e-FILING REPORT COVER SHEET

REPORT NAME:	Budget of Exp	penditures Report for year 2012
COMPANY NAME:	Running Y Ut	tilities, LLC
If yes, please s	submit only the	IDENTIAL INFORMATION? No Yes e cover letter electronically. Submit confidential information he terms of an applicable protective order.
If known, please selec	et designation:	RE (Electric) RG (Gas) RW (Water) RO (Other)
Report is required by:	OAR Statute Order Other	860-036-0805 Enter Statute; e.g., ORS 757.135 Enter Commission Order No.; e.g., 95-1335 Enter reason; e.g., at Request of Lee Sparling
		fic docket/case? 🖾 No 🔲 Yes Enter docket number; e.g.; UM 1484
Key words: List appl	icable keyword	ls for this report to facilitate electronic search
If known, please selec	et the PUC Sec	tion to which the report should be directed:
Corporate .	Analysis and V	Vater Regulation
Economic -	and Policy Ana	alysis
Electric and	d Natural Gas	Revenue Requirements
Electric Ra	tes and Planni	ng
🗌 Natural Ga	s Rates and Pla	anning
Utility Safe	ety, Reliability	& Security
Administra	ative Hearings	Division
Consumer	Services Section	on
 Annua OUS o Any of Any data 	ll Fee Stateme or RSPF Surch ther Telecomm aily safety or s	s form or e-filing with the PUC Filing Center for: ent form and payment remittance or narge form or surcharge remittance or nunications Reporting or safety incident reports or quired by ORS 654.715.



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: <u>http://egov.oregon.gov/PUC/eFiling/eReports/efiling_report_cover_sheet.docx</u>. Email both the report and cover sheet to <u>PUC.FilingCenter@state.or.us by November 1st of the year preceding that for which the report is made.</u>
- 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 Running Y Utilities, LLC ADDRESS OF PRINCIPAL OFFICE CITY STATE ZIP CODE 5115 Running Y Road Klamath Falls OR 97601 ADDRESS OF PRINCIPAL OFFICE IN OREGON (IF OTHER THAN ABOVE) CITY STATE **ZIP CODE** Not Applicable STATE OF INCORPORATION DATE OF INCORPORATION TYPE OF ORGANIZATION IF NOT INCORPORATED DATE ORGANIZED Original OR 10-15-96 Delaware limited liability company (converted from OR corporation 12-3-10) Articles of Conversion filed in OR 12-29-10

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

Class B

DIRECTORS AT DATE OF BUDGET							
NAME OF DIRECTOR	CITY AND STATE OF RESIDENCE	LENGTH OF TERM	TERM EXPIRES				
Oregon Resorts, LLC, sole member		Not Applicable	Not Applicable				
Simon Hallgarten authorized signer	Westport, CT						

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.

whole dollars only.					
NAME Not Applicable			TITLE		
NO. DESCRIP	TION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
4 OLIFe and D 5 LEV Income P 6 Z Discount 7 G Pension F 8 U Savings F 9 dd Stock Pur 10 O Paid Park 11 O Members 12 U Discount 13 H Total Other Ber 14 O Percent A	nd Dental Insurance Disability Insurance rotection Insurance on Utility Service Plan Plan chase Plan ing hips hefits er Compensation ssigned to Oregon Comb. In Salary				
NAME			TITLE		
NO. DESCRIP	TION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
4 O Life and D 5 ILE Income P 6 N Discount 7 O Pension F 8 N Savings F 9 A Stock Pur 10 O Paid Park 11 O Members 12 N Other Ber 13 H Total Oth 14 O Percent A	nd Dental Insurance Disability Insurance rotection Insurance on Utility Service Plan Plan chase Plan ing hips hefits er Compensation ssigned to Oregon Comb. In Salary				
NAME			TITLE		
NO. DESCRIP	TION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
4 OLLife and D 5 LEV Income P 6 Nu Discount 7 OP Pension F 8 Nu Savings F 9 AW Stock Pur 10 OP aid Park 11 OMembers 12 Nu Other Ber 13 HL OPercent A	nd Dental Insurance Disability Insurance rotection Insurance on Utility Services Plan Plan ing hips hefits er Compensation ssigned to Oregon Comb. In Salary				

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.

		<u> </u>	
NAME OF ORGANIZATION, CITY AND STATE	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
Oregon Association of Water Utilities	675	\$360.00	\$360.00

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 – Not Applicable			

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 – Not Applicable

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 - Not Applicable

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. T

NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF EQUIPMENT	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
None – Not Applicable			

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
Oregon Resorts, LLC - Management Fees	632	\$14,198	\$14,198
Oregon Resorts, LLC – Services by the following departments: Owner Services, Accounting, and Information Technology	632	\$28,004	\$28,004
*JELD-WEN Development, Inc. (former affiliated interest for service) was converted to Oregon Resorts, LLC, a Delaware LLC.			

