DeAnn T. Walker
Chairman

Arthur C. D'Andrea
Commissioner

Shelly Botkin
Commissioner

John Paul Urban
Executive Director

Greg Abbott
Governor

Public Utility Commission of Texas

TO: Central Records

FROM: Adriana Gonzales, Rules Coordinator, OPDM

DATE: October 18, 2018

RE: Missing pages to Order Adopting New § 26.407

Project No. 47669 – *Rulemaking to Add 16 TAC § 26.407, Small and Rural Incumbent Local Exchange Company Universal Service Plan (SRILEC USP) Support Adjustments Pursuant to S.B. 586*

Attached is a complete set of the general instructions and schedules for use in preparing the Annual Report for Small ILECs pursuant to 16 TAC § 26.407. Some of the schedules were inadvertently missing from the Order Adopting New §26.407 initially filed on October 16, 2018.

If you have any questions, please contact Adriana Gonzales at 512 936 7223.

Q:\CADM\TXR-Rules Management\Rules\Rulemaking Projects\CH 26 Telecom\47xxx\47669\47669 memo with correct attachments.docx

PUBLIC UTILITY COMMISSION OF TEXAS

GENERAL INSTRUCTIONS

ANNUAL REPORT

FOR

SMALL ILECS
PURSUANT TO §26.407

Effective _____ ___, 2018

1701 N Congress Ave, P.O. Box 13326, Austin, Texas 78711-3326

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(Telephone Utilities)

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GENERAL INSTRUCTIONS

1. This report form is prescribed for the use of a small incumbent local exchange company (small ILEC), as defined in 16 Tex. Admin. Code (TAC) § 26.407, by the Public Utility Commission of Texas (Commission). The objective of this report is to provide information needed to monitor the earnings and financial condition of small ILECs on a Texas-jurisdictional basis and report each small ILEC's intrastate rate of return for the purposes of determining a continuation of current Small and Rural Incumbent Local Exchange Company Universal Service Plan (SIP) support levels or eligibility for adjustment. Each small ILEC will submit its annual report to the Commission in the form and manner prescribed in this document.

   The reported information must be for the 12-month period ending December 31st of the previous year. **The annual report must be filed no later than September 15th of the following year.**

2. Each electing small ILEC must file with the Filing Clerk of Central Records at the Commission offices in Austin, Texas, three copies of the printed annual report (excluding instructions) and any attachments. Additionally, each electing small ILECs must file an electronic version of the information contained in the required schedules and general questions. Specific instructions regarding the electronic filing of the report can be found on the Commission's website at http://www.puc.texas.gov/industry/filings/FilingProceed.aspx.

3. Unless otherwise indicated, the information required in this annual report form will be taken from the accounts and other records prescribed in Part 32 of the Federal Communications Commission Rules as stated in the Code of Federal Regulations. The definitions and instructions contained in such rules will also apply to this report wherever applicable. However, a query or response in this report regarding a practice or transaction is not to be construed as necessarily indicating conformity to accounting or other pertinent regulations.

5. If relevant audited financial statements are available for the reporting period, such information must be relied upon for purposes of preparing this report.

6. Part 64 on cost allocation standards will be followed in apportioning costs between regulated and nonregulated activities.

7. The Cost Allocation Manual (Part 36 and Part 54 Separations Manual) must be followed to jurisdictionally allocate costs between the intrastate and interstate jurisdictions for "cost" companies.

8. In preparing the report, all instructions must be followed and each question must be answered fully and accurately. The expression "none" or "not applicable" will be given as the answer to any particular inquiry only where the expression truly and completely states the fact. Where a numeric response is required, insert the numeric value "0" as appropriate. All dollar amounts provided in response to questions or schedules must be rounded to the nearest dollar.

9. Unless specifically allowed in the question, references to reports of previous periods or to other reports will not be accepted in lieu of information requested in this report. This report does not replace any other report required by the Commission unless substitution is specifically allowed by the Commission's Substantive Rules.

