<b>COMPANY NAME:</b> Fort Mojave Tribal Utilities Authority
<b>Name of System:</b> ADEQ Public Water System Number:

**UTILITY SHUTOFFS / DISCONNECTS**

<b>MONTH</b>	<b>Termination without Notice R14-2-410.B</b>	<b>Termination with Notice R14-2-410.C</b>	<b>OTHER</b>
<b>JANUARY</b>		3	
<b>FEBRUARY</b>		9	
<b>MARCH</b>		2	
<b>APRIL</b>		7	
<b>MAY</b>		0	
<b>JUNE</b>		6	
<b>JULY</b>		0	
<b>AUGUST</b>		0	
<b>SEPTEMBER</b>		1	
<b>OCTOBER</b>		2	
<b>NOVEMBER</b>		0	
<b>DECEMBER</b>		0	
<b>TOTALS →</b>	0	30	

OTHER (description):

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COMPANY NAME Fort Mojave Tribal Utilities Authority YEAR ENDING 12/31/2012

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2012 was: \$ 11,027.43

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

APR 28 2014

AZ CORP COM  
Director - Utilities

**VERIFICATION**

STATE OF   AZ  

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	Mohave
NAME (OWNER OR OFFICIAL) TITLE	Amanda McCord, Board Chair
COMPANY NAME	Fort Mojave Tribal Utilities Authority

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

FOR THE YEAR ENDING

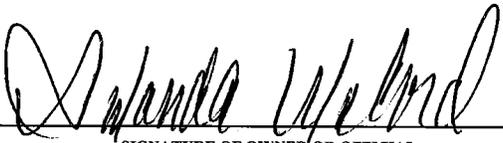
MONTH	DAY	YEAR
12	31	2012

**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

928-768-2200

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

*Page Perkins*

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

18th

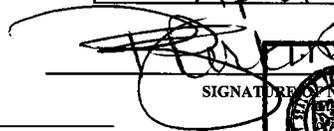
DAY OF

COUNTY NAME	Mohave
MONTH	April
	2014

(SEAL)

MY COMMISSION EXPIRES

3/19/16

 SIGNATURE	<b>OFFICIAL SEAL</b> PUBLIC PAGE PERKINS NOTARY PUBLIC - ARIZONA MOHAVE COUNTY My Comm. Exp. 03/19/16
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COMPANY NAME Fort Mojave Tribal Utilities Authority YEAR ENDING 12/31/2012

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported N/A TRIBE OWNED  
Estimated or Actual Federal Tax Liability \_\_\_\_\_

State Taxable Income Reported \_\_\_\_\_  
Estimated or Actual State Tax Liability \_\_\_\_\_

Amount of Grossed-Up Contributions/Advances:

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

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

4/18/14  
\_\_\_\_\_  
DATE

Amanda McCord  
\_\_\_\_\_  
PRINTED NAME

Board Chair  
\_\_\_\_\_  
TITLE

RECEIVED

APR 22 2014

AZ CORP COM MV  
Director Utilities

VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only

VERIFICATION

STATE OF AZ

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <b>Mohave</b>
NAME (OWNER OR OFFICIAL) TITLE <b>Amanda McCord, Board Chair</b>
COMPANY NAME <b>Fort Mojave Tribal Utilities Authority</b>

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

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2012

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 2012 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>270,734</u>

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 18,112  
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)

*Amanda McCord*  
SIGNATURE OF OWNER OR OFFICIAL

TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME *Page Perkins*

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME <i>Mohave</i>
MONTH <i>April</i> <i>2014</i>

THIS OFFICIAL SEAL  
PAGE PERKINS  
NOTARY PUBLIC - ARIZONA  
(SEAL MOHAVE COUNTY)  
My Comm. Exp. 03/19/16

*Page Perkins*  
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 3/19/16

**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
Intrastate Revenues Only**

RECEIVED

APR 22 2014

AZ CORP COMM  
Director - Utilities

**VERIFICATION**

**STATE OF ARIZONA**

**I, THE UNDERSIGNED**

**OF THE**

COUNTY OF (COUNTY NAME) <b>Mohave</b>	
NAME (OWNER OR OFFICIAL) <b>Amanda McCord</b>	TITLE <b>Board Chair</b>
COMPANY NAME <b>Fort Mojave Tribal Utilities Authority</b>	

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

**FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2012

**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 2012 WAS:**

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ <u>180,012</u>

**THE AMOUNT IN BOX AT LEFT INCLUDES \$ 10,732 IN SALES TAXES BILLED, OR COLLECTED)**

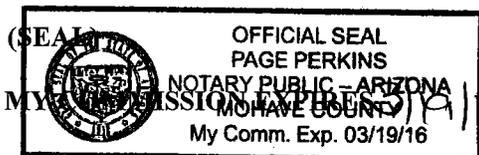
**\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED.**

  
SIGNATURE OF OWNER OR OFFICIAL

\_\_\_\_\_  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**  
**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**  
**THIS** FTH **DAY OF**

NOTARY PUBLIC NAME <b>Page Perkins</b>	
COUNTY NAME <b>Mohave</b>	
MONTH <b>April</b>	20 <b>14</b>



  
SIGNATURE OF NOTARY PUBLIC