

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 submitted for year ending: September 30, 2015	
Present name of respondent: AURORA GAS COMPANY	
Address of principal place of business: 7038 S BLACK RIVER ROAD ONAWAY, MI 49765	
Utility representative to whom inquires regarding this report may be directed:	
Name: JOHN S TIERNEY	Title: PRESIDENT
Address: PO BOX 721	
City: ONAWAY	State: MI Zip: 49765
Direct Telephone, Include Area Code: 989-733-6625	
If the utility name has been changed during the past year:	
Prior Name:	
Date of Change:	
Two copies of the published annual report to stockholders:	
[]	were forwarded to the Commission
[]	will be forwarded to the Commission
on or about	
Annual reports to stockholders:	
[]	are published
[X]	are not published

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 to:

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

RECEIVED
MPSC

FEB 26 2016

**FINANCIAL ANALYSIS AND
AUDIT DIVISION**

**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:

9/30/2015

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

Name of Company: AURORA GAS COMPANY

Post Office Address: PO BOX 721

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) 2/23/2016	Year of Report 9/30/15
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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	TOTAL			

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) 2/23/2016	Year of Report 09/30/15
BALANCE SHEET				
Line	Title of Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)	
1	INVESTMENTS			
2	Total Utility Plant in Service	5,919,814	6,279,390	
3	Construction Work in Progress			
4	Total Utility Plant (2 + 3)	5,919,814	6,279,390	
5	Accumulated Provision for Depreciation	2,927,496	2,798,189	
6	Net Utility Plant (4 - 5)	2,992,318	3,481,201	
7	Other Property			
8	Other Investments (please describe here)	412,713	374,781	
9	Total Property and Investments (6 thru 8)	3,405,031	3,855,982	
10	CURRENT ASSETS			
11	Cash	23,391	17,005	
12	Notes Receivable - Net			
13	Accounts Receivable - Net	69,980	34,081	
14	Material and Supplies	546,907	576,283	
15	Prepayments	10,135	12,539	
16	Other Current and Accrued Assets	16,000	800,000	
17	Total Current and Accrued Assets (10 thru 15)	666,413	1,439,908	
18	Deferred Debits			
19	Total Assets (9 + 17 + 18)	4,071,444	5,295,890	
20	LIABILITIES & STOCKHOLDERS EQUITY			
21	STOCKHOLDER EQUITY			
22	Capital Stock	30,000	30,000	
23	Retained Earnings	909,304	1,132,209	
24	Total Stockholders Equity (22 + 23)	939,304	1,162,209	
25	Long -Term Debt	2,725,082	3,602,145	
26	CURRENT AND ACCRUED LIABILITIES			
27	Notes Payable			
28	Accounts Payable	254,422	116,316	
29	Customer Deposits	152,636	177,833	
30	Other Current and Accrued Liabilities			
31	Total Current and Accrued Liabilities (27 thru 30)	407,058	294,149	
32	Deferred Credits			
33	Total Liabilities and Equity (24+25+31+32)	4,071,444	5,058,503	

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) 2/23/2016	Year of Report 09/30/15
STATEMENT OF INCOME				
Line	Title of Account (a)	Balance at Beginning of Year (b)	Balance at End of Year (c)	
1	Operating Revenues	3,556,019	3,382,679	
2	Natural Gas Production Expense			
3	Cost of Purchased Gas	1,965,791	1,711,642	
4	Transmission Expense			
5	Distribution Expense Operation			
6	Distribution Expense - Maintenance			
7	Administrative & General Expense	802,376	811,715	
8	Other Expenses			
9	Total Operation & Maintenance Expense (2 thru 8)	2,768,167	2,523,357	
10	Depreciation & Amortization Expense	157,774	186,175	
11	Tax Expense	52,732	78,492	
12	Interest Expense	155,777	182,423	
13	Other Deductions			
14	Total Cost of Gas Service (9 thru 13)	3,134,450	2,970,447	
15	Income From Operations (1 - 14)	421,569	412,232	
16	Miscellaneous Non-Operating Income	50,197	31,866	
17	Miscellaneous Non-Operating Deductions			
18	Total Non-Operating Income (Loss)	50,197	31,866	
19	NET INCOME (15 + 18)	471,766	444,098	

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) 2/23/2016	Year of Report September 30, 2015
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SALES DATA BY RATE SCHEDULE FOR THE YEAR

- Report below the distribution of customers, sales and revenue for the year by individual rate schedules.
- 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.
- Column (b): Give the type of service to which rate schedule is applicable (ex. Commercial heating, space heating, etc)
- Column (c): Indicate the class or classes of customers served under each rate schedule.
- Column (d): Give the average number of customers billed under each rate schedule during the year.
- 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.
- 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			2,598	197,616	\$2,030,278
2	COMMERCIAL			153	78,255	\$801,425
3	PUBLIC AUTHORITY			5	8,618	\$89,021
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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) 02/23/16	Year of Report 09/30/15
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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 Delievery (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 Cusotomers		
							Date (g)	Mcf	
								Noncoin- cidental (h)	Coin- cidental (i)
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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) 02/23/16	Year of Report 09/30/15				
REVENUE FROM TRANSPORTATION OF GAS OF OTHERS - NATURAL GAS (Account 489)							
<p>1 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.</p> <p>2 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.</p> <p>3 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.</p> <p>4 Designate points of receipt and delivery so that they can be identified on map of the respondent's pipeline system.</p> <p>5 Enter Mcf at 14.73 psi at 60 degrees Fahrenheit. 6 Minor Items (less than 1,000,000 Mcf) may be grouped.</p>							
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, MI

this 23rd DAY OF FEBRUARY, 2016


(Signature of person executing this report)

My Commission expires OCT. 26, 2019

NOTARY PUBLIC

(Official Title)