

# TELECOMMUNICATIONS COMPANY ANNUAL REPORT

OF

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Exact Legal Name of Respondent

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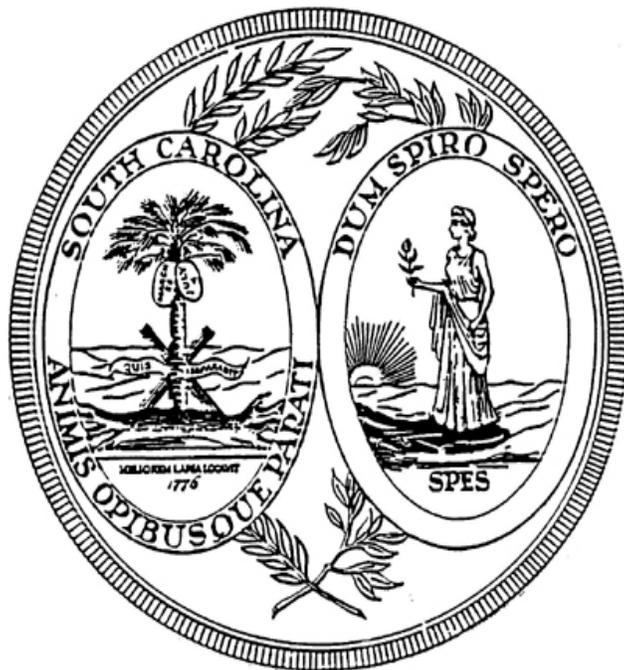
PSC/ORS Number (leave blank)

**FOR THE YEAR ENDED 2015**

Calendar Year Ending December 31, 2015

or

Fiscal Year Ending \_\_\_\_\_



# TABLE OF CONTENTS

<u>Schedule</u>		<u>Page</u>
-	General Instructions.....	1
-	Company Information.....	2
-	Company Officers .....	3
#1	Income Statement .....	4
#2	Telecommunications Plant in Service.....	4
#3	Access Line or Equivalent .....	5
#4	Interexchange Carrier Information .....	6-7
-	Affidavit.....	8

## GENERAL INSTRUCTIONS

1. All Telecommunications Companies are required by state law to complete and file this annual report for their South Carolina operations. Two copies should be mailed to the South Carolina Office of Regulatory Staff, 1401 Main Street-Suite 900, Columbia, SC 29201 by April 1, 2016. A third copy should be retained by the company for reference. Upon receipt, the Office of Regulatory Staff will forward one copy to the Public Service Commission of South Carolina. Filing two copies with the Office of Regulatory Staff will satisfy the utility's responsibility for submitting an annual report as required pursuant to Commission regulations.
2. All forms are available in PDF Format on the Office of Regulatory Staff web site at: [www.regulatorystaff.sc.gov](http://www.regulatorystaff.sc.gov)
3. Where no information is available for an item in the report, "0," None, or Not Applicable are appropriate responses.
4. All accounting terms and phrases used in this report are to be interpreted in accordance with the Uniform System of Accounts prescribed in Part 32 of the Code of Federal Regulations (CFR) or in accordance with Generally Accepted Accounting Principles if your company has specific permission from the Commission to use GAAP for financial reporting and record keeping.
5. Throughout this report, money items will be rounded to the nearest dollar.
6. Failure to comply with the submission of the annual report may result in fines and/or revocation of Certificate of Public Convenience and Necessity.
7. Separate notification is required for changes in company contact information -- i.e. name, address, telephone number, contact names, sale or purchase of Company, corporate structure.  
The Authorized Utility Representative Form can be downloaded at: [www.regulatorystaff.sc.gov](http://www.regulatorystaff.sc.gov)
8. Contact the Office of Regulatory Staff at (803) 737-0800 if you have questions about this form or the requirements for a Telecommunications Company.
9. **FORM MUST BE COMPLETED EVEN IF REPORTING ZERO**

## Company Information

### Identification and Contact Information

Check/ Date:	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	_____
Name of Company:	_____						
Doing Business As:	_____						
Street Address:	_____						
City:	_____	State:	_____	Zip:	_____		
Mailing Address:	_____						
City:	_____	State:	_____	Zip:	_____		
Telephone Number:	(____)	_____					

### Type of Business

<input type="checkbox"/>	CLEC	(Competitive Local Exchange Carrier)
<input type="checkbox"/>	ILEC	(Incumbent Local Exchange Carrier)
<input type="checkbox"/>	IXC	(Interexchange Carrier)
<input type="checkbox"/>		(Carriers Carrier)

### Contact (for purposes of this report)

Contact Name:	_____						
Title:	_____						
Street Address:	_____						
City:	_____	State:	_____	Zip:	_____		
Telephone Number:	(____)	_____	E-mail:	_____			

## Company Officers

Title of Officer	Name of Person Holding Office
President	
Vice-President	
Secretary	
Treasurer	
Gen. Manager or Supt.	

