

**DOCKET NO. UM 1688**

**Cover Sheet for Submission of  
2014 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Trans-Cascades Telephone

Filing date: 7/1/14

Is this: Original submission? X

OR

Revised submission? \_\_\_\_\_

Person to contact for questions:

Name Summer McPherson

Phone number 503-630-8977

E-mail address mcphersons@cuaccess.net

Documents included in this filing (please check applicable items):

\_\_\_\_\_ CAF/ICC Support (47 CFR § 54.304)

\_\_\_\_\_ Rate Floor Data (47 CFR § 54.313(h))

X Form 481 (High-cost per 47 CFR § 54.313, Low-income per 54.422)<sup>1</sup>

\_\_\_\_\_ Form 690 (Mobility Fund per 47 CFR § 54.1009)

\_\_\_\_\_ Affidavit for High-Cost Support

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**Filing deadlines:** The deadlines for filing items required by 47 CFR § 54 are the same as the deadlines for filing with the FCC. The notarized affidavit for high-cost support must be filed no later than the due date for the FCC Form 481. Based on current information, it appears that all items other than CAF/ICC support data are due by July 1, 2014. The CAF/ICC support data are due the same day as the ETC's interstate access tariff filing.

If revisions to an original submission are filed with the FCC or USAC, a copy of the revisions must be filed with the Oregon Commission no later than five business days following submission to the FCC or USAC.

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<sup>1</sup> Lifeline-only ETCs must provide all information specified in 47 CFR § 54.422(b) even if the ETC does not submit this information to the FCC.



**Trans-Cascades Telephone Company**

PO Box 189 Estacada, Oregon. 97023  
Fax (503) 630-8934  
Phone (503) 630-4202

Date July 1, 2014

Electronic Filing

Ms. Marlene H. Dortch  
Office of Secretary  
Federal Communications Commission  
445 12th Street, SW  
Washington, DC 20554

Re: WC Docket No. 10-90 & 11-42  
Annual §54.313/54.422 Report of High-Cost and Low Income Recipient, Form 481

Dear Ms. Dortch:

Enclosed herein is the annual report for **Trans-Cascades Tel.**, Study Area Code **532378** pursuant to §54.313/54.422 of the Commission's rules. "CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKETS NOS. 01-92, 96-45, GN DOCKET NO.09-51, WT DOCKET NO.10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

**Two copies** of the Confidential Financial Information are REDACTED-FOR PUBLIC INSPECTION.

Please contact me with any questions at:

Phone: 503-630-8977

Email: [mcpersons@cuaccess.net](mailto:mcpersons@cuaccess.net)

Sincerely,  
Summer McPherson, Revenue Lead

CC:

Charles Tyler  
Telecommunications Commissions  
**Confidential**  
445 12<sup>th</sup> Street, S.W. Room 5-A452  
Washington, D.C. 20554

Universal Service Administrative Company  
**Electronic Filing, Confidential**  
Washington, DC 20036

Public Utility Commission  
**Electronic Filing Confidential & Redacted**

**FCC Form 481 - Carrier Annual Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0619  
July 2013

<010> Study Area Code	532378
<015> Study Area Name	TRANS-CASCADES TEL
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Summer McPherson
<035> Contact Telephone Number: Number of the person identified in data line <030>	5036308977 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	mcphe@sona.cuaccess.net

<b>ANNUAL REPORTING FOR ALL CARRIERS</b>	<b>54,313</b>	<b>54,422</b>
	<b>Completion Required</b>	<b>Completion Required</b>

			<i>(check box when complete)</i>	
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <i>← check box if no outages to report</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	<input type="text" value=""/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">532378or510.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">532378or610.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; padding: 2px;">532378or1010.pdf</div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet</b>			
<3000>	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" 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 512178  
 <015> Study Area Name TRANS-CASCADES TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Summer McPherson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036308977 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mcpherson@cuabceba.net

<110> Has your company received its ETC certification from the FCC? (yes / no )  (yes / no )  
 If your answer to Line <110> is yes, do you have an existing §54.202(a) "5  
 <111> year plan" filed with the FCC? (yes / no )  (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 only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please check these boxes below to confirm that the attached document(s), 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  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(200) Service Outage Reporting (Voice) Data Collection Form**

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

<010> Study Area Code 512378  
 <015> Study Area Name TRANS-CASCADES TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Summer McPherson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036308977 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mcpherson@attiasuccess.net

<a> NORS Reference Number	<b1> Outage Start Date	<b2> Outage Start Time	<b3> Outage End Date	<b4> Outage End Time	<c1> Number of Customers Affected	<c2> Total Number of Customers	<d> 911 Facilities Affected (Yes / No)	<e> Service Outage Description (Check all that apply)	<f> Did This Outage Affect Multiple Study Areas (Yes / No)	<g> Service Outage Resolution	<h> Preventative Procedures









