

**ARIZONA CORPORATION COMMISSION**  
**UTILITIES DIVISION**

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AZ CORP COMM  
Director - Utilities

ANNUAL REPORT MAILING LABEL - MAKE CHANGES AS NECESSARY

G-04204A  
UNS Gas, Inc.  
Attn: Melissa Morales  
P.O. Box 711, Mailstop HQE910  
Tucson, Arizona 85702

**ANNUAL REPORT**  
**Gas**

**FOR YEAR ENDING**

<b>12</b>	<b>31</b>	<b>2014</b>
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FOR COMMISSION USE

<b>ANN 02</b>	<b>14</b>
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4-8-15

## COMPANY INFORMATION

<b>Company Name (Business Name):</b> <u>          UNS, Gas, Inc.</u>			
<b>Mailing Address:</b> <u>          P.O. Box 711, Mailstop HQE910</u>			
(Street)			
<u>Tucson</u>	<u>Arizona</u>	<u>85702</u>	
(City)	(State)	(Zip)	
<u>(520) 884-3650</u>	<u>(520) 884-3601</u>	<u>N/A</u>	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address:</b> <u>          JoSmith@uns.com</u>			
<b>Local Office Mailing Address:</b> <u>          P.O. Box 711, Mailstop HQE910</u>			
(Street)			
<u>Tucson</u>	<u>Arizona</u>	<u>85702</u>	
(City)	(State)	(Zip)	
<u>(520) 884-3650</u>	<u>(520) 884-3601</u>	<u>N/A</u>	
Local Office Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address:</b> <u>          JoSmith@uns.com</u>			

## MANAGEMENT INFORMATION

<input checked="" type="checkbox"/> <b>Regulatory Contact:</b>			
<input checked="" type="checkbox"/> <b>Management Contact:</b> <u>          Jo Smith</u>			
(Name)		<u>          Director, Regulatory Services</u>	
(Title)			
<u>P.O. Box 711, Mailstop HQE910</u>	<u>Tucson</u>	<u>Arizona</u>	<u>85702</u>
(Street)	(City)	(State)	(Zip)
<u>(520) 884-3650</u>	<u>(520) 884-3601</u>	<u>N/A</u>	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address:</b> <u>          JoSmith@uns.com</u>			
<b>On Site Manager:</b> <u>          Nathan Shelley</u>			
(Name)			
<u>2901 W. Shamrell Blvd., Suite 110</u>	<u>Flagstaff</u>	<u>Arizona</u>	<u>86001</u>
(Street)	(City)	(State)	(Zip)
<u>(928) 226-2266</u>	<u>(520) 779-5338</u>	<u>N/A</u>	
Telephone No. (Include Area Code)	Fax No. (Include Area Code)	Cell No. (Include Area Code)	
<b>Email Address:</b> <u>          nshelley@uesaz.com</u>			

**Statutory Agent:** Diana K. Durako

(Name)

P.O. Box 711, Mailstop HQE910

Tucson

Arizona

85702

(Street)

(City)

(State)

(Zip)

(520) 884-3652

(520) 884-3601

N/A

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

**Attorney:** Todd C. Hixon

(Name)

P.O. Box 711, Mailstop HQE910

Tucson

Arizona

85702

(Street)

(City)

(State)

(Zip)

(520) 884-3667

(520) 884-3601

N/A

Telephone No. (Include Area Code)

Fax No. (Include Area Code)

Cell No. (Include Area Code)

**Email Address:** THixon@tep.com

### OWNERSHIP INFORMATION

Check the following box that applies to your company:

- |  |  |
|--|--|
| <input type="checkbox"/> Sole Proprietor (S) | <input checked="" type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input type="checkbox"/> Partnership (P)     | <input type="checkbox"/> Subchapter S Corporation (Z)                                |
| <input type="checkbox"/> Bankruptcy (B)      | <input type="checkbox"/> Association/Co-op (A)                                       |
| <input type="checkbox"/> Receivership (R)    | <input type="checkbox"/> Limited Liability Company                                   |
| <input type="checkbox"/> Other (Describe)    |  |

### COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> APACHE     | <input type="checkbox"/> COCHISE            | <input checked="" type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA                  | <input type="checkbox"/> GRAHAM             | <input type="checkbox"/> GREENLEE            |
| <input type="checkbox"/> LA PAZ                | <input type="checkbox"/> MARICOPA           | <input checked="" type="checkbox"/> MOHAVE   |
| <input checked="" type="checkbox"/> NAVAJO     | <input type="checkbox"/> PIMA               | <input type="checkbox"/> PINAL               |
| <input checked="" type="checkbox"/> SANTA CRUZ | <input checked="" type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA                |
| <input type="checkbox"/> STATEWIDE             |   |  |

**SERVICES AUTHORIZED TO PROVIDE**

Check the following box(es) for the services that you are authorized to provide:

**Gas**

Natural Gas

Propane

**Other** (Specify) \_\_\_\_\_

**STATISTICAL INFORMATION**

**GAS UTILITIES ONLY**

Total number of customers	150,440	
Residential	137,851	
Commercial	12,540	
Industrial	44	*
Irrigation	5	
Resale		
 Total therms sold	 124,030,215	 therms
Residential	63,808,556	
Commercial	33,916,184	
Industrial	26,254,536	*
Irrigation	50,939	
Resale		

\*Includes NSP customers.

