

Third Class Cities
Municipal Gas Utilities
2024 Annual Report

to the
State of Kansas



for the year ending December 31, _____

(Exact legal name of respondent) (If name was changed during year, show previous name and date of change)

(Address of principal business office at the end of the year)

Area Code _____ Telephone _____ Federal ID Number _____

Gross operating revenues derived from Kansas intrastate operations	\$
---	----

SCHEDULE A – GENERAL INFORMATION

1. Name, title, address and telephone number of official or other person to whom should be addressed any communication concerning this report.
2. State classes of utility and other services furnished by Municipality during year (such as gas, electric, water, fire protection, police, etc.)_____
3. Date City was incorporated_____
4. Class of City (First, Second, etc.)_____
5. Officials at close of year (Mayor, councilman, City Manager, Superintendent of the Gas Department, Commissioners, etc.).

Title (a)	Name of Official (b)	Address (c)	Term Began (d)	Term Expires (e)	Annual Salary (if any) (f)

6. If any changes in above positions have been made subsequent to end of calendar year, show below the names, addresses, etc. of new officials and name of person replaced.

7. Population of City _____. State the date and type of census by which the population was determined.

8. Important changes Relating to Municipality :
 List and describe important legal proceedings culminated or pending during year, new bond issues authorized for special projects such as improvements or extensions of gas, electric, water or other facilities, purchase or sale of operating units of plant, important changes in utility rates, and other transactions of material interest during the year. If additional space is required, your response may be continued on page 2 of this report.

THIRD CLASS CITIES
MUNICIPAL GAS UTILITIES
ANNUAL REPORT GENERAL DIRECTIONS

SCHEDULE B: GAS CUSTOMER AND SALES DATA

Column (b) Total for the Gas Department-
For each item listed in column (a), include the customer and sales data for **all** customers. Include all customers **within the city limits, within the 3 – mile zone and outside the 3 – mile zone.**

Column (c) K.C.C. Jurisdictional –
For each item listed in column (a), include only the customer and sales data pertaining to customers **outside the 3 – mile zone.**

SCHEDULE C: GAS DEPARTMENT INCOME STATEMENT AND PORTION THEREFORE
APPLICABLE TO K.C.C. JURISDICTION

Column (b) For each Gas Department Income item listed in Column (a), include only the gross amount of revenues and expenses related to the gas department for **all** customers. Normally, revenues can be determined directly from billing records and can be determined without allocations. Refer to allocation instructions below.

Column (c) For each Gas Department Income item listed in Column (a), include only the allocated portion of revenues and expenses associated with the K.C.C. Jurisdictional customers. (Those customers **outside the 3 – mile zone.**)

An allocation should be made for each revenue and expense category. The most common allocation is based on MCF sales, which is the percentage of KCC Jurisdictional customers' total sales revenue out of the total MCF sales to **all** customers. In most cases, the cost of purchased gas, materials and supplies, and other expenses can be properly allocated on the basis of MCF sales.

Depreciation and/or Amortization expenses relates to Plant Investment. Therefore, the Plant should first be allocated between Non-Jurisdictional and Jurisdictional operations (SCHEDULE E). Depreciation/Amortization is then allocated on the basis of the Plant Ratios determined.

In the FOOTNOTES at the bottom of Schedule C, explain what basis was used for allocating total gas department expenses to KCC Jurisdictional customers/operations. For example: "Purchased gas was allocated on the basis of MCF sales" or "Depreciation/Amortization was allocated on the basis of Plant Investment". Also provide an explanation as to how the Annual Depreciation/Amortization expense was determined.

SCHEDULE D: GAS RECEIPTS, GAS DELIVERIES AND GAS UNACCOUNTED

Column (a) For items 1(a) through 1 (e), list the information pertaining to gas purchases.

Column (b) For each item listed in column (a), list the MCFs purchased, produced or sold.

Column (c) Provide the total MCFs purchased, produced, or otherwise received, (Sum of lines 1-2) on Line 3. Provide the total MCFs sold, used by the gas department, and delivered to others without charge, (sum of lines 4-6) on Line 7.

