



PUBLIC UTILITY COMMISSION OF OREGON  
 550 CAPITOL ST NE SUITE 215, SALEM, OR 97301-2551  
 PO BOX 2148, SALEM, OR 97308-2148

## BUDGET OF EXPENDITURES REPORT FOR THE YEAR 2014

### 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 FILLED OUT AND **FILED ELECTRONICALLY** WITH THE PUC FILING CENTER VIA EMAIL AT [PUC.FILINGCENTER@STATE.OR.US](mailto:PUC.FILINGCENTER@STATE.OR.US), BY NOVEMBER 1ST OF THE YEAR PRECEDING THAT FOR WHICH THE REPORT IS MADE. THE INSTRUCTIONS ON HOW TO ELECTRONICALLY FILE REPORTS CAN BE FOUND ON THE PUC WEBSITE AT [HTTP://WWW.OREGON.GOV/PUC/EFILING/EREPORTS/INDEX.SHTML](http://www.oregon.gov/puc/efiling/ereports/index.shtml).
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. REPORT ALL AMOUNTS IN WHOLE DOLLARS ONLY, OMIT CENTS.

FULL NAME OF UTILITY Salmon Valley Water Company			
ADDRESS OF PRINCIPAL OFFICE PO Box 205, 24525 E. Welches Road		CITY Welches	STATE OR
ADDRESS OF PRINCIPAL OFFICE IN OREGON (IF OTHER THAN ABOVE)		CITY	STATE
STATE OF INCORPORATION Oregon	DATE OF INCORPORATION January 3, 1968	TYPE OF ORGANIZATION IF NOT INCORPORATED	DATE ORGANIZED

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

DIRECTORS AT DATE OF BUDGET			
NAME OF DIRECTOR	CITY AND STATE OF RESIDENCE	LENGTH OF TERM	TERM EXPIRES
1. Michael E Bowman, President	8257 Kingfisher Way Durham, OR 97067		
2. William E. Bowman, Vice President	13633 SW Tracy Place Tigard, OR 97223		
3. Joyce Sewell, Secretary	PO Box 1187 Terrabonne, OR 97760		
4. JoAnn Bowman, Treasurer	2545 Roanoke Street Woodburn, OR 97071		
5. ██████████, ██████████	2█████████ Street Woodburn, OR 97071		

**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		TITLE			
Michael Bowman		President			
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY	\$72,000	603		
2	AMOUNT ASSIGNED TO OREGON				
3	MEDICAL & DENTAL INSURANCE				
4	LIFE & 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		TITLE			
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY				
2	AMOUNT ASSIGNED TO OREGON				
3	MEDICAL & DENTAL INSURANCE				
4	LIFE & 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		TITLE			
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFILIATED CO.
1	ANNUAL SALARY				
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6	DISCOUNT ON UTILITY SERVICE				
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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				

**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 BY 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
Firefighters Association	603	\$50	
Hoodland Woman's Club	603	\$120	

**EXPENDITURES FOR PENSIONS OR A TRUST TO PROVIDE PENSIONS**

**INSTRUCTIONS:** LIST ALL PROPOSED PAYMENTS TO PERSONS OR TO 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 SERVICES 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**

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**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 WHOLE DOLLARS ONLY.

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NONE

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**POLITICAL CONTRIBUTIONS**

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**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.

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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 PROJECT. 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			

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

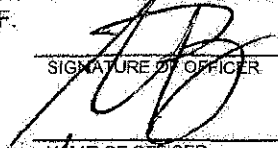
**INSTRUCTIONS:** REPORT ALL PROPOSED EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICE. ADVICE, AUDITING, ASSOCIATING, SPONSORING, ENGINEERING, MANAGING, OPERATING, FINANCIAL, LEGAL OR OTHER SERVICES. SEE OREGON REVISED STATUTES 757.015 AND 759.010 FOR DEFINITION OF "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
NONE			

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
NAME OF OFFICER	TITLE
 Michael Bowman	11/3/13 Pres