10. In accordance with 16 TAC §26.71(d), all reports submitted to the Commission must be attested to by an officer or manager of the utility under whose direction the report is prepared, or if under trust or receivership, by the receiver or a duly authorized person, or if not incorporated, by the proprietor, manager, superintendent, or other official in responsible charge of the utility's operation.

11. Any small ILEC filing required or supplemental attachments to its annual report must place those items after the schedules and attestation page. The General Instructions and the Schedule Instructions contained in this packet should not be submitted for filing. Each copy of the annual report should be organized in the following order: (1) cover sheet; (2) general questions; (3) required schedules, including required supplemental

schedules; (4) signature page; (5) required attachments, and (6) supplemental attachments, if any. The cover sheet and signature page are included in the downloadable Microsoft Excel file.

12. If it is necessary to revise any schedule after the initial filing of the report, a new filing must be submitted that contains all schedules as well as three printed copies of the report. The new filing must be labeled "Revised" and include the date of revision. General Question No. 11 must be completed for all revised reports.

INSTRUCTIONS FOR GENERAL QUESTIONS AND SCHEDULES

General Questions

The requested information must be provided.

Schedule I: Summary of Revenues and Expenses

Revenues and expenses must be segregated according to Part 64 related to cost allocation standards.

Revenues and expenses must be aggregated in accordance with Part 32 of the Uniform System of Accounts. (Network Access Revenue (line 3) is also further detailed on Schedule IV.)

The net contribution, which is revenues less operating expenses from Yellow Pages services, if provided by a separate affiliate, must be included in Miscellaneous Revenues.

Line 10a column "g" must be equal to the amount of intrastate universal service fund (USF) revenues recorded on the books for the monitoring period for PURA § 56.025, Federal USF (FUSF) loss recovery. This is consistent with Generally Accepted Accounting Principles of matching revenues with expenses. This amount must be entered as a contra amount.

Line 22 column "g" must equal the amount of interstate USF revenues recorded on the books for the monitoring period for the FUSF support, including any FUSF loss recovery under PURA § 56.025, allocated to the intrastate jurisdiction. This amount must be entered as a contra amount.

Schedule II: Invested Capital

Invested capital must be reported on an end-of-period basis.

Invested capital must be segregated according to Part 64 of the cost allocation standards. A calculation of working cash is not necessary for purposes of this report.

The rate of return measure (line 32) expresses the return from Schedule I as a percentage of total ending invested capital, excluding long term telephone plant under construction, plant held for future use, and telephone plant acquisition adjustments, from Schedule II.

The Earned Return on Equity measure (line 33) will automatically be calculated using data from Schedules I, II, and V.

Schedule III: Federal Income Taxes

Federal income taxes must be calculated on an intrastate basis. Line 1 and lines 3 through 12 (with the exception of line 10) must correspond to the same categories on Schedule I.

On line 10, the cell for interest expense (cell J20) contains a formula that calculates the amount of interest expense as the weighted cost of debt (from Schedule V) multiplied by invested capital (from Schedule II). For investor-owned utilities that complete Schedule V, this formula is appropriate and the cell should be allowed to automatically calculate the amount of interest expense. However, for cooperatives, the formula

in cell J20 is not applicable, because cooperatives are not required to complete Schedule V. Therefore, in order for cooperatives to be able to enter the correct amount of interest expense, cooperatives should override the formula in cell J20 by manually entering the correct amount of interest expense directly into the cell.

Additional Depreciation (line 15) refers to the differences between book and tax that were not normalized (no deferred taxes were recorded) and were, instead, flowed-through to the ratepayers previously. These flow-through items created a type of permanent difference that must be added back to the tax calculation. If an amount is included in the federal income tax calculation, the supporting calculations must also be included.

The amortization of investment tax credits must occur ratably or over the life of the associated assets.

The amortization of excess deferred taxes must be reflected using the amount booked during the period and must reflect the method ordered by the Commission. If a small ILEC has not received an order from the Commission concerning the amount of excess deferred taxes, it must reflect the amortization using the average rate assumption method.

The small ILEC's applicable tax rate must be inserted on line 19.

