

**MICHIGAN PUBLIC SERVICE COMMISSION**

**ANNUAL REPORT OF NATURAL GAS UTILITIES (MAJOR AND NONMAJOR)**  
**WITH ANNUAL SALES OF LESS THAN 200,000 MCF**

This form is authorized by 1919 PA 419, as amended, being MCL 460.55 et seq. and 1969 PA 306, as amended, being MCL 24.201 et seq. Filing of this form is mandatory. Failure to complete and submit this form will place you in violation of state law.

<b>Report submitted for year ending:</b> December 31, 2017																	
<b>Present name of respondent:</b> AURORA GAS COMPANY																	
<b>Address of principal place of business:</b> 7038 S BLACK RIVER ROAD ONAWAY MI 49765																	
<b>Utility representative to whom inquires regarding this report may be directed:</b>  <table><tr><td><b>Name:</b></td><td>JOHN S TIERNEY</td><td><b>Title:</b></td><td>PRESIDENT</td></tr><tr><td><b>Address:</b></td><td colspan="3">PO BOX 721</td></tr><tr><td><b>City:</b></td><td>ONAWAY</td><td><b>State:</b></td><td>MI      <b>Zip:</b> 49765</td></tr><tr><td><b>Direct Telephone, Include Area Code:</b></td><td colspan="3">989-733-6625</td></tr></table>		<b>Name:</b>	JOHN S TIERNEY	<b>Title:</b>	PRESIDENT	<b>Address:</b>	PO BOX 721			<b>City:</b>	ONAWAY	<b>State:</b>	MI <b>Zip:</b> 49765	<b>Direct Telephone, Include Area Code:</b>	989-733-6625		
<b>Name:</b>	JOHN S TIERNEY	<b>Title:</b>	PRESIDENT														
<b>Address:</b>	PO BOX 721																
<b>City:</b>	ONAWAY	<b>State:</b>	MI <b>Zip:</b> 49765														
<b>Direct Telephone, Include Area Code:</b>	989-733-6625																
<b>If the utility name has been changed during the past year:</b>  <b>Prior Name:</b>  <b>Date of Change:</b>																	
<b>Two copies of the published annual report to stockholders:</b>  <table><tr><td>[            ]</td><td>were forwarded to the Commission</td></tr><tr><td>[            ]</td><td>will be forwarded to the Commission</td></tr><tr><td></td><td>on or about</td></tr></table>		[            ]	were forwarded to the Commission	[            ]	will be forwarded to the Commission		on or about										
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<b>Annual reports to stockholders:</b>  <table><tr><td>[            ]</td><td>are published</td></tr><tr><td>[    X    ]</td><td>are not published</td></tr></table>		[            ]	are published	[    X    ]	are not published												
[            ]	are published																
[    X    ]	are not published																

**FOR ASSISTANCE IN COMPLETION OF THIS FORM:**

Contact the Michigan Public Service Commission (Jennifer Brooks) at  
brooks.j10@michigan.gov OR forward correspondence to:

Michigan Public Service Commission  
Financial Analysis & Audit Division (Jennifer Brooks)  
7109 W. Saginaw Hwy  
PO Box 30221  
Lansing, MI 48909

**NONMAJOR GAS UTILITIES WITH ANNUAL  
SALES OF LESS THAN 200,000 MCF**

**ANNUAL REPORT OF:  
AURORA GAS COMPANY**

(Name of Company)

**TO THE  
MICHIGAN PUBLIC SERVICE COMMISSION**

For the Calendar Year:  
**2017**

(Read Instructions on Last Page Carefully Before Filling Out Report)

Name of Company: AURORA GAS COMPANY

Post Office Address: PO BOX 721 ONAWAY MI 49765

Organization: CORPORATION  
(Corporation, Partnership or Individual)

Date of Organization: January 13, 1984 Under the laws of what state? Michigan

Printed name of person who prepared this report: John S Tierney

Signature of person who prepared this report: \_\_\_\_\_

If incorporated, give the titles, names and addresses of all company officials at close of year:

<u>Name</u>	<u>Title</u>	<u>Address</u>
JOHN S TIERNEY	PRESIDENT/TREASURER	PO BOX 721 ONAWAY, MI 49765
HELEN C TIERNEY	SECRETARY	PO BOX 721 ONAWAY, MI 49765

If not incorporated, state the name and address of owner or owners and the extent of their respective interests:

<u>Name</u>	<u>Address</u>
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Name of any stockholders owning or controlling 10% or more of the stock, and number of votes to which each said stockholder is entitled:

<u>Name</u>	<u>Address</u>	<u>Number of Votes</u>
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Name of Respondent AURORA GAS COMPANY	This Report Is: (1) <input checked="" type="checkbox"/> AN ORIGINAL (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 2/13/2018	Year of Report 12/31/17
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**PROPERTIES USED IN OPERATION**

Line No.	Description and Location, Including County and City or Township (a)	Date Purchased (b)	Date Placed In Service (c)	Original Cost (d)
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26	<b>TOTAL</b>			