Column (c) Line 8, "Gas Unaccounted For" is the difference between the Total Gas Receipts (Line 3) and the Total Gas delivered (Line 7),

GAS DEPARTMENT INCOME STATEMENT AND PORTION THEREOF APPLICABLE TO K.C.C. JURISDICTION		
SCHEDULE C GAS DEPARTMENT INCOME ITEMS (a)	TOTAL FOR THE GAS DEPARTMENT (b)	AMOUNT APPLICABLE TO K.C.C. JURISDICTION (c)
OPERATING REVENUES		
1. Revenues from sales of gas during the year (Total MCF sold: _____ MCF)		
2. Other gas revenues (such as customer penalties, interdepartment rents, etc.).....		
3. Total gas department operating revenues (Line 1 plus line 2)		
OPERATING EXPENSES		
4. Cost of purchased gas.....		
5. Salaries and wages		
6. Materials and supplies		
7. List Other Expenses (such as insurance, rent, vehicle, legal, etc.)..... \$ _____, \$ _____ \$ _____, \$ _____ \$ _____		
8. Depreciation (and/or amortization) expense		
9. Social security and other taxes or tax equivalents (such as payments to city in lieu of taxes).....		
10. Total gas operating expense (Lines 4 through 9).....		
11. Net gas operating revenues (Line 3 less line 10).....		
OTHER DEDUCTIONS		
12. Interest on debt applicable to gas department.....		
13. Other income deduction, if any.....		
14. Subtotal – Gas department income (Line 11 less lines 12 and 13).....		
NON-OPERATING INCOME		
15. Net income from sales of gas appliances or jobbing .. activities of the gas department.....		
16. Interest income or other non-operating income of the gas department		
17. Total new income of the gas department (lines 14, 15, and 16).....		

FOOTNOTES:

SCHEDULE D GAS RECEIPTS, GAS DELIVERIES, AND GAS UNACCOUNTED FOR			NO. OF	TOTAL
DATA ITEM			M.C.F.	M.C.F.
(a)			(b)	(c)
GAS RECEIPTS				
1.	<u>Gas Purchased:</u>			
	<u>From whom purchased</u>	<u>Point of Receipt</u>	<u>Cost of Gas</u>	
	(a) _____	_____	\$ _____	
	(b) _____	_____	\$ _____	
	(c) _____	_____	\$ _____	
	(d) _____	_____	\$ _____	
	(e) Total Purchases.....			
2.	Gas produced or other receipts (if any, explain by footnote).....			
3.	Total Gas Receipts (line 1e plus line 2).....			
GAS DELIVERIES				
4.	Gas sold.....			
5.	Gas used by the gas department.....			
6.	Gas delivered to others without charge (explain below).....			
7.	Total Gas Delivered (Lines 4-6, inclusive).....			
GAS UNACCOUNTED FOR				
8.	Amount of MCF losses or gas otherwise unaccounted for (Line 3 less line 7).....			

FOOTNOTES:

SCHEDULE E		INFORMATION CONCERNING PLANT			
1.	<u>Meters At End Of Year:</u>	City meters _____	Meters outside city limits but within the 3-mile zone _____.		
		Rural meters beyond 3-mile zone _____	Meters in stock _____	total meters at end of year _____.	
2.	<u>Pipe Lines in Service at End of Year:</u>	(In the space below list the feet of pipe by various diameter sizes)			
		Feet of Pipe in Service – End of Year _____			
	<u>Diameter of Pipe</u>	<u>Within City</u>	<u>Rural within 3-mi.</u>	<u>Rural beyond 3-mi.</u>	
3.	<u>Gas Plant Investment – End of Year</u>	(In the space below list the plant investment by classes of plant, such as building, meters, regulators, pipe line, vehicles, and other items of general plant wholly or principally used by the gas department.)			
4.	What portion of the investment do you allocate to K.C.C. Jurisdictional Operations (area outside the 3-mile zone)?				
5.	Provide an explanation of how the Jurisdictional allocation was determined.				

The KCC is in the process of updating our electronic records keeping system and we need to verify your Company's contact information is current. Please provide your general company information and one contact for each of the categories listed below. This information should be submitted along with your Annual Report to the Commission. Thank you.

Company Name _____

Principal Company Address _____

Principal Company Email Address _____

Principal Company Phone Number _____

Company Contact – Name & Title _____

Email Address _____

Phone Number _____

Regulatory Affairs Contact – Name & Title _____

Email Address _____

Phone Number _____

Assessment Contact – Name & Title _____

Email Address _____

Phone Number _____

Complaint Contact – Name & Title _____

Email Address _____

Phone Number _____

Legal Contact – Name & Title _____

Email Address _____

Phone Number _____

Consultant Contact – Name & Title _____

Email Address _____

Phone Number _____

VERIFICATION

The foregoing report must be verified by the oath of the President or chief officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

State of _____)

County of _____)

SS:

_____ makes oath and says that
(Insert here the name of the affiant)

he/she is _____
(Insert here the exact legal title or name of the respondent)

That he/she has examined the foregoing report; that to the best of his/her knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above named respondent in respect to each and every matter set forth therein during the period from the including.

_____, to and including _____

(Signature of affiant)

Subscribed and sworn to before me, a _____

In and for the State and county above named, this _____ day of _____.

My commission expires _____

(Signature of officer authorized to administer oaths)