Schedule IV: Network Access Service Revenue

Intrastate access services revenue must be reported for each of the categories listed on this schedule. The booked subtotal for Network Access Service Revenue must equal the amount on Schedule I, line 3, column (g). Schedule I, line 3, column (g) is a cell reference from Schedule IV. Interstate USF or interstate high cost assistance are not reported on Schedule IV, because these amounts are reported on Schedule I. State high cost assistance is reported on Schedule IV. Network access services revenue received from other local exchange carriers for access service must be included either in the access rate element categories on Schedule IV or in the "Other" category on Schedule IV.

The "Billed Intrastate" column must include revenue that is billed by or on behalf of the reporting local exchange carrier.

Schedule V: Weighted Average Cost of Capital for Investor-Owned Utilities

Only investor-owned utilities should complete Schedule V.

The capital structure of the utility as of the end of the monitoring period must be provided. It is not necessary to estimate the current cost of equity. Instead, the small ILEC must use the allowed return from the last Texas rate case. If the small ILEC has not had a rate case in Texas, or has elected to be regulated under PURA Chapter 58 or 59, the line should be left blank or the small ILEC may insert an estimate.

Schedule VI: Historical Financial Statistics

The requested financial data for the monitoring period and the four preceding fiscal years must be provided. If audited financial statements are available for the periods requested, the financial data provided should be based on that audited data.

Schedule VII: Proposed Company Adjustments

The schedule must be provided even if there are no proposed adjustments. The blank should be marked with "n/a" if there is not a response. If the small ILEC has material adjustments to any of the information provided in the report, a full description of each adjustment must be provided with supporting workpapers, if any, as a supplemental attachment to the annual report. However, the schedules included in the report should not reflect the proposed adjustments. Printed schedules reflecting additional explanatory information related to the proposed adjustments may be included as a supplemental attachment to the annual report.

Schedule VIII: Schedule of Compensation for Officers, Directors and Family Members of Officers and Directors Compensation. For Investor-Owned Utilities - Provide Compensation for Owners and Former Owners and Family

Members of Owners and Former Owners

Compensation allocated to intrastate regulated operations of the small ILEC for all officers and directors for the monitoring period must be reported. Compensation paid to family members of the small ILEC's officers or directors, if any, must also be included in Schedule VIII. For investor-owned utilities, compensation for owners and former owners of the company and family members of the owners and former owners must be provided. "Compensation" means earned income consisting of base salary, wages, incentive plan payments, and taxable fringe benefits attributable to the small ILEC and either paid directly or through an affiliate transaction. "Family member" means parents and grandparents, brothers and sisters, spouse, and children and grandchildren. If a small ILEC does not have five employees who meet these definitions, the small ILEC should mark "n/a" for the remaining responses. If a small ILEC has more than five employees who meet these definitions, additional lines should be added as necessary.

Report Information for any other highly compensated employee that may not be designated as an officer of the company.

Schedule IX: Report of Utility Affiliate Transactions

Affiliate transactions must be reported for the monitoring period. "Affiliate" is defined in 16 TAC §26.5(5). If a small ILEC has no affiliate transactions to report, the response should marked as "n/a".

A small ILEC's transactions with family members of the small ILEC's officers, directors, owners or former owners, if any, must also be included in Schedule IX. "Family member" is defined in the instructions for Schedule VIII.

Supplemental Schedule 1: Comments and Footnotes

This schedule is to be used for providing comments or footnotes pertaining to other schedules in the report. The first page of this schedule must be provided even if there are no comments or footnotes. The response should be indicated as "n/a" if information is not provided.

Annual Report for Small ILECs

OF

Enter Company Name Here

TO THE

PUBLIC UTILITY COMMISSION OF TEXAS

For the Twelve Months Ending
December 31, Enter Reporting Year

Check one:

This is an original submission [ ]
This is a revised submission [ ]

Date of filing: Enter Date Here

GENERAL QUESTIONS

If additional space is required, please attach pages providing the requested information.

