

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

W-01976A

Tall Pines Estates Water & Improvement
HC 31 Box 25
Mormon Lake, AZ 86038

RECEIVED

FEB 19 2013

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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2-20-13

COMPANY INFORMATION

Company Name (Business Name) Jace Pines Estates Water & Improvement Assn., Inc.

Mailing Address HC 31 Box 25

Moorman Lake
(Street)

(City)

AZ

(State)

86038

(Zip)

928-354-2505

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

Local Office Mailing Address HC 31 Box 25

Moorman Lake
(Street)

(City)

AZ

(State)

86038

(Zip)

928-354-2505

Local Office Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

MANAGEMENT INFORMATION

Regulatory Contact:

Management Contact:

Chris Parish

(Name)

President

(Title)

HC 31 Box 25

(Street)

Moorman Lake

(City)

AZ

(State)

86038

(Zip)

928-354-2664

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

On Site Manager: Chris or Ellen Parish

(Name)

HC 31 Box 25

(Street)

Moorman Lake

(City)

AZ

(State)

86038

(Zip)

928-354-2664

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

Email Address _____

Statutory Agent: Chris Parish
 (Name)

HC 31 Box 25 Morrison Lake AZ 86038
 (Street) (City) (State) (Zip)

928-354-2505
 Telephone No. (Include Area Code) Fax No. (Include Area Code) Cell No. (Include Area Code)

Attorney: _____
 (Name)

 (Street) (City) (State) (Zip)

 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 *Tall Pines Estates Water & Improvement Assn., Inc.*

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements	3957.-		
307	Wells and Springs			
311	Pumping Equipment	20,389.-		
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes	41,449.-		
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants	896.-		
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment	10,753.-		
340	Office Furniture and Equipment			
341	Transportation Equipment	1000.-		
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment	12,925.-		
348	Other Tangible Plant			
	TOTALS	91,369.-	72,117.-	19,253.-

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



COMPANY NAME *Jule Pines Estates Water + Improvement Assn., Inc.*

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			1964.00

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



COMPANY NAME *Idle Pines Estates Water & Improvement Assn., Inc.*

BALANCE SHEET

Acct No.	ASSETS	BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
CURRENT AND ACCRUED ASSETS			
131	Cash	\$ 70,656.-	\$ 67,354.-
134	Working Funds		
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	\$ 70,656.-	\$ 67,354.-
FIXED ASSETS			
101	Utility Plant in Service	\$ 82,369.-	\$ 91,369.-
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	70,153.-	72,117.-
121	Non-Utility Property		
122	Accumulated Depreciation – Non Utility		
	TOTAL FIXED ASSETS	\$ 12,216.-	\$ 19,252.-
	TOTAL ASSETS	\$ 82,872.-	\$ 86,606.-

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

COMPANY NAME *Jack Rivers Estates Water & Improvement Assn., Inc.*

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
LIABILITIES			
CURRENT LIABILITES			
231	Accounts Payable	\$	\$
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits		
236	Accrued Taxes	1577.-	2142.-
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities		
	TOTAL CURRENT LIABILITIES	\$ 1577.-	\$ 2142.-
LONG-TERM DEBT (Over 12 Months)			
224	Long-Term Notes and Bonds	\$	\$
DEFERRED CREDITS			
251	Unamortized Premium on Debt	\$	\$
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		
	TOTAL DEFERRED CREDITS	\$	\$
	TOTAL LIABILITIES	\$ 1577.-	\$ 2142.-
CAPITAL ACCOUNTS			
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	81,296.-	84,464.-
218	Proprietary Capital (Sole Props and Partnerships)		
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$ 82,873.-	\$ 86,606.-

COMPANY NAME *Fall Pine Estates Water & Improvement Assn., Inc.*

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$	\$
460	Unmetered Water Revenue	25,900.-	25,900.-
474	Other Water Revenues	20.-	80.-
	TOTAL REVENUES	\$ align="right">25,920.-	\$ align="right">25,980.-
	OPERATING EXPENSES		
601	Salaries and Wages	\$ align="right">4000.-	\$ align="right">5076.-
610	Purchased Water		
615	Purchased Power	2008.-	1029.-
618	Chemicals		
620	Repairs and Maintenance	1218.-	1840.-
621	Office Supplies and Expense	559.-	1548.-
630	Outside Services	3574.-	4683.-
635	Water Testing	386.-	1149.-
641	Rents	555.-	1482.-
650	Transportation Expenses	222.-	198.-
657	Insurance - General Liability	2166.-	2111.-
659	Insurance - Health and Life		
666	Regulatory Commission Expense - Rate Case		
675	Miscellaneous Expense	139.-	139.-
403	Depreciation Expense	1964.-	1964.-
408	Taxes Other Than Income	868.-	840.-
408.11	Property Taxes	623.-	714.-
409	Income Tax		
	TOTAL OPERATING EXPENSES	\$ align="right">18,279.-	\$ align="right">22,773.-
	OPERATING INCOME/(LOSS)	\$ align="right">7640.-	\$ align="right">3207.-
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ align="right">125.-	\$ align="right">412.-
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses	450.-	450.-
427	Interest Expense		
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	NET INCOME/(LOSS)	\$ align="right">7315.-	\$ align="right">3169.-

