

**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	2013
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FOR COMMISSION USE

ANN 04	13
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S-2-14

## COMPANY INFORMATION

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

Mailing Address P.O. Box 5559  
(Street)

Mohave Valley AZ 86446  
(City) (State) (Zip)

928-768-2200 928-768-2262 \_\_\_\_\_  
Telephone No. (Include Area Code) 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 AZ 86446  
(City) (State) (Zip)

928-768-2200 928-768-2262 \_\_\_\_\_  
Local Office Telephone No. (Include Area Code) 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 Mohave Valley AZ 86440  
(Street) (City) (State) (Zip)  
928-768-2200 928-768-2262

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 Mohave Valley AZ 86440  
(Street) (City) (State) (Zip)  
928-768-2200 928-768-2262

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  |                                   |  |

**COMPANY NAME Fort Mojave Tribal Utilities Authority**

**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	-	-	-
303	Land and Land Rights	2,616	-	2,616
304	Structures and Improvements	163,666	43,644	120,022
307	Wells and Springs	132,063	84,086	47,976
311	Pumping Equipment	-	-	-
320	Water Treatment Equipment	131,860	35,163	96,697
320.1	Water Treatment Plants	-	-	-
320.2	Solution Chemical Feeders	-	-	-
330	Distribution Reservoirs and Standpipes	-	-	-
330.1	Storage Tanks	245,442	125,448	119,994
330.2	Pressure Tanks	-	-	-
331	Transmission and Distribution Mains	2,630,132	1,209,861	1,420,271
333	Services	158,080	121,195	36,885
334	Meters and Meter Installations	116,774	116,774	0
335	Hydrants	105,108	48,350	56,758
336	Backflow Prevention Devices	-	-	-
339	Other Plant and Misc. Equipment	-	-	-
340	Office Furniture and Equipment	64,183	59,436	4,747
340.1	Computers & Software	5,733	5,733	0
341	Transportation Equipment	209,612	168,481	41,131
343	Tools, Shop and Garage Equipment	203,509	97,612	105,897
344	Laboratory Equipment	-	-	-
345	Power Operated Equipment	-	-	-
346	Communication Equipment	-	-	-
347	Miscellaneous Equipment	-	-	-
348	Other Tangible Plant	-	-	-
	<b>TOTALS</b>	<b>4,173,557</b>	<b>2,115,783</b>	<b>2,057,773</b>

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

**CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR**

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization	4,779	0	0
302	Franchises	-	-	-
303	Land and Land Rights	2,616	0	0
304	Structures and Improvements	163,666	3%	5,456
307	Wells and Springs	132,063	2%	2,851
311	Pumping Equipment	-	-	-
320	Water Treatment Equipment	131,860	3%	4,395
320.1	Water Treatment Plants	-	-	-
320.2	Solution Chemical Feeders	-	-	-
330	Distribution Reservoirs and Standpipes	-	-	-
330.1	Storage Tanks	245,442	2%	5,454
330.2	Pressure Tanks	-	-	-
331	Transmission and Distribution Mains	2,630,132	2%	52,603
333	Services	158,080	3%	5,269
334	Meters and Meter Installations	116,774	0	0
335	Hydrants	105,108	2%	2,102
336	Backflow Prevention Devices	-		
339	Other Plant and Misc. Equipment	-		
340	Office Furniture and Equipment	64,183	2%	1,075
340.1	Computers & Software	5,733	0	0
341	Transportation Equipment	209,612	7%	14,430
343	Tools, Shop and Garage Equipment	203,509	5%	9,252
344	Laboratory Equipment	-		
345	Power Operated Equipment	-		
346	Communication Equipment	-		
347	Miscellaneous Equipment	-		
348	Other Tangible Plant	-		
	<b>TOTALS</b>	<b>4,173,557</b>	<b>31%</b>	<b>102,888</b>

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

Note: During 2013 FMTUA had an asset evaluation of the water facility.

**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	\$153,948.88	\$226,507
134	Working Funds		
135	Temporary Cash Investments		
141	Customer Accounts Receivable	96,371	108,430
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>	<b>\$250,320</b>	<b>\$334,937</b>
	<b>FIXED ASSETS</b>		
101	Utility Plant in Service	\$571,524	\$3,718,030
103	Property Held for Future Use		
105	Construction Work in Progress		
108	Accumulated Depreciation – Utility Plant	(722,686)	(2,115,783)
121	Non-Utility Property	405,461	450,849
122	Accumulated Depreciation – Non Utility		
	<b>TOTAL FIXED ASSETS</b>	<b>\$254,299</b>	<b>\$2,053,096</b>
	<b>TOTAL ASSETS</b>	<b>\$504,619</b>	<b>\$2,388,033</b>