1. State the exact certificated name of the utility.

1a. Please enter the utility's CCN ==========>>> XXXXX

2. State the date when the utility was originally organized.

3. Report any change in name during the most recent year and state the effective date.

4. State the name, title, phone number, email address, and office address of the officer of the utility to whom correspondence should be addressed concerning this report.

4a. State the name, title, phone number, email address, and office address of any other individual designated by the utility to answer questions regarding this report (optional).

5. State the location of the office where the Company's accounts and records are kept.

6. State the name, address, email and phone number of the individual or firm, if other than a utility employee, preparing this report.

7. Please indicate the filing status of the Company regarding federal income taxes (S-Corps, Corporations, Partnerships, Individuals, etc.).

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
Reporting Date: (date will appear in this cell after entry of year in cell G32 of 'Cover Page' sheet)

8. Please provide:

a. The period-ending number of utility employees (total company): 0

b. The period-ending number of access lines:

Total Company:	0
Texas Jurisdictional:	0

9. For investor-owned utilities with parent companies, please provide the following information:

9a. Name and address of parent company:

9b. Is the parent company required to file financial statements with the Securities and Exchange Commission?

Yes or No ==> text

9c. Is a controlling interest in the utility's parent company held by another company?

Yes or No ==> text

9d. If the answer to the preceding question is "yes," please provide the name and address of the controlling company:

10 IF THIS IS A REVISED REPORT, provide the schedule number, line number, and column designation where each change in input data appears.

11 What is the company's reported rate of return (Schedule I Line 36 / Line 31)?

12 Provide Cost Allocation Manual as an attachment to this report, or list any updates if already provided in a prior year's SB 586 Report.

13 Provide Part 36/Part 54 Separations allocation factors as an attachment to this report.

14 Provide underlying work papers and/or any additional supporting documentation reasonably necessary for interpretation or understandir

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
CCN: (please enter CCN in cell D13 of General Questions sheet)
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)

Schedule I
mm/dd/yr

Summary of Revenues and Expenses

Line		Total Company per books, adjusted to include nonregulated activities	Total Non-Texas Operations	Total Texas per Books	Part 64 Nonregulated Activities	Total Texas Subject to Separations	Intrastate Separations Factors	Intrastate Amounts
		(a)	(b)	(c)=(a)-(b)	(d)	(e)=(c)-(d)	(f)	(g)=(e)x(f)
1	OPERATING REVENUES							
2	Local Network Service Revenue	$0	$0	0	$0	$0	0.00000000	$0
3	Network Access Revenue	$0	0	0	0	0	FROM SCHED IV	0
4								
5	Long Distance Revenue	$0	0	0	0	0	0.00000000	0
6	Texas Universal Fund Revenue	$0	0	0	0	0	0.00000000	0
7	Wholesale Revenues:							
8	Sale of Unbundled Elements	$0	0	0	0	0	0.00000000	0
9	Pure Resale	$0	0	0	0	0	0.00000000	0
10	Miscellaneous Revenue	$0	0	0	0	0	0.00000000	0
10a	Less: 56.025 FUSF Loss Recovery Adjustment	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	0
11	Less: Uncollectibles	$0	0	0	0	0	0.00000000	0
12								
13	TOTAL OPERATING REVENUES	$0	$0	$0	$0	$0		$0
14								
	OPERATING EXPENSES							
15	Plant Specific Expense	$0	$0	$0	$0	$0	0.00000000	$0
16	Depreciation & Amortization	$0	0	0	0	0	0.00000000	0
17	Other Plant Nonspecific Expense	$0	0	0	0	0	0.00000000	0
18	Customer Operations Expense	$0	0	0	0	0	0.00000000	0
19	Corporate Operations Expense	$0	0	0	0	0	0.00000000	0
20	Other Operating Income and Expense-	$0	0	0	0	0	0.00000000	0
21								
22	Less: Intrastate portion of all FUSF Revenues (Includes	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXXX	0
23	56.025 FUSF Loss Recovery Adjustment)							
24	TOTAL OPERATING EXPENSE	$0	$0	$0	$0	$0		$0
25								
26	OPERATING TAXES							
27	Other Taxes:							
28	Revenue Related & Non-Revenue Related	$0	$0	$0	$0	$0	0.00000000	$0
29								
30	Federal Income Tax	$0	0	0	0	0	FROM SCHED III	0
31								
32	TOTAL OPERATING TAX EXPENSE	$0	$0	$0	$0	$0		$0
33								
34	INTEREST ON CUSTOMER DEPOSITS	$0	0	0	0	0	0.00000000	0
35								
36	RETURN (L13+L24+L32+L34)	$0	$0	$0	$0	$0		$0
37								
38	Non-Operating Income	$0	0	0	0	0	n/a	0
39								
40	INTEREST DURING CONSTRUCTION	$0	0	0	0	0	0.00000000	0
41								
42	Total	$0	$0	$0	$0	$0		$0

