Oregon PUC (11 June

e-FILING REPORT COVER SHEET

Send completed Cover Sheet and the Report in an email addressed to: PUC.FilingCenter@state.or.us

in

REPORT NAME:	Budget of Expenditures Report for the Year 2014
COMPANY NAME:	Cascade Natural Gas Corporation
DOES REPORT CON	NTAIN CONFIDENTIAL INFORMATION? No Yes
• • •	submit only the cover letter electronically. Submit confidential information as directed returns of an applicable protective order.
If known, please selec	et designation: RE (Electric) RG (Gas) RW (Water) RO (Other)
Report is required by:	□OAR ■Statute ORS 757.105 □Order □Other
Is this report associate	ed with a specific docket/case? No Yes
If yes, enter do	ocket number: Enter Docket number
List applicable Key W Enter Key Words	ords for this report to facilitate electronic search:
	lly file with the PUC Filing Center:
	nual Fee Statement form and payment remittance or S or RSPF Surcharge form or surcharge remittance or
	y other Telecommunications Reporting or
• Any	y daily safety or safety incident reports or
• Acc	cident reports required by ORS 654.715

PUC FM050 (Rev. 6/29/12)

Please file the above reports according to their individual instructions.



PUBLIC UTILITY COMMISSION OF OREGON 3930 FAIRVIEW INDUSTRIAL DR SE, SALEM, OR PO BOX 1088, SALEM, OR 97308-1088 PUC.FilingCenter@state.or.us

BUDGET OF EXPENDITURES REPORT FOR THE YEAR 2014

GENERAL INSTRUCTIONS

- A Budget of Expenditures Report must be submitted by all utilities operating within the State of Oregon in accordance with Oregon Revised Statute 757.105.
- 2. The Budget of Expenditures Report should be completed and filed with the Public Utility Commission of Oregon Filing Center. Complete the e-Filing Report Cover Sheet found at: http://www.puc.state.or.us/pages/eFiling/eReports/index.aspx. Email both the report and cover sheet to PUC.FilingCenter@state.or.us by November 1st of the year preceding that for which the report is made.
- 3. Each section should be completed fully and accurately. Where the words "None" or "Not Applicable" truly and completely state the fact, they should be given as the answer.
- 4. Any additional statements or explanatory remarks should be included in the email as an attachment in Microsoft Word document format or text-searchable PDF.
- 5. Expenditures should be referenced by the applicable account number of the Uniform System of Accounts, adopted by the Commission, and to which the utility is subject.
- 6. All entries should be typewritten or made with permanent ink.
- 7. Report all amounts in whole dollars only, omit cents.

FULL NAME OF UTILITY				
Cascade Natural Gas Corporation				
ADDRESS OF PRINCIPAL OFFICE		CITY	STATE	ZIP CODE
8113 W. Grandridge Blvd		Kennewick	WA	99336
ADDRESS OF PRINCIPAL OFFICE IN ORE	GON (IF OTHER THAN ABOVE)	CITY	STATE	ZIP CODE
STATE OF INCORPORATION	DATE OF INCORPORATION	TYPE OF ORGANIZATION IF NOT	<u> </u>	DATE ORGANIZED
Washington	January 2, 1953	INCORPORATED		

STATE THE CLASSES OF UTILITY AND OTHER SERVICES FURNISHED BY THE UTILITY IN EACH STATE IN WHICH THE UTILITY OPERATES

Natural Gas Distribution in Washington and Oregon

DIRECTORS AT DATE OF BUDGET						
NAME OF DIRECTOR	NAME OF DIRECTOR CITY AND STATE OF RESIDENCE		TERM EXPIRES			
David L. Goodin K. Frank Morehouse Paul K. Sandness Doran N. Schwartz	Bismarck, ND Bismarck, ND Bismarck, ND Bismarck, ND	1 Year 1 Year 1 Year 1 Year	*** Directors are re- elected at Cascade's Annual meeting in April 2014			