COMPANY NAME: UNS Gas, Inc.

**UTILITY SHUTOFFS / DISCONNECTS**

<b>MONTH</b>	<b>Termination without Notice R14-2-311.B</b>	<b>Termination with Notice R14-2-311.C</b>	<b>OTHER</b>
JANUARY	0	465	0
FEBRUARY	0	388	0
MARCH	0	397	0
APRIL	0	392	0
MAY	0	374	0
JUNE	0	395	0
JULY	0	368	0
AUGUST	0	297	0
SEPTEMBER	0	238	0
OCTOBER	0	296	0
NOVEMBER	0	168	0
DECEMBER	0	125	0
<b>TOTALS →</b>	0	3,903	0

OTHER (description):

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**VERIFICATION  
AND  
SWORN STATEMENT  
Intrastate Revenues Only**

**RECEIVED**

**APR 08 2015**

**AZ CORP COMM  
Director - Utilities**

**VERIFICATION**

STATE OF Arizona

I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME)	<u>Pima</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>Frank P. Marino V.P. &amp; Controller</u>
COMPANY NAME	<u>UNS Gas Inc.</u>

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION**

FOR THE YEAR ENDING

MONTH	DAY	YEAR
12	31	2014

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2014 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ 128,062,725

(THE AMOUNT IN BOX ABOVE  
INCLUDES \$ 10,798,390  
IN SALES TAXES BILLED, OR COLLECTED)

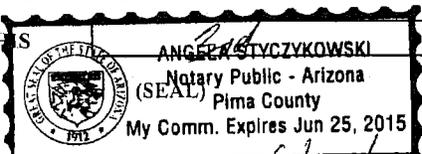
\*\*REVENUE REPORTED ON THIS PAGE MUST INCLUDE SALES TAXES BILLED OR COLLECTED. IF FOR ANY OTHER REASON, THE REVENUE REPORTED ABOVE DOES NOT AGREE WITH TOTAL OPERATING REVENUES ELSEWHERE REPORTED, ATTACH THOSE STATEMENTS THAT RECONCILE THE DIFFERENCE. (EXPLAIN IN DETAIL)

*Frank P. Marino*  
SIGNATURE OF OWNER OR OFFICIAL  
520-745-3448  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS DAY OF



MY COMMISSION EXPIRES 6/25/2015

COUNTY NAME	<u>Pima</u>
MONTH	<u>April</u> 20 <u>15</u>

*Angela Styczkowski*  
SIGNATURE OF NOTARY PUBLIC

**VERIFICATION  
AND  
SWORN STATEMENT  
RESIDENTIAL REVENUE  
INTRASTATE REVENUES ONLY**

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**AZ CORP COMM**  
**Director - Utilities**

STATE OF ARIZONA  
I, THE UNDERSIGNED  
OF THE

COUNTY OF (COUNTY NAME) Pima	
NAME (OWNER OR OFFICIAL) Frank P. Marino	TITLE V.P. & Controller
COMPANY NAME UNS Gas Inc.	

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION  
FOR THE YEAR ENDING

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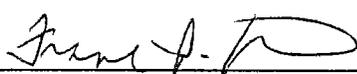
**SWORN STATEMENT**

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2014 WAS:

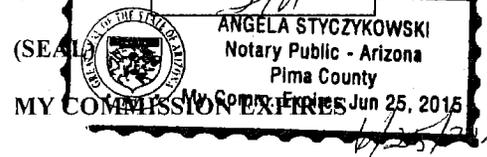
ARIZONA INTRASTATE GROSS OPERATING REVENUES  \$ 72,136,033
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(THE AMOUNT IN BOX AT LEFT  
INCLUDES \$ 6,082,590  
IN SALES TAXES BILLED, OR COLLECTED

\*RESIDENTIAL REVENUE REPORTED ON THIS PAGE  
MUST INCLUDE SALES TAXES BILLED.

  
\_\_\_\_\_  
SIGNATURE OF OWNER OR OFFICIAL  
  
520-745-3448  
\_\_\_\_\_  
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME  
A NOTARY PUBLIC IN AND FOR THE COUNTY OF  
THIS \_\_\_\_\_ DAY OF



NOTARY PUBLIC NAME ANGELA STYCZYKOWSKI	
COUNTY NAME Pima	
MONTH April	YEAR 2015

  
\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

## **FINANCIAL INFORMATION**

Attach to this annual report a copy of the companies' year-end (Calendar Year 2014) financial statements. If you do not compile these reports, the Utilities Division will supply you with blank financial statements for completion and filing. **ALL INFORMATION MUST BE ARIZONA-SPECIFIC AND REFLECT OPERATING RESULTS IN ARIZONA.**