

NOTE: PLEASE EMAIL THIS FORM TO:

[secretary@dps.state.ny.us](mailto:secretary@dps.state.ny.us)

## FORM AFR – 1

Annual Financial Report for Period Beginning January 1, 2019

and Ending December 31, 2019

Name: MIDTEL CABLE TV, Inc.  
*Full Name of Cable Television Company*

Address: 103 Cliff Street PO Box 191  
*Mailing Address*

City: Middleburgh State: NY Zip Code: 12122-0191

Telephone #: 518-827-7777 FAX #: 518-827-7600  
*(Include Area Code)* *(Include Area Code)*

Business Entity: Corporation

*Indicate if a Sole Proprietorship; Partnership; Limited Partnership; Corporation;  
Not for Profit; other (describe).*

## **Notice**

This report shall be filed with the Department by every company providing cable television services, which is required to maintain records in accordance with the Uniform Reporting System, and may be filed by any company providing cable television services, which voluntarily maintains its financial records in accordance with the Uniform Reporting System.

This report shall be filed with the Department within 90 days of the end of your fiscal year.

Part I of this report consists of questions of a general informational nature. Part II consists of financial statements and schedules based on the account descriptions employed on prior year AFR forms. Part III consists of consolidated financial statements that must be completed when one of the following situations exists.

1. Reporting company has an equity interest of 20% or more in another company, or
2. Reporting company operates in whole or in part in a state other than New York or has significant non-cable activities. In such cases, the New York State cable activities will be reported in Part II and all other activities plus New York State activities will be reported in Part III.

Additional instructions for completing Part III are on page 16.

## **General Instructions**

1. All entries are to be in permanent form. Negative amounts are to be enclosed in parentheses.
2. The words "not applicable" are to be shown on any schedules or in reply to any question, which does not apply to respondent.
3. Additional explanations, schedules or statements may be attached to the back of this form for the purpose of further explanation. The additional explanations, schedules or statements shall be cross-referenced to the question, statement or schedules to which they are related.
4. Amounts reported on the AFR shall be rounded to the nearest dollar.
5. If you require assistance phone (518) 474-6530 or write New York State Department of Public Service, Office of the Secretary, Three Empire State Plaza, Albany, N.Y. 12223.

ANNUAL FINANCIAL REPORT (AFR)  
REQUEST FOR FILING EXTENSION

Instructions

1. The request must be made by the proprietor, general partner or an officer and received in our office at least 10 business days before your report is due.
2. Give the reason why an extension is needed. Please note that an initial extension, if granted, will normally not exceed 30 days. An additional extension or an extension for longer than 30 days, may be granted upon demonstration of unusual circumstances.
3. Please mail completed form to Hon. Jaclyn A. Brillling, Secretary to the Commission, New York State Department of Public Service, Three Empire State Plaza, Albany, N.Y. 12223. If you have any questions concerning extensions, please call Hon. Jaclyn A. Brillling at (518) 474-6530 or FAX (518) 486-6081.

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Name of Company

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Mailing Address

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City

State

Zip Code

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(Area Code)

Phone

(Area Code)

FAX

**REASON FOR REQUEST**

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Financial Report for Period Ending

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Length of Extension Requested

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Signature of Requester

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Title

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Printed Name of Requester

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Date Signed

## PART I

1. To whom should correspondence and inquiries concerning this report be addressed?

<u>Jason S. Becker</u>	<u>PO Box 191</u>
Name	Mailing Address
<u>President</u>	<u>Middleburgh</u>
Title	City
<u>518-827-7777</u>	<u>NY 12122-0191</u>
Area Code and Phone #	State Zip Code

2. List below the name of each municipality granting a franchise and each Geographic area you serve in which a franchise has not been granted. In addition, provide information for each municipality and area served as indicated on table below. Indicate operation in a non-franchised area by placing the letter "N" after the area served.

All fractional numbers should be rounded to the nearest tenth.

An illustration is provided for the correct method for filling out the demographic information. The Village of Anywhere has 100 subscribers, 50% penetration, 10.0 miles of plant completed and 10.5 total route miles in franchise area.

Should you serve more localities than space provided, please make additional copies of page 2b.

	A. Franchise Area Served	B. Number of Subscribers	C. Estimated % of Penetration	D. Total Miles of Plant Completed	E. Total Route Miles in Franchise Area
	SAMPLE				
a.	Anywhere, V.	100	50.0	10.0	10.5
1	<u>Blenheim, T.</u>	<u>52</u>	<u>16%</u>	<u>3.1</u>	<u>46.6</u>
2	<u>Broome, T.</u>	<u>179</u>	<u>23%</u>	<u>11.2</u>	<u>80.6</u>
3	<u>Fulton, T</u>	<u>313</u>	<u>34%</u>	<u>16.5</u>	<u>86.4</u>
4	<u>Middleburgh, T.</u>	<u>246</u>	<u>19%</u>	<u>32.5</u>	<u>73.8</u>
	(Sub) Total	790	-----	63.3	287.4

\*\*Estimated % of Penetration has been updated to include our Coax Plant and Fiber to the Home offerings.

- A. Identify whether a locality is a city, town, village or unincorporated area by using the following codes:  
'C' - City, 'T' - Town, 'V' - Village
- B. Total amount of first or primary outlets not to include additional outlets or other services.
- C. % of penetration - number in Column B divided by number of homes passed.
- D. Total plant miles completed
- E. Total miles of plant required to be constructed in municipality.

	A. Franchise Area Served	B. Number of Subscribers	C. Estimated % of Penetration	D. Total Miles of Plant Completed	E. Total Route Miles in Franchise Area
5	Middleburgh, V.	188	20%	8.4	8.5
6	Schoharie, T.	94	8%	25.0	43.5
7	Schoharie, V.	31	8%	6.4	6.4
8	Summit, T.	111	14%	9.8	77.0
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	(Sub) Total	1214		112.9	422.8

3. At any time during the reporting period did the reporting company own or control 20 % or more of another company?

YES \_\_\_\_\_

NO XX

If yes, list the name(s) of the companies held.

<u>Name of Company Owned</u>	<u>Percent of Ownership</u>	<u>Included In Part III</u> <u>Yes/No</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Did another company own or control 20% or more of the reporting company during the reporting period?

If yes, list the companies having ownership.

<u>Name of Company</u>	<u>Percent of Ownership</u>
<u>The Middleburgh Telephone Company</u>	<u>100%</u>
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATION

I certify that I have examined this report and that all statements of fact contained therein are true, complete, and correct to the best of my knowledge, information, and belief and that nothing material has occurred that would require explanation that has not been explained.

  
\_\_\_\_\_  
Signature

Jason S. Becker

\_\_\_\_\_  
Printed Name of Signer

President

\_\_\_\_\_  
Title

May 21, 2020

\_\_\_\_\_  
Date Signed