[ ] Indicate here if footnote or comment relating to this schedule is included on Supp Sched 1.

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
CCN: (please enter CCN in cell D13 of General Questions sheet)
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)

Schedule II
mm/dd/yr

INVESTED CAPITAL

Line	End of Period Invested Capital	Total Company per Books (a)	Total Non-Texas Operations (b)	Total Texas per Books (c)=(a)-(b)	Part 64 Nonregulated Activities (d)	Total Texas Subject to Separations (e)=(c)-(d)	Intrastate Separations Factors (f)	Intrastate Amount (g)=(e)*(f)
1	TELECOMMUNICATIONS PLANT							
2	Plant in Service	$0	$0	$0	$0	$0	0.00000000	$0
3								
4	Plant Under Construction - Short Term	0	0	0	0	0	0.00000000	0
5	Plant Under Construction - Long Term	0	0	0	0	0	0.00000000	0
6	Plant Held For Future Use	0	0	0	0	0	0.00000000	0
7	Telephone Plant Acquisition	0	0	0	0	0	0.00000000	0
8								
9	TOTAL PROPERTY	$0	$0	$0	$0	$0		$0
10								
11	Materials and Supplies	$0	$0	$0	$0	$0	0.00000000	$0
12	Prepayments	0	0	0	0	$0	0.00000000	0
13	Other Invested Capital Additions	0	0	0	0	0	0.00000000	0
14	LESS: (the following items should be entered as NEGATIVE amounts)							
15								
16	Total Accumulated Depreciation and Amortization	0	0	0	0	0	0.00000000	0
17								
18	Total Accumulated Deferred Federal Incomes Taxes	0	0	0	0	0	0.00000000	0
19								
20	Contributions in Aid of Construction	0	0	0	0	0	0.00000000	0
21	Customer Deposits	0	0	0	0	0	0.00000000	0
22	Other Invested Capital Deductions (detail in Supp Sched I)	0	0	0	0	0	0.00000000	0
23	TOTAL INVESTED CAPITAL	$0	$0	$0	$0	$0		$0
		==========	==========	==========	==========	==========		==========
24	Total Invested Capital (Line 23)					$0		$0
25								
26	Less: TPUC Long Term (Line 5)					$0		$0
27	Less: Plant Held for Future Use (Line 6)					$0		$0
28	Less: Telephone Plant Acquisition (Line 7)					$0		$0
29								
30	Other Adjustments (include explanatory info in Supp Sched I)					$0		$0
31	Total Invested Capital--Adjusted					$0		$0
32	Rate of Return (**Schedule I** Line 36 / Line 31)					0.00%		0.00%
33	Earned Return on Equity (based on reported capital structure in Schedule V)					0.00%		0.00%
	(Line 33 will automatically calculate only after Schedules I, II, and V are ALL completed.)					==========		==========

[ ] Indicate here if footnote or comment relating to this schedule is included on Supp Sched 1.