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

**BALANCE SHEET (CONTINUED)**

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	<b>LIABILITIES</b>		
	<b>CURRENT LIABILITES</b>		
231	Accounts Payable	\$16,438	\$32,013
232	Notes Payable (Current Portion)		
234	Notes/Accounts Payable to Associated Companies		
235	Customer Deposits	11,814	11,880
236	Accrued Taxes		
237	Accrued Interest		
241	Miscellaneous Current and Accrued Liabilities	35,018	44,979
	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$63,270</b>	<b>\$88,872</b>
	<b>LONG-TERM DEBT (Over 12 Months)</b>		
224	Long-Term Notes and Bonds	\$114,000	\$107,320
	<b>DEFERRED CREDITS</b>		
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		
	<b>TOTAL DEFERRED CREDITS</b>	<b>\$</b>	<b>\$</b>
	<b>TOTAL LIABILITIES</b>	<b>\$177,270</b>	<b>196,192</b>
	<b>CAPITAL ACCOUNTS</b>		
201	Common Stock Issued	\$	\$
211	Paid in Capital in Excess of Par Value		
215	Retained Earnings	327,349	2,191,841
218	Proprietary Capital (Sole Props and Partnerships)		
	<b>TOTAL CAPITAL</b>	<b>\$327,349</b>	<b>\$2,191,841</b>
	<b>TOTAL LIABILITIES AND CAPITAL</b>	<b>\$504,619</b>	<b>\$2,388,033</b>

**COMPARATIVE STATEMENT OF INCOME AND EXPENSE**

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$248,152	\$261,261
460	Unmetered Water Revenue	4,470	4,826
474	Other Water Revenues		
	<b>TOTAL REVENUES</b>	<b>\$252,622</b>	<b>\$266,087</b>
	<b>OPERATING EXPENSES</b>		
601	Salaries and Wages	\$63,834	75,150
610	Purchased Water	45,832	60,111
615	Purchased Power	32,614	16,186
618	Chemicals	19,101	6,942
620	Repairs and Maintenance	16,713	12,879
621	Office Supplies and Expense	1,809	3,625
630	Outside Services	179,214	13,461
635	Water Testing	9,222	11,933
641	Rents		
650	Transportation Expenses	7,658	12,853
657	Insurance – General Liability		
659	Insurance - Health and Life	16,163	17,545
666	Regulatory Commission Expense – Rate Case		
675	Miscellaneous Expense		12,852
403	Depreciation Expense	24,649	102,888
408	Taxes Other Than Income	18,112	16,997
408.11	Property Taxes	11,027	11,826
409	Income Tax		
	<b>TOTAL OPERATING EXPENSES</b>	<b>\$445,948</b>	<b>\$375,248</b>
	<b>OPERATING INCOME/(LOSS)</b>	<b>\$(193,326)</b>	<b>\$(109,161)</b>
	<b>OTHER INCOME/(EXPENSE)</b>		
419	Interest and Dividend Income	\$0	\$
421	Non-Utility Income		
426	Miscellaneous Non-Utility Expenses		
427	Interest Expense		
	<b>TOTAL OTHER INCOME/(EXPENSE)</b>	<b>\$0</b>	<b>\$</b>
	<b>NET INCOME/(LOSS)</b>	<b>\$ (193,326)</b>	<b>\$(109,161)</b>

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

	<b>LOAN #1</b>	<b>LOAN #2</b>	<b>LOAN #3</b>	<b>LOAN #4</b>
Date Issued	01/19/2012			
Source of Loan	Aha Macav Power Service			
ACC Decision No.				
Reason for Loan	Cash Flow			
Dollar Amount Issued	\$300,000	\$	\$	\$
Amount Outstanding	\$289,500	\$	\$	\$
Date of Maturity	10/01/2032			
Interest Rate	5%	%	%	%
Current Year Interest	\$14,721.66	\$	\$	\$
Current Year Principle	\$9,036.78	\$	\$	\$

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

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

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

**WATER COMPANY PLANT DESCRIPTION**

**WELLS**

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
55-532195	15	255	120'	8"	3"	1992
55-600333	15	200	180'	22"	3"	1979

\* Arizona Department of Water Resources Identification Number

**OTHER WATER SOURCES**

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
City of Needles (Back Up)	275	3,890,200

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
7.5	1	32	
15	1		

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
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> Fort Mojave Tribal Utilities Authority	
<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>		<u>210,240</u>

**CUSTOMER METERS**

Size (in inches)	Quantity
5/8 X 3/4	2,018
3/4	33
1	96
1 1/2	7
2	13
Comp. 3	6
Turbo 3	
Comp. 4	6
Turbo 4	
Comp. 6	2
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> <u>Fort Mojave Tribal Utilities Authority</u>	
<b>Name of System:</b>	<b>ADEQ Public Water System Number:</b>

**WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2013**

MONTH	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY		8,397	9,719	1,033
FEBRUARY		6,521	6,566	1,819
MARCH		6,555	7,994	819
APRIL		8,415	10,326	1,233
MAY		10,119	8,918	1,353
JUNE		9,459	11,291	1,616
JULY		11,816	13,710	1,534
AUGUST		9,578	16,567	1,729
SEPTEMBER		7,245	11,144	1,285
OCTOBER		9,007	13,457	861
NOVEMBER		5,572	13,026	675
DECEMBER		6,524	6,074	456
<b>TOTALS →</b>		<b>99,208</b>	128,729	14,413