**(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 512378  
 <015> Study Area Name TRANS-CASCADES TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Sumax McPherson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036308977 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mcpherson@cuaacces.net

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

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), 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)

**(1100) 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 512378

<015> Study Area Name TRANS-CASCADES TEL

<020> Program Year 2015

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

<035> Contact Telephone Number - Number of person identified in data line <030> 5036308977 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> mcpherson@cuaaccess.net

<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 532378  
 <015> Study Area Name TRANS-CASCADES\_TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data SUMNER McPherson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036308977 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mcpherson@cuaccess.net

532378oc1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website HTTP

\*Please check these boxes below to confirm that the attached document(s), 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.

FCC Form 481  
OMB Control No. 3060-0886/OMB Control No. 3060-0819  
July 2013

**(2000) Price Cap Carrier Additional Documentation**  
Data Collection Form  
*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<010> Study Area Code 532378  
 <015> Study Area Name TRANS-CASCADES TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Summer McPheterson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036308877 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mmpeterson@scacells.net

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))
  - <2011> 3rd Year Certification (47 CFR § 54.313(b)(2))
- Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(h))
  - <2012> 2013 Frozen Support Certification
  - <2013> 2014 Frozen Support Certification
  - <2014> 2015 Frozen Support Certification
  - <2015> 2016 and future Frozen Support Certification
- Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))
  - <2016> Certification Support Used to Build Broadband
- Connect America Phase II Reporting (47 CFR § 54.313(e))
  - <2017> 3rd year Broadband Service Certification
  - <2018> 5th year Broadband Service Certification
  - <2019> Interim Progress Certification

Please check the box to confirm that the attached document(s), 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.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

<010> Study Area Code 512378  
 <015> Study Area Name TRANS-CASCADES TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data SUMNER, McPHELSON  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036308977 ext.  
 <039> Contact Email Address - Email Address of person identified in data line <030> mcphe@spatialsolutions.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(g)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan Milestone Certification (47 CFR § 54.313(f)(1)(i))

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313(f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

(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 document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

(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 comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

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 certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

<b>Certification - Reporting Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532378
<015> Study Area Name	TRANS-CASCADES TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Summer McPherson
<035> Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mcpersons@cuaccess.net

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

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
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:	TRANS-CASCADES TEL
Signature of Authorized Officer:	CERTIFIED ONLINE <span style="float: right;">Date 06/26/2014</span>
Printed name of Authorized Officer:	Brooke Wheeler
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	5036308952 ext.
Study Area Code of Reporting Carrier:	532378 <span style="float: right;">Filing Due Date for this form: 07/01/2014</span>
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.	

<b>Certification - Agent / Carrier Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	532378
<015> Study Area Name	TRANS-CASCADES TEL
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Sumner McPherson
<035> Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mcphe@ons@cuaccess.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
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:
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.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent:	
Telephone number of Authorized Agent or Employee of Agent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
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.	

## Attachments





Trans-Cascades Telephone Company

PO Box 189 Estacada, Oregon. 97023

Fax (503) 630-8934

Phone (503) 630-4202

Wednesday, June 25, 2014

## 5 Year Service Quality Improvement Plan

FCC Form 481

Redacted for Public View

**"CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKETS NOS. 01-92, 96-45, GN DOCKET NO.09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."**

532378or100.pdf



## Trans Cascades Telephone Company

PO Box 189 Estacada, Oregon. 97023

Fax (503) 630-8934

Phone (503) 630-4202

### Consumer Protection

**Trans Cascades Telephone Company** complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and the Federal Trade Commission Red Flag rules to prevent identity theft. A manual for each of those programs is in place and is part of the employees' handbook. Employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

### Service Quality Standards

#### Voice

**Trans Cascades Telephone Company** complies with the service standards of the State of Oregon as promulgated in the Oregon Administrative Rules **860-034-0390**, Retail Telecommunications Service Standards for Small Telecommunications Utilities.

#### Broadband

**Trans Cascades Telephone Company** complies with the service standards as noted in NECA Tariff #5 and is committed to provide the highest quality service to its broadband customers..



**Trans Cascades Telephone Company**

PO Box 189 Estacada, Oregon. 97023

Fax (503) 630-8934

Phone (503) 630-4202

Trans-Cascades Telephone Company is able to remain functional in an emergency situation. Please see the specific information below in regard to back-up power, ability to reroute traffic around damaged facilities, and the capability to manage traffic spikes resulting from emergency situations.