Notes to Financial Statements



Name of Respondent AURORA GAS COMPANY		This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 2/13/2018	Year of Report 12/31/17
<b>BALANCE SHEET</b>				
Line	Title of Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)	
1	<b>INVESTMENTS</b>			
2	Total Utility Plant in Service	6,444,115	6,326,278	
3	Construction Work in Progress			
4	Total Utility Plant (2 + 3)	6,444,115	6,326,278	
5	Accumulated Provision for Depreciation	3,254,611	3,328,388	
6	Net Utility Plant (4 - 5)	3,189,504	2,997,890	
7	Other Property			
8	Other Investments (please describe here)	402,656	416,153	
9	Total Property and Investments (6 thru 8)	3,592,160	3,414,043	
10	<b>CURRENT ASSETS</b>			
11	Cash		19,259	
12	Notes Receivable - Net			
13	Accounts Receivable - Net	37,219	36,790	
14	Material and Supplies	689,896	595,016	
15	Prepayments	15,025	30,017	
16	Other Current and Accrued Assets	739,019	671,997	
17	Total Current and Accrued Assets (10 thru 15)	1,481,159	1,353,079	
18	Deferred Debits			
19	Total Assets (9 + 17 + 18)	5,073,319	4,767,122	
20	<b>LIABILITIES &amp; STOCKHOLDERS EQUITY</b>			
21	<b>STOCKHOLDER EQUITY</b>			
22	Capital Stock	30,000	30,000	
23	Retained Earnings	1,225,487	1,300,095	
24	Total Stockholders Equity (22 + 23)	1,255,487	1,330,095	
25	Long -Term Debt	3,423,030	3,140,631	
26	<b>CURRENT AND ACCRUED LIABILITIES</b>			
27	Notes Payable			
28	Accounts Payable	198,481	101,767	
29	Customer Deposits	196,321	189,044	
30	Other Current and Accrued Liabilities		5,585	
31	Total Current and Accrued Liabilities (27 thru 30)	394,802	296,396	
32	Deferred Credits			
33	Total Liabilities and Equity (24+25+31+32)	5,073,319	4,767,122	

Name of Respondent AURORA GAS COMPANY		This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 2/13/2018	Year of Report 12/31/17
<b>STATEMENT OF INCOME</b>				
Line	Title of Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)	
1	Operating Revenues	2,864,097	2,846,595	
2	Natural Gas Production Expense			
3	Cost of Purchased Gas	1,383,043	1,398,953	
4	Transmission Expense			
5	Distribution Expense Operation			
6	Distribution Expense - Maintenance			
7	Administrative & General Expense	853,159	828,962	
8	Other Expenses			
9	Total Operation & Maintenance Expense (2 thru 8)	2,236,202	2,227,915	
10	Depreciation & Amortization Expense	219,901	227,264	
11	Tax Expense	51,498	52,306	
12	Interest Expense	194,606	149,196	
13	Other Deductions			
14	Total Cost of Gas Service (9 thru 13)	2,702,207	2,656,681	
15	Income From Operations (1 - 14)	161,890	189,914	
16	Miscellaneous Non-Operating Income	87,052	66,385	
17	Miscellaneous Non-Operating Deductions			
18	Total Non-Operating Income (Loss)	87,052	66,385	
19	NET INCOME (15 + 18)	248,942	256,299	

Name of Respondent AURORA GAS COMPANY	This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 2/13/2018	Year of Report December 31, 2017
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**SALES DATA BY RATE SCHEDULE FOR THE YEAR**

- 1 Report below the distribution of customers, sales and revenue for the year by individual rate schedules.
- 2 Column (a): List all rate schedules by identification number or symbol. Where the same rates schedule designation applies to different rates in different zones, cities or districts, list separately data for each such area.
- 3 Column (b): Give the type of service to which rate schedule is applicable (ex. Commercial heating, space heating, etc)
- 4 Column (c): Indicate the class or classes of customers served under each rate schedule.
- 5 Column (d): Give the average number of customers billed under each rate schedule during the year.
- 6 Columns (e) and (f): For each rate schedule listed, enter the total number of Mcf sold to, and revenues received from customers billed under that rate schedule.
- 7 If a rate schedule was not in effect during the entire year, indicate in a foot note the period in which it was in effect.

Line No.	Rate Schedule Designation (a)	Type of Service to Type of Service to (b)	Class of Service (c)	Ave Number of Customers per Month (d)	Mcf Sold (e)	Revenue (f)
1	RESIDENTIAL			2,682	177,203	\$1,710,444
2	COMMERCIAL			153	61,214	\$602,209
3	PUBLIC AUTHO			5	7,245	\$70,276
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Notes to Financial Statements



Name of Respondent AURORA GAS COMPANY	This Report Is: (1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	Date of Report (Mo, Da, Yr) 02/13/18	Year of Report 12/31/17
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### OFF-SYSTEM SALES OF NATURAL GAS

Report the details concerning off-system sales. Off-system sales include all sales other than MPSC approved rate schedule sales.

