

e-FILING REPORT COVER SHEET

REPORT NAME: 2012 Budget of Expenditures

COMPANY NAME: Sunriver Water, LLC

DOES REPORT CONTAIN CONFIDENTIAL INFORMATION? No Yes

If yes, please submit only the cover letter electronically. Submit confidential information as directed OAR 860-001-0070 or the terms of an applicable protective order.

If known, please select designation: RE (Electric) RG (Gas) RW (Water)
 RO (Other)

Report is required by: OAR Enter Rule number; e.g., 860-039-0070
 Statute Enter Statute; e.g., ORS 757.135
 Order Enter Commission Order No.; e.g., 95-1335
 Other Enter reason; e.g., at Request of Lee Sparling

Is this report associated with a specific docket/case? No Yes

If Yes, enter docket number: Enter docket number; e.g.; UM 1484

Key words: List applicable keywords for this report to facilitate electronic search

If known, please select the PUC Section to which the report should be directed:

- Corporate Analysis and Water Regulation
- Economic and Policy Analysis
- Electric and Natural Gas Revenue Requirements
- Electric Rates and Planning
- Natural Gas Rates and Planning
- Utility Safety, Reliability & Security
- Administrative Hearings Division
- Consumer Services Section

PLEASE NOTE: Do NOT use this form or e-filing with the PUC Filing Center for:

- **Annual Fee Statement form and payment remittance or**
- **OUS or RSPF Surcharge form or surcharge remittance or**
- **Any other Telecommunications Reporting or**
- **Any daily safety or safety incident reports or**
- **Accident reports required by ORS 654.715.**



PUBLIC UTILITY COMMISSION OF OREGON
 550 CAPITOL ST NE SUITE 215, SALEM, OR 97301-2551
 PO BOX 2148, SALEM, OR 97308-2148
 PUC.FilingCenter@state.or.us

BUDGET OF EXPENDITURES REPORT FOR THE YEAR 2012

GENERAL INSTRUCTIONS

1. A Budget of Expenditures Report must be submitted by all utilities operating within the State of Oregon in accordance with Oregon Revised Statute 757.105.
2. The Budget of Expenditures Report should be completed and filed with the Public Utility Commission of Oregon Filing Center. Complete the e-Filing Report Cover Sheet found at: http://egov.oregon.gov/PUC/eFiling/eReports/efiling_report_cover_sheet.docx. Email both the report and cover sheet to PUC.FilingCenter@state.or.us by November 1st of the year preceding that for which the report is made.
3. Each section should be completed fully and accurately. Where the words "None" or "Not Applicable" truly and completely state the fact, they should be given as the answer.
4. Any additional statements or explanatory remarks should be included in the email as an attachment in Microsoft Word document format or text-searchable PDF.
5. Expenditures should be referenced by the applicable account number of the Uniform System of Accounts, adopted by the Commission, and to which the utility is subject.
6. All entries should be typewritten or made with permanent ink.
7. Report all amounts in whole dollars only, omit cents.

FULL NAME OF UTILITY Sunriver Water, LLC			
ADDRESS OF PRINCIPAL OFFICE PO Box 3699		CITY Sunriver	STATE OR ZIP CODE 97707
ADDRESS OF PRINCIPAL OFFICE IN OREGON (IF OTHER THAN ABOVE) 57850 West Cascade		CITY Sunriver	STATE OR ZIP CODE 97707
STATE OF INCORPORATION Oregon	DATE OF INCORPORATION	TYPE OF ORGANIZATION IF NOT INCORPORATED LLC	DATE ORGANIZED 1/29/1998

STATE THE CLASSES OF UTILITY AND OTHER SERVICES FURNISHED BY THE UTILITY IN EACH STATE IN WHICH THE UTILITY OPERATES

Water Services

****NOTE**** Sunriver Water is an LLC and does not have officers or directors. The information reported below is for Lowe Sunriver Inc., which is the general partner of Sunriver Resort Limited Partnership, which is the sole member of Sunriver Water, LLC.

