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.

Report sul	Report submitted for year ending:										
	September	30, 2014									
Present na	Present name of respondent:										
	AURORA (GAS COM	PANY								
Address o	of principal	place of b	usiness:								
			R ROAD ON								
Utility rep	resentative	to whom	inquires rega	arding this	s report r	may be dire	ected:				
	Name:	John S Ti	ierney		Title:	President					
	Address:	РО ВОХ	721					X			
	City:	ONAWAY	Υ		State:	MI	Zip:	49765			
	Direct Tele	anhono la	aluda Aras O		989-733-6625						
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FOR ASSISTANCE IN COMPLETION OF THIS FORM:

Contact the Michigan Public Service Commission (Heather Cantin) at (517) 284-8266 or cantinh@michigan.gov OR forward correspondence CEIVED MPSC

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

MAR 0 3 2015

FINANCIAL ANALYSIS AND AUDIT DIVISION

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

ANNUAL REPORT OF:

AURORA GAS COMPANY

(Name of Company)

	MICHIGAN PUBLIC			
	For the C		/ear:	
	9/30	0/2014		
(R	ead Instructions on Last Page	Carefully	Before Filling Out Report)	
Name of Company:	Aurora Gas Company			
Post Office Address:	PO Box 721 Onaway,	Mi		
Organization:	Corporation Portnership	ar Individu	ol)	
Date of Organization:	(Corporation, Partnership of January 13, 1984	or individu	Under the laws of what state?	? Michigan
Printed name of person who prep	pared this report:	John S	Tierney	
Signature of person who prepare	d this report:			
If incorporated, give the titles, nan	nes and addresses of all	compan	y officials at close of year:	
<u>Name</u>	<u>Title</u>		Address	
John S Tierney	President/Treasu	rer	PO Box 721 Onaway Mi	
Helen C Tierney	Secretary		PO Box 721 Onaway Mi	
If not incorporated, state the name		or owne	rs and the extent of their respe	ctive interests:
<u>Name</u>	Address			
Name of any stockholders owning each said stockholder is entitled:	g or controlling 10% or m	nore of th	ne stock, and number of votes	to which
<u>Name</u>	Address		Number o	of Votes
			144IIIDOI (

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	e of Respondent DRA GAS COMPANY	This Report Is: (1) [X] An Original (2) [] A Resubmission	on	Date of Report (Mo, Da, Yr) 2/25/2015	Year of Report 9/30/14						
PROPERTIES USED IN OPERATION											
Line No.	Description and Location County and City or To (a)	, Including wnship	Date Purchased (b)	Date Placed In Service (c)	Original Cost (d)						
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26		TOTAL									
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Name	e of Respondent	This Report Is: (1) [X] An Original	Date of Report	Year of Report					
AUR	ORA GAS COMPANY	(Mo, Da, Yr) 2/25/2015	09/30/14						
		- 2/25/2015							
Line	Title of Accou	nt	Balance at Beginning of Year (b)	Balance at End of Year (c)					
1	INVESTMENTS								
2	Total Utility Plant in Service		5,701,104	5,919,814					
3	Construction Work in Progress								
4	Total Utility Plant (2 + 3)		5,701,104	5,919,814					
5	Accumulated Provision for Depreciation		2,798,189	2,927,496					
6	Net Utility Plant (4 - 5)		2,902,915	2,992,318					
7	Other Property								
8	Other Investments (please describe here)		390,493	412,713					
9	Total Property and	Investments (6 thru 8)	3,293,408	3,405,031					
10	CURRENT ASSETS								
11	Cash		30,209	23,391					
12	Notes Receivable - Net								
13	Accounts Receivable - Net		51,843	69,980					
14	Material and Supplies		631,069	546,907					
15	Prepayments		16,300	10,13					
16	Other Current and Accrued Assets		16,000	16,000					
17	Total Current and Accrued Assets (10 thru	15)	745,421	666,413					
18	Deferred Debits								
19	Tota	al Assets (9 + 17 + 18)	4,038,829	4,071,444					
20	LIABILITIES & STOCKHOLDERS EQU	YTIL							
21	STOCKERHOLDER EQUITY								
22	Capital Stock		30,000	30,000					
23	Retained Earnings		678,664	909,304					
24	Total Stockho	olders Equity (22 + 23)	708,664	939,304					
25	Long -Term Debt		2,919,749	2,725,082					
26	CURRENT AND ACCRUED LIABILITI	ES							
27	Notes Payable								
28	Accounts Payable		241,700	254,422					
29	Customer Deposits		168,716	152,636					
30	Other Current and Accrued Liabilities								
31	Total Current and Accrued	Liabilities (27 thru 30)	410,416	407,058					
32	Deferred Credits								
33 MPS(Total Liabilities and	Equity (24+25+31+32) Page 3	4,038,829	4,071,444					

1	e of Respondent ORA GAS COMPANY	This Report Is: (1) [X] An Original (2) [] A Resubmission	Date of Report (Mo, Da, Yr) 2/25/2015	Year of Report 09/30/14
		STATEMENT OF INCO		
Line	Title of Accou	int	Balance at Beginning of Year (b)	Balance at End of Year (c)
1	Operating Revenues		3,173,160	3,556,019
2	Natural Gas Production Expense			
3	Cost of Purchased Gas		1,926,770	1,965,791
4	Transmission Expense			
5	Distribution Expense Operation			
6	Distribution Expense - Maintenance			
7	Administrative & General Expense		703,397	802,376
8	Other Expenses			
9	Total Operation & Maintena	ance Expense (2 thru 8)	2,630,167	2,768,167
10	Depreciation & Amoritization Expense		142,824	157,774
11	Tax Expense		34,896	52,732
12	Interest Expense		170,617	155,777
13	Other Deductions			
14	Total Cost of	Gas Service (9 thru 13)	2,978,504	3,134,450
15	Income From Operations (1 - 14)		194,656	421,569
16	Miscellaneous Non-Operating Income		13,825	50,197
17	Miscellaneous Non-Operating Deduction	ns		
18	Total Non-Operating Income (Loss)		13,825	50,197
19	N	IET INCOME (15 + 18)	208,481	471,766

Name of Respondent	This Report Is:	Date of Report	Year of Report							
AURORA GAS COMPANY	(1) [X] An Original		September 30, 2014							
	(2) [] A Resubmission	2/25/2015								
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.