COMPANY NAME	<i>Jall Piers Estates Water & Improvement Assn., Inc.</i>
Name of System:	ADEQ Public Water System Number: <i>A2 040 3024</i>

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
<i>55-9 (18-09)</i>	<i>3</i>	<i>80</i>	<i>8</i>			
<i>55-28C 80-1</i>	<i>3</i>	<i>80</i>	<i>8</i>			
<i>55-CR8-400</i>	<i>3</i>	<i>80</i>	<i>8</i>			

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
<i>Ø</i>		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
	<i>Ø</i>		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
<i>19,000 gal.</i>	<i>1</i>		

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

COMPANY NAME *Fall Pines Estates Water & Improvement Assn., Inc.*
 Name of System: ADEQ Public Water System Number: *A2 040 3024*

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS

Size (in inches)	Material	Length (in feet)
②		
3		
④		
5		
6		
8		
10		
12		

CUSTOMER METERS

Size (in inches)	Quantity
5/8 X 3/4	
3/4	
1	
1 1/2	
2	<i>0</i>
Comp. 3	
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:

0

STRUCTURES:

Metal pump house

19,000 gal. storage tank

OTHER:

0

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

COMPANY NAME:	<i>Jace Pine Estates Water & Improvement Assn., Inc.</i>
Name of System:	ADEQ Public Water System Number: <i>AZ 0403024</i>

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2012

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)	
JANUARY					
FEBRUARY					
MARCH					
APRIL	<i>74</i> <hr style="width: 50%; margin: 0 auto;"/> <i>2012</i>				
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTALS →					

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

If system has fire hydrants, what is the fire flow requirement? _____ GPM for _____ 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.

COMPANY NAME: *Soel River Estates Water + Improvement Assn., Inc.*
 Name of System: ADEQ Public Water System Number: *AZ 0403024*

UTILITY SHUTOFFS / DISCONNECTS

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE	0	0	0
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			
TOTALS →			

OTHER (description):

COMPANY NAME Tall Pine Estates Water & Sewer Assn, Inc. YEAR ENDING 12/31/2012

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2012 was: \$ 713.66

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
FEB 19 2013
AZ CORP COMMISSION
Director - Utilities

VERIFICATION

STATE OF AZ

I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	<u>Coconino</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Linda Neumann, Secretary</u>
COMPANY NAME	<u>Tall Pines Estates Water + Improvement Assn., Inc.</u>

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.

Linda Neumann
SIGNATURE OF OWNER OR OFFICIAL

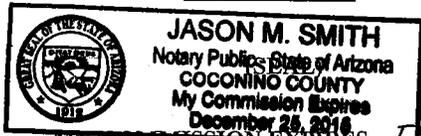
928-354-2505
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 12th DAY OF

COUNTY NAME	<u>Coconino</u>	
MONTH	<u>February</u>	<u>2013</u>



MY COMMISSION EXPIRES Dec. 25th, 2016

[Signature]
SIGNATURE OF NOTARY PUBLIC

COMPANY NAME Tall Pines Estates Water + Improvement Assn, Inc. YEAR ENDING 12/31/2012

INCOME TAXES

For this reporting period, provide the following:

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

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

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances _____
Amount of Gross-Up Tax Collected _____ 0
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.

Linda K. Meumann
SIGNATURE

2/12/13
DATE

Linda K. Meumann
PRINTED NAME

Secretary
TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

RECEIVED

FEB 19 2013

AZ CORPORATION
Director Utilities

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)	<u>COCONINO</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Linda Meumann, Secretary</u>
COMPANY NAME	<u>Tall Pines Estates Water & Improvement Assn., Inc.</u>

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>25,980.00</u>

(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)**

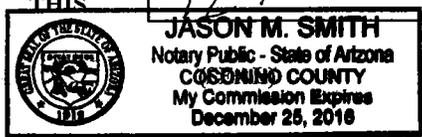
Linda Meumann
SIGNATURE OF OWNER OR OFFICIAL
928-354-2505
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME	
<u>Coconino</u>	
MONTH	<u>February</u>
	<u>2013</u>

THIS 17th DAY OF



MY COMMISSION EXPIRES Dec. 25th, 2016

[Signature]
SIGNATURE OF NOTARY PUBLIC

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

RECEIVED

FEB 19 2013

AZ CORPORATION
Director Utility

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <i>COCONINO</i>	
NAME (OWNER OR OFFICIAL) <i>Linda Meumann</i>	TITLE <i>Secretary</i>
COMPANY NAME <i>Tall Pines Estates Water + Improvement Assn., Inc.</i>	

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
\$ _____

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

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

Linda Meumann

SIGNATURE OF OWNER OR OFFICIAL

928-354-2505

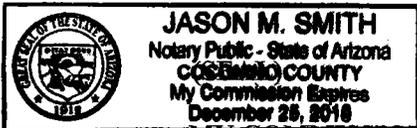
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS *12th* DAY OF

NOTARY PUBLIC NAME <i>Jason M. Smith</i>	
COUNTY NAME <i>Coconino</i>	
MONTH <i>February</i>	2013



MY COMMISSION EXPIRES *Dec. 25th, 2016*

[Signature]

SIGNATURE OF NOTARY PUBLIC