

- HEATING AND COOLING     PIPELINE  
 WATER TRANSPORTATION COMPANIES

# ANNUAL REPORT

OF

YOUNGSTOWN THERMAL, LLC  
(Exact legal name of respondent)

If name was changed during year, show also the  
previous name and date of change.

236 N. CHAMPION STREET  
Website URL (where this filing is available for public viewing)

YOUNGSTOWN OHIO 44503  
(Address of principal business office at end of year)

TO THE  
PUBLIC UTILITIES COMMISSION OF OHIO



FOR THE  
YEAR ENDED DECEMBER 31, 2013

Name, title, address, telephone and fax numbers (including area code) of the person to be contacted concerning this report.

CARL AVERS CSO  
236 N. CHAMPION YOUNGSTOWN OH 44503  
(330) 398 2452

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1. 1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
2. 2. The schedules and questions contained in this report were developed to be generally applicable to all heating and cooling, pipeline and water transportation companies. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answer shall appear to show that no schedule, question, or line item has been overlooked. If a particular line item or schedule does not apply to the respondent, indicate this by answering "none", "-0-", or "not applicable", as

appropriate, where it truly and completely states the fact.

3. 3. If answers to an inquiry are given elsewhere in the report, incorporation of information by reference is sufficient.

4. 4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.

5. 5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.

6. 6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.

7. 7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.

8. 8. Amounts on any schedule (except as otherwise provided therein), may, at the option of the respondent, be rounded off to whole dollars provided that amounts are appropriately adjusted to agree with the rounded total.

9. 9. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.

10. 10. The information required in this report, unless otherwise indicated, is to be reported for the entire company and not for the State of Ohio only.

1. 10. Totals should be provided as indicated. The respondent shall ensure that schedule totals and subtotals are mathematically correct.

2. 12. If a line item is supported by a detailed schedule elsewhere in this report, the respondent should ensure that the detailed schedule is completed and that the amounts on both schedules match.

1. 1. Exact name of company making this report.

2. 2. Date of organization

3. 3. Under the laws of what Government, State or Territory organized? If more than one, name all.

4. 4. If a consolidated or merged company, name all constituent and all merged companies.

5. 5. Date and authority for each consolidation and each merger.

6. 6. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.

7. 7. If a reorganized company, given name of original corporation, refer to laws under which it

was organized, and state the occasion for the reorganization.

8. 8. State whether or not, the respondent during the year conducted any part of its business under a name, or names, other than shown, in response to inquiry No. 1. If so, give full particulars.

9. 9. Where are the books and records of the company kept?

10. 10. Name below all classes of public service furnished by the respondent.

1. 1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.

2. 2. Date when operations began.

3. 3. If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation.

4. If incorporated specify (a) Date of filing articles of incorporation,

(b) State in which incorporated,

4. 5. Commission Case Number granting operating authority and date issued.

5. 6. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown Title Page; if so, give full particulars.

6. 7. Description of general service territory.

7. 8. List all affiliated companies with whom the respondent does business and their relationship to the respondent. If respondent is a partnership, provide this information for each partner. (Use separate page(s) if needed). State whether the affiliate is (a) a regulated public utility or, (b) a publicly held corporation.

9. Did any corporation or corporations, telephone or other, hold control over the respondent at the close of the year? If control was so held, state:

a. The name and address of the controlling corporation or corporations.

b. The form of control, whether sole or joint.

c. The extent of control.

d. Whether control was direct or indirect.

e. If indirect, the name and address of the intermediary through which control was established.

10. Did any individual, association, or corporation hold control, as trustee, over the respondent at the close of the year? If control was so held, state:

a. The name and address of the trustee.

b. The name and address of the beneficiary or beneficiaries for whom the trust was maintained, if available.