DIRECTORS AT DATE OF BUDGET			
NAME OF DIRECTOR	CITY AND STATE OF RESIDENCE	LENGTH OF TERM	TERM EXPIRES
Charles S. Peck	Greenwood Village, CO	2 years	
Avedick Poladian	Woodland Hills, CA	2 years	

ANNUAL SALARY AND OTHER COMPENSATION OF OFFICERS AND RETIRED EXECUTIVES

INSTRUCTIONS: Complete the information requested for each active and retired Executive Officer. An Executive Officer's salary and other compensation paid by an affiliated company should also be shown. An Executive Officer directs or controls the policies and business of the utility or is entrusted or charged with administrative duties to carry those policies into effect. All proposed changes in position and salaries of Executive Officers from the previous Budget of Expenditures Report or supplemental budgets should be fully explained. Please report bonus information for the bonus earned the prior year but forecast to be paid in the budget year. Report whole dollars only.

NAME CHARLES S. PECK			TITLE PRESIDENT		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	0.00		N/A	DESTINATION HOTELS AND RESORTS
2	Amount Assigned to Oregon				
3	Medical and Dental Insurance				
4	Life and Disability Insurance				
5	Income Protection Insurance				
6	Discount on Utility Service				
7	Pension Plan				
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation				
14	Percent Assigned to Oregon				
15	Deferred Comb. In Salary				
16	Bonus Earned in Prior Year				

NAME THOMAS P LUERSEN			TITLE EXECUTIVE VICE PRESIDENT		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	0.00		N/A	DESTINATION SUNRIVER RESORT INC
2	Amount Assigned to Oregon				
3	Medical and Dental Insurance				
4	Life and Disability Insurance				
5	Income Protection Insurance				
6	Discount on Utility Service				
7	Pension Plan				
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation				
14	Percent Assigned to Oregon				
15	Deferred Comb. In Salary				
16	Bonus Paid in Prior Year				

NAME WILLIAM T WETHE			TITLE CHIEF FINANCIAL OFFICER		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	0.00		N/A	LOWE ENTERPRISES
2	Amount Assigned to Oregon				
3	Medical and Dental Insurance				
4	Life and Disability Insurance				
5	Income Protection Insurance				
6	Discount on Utility Services				
7	Pension Plan				
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation				
14	Percent Assigned to Oregon				
15	Deferred Comb. In Salary				
16	Bonus Paid in Prior Year				

NAME SALVE A PENNYA			TITLE SENIOR VICE PRESIDENT		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	0.00		N/A	LOWE ENTERPRISES
2	Amount Assigned to Oregon				
3	Medical and Dental Insurance				
4	Life and Disability Insurance				
5	Income Protection Insurance				
6	Discount on Utility Services				
7	Pension Plan				
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation				
14	Percent Assigned to Oregon				
15	Deferred Comb. In Salary				
16	Bonus Paid in Prior Year				

NAME PETER R O'KEEFFE			TITLE SENIOR VICE PRESIDENT		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	0.00		N/A	LOWE ENTERPRISES
2	Amount Assigned to Oregon				
3	Medical and Dental Insurance				
4	Life and Disability Insurance				
5	Income Protection Insurance				
6	Discount on Utility Services				
7	Pension Plan				
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation				
14	Percent Assigned to Oregon				
15	Deferred Comb. In Salary				
16	Bonus Paid in Prior Year				

NAME BRADLEY V HAYDEN			TITLE VICE PRESIDENT		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	0.00		N/A	DESTINATION HOTELS AND RESORTS
2	Amount Assigned to Oregon				
3	Medical and Dental Insurance				
4	Life and Disability Insurance				
5	Income Protection Insurance				
6	Discount on Utility Services				
7	Pension Plan				
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation				
14	Percent Assigned to Oregon				
15	Deferred Comb. In Salary				
16	Bonus Paid in Prior Year				

NAME DONA L TANAKA			TITLE SECRETARY		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	0.00		N/A	LOWE ENTERPRISES
2	Amount Assigned to Oregon				
3	Medical and Dental Insurance				
4	Life and Disability Insurance				
5	Income Protection Insurance				
6	Discount on Utility Services				
7	Pension Plan				
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation				
14	Percent Assigned to Oregon				
15	Deferred Comb. In Salary				
16	Bonus Paid in Prior Year				

NAME TERRY PENHOLLOW			TITLE DIRECTOR OF UTILITIES		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	\$71,350	601	\$35,142	SUNRIVER ENVIRONMENTAL LLC
2	Amount Assigned to Oregon	100 %	604	100 %	
3	Medical and Dental Insurance	\$5741		\$2828	
4	Life and Disability Insurance	\$242		\$119	
5	Income Protection Insurance				
6	Discount on Utility Services				
7	Pension Plan	\$2854		\$1406	
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation	\$9,061		\$4,463	
14	Percent Assigned to Oregon	100%		100%	
15	Deferred Comb. In Salary				
16	Bonus Paid in Prior Year	\$10,761		\$5300	