1	ii a rate scriedule	was not in enect during th	e entire year, indicate in a	100t note the per	loa iii willoii it was	ili Cilcot.
Line No.	Rate Schedule Designation (a)	Type of Service to Type of Service to (b)	Class of Service	Ave Number of Customers per Month	Mcf Sold (e)	Revenue (f)
1	Residential			2,556	199,724	\$2,157,014
2	Commercial			155	78,858	\$851,665
3	Public Authority			6	8,711	\$94,080
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Notes to Financial Statements

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AURORA GAS COMPANY Report the det Line No. Name		<u>.</u>	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	\$ 19	20	2 2	23	24	25	26	27	28	28	28
ails con	<u>a</u>)	(a)																										the state of the last of the l	
Report the details concerning off-system sales. Name Point of Delievery (City/Town, State) (b)	(City/Town, State)	(6)																											
F-SYSTEN Off-syste Account	<u>(</u>	(5)																											
Sion 02/25/15 OFF-SYSTEM SALES OF NATURAL GAS lles. Off-system sales include all sales other Mcf of Gas Sold y Account (apprx BTU Per CubicFt) For Year (c) (d) (e)	per CubicFt)	(4)																											
all sales other t Revenue For Year (e)	For Year (e)	(6)																											
Co	Per Mcf	(
ved rate sche Peak Day D Date (g)	Date (a)	9																											
09/30/14 d rate schedule sales. Peak Day Delivery to Cusotomers Mcf Noncoin- Coin- Cidental cidental (g) (h) (i)	cidental (h)	(11)																											
es. Cusotomers Mcf Coin- cidental (i)	cidental (i)	9																											

25	24	23	22	21	20	19	18	17	16	15	14	13	12	11	10	9	œ	7	တ	5	4	ω	2	_		No.	Line		\perp	4 rc		ω		2		_		AUROR/	Name o
TOTAL																									(a)	of Service Performed	Name of Company and Description			Designate points of receipt and delivery so triat triey can be identified of filiab of the respondent's pipeline system. Enter Mcf at 14.73 psi at 60 degrees Fahrenheit	from which gas was received and to which delivered. Also specify the Commission order or regulation authorizing such transaction.	In column (a), include the names of companies from which revenues were derived, points of receipt and delivery, and names of companies	Designate with an asterisk if gas transported or compressed is other than natural gas	Natural gas means either natural gas unmixed, or any mixture of natural and manufactured gas.	Subdivide revenue between transportation or compression for Interstate pipeline companies and others.	Report below the details of revenue from transportation or compression (by respondent) of natural gas for o	REVENU	AURORA GAS COMPANY	Name of Respondent
AL																										erformed	and Description			nd delivery so mat mey can degrees Fahrenheit	and to which delivered. All	mes of companies from whi	gas transported or compres	ural gas unmixed, or any mi	ransportation or compression	venue from transportation of	REVENUE FROM TRANSPORTATION OF	(1) [X] An Original (2) [] A Resubmission	
																									(b)	(in miles)	ported	Trans-	_	9 pe idelililed	so specify th	ch revenues	sed is other	ixture of nati	on for Inters	or compress			
																									(c)	Received	Gas	Mcf of		Minor Items (less	le Commission of	were derived, po	than natural gas	ural and manufac	tate pipeline com	ion (by responde	GAS OF OTHE	(Mo, Da, Yr) 02/25/15	Date of Report
																									(d)	Delivered	Gas	Mcf of		than 1.000.000	rder or regulation	oints of receipt ar		tured gas.	panies and other	nt) of natural gas	RS - NATURA		
																									(e)		Revenue			Minor Items (less than 1.000.000 Mcf) may be grouped	authorizing such tr	nd delivery, and nam			Ģ	for others.	GAS OF OTHERS - NATURAL GAS (Account 489)		Year of Report
																									Э	(in cents)	Gas Delivered	per Mcf of	- 1	Ċ.	ansaction.	nes of companies					489)	09/30/14	
																									(g)	Designation	Schedule	Tariff Rate	CEBC			<i>v</i>)							

GENERAL INSTRUCTIONS

- This form for Annual Report should be filled out and copied in duplicate with one copy returned to the 1 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.
- Additional statements inserted for the purpose of further explanation of accounts or schedules should 2 be made on durable paper the same size as this report and securely attached.
- There should always appear some notation to indicate that the questions asked have not been 3 overlooked. The word "None" may be used against any particular item or items where that word expresses the fact.
- The Oath on this page must be administered by a Notary Public or other officer authorize to administer oaths.

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State of ... MICHIGAN

} ss.

County of CHEBOYGAN

I, the undersigned, on oath do say that I am JOHN S TIERNEY - PRESIDENT

(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)

7038 S BLACK RIVER ROAD ONAWAY, MI

SUBSCRIBED AND SWORN BEFORE ME

(Address of person executing this report)

at CHEBOYGAN COUNTY

this 25TH DAY OF FEBRUARY 2015

(Signature of person executing this report)

My Commission expires 10/26/2019

NOTAARY PUBLIC

(Official Title)