Line No.	Name (a)	Point of Delivery (City/Town, State) (b)	Account (c)	Mcf of Gas Sold (apprx BTU per CubicFt) (d)	Revenue For Year (e)	Average Revenue Per Mcf (f)	Peak Day Delivery to Customers		
							Date (g)	Noncoincident (h)	Coincident (i)
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Name of Respondent	This Report Is:	Date of Report	Year of Report
AURORA GAS COMPANY	(1) <input checked="" type="checkbox"/> An Original (2) <input type="checkbox"/> A Resubmission	(Mo, Da, Yr) 02/13/18	12/31/17

**REVENUE FROM TRANSPORTATION OF GAS OF OTHERS - NATURAL GAS (Account 489)**

- Report below the details of revenue from transportation or compression (by respondent) of natural gas for others. Subdivide revenue between transportation or compression for interstate pipeline companies and others.
- Natural gas means either natural gas unmixed, or any mixture of natural and manufactured gas. Designate with an asterisk if gas transported or compressed is other than natural gas.
- In column (a), include the names of companies from which revenues were derived, points of receipt and delivery, and names of companies from which gas was received and to which delivered. Also specify the Commission order or regulation authorizing such transaction.
- Designate points of receipt and delivery so that they can be identified on map of the respondent's pipeline system.
- Enter Mcf at 14.73 psi at 60 degrees Fahrenheit.

Line No.	Name of Company and Description of Service Performed (a)	Distance Trans-ported (in miles) (b)	Mcf of Gas Received (c)	Mcf of Gas Delivered (d)	Revenue (e)	Ave Revenue per Mcf of Gas Delivered (in cents) (f)	FERC Tariff Rate Schedule Designation (g)
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25	TOTAL						



## GENERAL INSTRUCTIONS

- 1 This form for Annual Report should be filled out and copied in duplicate with one copy returned to the office of the Michigan Public Service Commission by April 30, following the year for which made. The remaining copy should be retained by the Utility Company in its permanent files in case correspondence with regard to this report becomes necessary.
- 2 Additional statements inserted for the purpose of further explanation of accounts or schedules should be made on durable paper the same size as this report and securely attached.
- 3 There should always appear some notation to indicate that the questions asked have not been overlooked. The word "None" may be used against any particular item or items where that word expresses the fact.
- 4 The Oath on this page must be administered by a Notary Public or other officer authorize to administer oaths.

## OATH

State of ... MICHIGAN


} ss.

County of CHEBOYGAN

I, the undersigned, on oath do say that I am PRESIDENT - OWNER

(State official position as owner or officer)

of the Utility Company for whom the foregoing annual report was prepared; that the same was prepared by myself or under my direction; that I have full and complete knowledge of the affairs of the said Natural Gas Purchaser and/or Carrier that I have examined the foregoing annual report and declare the same to be a correct and complete statement of the business and affairs of said Utility Company in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief.

  
(Signature of person executing this report)

PO BOX 721, ONAWAY, MI 49765

(Address of person executing this report)

SUBSCRIBED AND SWORN BEFORE ME

at ..... CHEBOYGAN COUNTY, MICHIGAN

this ..... 20TH DAY OF FEBRUARY, 2018

  
(Signature of person executing this report)

My Commission expires ..... OCT. 26, 2019

NOTARY PUBLIC

(Official Title)

## Brooks, Jennifer (LARA)

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**From:** Cantin, Heather (LARA)  
**Sent:** Thursday, February 15, 2018 4:42 PM  
**To:** Brooks, Jennifer (LARA)  
**Subject:** FW: Letter dated February 7, 20018

FYI-Aurora Gas email claiming they do not transport third party gas and therefore are not required to submit an S-102 Form. Please save this and print for our records to file along with the other S-102 reports. This email will be sufficient in place of an actual letter.

### Heather Cantin

Customer Choice  
Financial Analysis & Audit Division  
Michigan Public Service Commission  
517-284-8266  
[cantinh@michigan.gov](mailto:cantinh@michigan.gov)

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**From:** Susan Nelson [mailto:[aurora@freeway.net](mailto:aurora@freeway.net)]  
**Sent:** Thursday, February 15, 2018 1:47 PM  
**To:** Cantin, Heather (LARA) <[CantinH@michigan.gov](mailto:CantinH@michigan.gov)>  
**Cc:** JOHN TIERNEY <[jtierney@freeway.net](mailto:jtierney@freeway.net)>  
**Subject:** Letter dated February 7, 20018

Ms. Cantin,

Thank you for your letter regarding the filing of form S-102, however, unless there have been further changes, it is my understanding that as of 2014 this is for third party gas transmission companies only. Aurora is not, nor has it ever been a transmission company, we are strictly distribution. We are in the process of filing our P522B as required. Unless I hear otherwise from you we will disregard the request to file S-102.

Susan Nelson – Office Manager  
Aurora Gas Company