whole dollars	s only.				
NAME Eric P. Martu	uscelli		TITLE Vice Preside	ent of Operations	
NO. DE	SCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
_ ^ L N.a.	Salary t Assigned to Oregon edical and Dental Insurance e and Disability Insurance come Protection Insurance scount on Utility Service	\$182,500 \$ 44,804 \$ 8,866	920 926		
7 Pe 8 Sa 9 Mo 10 Pa 11 Mo	nnsion Plan vings Plan ock Purchase Plan old Parking emberships her Benefits	\$ 11,628 \$ 17,512	926 926		
13 H To 14 O Pe 15 De	ital Other Compensation proent Assigned to Oregon prered Comb. in Salary Earned in Prior Year	\$ 38,006 24.55% \$43,755			
NAME Mark A. Chil	es		TITLE Controller, V Secretary	Vestern Region, Asst. T	reasurer & Asst.
NO. DE	SCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1 Annual 2 Amount	Salary t Assigned to Oregon	\$77,896 \$19,123	920	\$93,304	Intermountain Gas Company
Ma	Assigned to Oregon edical and Dental Insurance e and Disability Insurance come Protection Insurance scount on Utility Service	\$ 4,605	926	\$ 5,516	
7 Pe 8 Sa 9 GWO Pa 10 O Me	onsion Plan vvings Plan ock Purchase Plan did Parking emberships her Benefits	\$ 5,063 \$ 4,051	926 926	\$ 6,065 \$ 4,852	
13 王 To 14 O Pe	tal Other Compensation reent Assigned to Oregon rerred Comb. In Salary	\$13,719 24.55%		\$16,433	
	Earned in Prior Year	\$4,548		\$ 5,447	
NAME Scott W. Ma	dison	J	TITLE Exec. Vice F	President and General N	/lanager
NO. DE	ESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
_ n	t Assigned to Oregon edical and Dental Insurance e and Disability Insurance	\$100,318 \$ 24,628 \$ 4,605	920 926	\$120,162 \$5,516	Intermountain Gas Company
6 Pe 7 Pe 8 Sa 9 Sd 10 Pa 11 Me	come Protection Insurance scount on Utility Service ension Plan avings Plan ock Purchase Plan aid Parking emberships	\$ 6,521 \$ 5,217	926 926	\$7,811 \$6,248	
13 王 To 14 O Pe	her Benefits Ital Other Compensation Ircent Assigned to Oregon Iferred Comb. In Salary	\$ 16,342 24.55%		\$19,575	
	Paid in Prior Year	\$ 22,094		\$26,464	

	le dollars only.				
NAME	E rank Morehouse		TITLE President & Chief Executive Officer		
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED	NAME OF AFFLIATED CO.
1 2 3 4 5	Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance	\$78,000 \$19,149 \$ 1,951	920 926	\$234,000 \$ 5,854	Intermountain Gas Co. / Montana-Dakota Utilitles
5 6 7 8 9 10	Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships	\$ 2,721 \$ 9,729	926 926	\$ 8,164 \$ 29,188	
12 13 14 15	Other Benefits Total Other Compensation Percent Assigned to Oregon Deferred Comb. in Salary	\$14,402 24.55%		\$ 43,206	
16	Bonus Paid in Prior Year	\$18,200		\$ 54,601	
NAME			TITLE		
Anne	e M. Jones		Vice Preside Safety	ent-Human Resources,	Customer Service &
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1 2 3	Annual Salary Amount Assigned to Oregon Medical and Dental Insurance	\$43,750 \$10,741 \$ 1,951	920 926	\$131,250 \$ 5,854	Intermountain Gas Co. / Montana-Dakota Utilities
4 5 6 7 8 9 10 11 12	Life and Disability Insurance Income Protection Insurance Income Protection Insurance Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships Other Benefits	\$ 1,526 \$ 5,457	926 926	\$ 4,579 \$ 16,372	
13 14 15	Other Benefits Total Other Compensation Percent Assigned to Oregon Deferred Comb. In Salary	\$ 8,935 24.55%	* ************************************	\$ 26,805	•
16	Bonus Earned in Prior Year	\$ 5,469		\$16,406	
NAME Mich	e eael J. Gardner	elon.	TITLE Exec. Vice F	resident –Utility Operat	ions Support
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1 2 3 4 5	Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance	\$74,250 \$18,228 \$ 2,576	920 926	\$150,750 \$ 5,229	Intermountain Gas Co. / Montana-Dakota Utilities
6 7 8 9 10 11	Medical and Dental Instraince	\$ 2,591 \$ 9,262	926 926	\$ 5,260 \$ 18,804	
13 14 15	Total Other Compensation Percent Assigned to Oregon Deferred Comb. In Salary	\$ 14,428 24.55%		\$ 29,293	
	Bonus Paid in Prior Year	\$20,602	ı	\$ 41,829	1