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
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Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)

Schedule III
mm/dd/yr

Federal Income Taxes
Intrastate

Line		Intrastate 12 Months Ending
1	Total Revenues	$0
2	Less:	
3	Plant Specific Expense	0
4	Depreciation & Amortization	0
5	Other Plant Nonspecific Expense	0
6	Customer Operations Expense	0
7	Corporate Operations Expense	0
8	Other Operating Income and Expense	0
9	Other Taxes	0
10	Interest Expense (Note 1)	0
11	Other - Interest on Customer Deposits	0
12	Add: USF Revenues	0
	Plus:	
13	Depreciation Addback - Permanent Differences	0
14	Other Permanent Differences	0
	Less:	
15	Additional Tax Depreciation (Note 2)	0
16	Other Timing Differences	0
17	Other Permanent Differences	0
18	Taxable Income	0
19	Tax Rate	0%
20	CURRENT FEDERAL INCOME TAX	$0
	Plus:	
21	Current Provision for Deferred Taxes (Note 3)	0
22	Adjustment for Prior Flowthrough (Note 4)	0
	Less:	
23	Amortization of ITC	0
24	Amortization of Excess Deferred Taxes	
25	Protected (Note 5)	0
26	Unprotected	0
27	Other	0
28	Unrelated Business Income Tax	0
29	TOTAL FEDERAL INCOME TAXES	$0

Note 1: For investor-owned companies, this amount should be allowed to calculate automatically (it is calculated as the weighted cost of debt multiplied by adjusted invested capital). For cooperatives, the formula may be overridden by manually inputting into the cell the appropriate amount.
Note 2: Excess of tax depreciation over depreciation claimed on Schedule I adjusted to remove the effects of line 13 for all plant reflected on Schedule II.
Note 3: This amount will be calculated automatically by applying the applicable tax rate to the total of Lines 15 and 16.
Note 4: This amount will be derived by multiplying non-normalized timing differences times the applicable tax rate.
Note 5: This amount may reflect the most recent year's amortization.
[ ] Indicate here if footnote or comment relating to this schedule is included on Supp Sched 1.

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
CCN: (please enter CCN in cell D13 of General Questions sheet)
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)

Schedule IV
mm/dd/yr

Network Access Service Revenue

Line	Description	Billed Intrastate Twelve Months Ending Dec. 31	Booked Intrastate Twelve Months Ending Dec. 31
1	Carrier Common Line		$0
2	End Office **		0
3	Transport		0
4	Information Surcharge		0
5	Special Access		0
6	State High Cost Assistance	0	0
7	Other (identify source here)		0
8	Other (identify source here)		0
9	Other (identify source here)		0
10	Other (identify source here)		0
	Total		$0

** Includes line termination, local switching and intercept of all feature groups.

[ ] Indicate here if footnote or comment relating to this schedule is included on Supp Sched 1.

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
CCN: (please enter CCN in cell D13 of General Questions sheet)
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)

Schedule V
mm/dd/yr

Weighted Average Cost of Capital

	(a) Balance	(b) Percent of Total	(c) Cost	(d) Weighted Cost
Common Equity	$0	0.00%	0.00% *	0.00%
Preferred Stock	0	0.00%	0.00%	0.00%
Long-Term Debt	0	0.00%	0.00%	0.00%
Short-Term Debt	0	0.00%	0.00%	0.00%
Total	$0	0.00%		0.00%
	==========	==========		=========

* Has the Commission established an allowed ROE for the Company? (Y/N): X
If yes, the allowed ROE was established in Docket No.: XXXX
The Final Order was issued on: m/d/yr

* Note: If your utility has never had a rate case, the input for the cost of equity may be estimated or left blank.

[ ] Indicate here if footnote or comment relating to this schedule is included on Supp Sched 1.

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
CCN: (please enter CCN in cell D13 of General Questions sheet)
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)

