# TELECOMMUNICATIONS COMPANIES

# Class B Incumbent Local Exchange Carrier - Non-Competitive 2017

# ANNUAL REPORT

FOR

| The Toledo Telephone Co., Inc.           | dba: ToledoTel             |       |
|--|----------------------------|-------|
| (REGISTERED NAME OF BUSINESS)            |                            |       |
| 183 Plomondon Rd                         | Certificate Number:        |       |
| (OFFICIAL MAILING ADDRESS)               |                            |       |
| Toledo                                   | WA                         | 98591 |
| (CITY)                                   | (STATE)                    | (ZIP) |
| dale@                                    | toledotel.com              |       |
| (BUSINESS EMAIL FOR                      | R OFFICIAL COMMUNICATIONS) |       |
| 'X' if address listed above is an update | ed address                 |       |
| Report Year En                           | nded: December 31, 2017    |       |

Inquiries concerning this Annual Report should be addressed to:

| Name:    | Dale Merten      |           |       |
|----------|------------------|-----------|-------|
| Title:   | VP/COO           |           |       |
| Address: | 183 Plomondon    | Rd        |       |
| City:    | Toledo           |           |       |
| State:   | WA               | Zip Code: | 98591 |
|          | 360-864-2044     |           |       |
|          | dale@toledotel.c | om        |       |

#### SUBMIT TO:

Https://www.utc.wa.gov/docs/Pages/ElectronicFiling.aspx



REPORT MUST BE RECEIVED NO LATER THAN: May 1, 2018

\*\*\*Please refer to the Instructions for Completing the Annual Report on Page 2\*\*\*

|  | PREPARER INFO                             | DRMATION                        |  |            |            |
|--|---|---------------------------------|--|------------|------------|
| 'X' if Preparer same as Cover: X   |   |                                 |  |            |            |
| Person who prepared report:  |   |                                 |  |            |            |
| Title:   |   |                                 |  |            |            |
| If different; Company Name:  |   |                                 |  |            |            |
| Telephone:   |   |                                 |  |            |            |
| Principal Business Address:  |   | State                           | 7:   | ine        |            |
| City   |   | State:                          |  | ip:        |            |
|  | COMPANY INFO                              | RMATION                         |  |            |            |
| Washington Unified Business Id   | entifier (UBI) No.:                       |                                 | 6001494  | 4092       |            |
| (If you do not know your UBI No. please contact  | Business Licensing Service                | e at 1-800-451-7985 or l        | BLS@dor.wa.gov   | <i>(</i> ) |            |
| Business Structure (please enter   | the appropriate des                       | ignation):                      | Co   | rporation  |            |
| Please enter: Individual/Sole Proprietor, Par  |   |                                 | orporation   |            |            |
| Date First Organized or Regulated  | d:  | Jul-                            | 51   |            |            |
| 'X' if Address is same as Cover: X   |   |                                 |  |            |            |
| Business Physical Address:   |   |                                 |  |            |            |
| City   | y:  | State:                          | Z  | ip:        |            |
| Tele   | ephone:                                   |                                 | Fax:   |            |            |
| Business V   | Vebsite:                                  | www.to                          | oledotel.com   |            |            |
| Ac   | counting Record                           | s Information                   |  |            |            |
| 'X' if Address is same as above: X   |   |                                 |  |            |            |
| Location of Books & Records:   |   |                                 |  |            |            |
| City   | y:  | State:                          | Z  | ip:        |            |
| Method of Accounting: Acc  | crual Pl                                  | ease enter: Cash or Acc         | rual   |            |            |
|  | CERTIFICA                                 | TION                            |  |            |            |
| I have examined this report and to the the financial statements, for the period correctly reflect the business affairs of (PLEASE VERIFY THAT ALL SC | I from January 1, 20<br>I the respondent. | 17 to December 3 CURATE AND COM | 1, 2017, cont  | CORE SIGNI | is report, |
| X  | City                                      | Toledo Sta                      | The state of the s | Zip Code   | 98591      |
| Date 6/21/18   | Telephone                                 | TOTOGO STA                      | 360-864-204  |            |            |
| 0,2,110  | Email                                     | da                              | le@toledotel   |            |            |