	e dollars only.				
NAME			TITLE General Co.	unsel & Secretary	
NO.	K. Sandness DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1 2 3 4 5	Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance	\$37,558 \$ 9,220 \$ 762	920 926	\$318,442 \$ 6,460	Intermountain Gas Co, / Montana-Dakota Utilities/ MDU Resources Group Inc.
6 7 8 9 10 11	Discount on Utility Service Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships	\$ 1,146 \$ 4,290	926 926	\$ 9,713 \$ 36,375	
12 13 14 15	Other Benefits Total Other Compensation Percent Assigned to Oregon Deferred Comb. In Salary	\$ 6,198 24.55%		\$ 52,548	
16	Bonus Earned in Prior Year	\$12,174		\$103,223	
NAME Dani	el S. Kuntz		TITLE Assistant Se	cretary	
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
1	Annual Salary	\$ 19,982	920	\$169,418	Intermountain Gas Co. / Montana-Dakota
2 3 4 5	Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Service	\$ 4,906 \$ 762	926	\$ 6,460	Utilities/ MDU Resources Group Inc.
6 7 8 9 10 11	Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships	\$ 609 \$ 2,282	926 926	\$ 5,167 \$ 19,352	
12 13 14 15	Other Benefits Total Other Compensation Percent Assigned to Oregon Deferred Comb. In Salary	\$ 3,654 24.55%		\$ 30,980	
16	Bonus Pald in Prior Year	\$ 2,334		\$19,787	
NAME	alass A. Mahowald	-	TITLE Treasurer		- A Record
NO.	DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT #	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.
2	Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance	\$ 21,496 \$ 5,277 \$ 762	920 926	\$182,254 \$ 6,460	Intermountain Gas Co. / Montana-Dakota Utilities/ MDU Resources Group Inc.
	Nicolcal and Demai Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Services Pension Plan Savings Plan Stock Purchase Plan Paid Parking Memberships	\$ 656 \$ 2,455	926 926	\$ 5,559 \$ 20,818	
12 13 14	出 Other Benefits Total Other Compensation Percent Assigned to Oregon	\$ 3,873 24.55%		\$ 32,837	
15 16	Deferred Comb. In Salary Bonus Paid in Prior Year	\$ 5,482		\$ 46,481	

NAME Julie A. Krenz		TITLE Assistant Se	ecretary		
NO. DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.	
Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance Discount on Utility Service	\$13,213 \$ 3,244 \$ 762	920 926	\$112,027 \$ 6,460	Intermountain Gas Co. / Montana-Dakota Utilities/ MDU Resources Group Inc.	
7 By Pension Plan 8 Savings Plan 9 Classification Stock Purchase Plan 10 Paid Parking 11 O Memberships	\$ 403 \$ 1,509	926 926	\$ 3,417 \$ 12,797		
12 CHer Benefits 13 Total Other Compensation 14 Percent Assigned to Oregon 15 Deferred Comb. In Salary	\$ 2,674 24.55%		\$ 22,674		
16 Bonus Earned in Prior Year	\$ 1,291		\$ 10,945		
NAME	NAME		TITLE		
NAME David L. Goodin	<u> </u>	TITLE Chairman of The Board			
NO. DESCRIPTION OF COMPENSATION	PAID BY COMPANY	ACCOUNT#	PAID BY AFFILIATED CO.	NAME OF AFFLIATED CO.	
Annual Salary Amount Assigned to Oregon Medical and Dental Insurance Life and Disability Insurance Income Protection Insurance	\$ 72,268 \$ 17,742 \$ 762	920 926	\$612,733 \$ 6,460	Intermountain Gas Co. / Montana-Dakota Utilities/ MDU Resources Group Inc.	
6 Z Discount on Utility Services 7 Ø Penston Plan 8 Z Savings Plan 9 Q Stock Purchase Plan 10 Pald Parking	\$ 2,204 \$ 8,255	926 926	\$ 18,689 \$ 69,991		
11 O Memberships					
11 Other Benefits 13 Total Other Compensation 14 O Percent Assigned to Oregon 15 Deferred Comb. In Salary	\$ 11,221 24.55%		\$ 95,140		