Redacted for Public View

532378or610.pdf

**"CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-5, WT Docket No. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."**



**(710) Broadband Price Offerings  
 Data Collection Form**

<010> Study Area Code 532376  
 <015> Study Area Name TRANS-CASCADES TEL  
 <020> Program Year 2015  
 <030> Contact Name - Person USAC should contact regarding this data Summer McPherson  
 <035> Contact Telephone Number - Number of person identified in data line <030> 5036308977 ext.  
 <0399> Contact Email Address - Email Address of person identified in data line <030> mcpherson@usacaccess.net

<01>	<02>	<01>	<02>	<03>	<04>	<05>	<06>	<07>	<08>	<09>	<10>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service Download Speed (Mbps)	Broadband Service Upload Speed (Mbps)	Broadband Service Usage Allowance (GB)	Usage Allowance When Limit Reached (select)	Other, No Data Cap#	<11>	<12>
OR	Antelope	44.95	0.0	44.95	1.0	0.3	0.0				

<711>

**(800) Operating Companies  
Data Collection Form**

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

<010> Study Area Code 532378

<015> Study Area Name TRANS-CASCADES TEL

<020> Program Year 2015

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

<035> Contact Telephone Number - Number of person identified in data line <030> 5036108977 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> mcpherson@cascadeaccess.net

<810> Reporting Carrier Trans-Cascade Telephone Co

<811> Holding Company Day Management Corporation

<812> Operating Company Reliance Connects

<813>

**Affiliates**

Cascade Access, LLC

SAC

Doing Business As Company or Brand Designation

dba Reliance Connects



Trans-Cascades Telephone Company

PO Box 189 Estacada, Oregon. 97023

Fax (503) 630-8934

Phone (503) 630-4202

**Self-Certification -Comparable Voice for Trans-Cascades  
Telephone Company.**

REDACTED FOR PUBLIC VIEW

**“CONFIDENTIAL FINANCIAL INFORMATION-SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKETS NOS. 01-92, 96-45, GN DOCKET NO.09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.”**

#### 54.313 Lifeline customers MOU and additional toll charges

Lifeline subscribers receive the same residential service as a regular subscriber, but at a reduced monthly recurring rate. Thus, lifeline subscribers have an unlimited number of local calling minutes. As for toll, lifeline subscribers, similar to every Trans Cascades subscriber, are free to choose their own toll usage plans through IXCs that serve Trans Cascades.

## Oregon Telephone Assistance Program (OTAP)/Lifeline Application

Oregon Public Utility Commission  
PO Box 2148, Salem OR 97308  
1-800-848-4442 or 503-373-7171  
1-800-648-3458 (TTY)  
971-239-5845 (Videophone)  
Fax: 1-877-567-1977 or 503-378-6047  
[puc.rspf@state.or.us](mailto:puc.rspf@state.or.us)

You may qualify if you participate in one of the following programs:

Supplemental Nutrition Assistance Program; Food Stamps (SNAP)  
Supplemental Security Income (SSI)  
Temporary Assistance for Needy Families (TANF)  
National School Lunch Program; *Free Lunch Program Only* (NSLP)  
Certain State Medical Programs or Certain Medicaid Programs  
at or below 135% of the federal poverty guidelines

How to apply: To apply for this program or obtain more information, please contact the OTAP staff at 1-800-848-444. Or you may complete an application online at: [www.rspf.org](http://www.rspf.org)



# Oregon Telephone Assistance Program (OTAP)/Lifeline Application

You may complete an OTAP/Lifeline application online at: [www.rspf.org](http://www.rspf.org)

Oregon Public Utility Commission  
 PO Box 2148, Salem OR 97308  
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 971-239-5845 (Videophone)  
 Fax: 1-877-567-1977 or 503-378-6047  
[puc.rspf@state.or.us](mailto:puc.rspf@state.or.us)

Please **PRINT** clearly and **SIGN** on page 2.

*If you have a situation that prevents you from providing certain information, please contact us for assistance.*

Applicant's Legal Name (Last, First, M I) (Applicant's legal name <b>MUST</b> be on phone bill)		Applicant's Social Security No.	Applicant's Birth Date	
		- -	/ /	
Applicant's Home Address	Is this a temporary address? <input type="checkbox"/> Yes <input type="checkbox"/> No	Apt. #	City	State <b>OR</b>
				ZIP
Applicant's Mailing Address (if different from your home address)		Apt. #	City	State <b>OR</b>
				ZIP
Applicant's Phone Company (As listed on page 3)	Applicant's Phone Number ( ) -		Applicant's E-mail Address	

I participate in the following qualifying programs (Check any that apply):

- SNAP** (Supplemental Nutrition Assistance Program; Food Stamps)
- SSI** (Supplemental Security Income)
- TANF** (Temporary Assistance for Needy Families)
- Certain State Medical Programs or Certain Medicaid Programs** at or below 135% of the federal poverty guidelines

Supporting documentation is required for the following program:

- NSLP\*** (National School Lunch Program; *Free Lunch Program Only*)  
 \*Please provide a copy of the official letter from your school district indicating your current participation.