11. Did the respondent hold control over other corporations at the close of the year? If so, state:

**HISTORY**

1.	Exact name of company making this report. YOUNGSTOWN THERMAL, LLC _____
2.	Date of organization SEPTEMBER 9, 2002 _____
3.	Under the laws of what Government, State or Territory organized? If more than one, name all. OHIO _____ _____ _____
4.	If a consolidated or merged company, name all constituent and all merged companies. N/A _____ _____ _____
5.	Date and authority for each consolidation and each merger. N/A _____
6.	State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual. LIMITED LIABILITY CORPORATION _____ _____
7.	If a reorganized company, given name of original corporation, refer to laws under which it was organized, and state the occasion for the reorganization. N/A _____ _____
8.	State whether or not, the respondent during the year conducted any part of its business under a name, or names, other than shown, in response to inquiry No. 1. If so, give full particulars. N/A _____ _____ _____
9.	Where are the books and records of the company kept? _____ 236 N. CHAMPION ST. _____ YOUNGSTOWN, OH 44503 _____
10.	Name below all classes of public service furnished by the respondent. _____ DISTRICT HEATING - STEAM _____ _____ _____



**IDENTITY OF RESPONDENT**

1. State whether respondent is a corporation, a joint stock association, a firm or partnership, or an individual.  
LIMITED LIABILITY CORPORATION
2. Date when operations began.  
SEPTEMBER 9, 2002
3. If a consolidated or merged company, give names of each such incident, date, and Commission authority. If a reorganized company, give name of original corporation.  
N/A
4. If incorporated specify (a) Date of filing articles of incorporation,  
(b) State in which incorporated,  
N/A
5. Commission Case Number granting operating authority and date issued.  
02-235-HT-UNC
6. State whether or not the respondent during the year conducted any part of its business under a name or names other than that shown Title Page; if so, give full particulars.  
N/A
7. Description of general service territory.  
CITY OF YOUNGSTOWN, OHIO
8. List all affiliated companies with whom the respondent does business and their relationship to the respondent. If respondent is a partnership, provide this information for each partner. (Use separate page(s) if needed).  
State whether the affiliate is (a) a regulated public utility or, (b) a publicly held corporation.  
N/A
9. Did any corporation or corporations, telephone or other, hold control over the respondent at the close of the year? YES If control was so held, state:
  - a. The name and address of the controlling corporation or corporations. YOUNGSTOWN THERMAL HOLDINGS, LLC, 236 N. CHAMPION ST. YOUNGSTOWN, OH 44503
  - b. The form of control, whether sole or joint .SOLE
  - c. The extent of control. 100%
  - d. Whether control was direct or indirect .DIRECT
  - e. If indirect, the name and address of the intermediary through which control was established.  
N/A
10. Did any individual, association, or corporation hold control, as trustee, over the respondent at the close of the year? NO If control was so held, state:
  - a. The name and address of the trustee.
  - b. The name and address of the beneficiary or beneficiaries for whom the trust was maintained, if available.



11. Did the respondent hold control over other corporations at the close of the year? NO

If so, state:

- a. The name and address of corporation or corporations controlled.
- b. The form of control, whether sole or joint.
- c. Other parties, if any, to joint agreement for control.
- d. The extent of control.
- e. Whether control is direct or indirect.
- f. If indirect, the name and address of the intermediary through which control was established.







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	Total listed above	
	Total all stockholders	

Annual Report of Year Ended December 31, 20 SCHEDULE: 4

**DIRECTORS, PROPRIETORS, PARTNERS** 1. Give the name of director or proprietor. (For partnerships identify which are general or limited partners, and show each partner's percent of interest.)

Line No.	Name and Address (City and State) (a)	Served Continuously From (b)	To
----------	---------------------------------------	------------------------------	----

YOUNGSTOWN THERMAL HOLDINGS LLC  
 236 N. CHAMPION STREET  
 YOUNGSTOWN OHIO 44503  
 SOLE MEMBER 100%





1 2 3			
4 5 6			
7 8 9			
10 11			
12 13			
14 15			
16 17			
18 19			
20	(For corporations, show the data requested; for other forms of business organizations, show names of individuals in the following positions.) Name of Chairman of the Board 21. Treasurer Name of Secretary of Board 22. Controller President Vice President		

BALANCE SHEET				
Description	Page No.	Beginning Balance	Ending Balance	Increase or (Decrease)
Current Assets				
Cash and Equivalents		11,506	161,119	
Accounts Receivable-Net		545,736	220,841	
Notes Receivable-Net		6,000	1,000	
Other Current Assets				
Totals				
Noncurrent Assets		61,969	92,495	
Investments				

**NOTES TO BALANCE SHEET**

Change in ownership from Thermal Ventures II LP to Youngstown Thermal Holdings LLC was effective 6/24/11

**INCOME STATEMENT**

Description	Amount
Operating Income	4,553,076





**NOTES TO INCOME STATEMENT**

Change in ownership from Thermal Ventures II LP to  
Youngstown Thermal Holdings LLC was effective 6/24/11







**CAPITAL STOCK** 1. Respondent shall enter the class of stock and a description of any pertinent details such as dividend preferences as to dividends or assets, pledges, etc. 2. Respondent shall provide the information specified in column header and note any other pertinent information at the bottom of this schedule.