The following details the changes within Executives and Officers in 2014 due to the changing of job duties of Dennis Haider, Executive VP Business Development. Cascade now has 11 Officers instead of 10 as in prior years

OFFICER/DIRECTOR/EMPLOYEE:	OFFICER/DIRECTOR POSITION PREVIOUSLY HELD:	OFFICER/DIRECTOR POSITION NOW HOLDING:	THEY ARE REPLACING:
Anne M. Jones	N/A	VP Human Resources, Customer Service & Safety	Dennis L. Haider
Michael J. Gardner	N/A	Executive Vice President – Utility Operations Support	Dennis L. Haider

The following officers are the same in 2014 as in 2013:

Mark A. Chiles - Vice President, Controller, Western Region - Assistant Treasurer and Assistant Secretary

Douglass A. Mahowald - Treasurer

Paul K. Sandness - General Counsel and Secretary

Julie A. Krenz - Assistant Secretary

Daniel S. Kuntz - Assistant Secretary

Eric P. Martuscelli - Vice President, Operations

David L. Goodin - Chairman of the Board

Scott W. Madison - Executive Vice President and General Manager

K. Frank Morehouse - President and Chief Executive Officer

DONATIONS AND MEMBERSHIPS

INSTRUCTIONS: List all donations and membership expenditures proposed to be made by the utility during the coming year and the accounts to be charged. Give the name of each organization to whom a payment is to be made except that items less than \$1000 may be consolidated by category stating the number of organizations included. Group expenditures under headings such as:

- 1. Contributions to and memberships in charitable organizations
- 2. Organizations of the utility industry
- 3. Technical and professional organizations
- 4. Commercial and trade organizations
- 5. All other organizations and kinds of donations and contributions

List by type and group the accounts charged. Report whole dollars only. Provide a total for each group.

NAME OF ORGANIZATION, CITY AND STATE	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
Contributions to/Membership in Charitable Organizations Various agencies participating in Cascade's Winter Help Fund MDU Resources Foundation	426.1	33,000 77,800	8,095 19,085
Misc. Under \$ 1,000		99,200	24,334
Total		210,000	51,514
Membership in Organizations of the Utility Industry American Gas Association Northwest Gas Association Western Energy Institute	292.1	135,000 60,000	33,000 15,000
Misc. Under \$ 1,000		10,500 2,500	2,600 615
Total		208,000	51,215
Memberships in Technical & Professional Organizations	921		
Misc. Under \$ 1,000		11,808	2,900
Total <u>Memberships Commercial & Trade Organizations</u>		11,808	2,900
Misc. Under \$ 1,000	921/930.7	16,700	4,100
Total		16,700	4,100
All Other Organizations & Kinds of Donations and Contributions Misc. Under \$1,000	921/880	219,050	53,700

EXPENDITURES FOR PENSIONS OR A TRUST TO PROVIDE PENSIONS

INSTRUCTIONS: List all proposed payments to persons or trusts to provide pensions for employees and officers. Show all administrative and actuarial costs for formal pension plan. Give a brief description of the plan and show charges for current service costs, past service costs, and future service costs. Report whole dollars only.

PENSION FUND PAYMENTS MADE TO	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNED TO OREGON
Cascade Natural Gas Corporation Retirement Trust (The amount shown represents the estimated accrual for fiscal year 2014, as developed by our actuary, under the provisions of SFAS No. 87. Funding amounts are not yet known).	926	701,276	172,023
Postretirement Medical Benefits Plan (The amount shown represents the estimated accrual for fiscal year 2014, as developed by our actuary, under the provisions of SFAS No. 87. Funding amounts are not yet known).	926	671,716	164,772
Cascade Natural Gas Corporation Retirement Savings Plan and Trust (401(k)) (The amount shown represents the estimated accrual for fiscal year 2014, as developed by our actuary, under the provisions of SFAS No. 87. Funding amounts are not yet known).	926	2,067,640	507,192
Supplemental Executive Retirement Plan (The amount shown represents the estimated accrual for fiscal year 2014, as developed by our actuary, under the provisions of SFAS No. 87. Funding amounts are not yet known).	926	736,886	180,758
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POLITICAL ADVERTISING

INSTRUCTIONS: List all proposed payments for advertising the purpose of which is to aid or defeat any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. Give the specific purpose of such advertising, when and where to be placed, and the account or accounts to be charged. Report who dollars only.