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.

RUNNING Y UTILITIES, LLC BY Oregon Resorts, LLC, Its Sole Member

SIGNATURE OF AUTHORIZED SIGNER	DATE
Ву:	
NAME OF OFFICER	DATE
Simon Hallgarten Authorized Signer	



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.
- 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: <u>http://egov.oregon.gov/PUC/eFiling/eReports/efiling report cover sheet.docx</u>. Email both the report and cover sheet to <u>PUC.FilingCenter@state.or.us</u> by November 1st of the year preceding that for which the report is made.
- 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.
- 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

Running	Y	Utilities,	LLC
---------	---	------------	-----

ADDRESS OF PRINCIPAL OFFICE		CITY	STATE	ZIP CODE
5115 Running Y Road	Klamath Falls	OR	97601	
ADDRESS OF PRINCIPAL OFFICE IN OREGON (IF OT	HER THAN ABOVE)	CITY	STATE	ZIP CODE
Not Applicable				
STATE OF INCORPORATION	DATE OF INCORPORATION	TYPE OF ORGANIZATION IF NOT INCORPORATED		DATE ORGANIZED
Delaware limited liability company Original OR 10-15-96				
(converted from OR corporation 12-3-10)				
	filed in OR 12-29-10			

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

Class B

	DIRECTORS AT DATE OF	BUDGET	
NAME OF DIRECTOR	CITY AND STATE OF RESIDENCE	LENGTH OF TERM	TERM EXPIRES
Oregon Resorts, LLC, sole member		Not Applicable	Not Applicable
Simon Hallgarten authorized signer	Westport, CT		

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.

	le dollars only.				
	NAME Not Applicable		TITLE		
	en e				
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1	Annual Salary				
2	Amount Assigned to Oregon				
3	Z Medical and Dental Insurance				
4	D Life and Disability Insurance				
5	Income Protection Insurance				
6 7	Discount on Utility Service				
8	Savings Plan				
9	⊆ Stock Purchase Plan				
10	S Paid Parking				
11	Neolical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Edit Parking Other Benefits Total Other Compensation Percent Assigned to Oregon				
12	C Other Benefits				
13	王 Total Other Compensation				
14	Percent Assigned to Oregon				
15	Deferred Comb. In Salary				
16	Bonus Earned in Prior Year				
NAM	Ξ		TITLE	1	1
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1	Annual Salary				
2 3	Amount Assigned to Oregon				
4	Niedical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Hold Parking O Memberships				
5	Income Protection Insurance				
6	Discount on Utility Service				
6 7	S Pension Plan			1	
8	Z Savings Plan				
9	Stock Purchase Plan				
10	S Paid Parking				
11	O Memberships				
12	Cher Benefits Total Other Compensation Percent Assigned to Oregon				
13	Total Other Compensation				
14 15	O Percent Assigned to Oregon Deferred Comb. In Salary				
16	Bonus Paid in Prior Year				
NAME			TITLE		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1	Annual Salary				
2	Amount Assigned to Oregon				
3 4	Z Medical and Dental Insurance Life and Disability Insurance				
5	Income Protection Insurance				
5	Niedical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Life Paid Parking Of ther Benefits Total Other Compensation Percent Assigned to Oregon				
7	S Pension Plan				
3	Savings Plan				
9	Stock Purchase Plan				
10	Paid Parking				
11	O Memberships				
12	Other Benefits				
13	Total Other Compensation				
14					
15 16	Deferred Comb. In Salary Bonus Paid in Prior Year				
0					
				5	

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	\$360.00	\$360.00

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 – Not Applicable			

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 - Not Applicable

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 - Not Applicable

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
None – Not Applicable			
	3		

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
Oregon Resorts, LLC - Management Fees	632	\$14,198	\$14,198
Oregon Resorts, LLC – Services by the following departments: Owner Services, Accounting, and Information Technology	632	\$28,004	\$28,004
*JELD-WEN Development, Inc. (former affiliated interest for service) was converted to Oregon Resorts, LLC, a Delaware LLC.			
54 ¹			

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.

RUNNING Y UTILITIES, LLC BY Oregon Resorts, LLC, Its Sole Member

SIGNATURE OF AUTHORIZED SIGNER	DATE
By:	1.30.12
NAME OF OFFICER	DATE
Simon Hallgarten	
Authorized Signer	