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

If system has fire hydrants, what is the fire flow requirement? 1500 GPM 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>	<b>ADEQ Public Water System Number:</b>

**UTILITY SHUTOFFS / DISCONNECTS**

MONTH	Termination without Notice R14-2-410.B	Termination with Notice R14-2-410.C	OTHER
JANUARY		0	
FEBRUARY		0	
MARCH		9	
APRIL		0	
MAY		0	
JUNE		0	
JULY		0	
AUGUST		0	
SEPTEMBER		4	
OCTOBER		2	
NOVEMBER		1	
DECEMBER		0	
<b>TOTALS →</b>		16	

OTHER (description):

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**COMPANY NAME** Fort Mojave Tribal Utilities Authority  
**YEAR ENDING** 12/31/2013

**PROPERTY TAXES**

Amount of actual property taxes paid during Calendar Year 2013 was: \$ 11,826.94

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 23 2014

AZ CORP COMM  
Director - Utilities

**VERIFICATION**

STATE OF \_\_\_\_\_

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	2013

**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

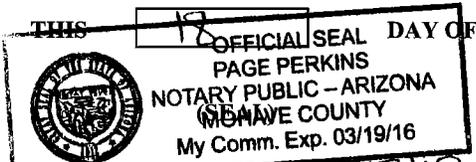
(928)768-2200

TELEPHONE NUMBER

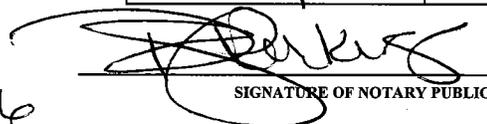
SUBSCRIBED AND SWORN TO BEFORE ME *Page Perkins*

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

COUNTY NAME	Mohave
MONTH	April 2014



MY COMMISSION EXPIRES 3/19/16

  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**INCOME TAXES**

For this reporting period, provide the following:

Federal Taxable Income Reported \_\_\_\_\_ N/A TRIBAL 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 McGord  
PRINTED NAME

Board chair  
TITLE

**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

RBOCHV90

APR 23 2014

AZ CORP COM  
Director - Utilities

**VERIFICATION**

STATE OF \_\_\_\_\_

**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	2013

**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 2013 WAS:**

Arizona Intrastate Gross Operating Revenues Only (\$)
\$ <u>      283,084      </u>

**(THE AMOUNT IN BOX ABOVE INCLUDES \$       16,997       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)**

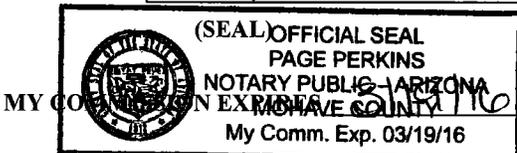
  
 \_\_\_\_\_  
 SIGNATURE OF OWNER OR OFFICIAL  
 (928)768-2200  
 \_\_\_\_\_  
 TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME *Page Perkins*

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS       18       DAY OF

COUNTY NAME <b>Mohave</b>
MONTH <b>April</b> . <b>2014</b>



  
 \_\_\_\_\_  
 SIGNATURE OF NOTARY PUBLIC

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

RECEIVED

APR 23 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	2013

**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.**

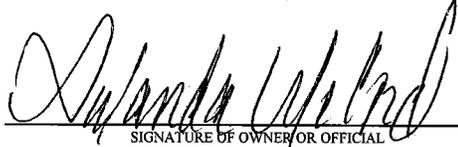
**SWORN STATEMENT**

**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 2013 WAS:**

ARIZONA INTRASTATE GROSS OPERATING REVENUES
\$ <u>270,734</u>

**THE AMOUNT IN BOX AT LEFT INCLUDES \$ 18,112 IN SALES TAXES BILLED, OR COLLECTED)**

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

  
SIGNATURE OF OWNER OR OFFICIAL

(928)768-2200  
TELEPHONE NUMBER

**SUBSCRIBED AND SWORN TO BEFORE ME**

**A NOTARY PUBLIC IN AND FOR THE COUNTY OF**

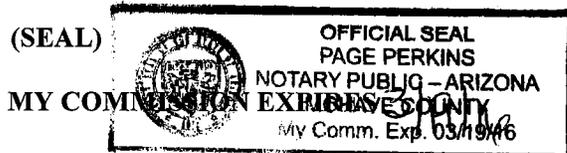
**THIS**

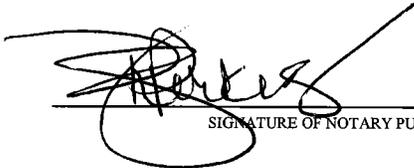
18
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**DAY OF**

NOTARY PUBLIC NAME <b>Page Perkins</b>	
COUNTY NAME <b>Mohave</b>	
MONTH <b>April</b>	2014

**(SEAL)**



  
SIGNATURE OF NOTARY PUBLIC