None

POLITICAL CONTRIBUTIONS

INSTRUCTIONS: List all proposed payments or contributions to persons and organizations for the purpose of aiding or defeating any measure before the people or to promote or prevent the enactment of any national, state, district, or municipal legislation. The purpose of all contributions or payments should be clearly explained. Report whole dollars only.

None

EXPENDITURES AND MAJOR CONTRACTS FOR THE PURCHASE OR SALE OF EQUIPMENT

INSTRUCTIONS: List all proposed expenditures and major contracts for the purchase or sale of equipment. Give the name and address of the person or organization with whom it is proposed to have such dealings and the account or accounts charged. Describe fully the equipment to be purchased or sold. Do not report estimates of routine construction projects. Limit the report to major contracts and expenditures. Report whole dollars only.

NAME AND ADDRESS OF PERSON OR ORGANIZATION, DESCRIPTION OF TOTAL AMOUNT AMOUNT ASSIGNED ACCOUNT NUMBER TO OREGON **EQUIPMENT** 392 1,933,500 1.238.385 Vehicle Purchase and Replacement 309,713 396 1,328,600 Power Equipment Purchase and Replacement Total 392/396 3,262,100 1,548,098 Description of Vehicles/Equipment to be Purchased 40.500 0 392 2014 Dodge Ram 2500 75,000 0 392 2014 International 75,000 0 2014 International 392 80.500 80,500 2014 International 392 102,000 2014 International 392 0 103,700 2014 International 392 0 103,700 392 103,700 2014 International 392 103,700 2014 International 392 103,700 103,700 2014 International 117,500 2014 Freightliner M2 106 392 245,000 60,100 2014 Freightliner M2 106 392 783,200 890.385 All non-major contracts/expenditures 392 1,933,500 1,238,385 Total 392 90.000 45,000 396 (2) 2014 Vermeer Vac 396 53,500 0 2014 Caterpillar 305 Mini Ex 168,000 396 0 2014 Caterpillar 305 Mini Ex 496,000 82.000 396 (6) 2014 Caterpillar Backhoe 420F 521,100 182,713 All non-major contracts/expenditures 396 309,713 Total 396 1,328,600

EXPENDITURES TO ANY PERSON OR ORGANIZATION HAVING AN AFFILIATED INTEREST FOR SERVICES, ETC.

INSTRUCTIONS: Report all proposed expenditures to any person or organization having an affiliated interest for service. Advice, auditing, association, sponsoring, engineering, managing, operating, financial, legal or other services. See Oregon Revised Statutes 757.015 and 759.010 for definition of "Affiliated Interest." Give reference if such proposed expenditures have in the past been approved by the Commission. Describe the services to be received and the account or accounts to be charged. Report whole dollars only.

NAME AND ADDRESS OF PERSON OR ORGANIZATION. DESCRIPTION OF SERVICES	ACCOUNT NUMBER	TOTAL AMOUNT	AMOUNT ASSIGNE TO OREGON
MDU Resources Corporate level expenditures (Legal, Auditing, Management, etc.)	9302	3,329,773	816,793
Montana-Dakota Utilities and Intermountain Gas Company	9030/9210		
Utility Group Shared Services (Information Technology, Customer Service Center, etc.)		12,349,369	3,029,300
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The foregoing report must be certified by an Officer of the reporting company.

I certify that this Budget of Expenditures Report has been prepared under my direction, that I have carefully examined the report and declare it to be a complete and correct estimate of company expenditures for the coming year, to the best of my knowledge, information, and belief.

SIGNATURE OF OFFICER	DATE
and the second	12-30-13
NAME OF OFFICER	DATE
ERIC MARRISCELL	12-36-13