# SCHEDULE 1 INCOME STATEMENT

(For the Calendar Year 2017)

|          | (For the Calendar Year 2  | THE STATE OF THE S |                          |                            |
|----------|---|--|--------------------------|----------------------------|
| Ln.      | Description   | Washington<br>Operations   | Intrastate<br>Operations | Total Company <sup>1</sup> |
| (L)      | (a)   | (b)  | (c)                      | (d)                        |
|          | Revenue   |  |                          |                            |
| 1        | Local Network Services  |  |                          |                            |
| 2        | Network Access Services   |  |                          |                            |
| 3        | Long Distance Network Services  |  |                          |                            |
| 4        | Carrier Billing and Collections   |  |                          |                            |
| 5        | Miscellaneous   |  |                          |                            |
| 6        | Less: Uncollectible Revenues  |  |                          |                            |
| 7        | Net Operating Revenue (add lines 1 thru 5, subtract line 6)             |  |                          |                            |
|          |   |  |                          |                            |
|          | Expenses  |  |                          |                            |
| 8        | Plant Specific  |  |                          |                            |
| 9        | Plant Nonspecific (excluding Depr. & Amort.)                            |  |                          |                            |
| 10       | Depreciation and Amortization   |  |                          |                            |
| 11       | Customer Operations   |  |                          |                            |
| 12       | Corporate Operations  |  |                          |                            |
| 13       | Total Operations Expenses (add lines 8 thru 12)                         |  |                          |                            |
| 14       | Operating Income or Margins (subtract line 13 from line 7)              |  |                          |                            |
| 15       | Other Operating Income and Expenses                                     |  |                          |                            |
| 16       | State and Local Taxes   |  |                          |                            |
| 17       | Federal Income Taxes (enter 0 if company is S-Corp)                     |  |                          |                            |
| 18       | Other Taxes   |  |                          |                            |
| 19       | Total Operating Taxes (add lines 16 thru 18)                            |  |                          |                            |
| 20       | Net Operating Income or Margins (add lines 14 and 15, less 19)          |  |                          |                            |
| 21       | Interest on Funded Debt   |  |                          |                            |
| 22       | Interest Expense - Capital Leases                                       |  |                          |                            |
| 23       | Other Interest Expense  |  |                          |                            |
| 24       | Allowance for Funds Used During Construction (CR)                       |  |                          |                            |
| 25       | Total Fixed Charges (add lines 21 thru 23, less 24)                     |  |                          | copied cells               |
| 1<br>1/2 | Other Income and Expe   | enses  |                          |                            |
| 26       | Nonoperating Net Income   |  |                          |                            |
| 27       | Nonregulated Net Income   |  |                          |                            |
| 28       | Jurisdictional Differences  |  |                          |                            |
| 29       | Total Net Income or Magins (add lines 20, 26 thru 28, subtract line 25) | <b>表示是是</b>  |                          | copied cells               |

<sup>1</sup>Only complete if different than Total Washington, Column (B)

<sup>\*</sup>Column B should equal Column A of the State USF Program template which is required to be submitted to the commission no later than August 1.

#### SCHEDULE 2A BALANCE SHEET - ASSETS

(For the Calendar Year 2017)

| Ln. | Description                                    | Washington<br>Operations | Intrastate<br>Operations <sup>2</sup> | Total Company <sup>1</sup> |
|-----|--|--------------------------|---------------------------------------|----------------------------|
| (L) | (a)  | (b)                      | (c)                                   | (d)                        |
|     | Current Assets                                 |                          |                                       |                            |
| 1   | Cash and Equivalents                           |                          |                                       |                            |
| 2   | Cash-RUS Construction Fund                     |                          |                                       |                            |
| 3   | Affiliates:                                    |                          |                                       |                            |
| 4   | Telecom, Accounts Receivable                   |                          |                                       |                            |
| 5   | Other Accounts Receivable                      |                          |                                       |                            |
| 6   | Notes Receivable                               |                          |                                       |                            |
| 7   | Non-Affiliates:                                |                          |                                       |                            |
| 8   | Telecom, Accounts Receivable                   |                          |                                       |                            |
| 9   | Other Accounts Receivable                      |                          |                                       |                            |
| 10  | Notes Receivable                               |                          |                                       |                            |
| 11  | Interest and Dividends Receivable              |                          |                                       |                            |
| 12  | Material-Regulated                             |                          |                                       |                            |
| 13  | Material-Nonregulated                          |                          |                                       |                            |
| 14  | Prepayments                                    |                          |                                       |                            |
| 15  | Other Current Assets                           |                          |                                       |                            |
| 16  | Total Current Assets (add lines 1 thru 16)     |                          |                                       |                            |
|     | Noncurrent Assets                              |                          |                                       |                            |
| 17  | Investment in Affiliated Companies             |                          |                                       |                            |
| 18  | Rural Development                              |                          |                                       |                            |
| 19  | Nonrural Development                           |                          |                                       |                            |
| 20  | Other Investments                              |                          |                                       |                            |
| 21  | Rural Development                              |                          |                                       |                            |
| 22  | Nonrural Development                           |                          |                                       |                            |
| 23  | Nonregulated Investments                       |                          |                                       |                            |
| 24  | Other Noncurrent Assets                        |                          |                                       |                            |
| 25  | Deferred Charges                               |                          |                                       |                            |
| 26  | Jurisdictional Differences                     |                          |                                       |                            |
| 27  | Total noncurrent Assets (add lines 17 thru 26) |                          |                                       | FORE WAS A                 |
|     | Plant, Property, and Equipment                 |                          |                                       |                            |
| 28  | Telecom Plant-In-Service                       |                          |                                       |                            |
| 29  | Property Held for Future Use                   |                          |                                       |                            |
| 30  | Plant Under Construction                       |                          |                                       |                            |
| 31  | Plant Adj.,Nonop Plant & Goodwill              |                          |                                       |                            |
| 32  | Accumulated Depreciation (CR.)                 |                          |                                       |                            |
| 33  | Net Plant (add lines 28 thru 31, less 32)      |                          |                                       |                            |
| 34  | Total Assets (add lines 16, 27, and 33)        |                          |                                       | DE 美国的特别的                  |