**Contact Information (If different from above)**

Contact Name: _____
Title: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: (____) _____ E-mail: _____

**LOCAL EXCHANGE CARRIER ANNUAL REPORT**  
**Schedule #1- South Carolina Income Statement**

Year Ending December 31, 2015 or Fiscal Year Ending \_\_\_\_\_

<u>Operating Revenues:</u> <u>(Retail &amp; Wholesale)</u>	<u>G/L Account #'s</u>	<u>Total</u>	<u>Intrastate Only</u>
Local Network Service Revenues			
Network Access Service Revenues			
Long Distance Revenues			
Miscellaneous Revenues			
Uncollectible Revenues			
<b>Total Operating Revenues</b>			
<u>Operating Expenses:</u>			
<b>Total Operations Expenses &amp; Taxes</b>			
<b>Net Income from Operations</b>			
<b>Nonoperating Items Including Interest</b>			
<b>Non-regulated Net Income</b>			
<b>Net Income</b>			

<b>Schedule #2- South Carolina Telecommunications Plant In Service</b>		
<u>Description</u>	<u>G/L Account #'s</u>	<u>Balance at Close of Year</u>
<u>Telecommunications Plant</u>		
Telecommunications Plant in Service		
Property Held for Future Use		
Telecommunications Plant under Construction		

**Schedule #2- South Carolina End-User Access Lines and Equivalent Access Lines  
Year Ending 12/31/2015**

1.	Total Business End User Circuit Based Access Lines	_____
2.	Total Residential End User Circuit Based Access Lines	_____
3.	Total End User Circuit Based Access Lines	_____
4.	Total Number of Customers	_____
5.	Total Wholesale Customers	_____

6.	Total Lifeline Customers provided Lifeline via resold service from an underlying carrier	_____
7.	Total Lifeline Customers provided Lifeline via facilities owned or leased	_____
8.	Total Lifeline Customers	_____

**ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS**

**SCHEDULE 3: INTEREXCHANGE COMPANIES (IXC) AND ALTERNATIVE OPERATOR SERVICE ("AOS") PROVIDERS**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

1. SOUTH CAROLINA OPERATING REVENUES FOR THE 12 MONTHS ENDING DECEMBER 31, 2015 OR FISCAL YEAR. \$ \_\_\_\_\_

2. SOUTH CAROLINA OPERATING EXPENSES FOR THE 12 MONTHS ENDING DECEMBER 31, 2015 OR FISCAL YEAR. \$ \_\_\_\_\_

3. RATE BASE INVESTMENT IN SOUTH CAROLINA OPERATIONS FOR THE 12 MONTHS ENDING DECEMBER 31, 2015 OR FISCAL YEAR:

Gross Plant located in or allocated to South Carolina operations \$ \_\_\_\_\_

CWIP located in or allocated to South Carolina operations \$ \_\_\_\_\_

Land located in or allocated to South Carolina operations \$ \_\_\_\_\_

Accumulated Depreciation of South Carolina Plant (\$ \_\_\_\_\_)

Net Rate Base located in or allocated to South Carolina operations \$ \_\_\_\_\_

4. PARENT'S CAPITAL STRUCTURE FOR THE 12 MONTHS ENDING DECEMBER 31, 2015 OR FISCAL YEAR:

LONG TERM DEBT \$ \_\_\_\_\_

EQUITY \$ \_\_\_\_\_

5. PARENT'S AVERAGE RATE OF INTEREST ON LONG TERM DEBT \_\_\_\_\_ %.

6. CONTACT PERSON FOR ALL FINANCIAL INQUIRES AND REPORTING:

NAME \_\_\_\_\_

ADDRESS IF DIFFERENT FROM COMPANY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**ANNUAL INFORMATION ON SOUTH CAROLINA OPERATIONS - CONTINUED**

**SCHEDULE 3: INTEREXCHANGE COMPANIES (IXC) AND ALTERNATIVE OPERATOR SERVICE ("AOS") PROVIDERS**

7. **ALL DETAILS ON THE ALLOCATION METHOD USED TO DETERMINE THE AMOUNT OF EXPENSES ALLOCATED TO SOUTH CAROLINA OPERATIONS AS WELL AS METHOD OF ALLOCATION OF COMPANY'S RATE BASE INVESTMENT (SEE #3 PREVIOUS PAGE) (USE BACK IF NEEDED)**

**NAME OF OFFICER SIGNING FORM (PRINT OR TYPE)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**TITLE** \_\_\_\_\_

Affidavit

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ of the

\_\_\_\_\_ Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

\_\_\_\_\_ Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ Notary Public

Commission Expires \_\_\_\_\_