Class and Description of Capital Stock (a)	Par or Stated Value Amount (b)	Number of Shares Authorized (c)	Amount of Stock Issued and Outstanding (d)	Additional Paid In Capital (e)	Total (Col. (d) & (e)) (f)
N/A	\$		\$	\$	\$
TOTALS	\$		\$	\$	\$

**LONG-TERM DEBT** 1. List in account number order in column (a) a description of the long-term obligation, including those maturing in the coming year. 2. In the remaining columns (b) - (i) respondent shall furnish the appropriate data.

Description of Obligation (a)	Nominal Date of Issue (b)	Date of Maturity (c)	Interest Rate (d)	Original Amount of Debt (e)
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N/A



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**NOTES PAYABLE**

Name of Creditor	Considerations Reserved	Date of Obligations	Date of Maturity	Credit Balance at Close of Year			
N/A							



rate is determined and a subtotal for each primary account.

3. Under columns (b) thru (d) provide the life, net salvage, and rate prescribed by the Commission.

(e)  
1

2

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3

Ratio to all plant accounts

<b>STATEMENT OF RETAINED EARNINGS</b>			
Account No.	Item	Page No.	Amount
	Balances-First of Year		
	Changes:		
	Balance Transferred from Income		
	Dividends Declared		
	Miscellaneous Debits to Retained Earnings		
	Miscellaneous Credits to Retained Earnings		
	Balance-End of Year		
	Notes to Statement of Retained Earnings:		

SCHEDULE: 16

<b>PARTNERSHIP CAPITAL STATEMENT (1)</b>			
Account No.	Item	Page No.	Amount
	Partnership Capital-Beginning of Year		
	Net Income (Loss) for Year		
	Partners' Capital Contributions		
	Miscellaneous Credits		
	Total Credits		
	Partners' Drawings		
	Prior Period Adjustment(s)		

	Miscellaneous Debits		
	Total Debits		
	Partnership Capital-End of Year		

(1) This statement should also be used by sole proprietors.

Annual Report of Year Ended December 31, 20 SCHEDULE: 17

**TAXES ACCRUED**

Explain items recorded in column (e). Any amounts included for other than current taxes should be explained by footnote

Kind of Tax (a)	Balance First of Year (b)	Amount Accrued During Year (c)	Payments <del>Balance</del> During Year 12/31 (d)	Other Dr.
Gross Receipts Tax	199,341	210,770	410,111	
Total	\$	\$	\$	\$







(1) Intrastate means from one point in Ohio to another point in Ohio, or wholly within Ohio.

**IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.**

**Name, Title, Address, and Phone Number of the Company's Contact Persons  
to Receive Entries and Orders from the Docketing Division**

Carl Avers, CEO  
236 N. Champion street  
Youngstown OHIO 44503  
(330) 398.2452      Name Title

Address

Phone Number (Including Area Code)

**Name, Title, Address, and Phone Number of Person to whom Invoice  
should be Directed**

Carl Avers  
236 N. Champion street  
Youngstown OHIO 44503  
(330) 398.2452      Name Title

Subscribed and sworn to before me, a  
named, this 10<sup>th</sup> day of April, 2015. in and for the State and county Ohio, Mahoning  
My commission expires July 22 2019  
William P. Pickens Jr. 20

(Signature of officer authorized to administer oaths.)



Address

Phone Number (Including Area Code)

Name and Address of the President



Name President

Address

The foregoing report must be verified by 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 Ohio

County of Mahoning

CARL AVERS makes oath and says that

(Insert here the name of the affiant.)

he is CEO

(Insert here the official title of deponent)

of Youngstown Thermal LLC

(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his 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 and including , 20 , to and including ,

20 .

(Signature of affiant.)