<sup>&</sup>lt;sup>1</sup>Only complete if different thanTotal Washington (Column B)

 $<sup>^2</sup>$ Only complete for lines 12, 28, 19, 32 & 58. Column B should equal Column A of the State USF Program template which is required to be submitted to the commission no later than August 1.

## SCHEDULE 2B BALANCE SHEET - LIABILITIES AND EQUITY

(For the Calendar Year 2017)

| Ln. | Description   | Washington                                      | Intrastate<br>Operations <sup>2</sup> | Total Company <sup>1</sup> |
|-----|---|---|---------------------------------------|----------------------------|
| (L) | (a)   | Operations<br>(b)                               | (c)                                   | (d)                        |
| (-/ | Current Liabilities   |   |                                       |                            |
| 35  | Accounts Payable  |   |                                       |                            |
| 36  | Notes Payable   |   |                                       |                            |
| 37  | Advance Billings and Payments                                 |   |                                       |                            |
| 38  | Customer Deposits   |   |                                       |                            |
| 39  | Current Mat. L/T Debt   |   |                                       |                            |
| 40  | Current Mat. L/T Debt Rur. Dev.                               |   |                                       |                            |
| 41  | Current Mat Capital Leases                                    |   |                                       |                            |
| 42  | Income Taxes Accrued  |   |                                       |                            |
| 43  | Other Taxes Accrued   |   |                                       |                            |
| 44  | Other Current Liabilities                                     |   |                                       |                            |
| 45  | Total Current Liabilities (add lines 35 thru 44)              |   |                                       |                            |
|     | Long-Term Debt  |   |                                       |                            |
| 46  | Funded Debt-RUS Notes   | ASSESSED AND AND AND AND AND AND AND AND AND AN |                                       |                            |
| 47  | Funded Debt-RTB Notes   |   |                                       |                            |
| 48  | Funded Debt-FFB Notes   |   |                                       |                            |
| 49  | Funded Debt-Other   |   |                                       | 1                          |
| 50  | Funded Debt-Rural Develop. Loan                               |   | 20.5                                  |                            |
| 51  | Premium (Discount) on L/T Debt                                |   |                                       |                            |
| 52  | Reacquired Debt   |   |                                       |                            |
| 53  | Obligations Under Capital Lease                               |   |                                       |                            |
| 54  | Adv. From Affiliated Companies                                |   |                                       |                            |
| 55  | Other Long-Term Debt  |   |                                       |                            |
| 56  | Total Long-Term Debt (add lines 46 thru 55)                   |   |                                       |                            |
|     | Other Liabilities & Deferred Credits                          |   |                                       |                            |
| 57  | Other Long-Term Liabilities                                   |   |                                       |                            |
| 58  | Deferred Income Taxes   |   |                                       |                            |
| 59  | Other Deferred Credits  |   |                                       |                            |
| 60  | Other Jurisdictional Differences                              |   |                                       |                            |
| 61  | Total Other Liabilities & Def. Credits (add lines 57 thru 60) |   |                                       |                            |
|     | Equity  |   |                                       |                            |
| 62  | Capital Stock Outstanding & Subscribed                        |   |                                       |                            |
| 63  | Additional Paid-in-Capital                                    |   |                                       |                            |
| 64  | Treasury Stock  |   |                                       |                            |
| 65  | Membership and cap. Certificates                              |   |                                       |                            |
| 66  | Other Capital   |   |                                       |                            |
| 67  | Patronage Capital Credits                                     |   |                                       |                            |
| 68  | Retained Earnings or Margins (B2)                             |   |                                       |                            |
| 69  | Total Equity (add lines 62 thru 68)                           |   |                                       |                            |
| 70  | Total Liabilities and Equity (add lines 35, 46, 51, and 59)   | <b>建筑 医乳腺</b>                                   |                                       |                            |