Historical Financial Statistics*

Line	Fiscal Year:					Monitoring Period
1	Net Operating Revenues	$0	$0	$0	$0	$0
2	-- Operation & Maintenance Expense	$0	$0	$0	$0	$0
3	-- Depreciation & Amortization Expense	$0	$0	$0	$0	$0
4	-- Federal Income Taxes	$0	$0	$0	$0	$0
5	-- Other Taxes & Expenses	$0	$0	$0	$0	$0
6						
7	Operating Income or Margins	$0	$0	$0	$0	$0
8						
9	-- Interest Expense (Net of IDC)	$0	$0	$0	$0	$0
10						
11		$0	$0	$0	$0	$0
12						
13	+ Non-Operating Income or Margins	$0	$0	$0	$0	$0
14	+ Extraordinary Items	$0	$0	$0	$0	$0
15	+ Jurisdictional Differences	$0	$0	$0	$0	$0
16	+ Nonregulated Income	$0	$0	$0	$0	$0
17						
18	Net Income or Margins	$0	$0	$0	$0	$0
19						
20						
21	Interest on Long-Term Debt	$0	$0	$0	$0	$0
22	Other Interest Expense	$0	$0	$0	$0	$0
23						
24	Total Interest Expense (Gross)	$0	$0	$0	$0	$0
25						
26	Pre-Tax Interest Coverage	0.00	0.00	0.00	0.00	0.00
27	Pre-Tax Interest Coverage (L-T Debt)	0.00	0.00	0.00	0.00	0.00
28						
29						
30	Equity or Patronage Capital	$0	$0	$0	$0	$0
31	+ Long-Term Debt	$0	$0	$0	$0	$0
32	+ Notes Payable	$0	$0	$0	$0	$0
33						
34	Capitalization	$0	$0	$0	$0	$0
35						
36	Equity/Capitalization	0.00%	0.00%	0.00%	0.00%	0.00%
37	Total Debt as a percentage of Total Capital	0.00%	0.00%	0.00%	0.00%	0.00%
38	Total Utility Plant	$0	$0	$0	$0	$0
39	Plant additions:					
40	Infrastructure commitments	$0	$0	$0	$0	$0
41	Other Plant Additions	$0	$0	$0	$0	$0
42	Total Additions to Utility Plant	$0	$0	$0	$0	$0
43						
44	Plant Additions/Total Utility Plant	0.00%	0.00%	0.00%	0.00%	0.00%

*** Note: Reporting companies with intrastate operating revenues (Schedule I, line 13) exceeding $100 million are not required to complete this schedule.**

[ ] Indicate here if footnote or comment relating to this schedule is included on Supp Sched 1.

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
CCN: (please enter CCN in cell D13 of General Questions sheet)
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)

Historical Financial Statistics*

Line	Fiscal Year:					Monitoring Period
45	Investor-Owned Utilities Only					
46						
47	Beginning Common Equity	$0	$0	$0	$0	$0
48	+ Net Income for Common	$0	$0	$0	$0	$0
49	-- Common Dividends	$0	$0	$0	$0	$0
50	+/- Additional Equity Investment (Net)	$0	$0	$0	$0	$0
51						
52	Ending Common Equity	$0	$0	$0	$0	$0
53						
54	Average Common Equity	$0	$0	$0	$0	$0
55						
56	Return on Average Common Equity	0.00%	0.00%	0.00%	0.00%	0.00%
57	Payout Ratio	0.00%	0.00%	0.00%	0.00%	0.00%
58	Return on Equity--Adjusted	0.00%	0.00%	0.00%	0.00%	0.00%
59	(optional--See Note 2)					
60						
61	Net Cash Flows (Note 3)	$0	$0	$0	$0	$0
62	Cash Construction Expenditures	$0	$0	$0	$0	$0
63	Net Cash Flow to Capital Outlays	0.00%	0.00%	0.00%	0.00%	0.00%
64						
65	Cooperatives Only					
66						
67	Principal and Int. Pymts. (L-T Debt)	$0	$0	$0	$0	$0
68	Debt Service Coverage (L-T Debt)	0.00	0.00	0.00	0.00	0.00
69						
70	General Funds	$0	$0	$0	$0	$0
71	General Funds/Total Utility Plant	0.00%	0.00%	0.00%	0.00%	0.00%
72						
73	Capital Credits Retired	$0	$0	$0	$0	$0
74	Retirements/Total Patronage Capital	0.00%	0.00%	0.00%	0.00%	0.00%
75						
76	Cumulative Capital Credits Retired	$0	$0	$0	$0	$0
77						
78	Net Cash Flows (Note 4)	$0	$0	$0	$0	$0
79	Cash Construction Expenditures	$0	$0	$0	$0	$0
79	Net Cash Flow to Capital Outlays	0.00%	0.00%	0.00%	0.00%	0.00%