NAME TODD PENHOLLOW			TITLE UTILITIES SUPERINTENDENT		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	Annual Salary	\$59,099	601	\$29,109	SUNRIVER ENVIRONMENTAL LLC
2	Amount Assigned to Oregon	100 %		100 %	
3	Medical and Dental Insurance	\$3040	604	\$1498	
4	Life and Disability Insurance	\$ 201		\$99	
5	Income Protection Insurance				
6	Discount on Utility Services				
7	Pension Plan	\$2955		\$1455	
8	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	Memberships				
12	Other Benefits				
13	Total Other Compensation	\$7506		\$3697	
14	Percent Assigned to Oregon	100%		100%	
15	Deferred Comb. In Salary				
16	Bonus Paid in Prior Year	\$4457		\$2195	

DONATIONS AND MEMBERSHIPS

INSTRUCTIONS: List all donations and membership expenditures proposed to be made by the utility during the coming year and the accounts to be charged. Give the name of each organization to whom a payment is to be made except that items less than \$1000 may be consolidated by category stating the number of organizations included. Group expenditures under headings such as:

1. Contributions to and memberships in charitable organizations
2. Organizations of the utility industry
3. Technical and professional organizations
4. Commercial and trade organizations
5. All other organizations and kinds of donations and contributions

List by type and group the accounts charged. Report whole dollars only. Provide a total for each group.

NAME OF ORGANIZATION, CITY AND STATE	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
OREGON ASSOCIATION OF WATER UTILITIES	675	\$710	\$710

EXPENDITURES FOR PENSIONS OR A TRUST TO PROVIDE PENSIONS

INSTRUCTIONS: List all proposed payments to persons or trusts to provide pensions for employees and officers. Show all administrative and actuarial costs for formal pension plan. Give a brief description of the plan and show charges for current service costs, past service costs, and future service costs. Report whole dollars only.

PENSION FUND PAYMENTS MADE TO	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
NONE			

POLITICAL ADVERTISING

INSTRUCTIONS: List all proposed payments for advertising the purpose of which is to aid or defeat any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. Give the specific purpose of such advertising, when and where to be placed, and the account or accounts to be charged. Report who dollars only.

NONE

POLITICAL CONTRIBUTIONS

INSTRUCTIONS: List all proposed payments or contributions to persons and organizations for the purpose of aiding or defeating any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. The purpose of all contributions or payments should be clearly explained. Report whole dollars only.

NONE

EXPENDITURES AND MAJOR CONTRACTS FOR THE PURCHASE OR SALE OF EQUIPMENT

INSTRUCTIONS: List all proposed expenditures and major contracts for the purchase or sale of equipment. Give the name and address of the person or organization with whom it is proposed to have such dealings and the account or accounts charged. Describe fully the equipment to be purchased or sold. Do not report estimates of routine construction projects. Limit the report to major contracts and expenditures. Report whole dollars only.

NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF EQUIPMENT	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
GIS MAPPING	346	\$20,000	\$20,000
METER INSTALLATION	334	\$35,000	\$35,000

EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICES, ETC.

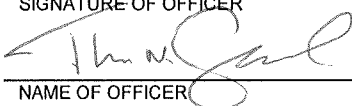
INSTRUCTIONS: Report all proposed expenditures to any person or organization having an affiliated interest for service. Advice, auditing, association, sponsoring, engineering, managing, operating, financial, legal or other services. See Oregon Revised Statutes 757.015 and 759.010 for definition of "Affiliated Interest." Give reference if such proposed expenditures have in the past been approved by the Commission. Describe the services to be received and the account or accounts to be charged. Report whole dollars only.

NAME AND ADDRESS OF PERSON OR ORGANIZATION. DESCRIPTION OF SERVICES	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
SUNRIVER RESORT LP MANAGEMENT CONTRACT	634	\$155,196	\$155,196

CERTIFICATION

The foregoing report must be certified by an Officer of the reporting company.

I certify that this Budget of Expenditures Report has been prepared under my direction, that I have carefully examined the report and declare it to be a complete and correct estimate of company expenditures for the coming year, to the best of my knowledge, information, and belief.

SIGNATURE OF OFFICER 	DATE 10/25/11
NAME OF OFFICER THOMAS SAMWEL	DATE 10/25/11



destinationearth

Our Commitment to the Environment

Please consider the environment before printing this email.