#### **OWNERSHIP**

List the first name (or Company Name), last name (or State of Registration), title, and percentage of all owners holding directly or indirectly five percent or greater voting securities of the Company. Group all owners holding less than five percent as 'Other Owners'. Represent Percentage in decimal form (e.g., 80% is entered as 0.8000).

| First Name (or Company)                          | Last Name (or State Registered)     | Title   | Ownership |
|--|-------------------------------------|---------|-----------|
|  |                                     |         |           |
|  |                                     |         |           |
|  |                                     |         |           |
|  |                                     |         |           |
|  |                                     |         |           |
|  |                                     |         |           |
|  |                                     |         |           |
|  |                                     |         |           |
| All Course Marie Specific Course (Course Course) |                                     |         |           |
|  | L. L                                |         |           |
| Other Owner's                                    | holding less than 0.0500 (5%) indiv | idually |           |

#### **Industry Specific Information**

## Part A: Annual Revenue for the twelve months ended December 31, 2017

| 9476038 |         |
|---------|---------|
| 9476038 |         |
| 737601  |         |
|         | 9476038 |

<sup>&</sup>lt;sup>1</sup>All revenues (regulated, non-regulated, interstate, intrastate). Entry matches total company income statement.

# Part B: Does your company provide local exchange services in WA? Part C MUST be completed, even if response is zero (0). Please type Yes or No: Yes Part C: Access Lines in service as of December 31, 2017

Part C. Access Lilles III service as of December 61, 2011

The total number of voice grade equivalent lines

469

This should be the same as the FCC Form 477 Part II. A. 1.

How many of the lines reported above have access to E-911:

469

#### Required Document and Filing Deadlines

| Included | I Document          | Deadline     |
|----------|---------------------|--------------|
|          | Financial Templates | July 2, 2018 |

<sup>&</sup>lt;sup>2</sup>Revenues earned in WA (regulated, non-regulated, interstate, intrastate) and matches your WA Dept. of Revenue filing.

<sup>&</sup>lt;sup>3</sup>Regulated revenues (regulated, intrastate) only. The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, or the payment of state and federal taxes.

### REGULATORY FEE CALCULATION SCHEDULE Due May 1, 2018 Company Name: Annual Report Year 2017 The Toledo Telephone Co., Inc. dba Toledo Tel In accordance with RCW 80.24.010 "Regulatory Fees", the Commission requires water companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the Commission a statement under oath showing its gross intrastate revenue for the preceding year and pay to the Commission a fee as instructed below. Regulatory Fee Calculations 1 Total Gross Intrastate Operating Revenue\*\* (From Page 4, Part A, WA Intrastate Revenue) 0.001 2 If Line 1 is less than \$100,000, Skip to Line 4, otherwise enter \$50,0000, x .1% 0.002 3 If Line 1 is over \$100,000, enter Line 1 less \$50,000 x .2% 4 Total Regulatory Fees owed (add lines 2 and 3). If Line 1 is less than, \$100,000, enter \$150. Note - There is a minimum \$150 regulatory fee on all Telecommunications companies. Agency Use Only 001-111-0268-170-01 Penalty & Interest Calculations 5 Penalties on Regulatory Fees being paid after May 1 5a Total Penalties on Regulatory Fees owed (enter amount from Line 4 x 2%) 0.02 6 Interest on Regulatory Fees being paid after May 31 6a Number of months past May 31 x Amount from Line 4 x 1% 0.01 7 Total Penalties and Interest owed (Line 5a plus Line 6a) 8 Total Regulatory, Penalties and Interest Fees Due (Line 4 plus Line 7) Agency Use Only 001-111-0268-170-11 \*\*Note: The revenues subject to the Commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables, subscriber/aggregator commissions or the payment of site charges and state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts. **COMMISSION USE ONLY** 001-111-0268-170-01 Reception #: AR2017 001-111-0268-170-11 Reference: 001-111-0268-032-20 Payment ID: 001R-111-0268-032-20 (

**Total Paid:**