Note 2: Reflects recapitalization of write-offs related to FASB 71 & FASB 106 and other specified adjustments.
Note 3: Net Cash Flows = Funds From Operations less dividends paid
Note 4: Net Cash Flows = Operating Cash flows less amount of capital credit rotations
*** Note: Reporting companies with intrastate operating revenues (Schedule I, line 13) exceeding $100 million are not required to complete this schedule.**
[ ] Indicate here if footnote or comment relating to this schedule is included on Supp Sched 1.

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
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Schedule VII
mm/dd/yr

Proposed Company Adjustments

For all proposed adjustments, please provide a full description and provide supporting workpapers (if any) as a supplemental attachment to the Earnings Report.

Ref Line	Description	Debit	Credit

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
CCN: (please enter CCN in cell D13 of General Questions sheet)
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)
Schedule VIII

Schedule VIII
mm/dd/yr

Schedule of Officer and Director, Family Members of Officer and Director. If Investor-owned, Also Compensation of Owners and Former Owners

Item Number	Name	Job Title	IntraState Allocated Annual Earnings	Known & Measurable Adjustments (enter details below)	Adjusted IntraState Allocated Annual Earnings	Employment Termination Date (if no longer employed)
1					0	
2					0	
3					0	
4					0	
5					0	
					0	

Report compensation of all officers, directors, and their family members and if investor-owned, all compensation of owners, former owners, and family members for reporting period. Add lines as necessary.

Report employee name, job title and earnings allocated to IntraState Regulated operations. Residual wage amount after full Cost Allocations process included in Schedule I, Column g.

Report employment termination date if no longer employed.

Known and Measurable Adjustments

Item Number	Description of Adjustment
1	
2	
3	
4	
5	

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet)
CCN: (please enter CCN in cell D13 of General Questions sheet)
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)
Schedule IX

Schedule IX
mm/dd/yr

Schedule of Telecommunications Utility Affiliate Transactions

	REPORT OF AFFILIATE TRANSACTIONS - *All Affiliates*			*enter X to indicate type*		
	Period Covered	Name of Affiliate Description of Transaction	Basis for Allocation or Calculation of Amount *(see note below)*	Utility to Affiliate	Affiliate to Utility	Transaction Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Additional Information:

1 Provide a description of the nature of the business activity of each affiliate with which the small ILEC does business: *(insert additional rows as needed)*

2 Provide a narrative description of the types of products and services provided to the DCTU by the affiliate and by the DCTU to the affiliate: *(insert additional rows as needed)*

3 Utility will file a copy of their Cost Allocation Manual (CAM) with the first filing of this report, and subsequent filings will include any changes or updates to the CAM. *(see General Questions section also)*

4 Provide financial summaries of the transactions (not each transaction individually) for annual amounts for similar transactions

5 Basis for Allocation or Calculation of Amount - For each billing allocation formula utilized in transactions between the DCTU and its affiliates (either direction), list a title/function description (e.g., payroll) for the formula, the basis for the formula (e.g., number of employees), and the percentages allocated by the formula to each applicable entity.
Enter information in the appropriate column above.

Company Name: (company name will appear in this cell after entry in cell A20 of 'Cover Page' sheet) Supplemental Schedule 1
CCN: (please enter CCN in cell D13 of General Questions sheet) mm/dd/yr
Reporting Date: (date will appear in this cell after entry of year in cell F30 of 'Cover Page' sheet)

Comments / Footnotes

Ref. Schedule	Column	Line Number	Comments/Footnotes

Signature Page

Annual Report
Twelve Months Ending December 31, Enter Reporting Year

I certify that I am the responsible officer of _____ ; that I have examined the foregoing report; that to the best of my 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 _____ to _____ inclusive.

_____
Date

_____
Signature

_____
Printed Name

Title:

Address:

Phone:

Email address:

Alternative contact regarding this report:

Name:
Title:

Address:

Phone:

Email address: