

<010> Study Area Code _____

<015> Study Area Name _____

<020> Program Year _____

<030> Contact Name: Person USAC should contact with questions about this data _____

<035> Contact Telephone Number: Number of the person identified in data line <030> _____

<039> Contact Email: Email of the person identified in data line <030> _____

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
<100> Service Quality Improvement Reporting (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input type="checkbox"/> <-- check box if no outages to report		
<300> Unfulfilled Service Requests (voice) <input type="checkbox"/>		<input type="checkbox"/>
<310> Detail on Attempts (voice) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband) <input type="checkbox"/>		<input type="checkbox"/>
<330> Detail on Attempts (broadband) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>
<410> Fixed <input type="checkbox"/>		
<420> Mobile <input type="checkbox"/>		
Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>
<440> Fixed <input type="checkbox"/>		
<450> Mobile <input type="checkbox"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<510> (attached descriptive document)		
<600> Functionality in Emergency Situations (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<610> (attached descriptive document)		
<700> Company Price Offerings (voice) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband) (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability (check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> (attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110> (complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000> (check to indicate certification)		<input type="checkbox"/>
<2005> (complete attached worksheet)		<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000> (check to indicate certification)		<input type="checkbox"/>
<3005> (complete attached worksheet)		<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	
<015>	Study Area Name	
<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	
<110>	Has your company received its ETC certification from the FCC?	(yes / no)
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

- <010> Study Area Code _____
- <015> Study Area Name _____
- <020> Program Year _____
- <030> Contact Name - Person USAC should contact regarding this data _____
- <035> Contact Telephone Number - Number of person identified in data line <030> _____
- <039> Contact Email Address - Email Address of person identified in data line <030> _____

<910> Tribal Land(s) on which ETC Serves _____

<920> Tribal Government Engagement Obligation _____

Name of Attached Document (.pdf) _____

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

**(1110) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

<010> Study Area Code

<015> Study Area Name

<020> Program Year

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986
	OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	_____
<015> Study Area Name	_____
<020> Program Year	_____
<030> Contact Name - Person USAC should contact regarding this data	_____
<035> Contact Telephone Number - Number of person identified in data line <030>	_____
<039> Contact Email Address - Email Address of person identified in data line <030>	_____

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of attached document (.pdf) _____

<1220> Link to Public Website

HTTP _____

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986

OMB Control No. 3060-0819

July 2013

<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
--------	---	--------------------------

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	<input type="text"/>
--------	--	--	----------------------

(3005) ROR Data

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

- <010> Study Area Code
- <015> Study Area Name
- <020> Program Year
- <030> Contact Name - Person USAC should contact regarding this data
- <035> Contact Telephone Number - Number of person identified in data line <030>
- <039> Contact Email Address - Email Address of person identified in data line <030>

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR §

- (3010) Progress Report on 5 Year Plan
Milestone Certification {47 CFR § 54.313(f)(1)(i)} Name of Attached Document
- (3011) Please check this box to confirm that the attached PDF , on line 3012,
contains the required information pursuant to § 54.313 (f)(1)(ii), any rate of return car
- (3012) Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} Name of Attached Document
- (3013) Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}
- (3014) If yes, does your company file the RUS annual report
Please check these boxes to confirm that the attached PDF, on line 3017, contains the
- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunication:
PDF of Balance Sheet, Income Statement and Statement of Cash Flows
- (3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
- (3017) If the response is yes on line 3014, attach your company Name of Attached Document
- (3018) If the response is no on line 3014, Is your company audited?
If the response is yes on line 3018, please check the boxes below to
confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains :
- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format (
- (3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
- (3021) Management letter issued by the independent certified public accountant that perform
If the response is no on line 3018, please check the boxes below
to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:
- (3022) Copy of their financial statement which has been subject to review by an independent
- (3023) Underlying information subjected to a review by an independent certified public accou
- (3024) Underlying information subjected to an officer certification.
- (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows
- (3026) Attach the worksheet listing required information Name of Attached Document

§ 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting require

t Listing Required Informatio

rier shall provide the number, names, and addresses of community anchor institutions to which beg;

t Listing Required Informatio

(Yes/No)

(Yes/No)

required information pursuant to § 54.313(f)(2) compliance requires:
s Borrowers)

t Listing Required Informatio

(Yes/No)

comparable to RUS Operating Report for Telecommunications Borrowers

ned the company's financial audit.

: certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report

untant

t Listing Required Informatio

No. 3060-0986

No. 3060-0819

nents set forth in 47 CFR § 54

an providing access to broadl

for Telecommunications Bor

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code
<015>	Study Area Name
<020>	Program Year
<030>	Contact Name - Person USAC should contact regarding this data
<035>	Contact Telephone Number - Number of person identified in data line <030>
<039>	Contact Email Address - Email Address of person identified in data line <030>

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		

CERTIFICATION-AGENT

Certification - Agent / Carrier
Data Collection Form

<010> Study Area Code
<015> Study Area Name

CERTIFICATION-AGENT

CERTIFICATION-AGENT

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

3005a BalanceSheet

(3005a) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form

Page 1 of 3

- <010> Study Area Code
- <015> Study Area Name
- <020> Program Year
- <030> Contact Name - Person USAC should contact regarding this data
- <035> Contact Telephone Number - Number of person identified in data line
- <039> Contact Email Address - Email Address of person identified in data line

Filed as reviewed single company	Filed as audite
Filed as reviewed consolidated company	Filed as audite
Filed as subsidiary of reviewed consolidated company	Filed as subsid

CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other recor

Signature	Date
PART A. BALANCE SHEET	
ASSETS	BALANCE PRIOR YEAR
CURRENT ASSETS	BALANCE ENDLIABILITIES AND STOCKHOLDI
	CURRENT LIABILITIES
1. Cash and Equivalent	25. Accounts Paya
2. Cash-RUS Construction Fund	26. Notes Payable
3. Affiliates:	27. Advance Billin
a. Telecom, Accounts Receivable	28. Customer Dep
b. Other Accounts Receivable	29. Current Mat. I
c. Notes Receivable	30. Current Mat. I
4. Non-Affiliates:	31. Current Mat.-(
a. Telecom, Accounts Receivable	32. Income Taxes
b. Other Accounts Receivable	33. Other Taxes A

3005a BalanceSheet

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

Selected single company
Selected consolidated company
Primary of audited consolidated company

Records of the system and reflect the status of the system to the best of our knowledge and belief.

BALANCE PRIOR YEAR	BALANCE END OF PERIOD
--------------------	-----------------------

Accounts receivable	
Prepaid expenses	
Deposits	
Total Debt	
Total Debt-Rur. Dev.	
Capital Leases	
Accrued	
Accrued	

<010> Study Area Code _____

<015> Study Area Name _____

<020> Program Year _____

<030> Contact Name - Person USAC should contact regarding this data _____

<035> Contact Telephone Number - Number of person identified in data line <030> _____

<039> Contact Email Address - Email Address of person identified in data line <030> _____

PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS		
ITEM	PRIOR YEAR	THIS YEAR
1. Local Network Services Revenues		
2. Network Access Services Revenues		
3. Long Distance Network Services Revenues		
4. Carrier Billing and Collection Revenues		
5. Miscellaneous Revenues		
6. Uncollectible Revenues		
7. Net Operating Revenues (1 thru 5 less 6)		
8. Plant Specific Operations Expense		
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)		
10. Depreciation Expense		
11. Amortization Expense		
12. Customer Operations Expense		
13. Corporate Operations Expense		
14. Total Operating Expenses (8 thru 13)		
15. Operating Income or Margins (7 less 14)		
16. Other Operating Income and Expenses		
17. State and Local Taxes		
18. Federal Income Taxes		
19. Other Taxes		
20. Total Operating Taxes (17+18+19)		
21. Net Operating Income or Margins (15+16-20)		
22. Interest on Funded Debt		
23. Interest Expense - Capital Leases		
24. Other Interest Expense		
25. Allowance for Funds Used During Construction		
26. Total Fixed Charges (22+23+24-25)		
27. Nonoperating Net Income		
28. Extraordinary Items		
29. Jurisdictional Differences		
30. Nonregulated Net Income		
31. Total Net Income or margins (21+27+28+29+30-26)		
32. Total Taxes Based on Income		
33. Retained Earnings or Margins Beginning-of-Year		
34. Miscellaneous Credits Year-to-Date		
35. Dividends Declared (Common)		
36. Dividends Declared (Preferred)		
37. Other Debits Year-to-Date		
38. Transfers to Patronage Capital		
39. Retained Earnings or Margins end-of-Period $[(31+33+34)-(35+36+37+38)]$		
40. Patronage Capital Beginning-of-Year		
41. Transfers to Patronage Capital		
42. Patronage Capital Credits Retired		
43. Patronage Capital End-of-Year (40+41-42)		
44. Annual Debt Service Payments		
45. Cash Ratio $[(14+20-10-11)/7]$		
46. Operating Accrual Ratio $[(14+20+26)/7]$		
47. TIER $[(31+26)/26]$		
48. DSCR $[(31+26+10+11)/44]$		

(3005c) Operating Report for Privately-Held Rate of Return Carriers
Cash Flow - Data Collection Form

FCC Form 481
 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 July 2013

Page 3 of 3

<010>Study Area Code _____
 <015>Study Area Name _____
 <020>Program Year _____
 <030>Contact Name - Person USAC should contact regarding this data _____
 <035>Contact Telephone Number - Number of person identified in data line <030> _____
 <039>Contact Email Address - Email Address of person identified in data line <030> _____

PART C. STATEMENTS OF CASH FLOWS	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
CASH FLOWS FROM OPERATING ACTIVITIES	
2. Net Income	
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
Changes in Operating Assets and Liabilities	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
CASH FLOWS FROM FINANCING ACTIVITIES	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-in Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
CASH FLOWS FROM INVESTING ACTIVITIES	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	