Please continue to page 2 

Please completely **READ** and **SIGN** this form that indicates you understand and agree to comply with the following Oregon Telephone Assistance Program (OTAP)/Lifeline rules:

- I understand that completing this application does not immediately approve me for the OTAP/Lifeline benefit. I will be notified in writing of my application status.
- I understand it may take 30-90 days for the phone company to apply the OTAP/Lifeline benefit to my phone bill.
- I give the Oregon Public Utility Commission (PUC) authority to obtain or review any required records needed to confirm my statements and to confirm that I qualify for the OTAP/Lifeline. I also authorize the phone company to release any required records for my OTAP/Lifeline benefit.
- I am head of household and no one else in my household receives landline or wireless OTAP/Lifeline service.
- I understand that the OTAP/Lifeline credit is only allowed for **ONE PHONE LINE PER HOUSEHOLD**
  - A household is defined as any persons who live together at the same address and share income and expenses.
- I understand that if I break or violate the one-per-household rule I will no longer qualify for the OTAP/Lifeline program.
- I agree to let the PUC know within 30 days if:
  - I no longer qualify for the OTAP/Lifeline benefit
  - I no longer take part in a qualifying program
  - I receive more than one OTAP/Lifeline benefit
  - Another member of my household is also receiving the OTAP/Lifeline benefit
- I understand that I have 30 days to notify the PUC if I no longer qualify for the OTAP/Lifeline benefit or I may be removed from the program.
- I agree to notify the PUC of address changes within 30 days of moving.
- I understand that my OTAP/Lifeline benefit may not be transferred or given to any other person.
- I understand that I may be required to confirm that I still qualify for the OTAP/Lifeline benefit at any time and that, if I do not comply, my OTAP/Lifeline benefits will stop.
- I understand that OTAP/Lifeline is a state and federal benefit and willfully making false statements or providing false or fraudulent documents to obtain the benefit is punishable by law and can result in fines, imprisonment, disqualification or being permanently removed from the program.

**By signing this application I certify under penalty of perjury that the information contained in this application is true and correct and that I meet the eligibility criteria for the OTAP/Lifeline benefit.**

Applicant Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Please Mail Application to: PUC, PO Box 2148, Salem OR 97308  
or Fax to: 1-877-567-1977 or 503-378-6047**

Do you have questions? Call us at **1-800-848-4442** or 503-373-7171

# Oregon Telephone Assistance Program (OTAP)/Lifeline Application

You may complete an OTAP/Lifeline application online at: [www.rspf.org](http://www.rspf.org)

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 Fax: 1-877-567-1977 or 503-378-6047  
[puc.rspf@state.or.us](mailto:puc.rspf@state.or.us)

The Oregon Public Utility Commission (PUC) manages the Oregon Telephone Assistance Program (OTAP), also known as Lifeline. If you qualify, this federal and state government assistance program reduces your monthly phone bill by \$12.75.

**You may qualify if you participate in one of the following programs:**

- Supplemental Nutrition Assistance Program; Food Stamps (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- National School Lunch Program; *Free Lunch Program Only (NSLP)*
- Certain State Medical Programs or Certain Medicaid Programs at or below 135% of the federal poverty guidelines

### Landline phone companies that provide the OTAP/Lifeline benefit:

Asotin	Frontier	Nehalem	Roome Tel Com
Beaver Creek	Gervais	North State	Scio Mutual
Canby Co-Op	Helix	Oregon Tel. Corp.	St. Paul
CenturyLink	Home/TDS	Oregon/Idaho	Stayton Co.
Clear Creek	Molalla	People's	Warm Springs
Colton	Monitor	Pine Phone Co.	
ComSpan	Monroe	Pioneer	
Eagle	Mt. Angel	Reliance Connects	

### Wireless phone companies that provide the OTAP/Lifeline benefit:

AT&T Mobility\* -in select areas      Cricket      Snake River PCS      US Cellular

**The OTAP/Lifeline benefit cannot be applied to Pay-As-You-Go Plans.**

\*AT&T Mobility only offers the OTAP/Lifeline benefit in select areas.  
 Call 1-800-377-9450 to determine if the OTAP/Lifeline benefit is offered in your coverage area.



**AKT**

CPAS AND BUSINESS CONSULTANTS

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
Trans-Cascades Telephone Company  
Estacada, Oregon

We have audited the accompanying financial statements of Trans-Cascades Telephone Company (the Company), which comprise the balance sheets as of December 31, 2013 and 2012, and the related statements of income, comprehensive income, changes in stockholders' equity, and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America, and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Trans-Cascades Telephone Company at December 31, 2013 and 2012, and the results of its operations and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

### Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued a report dated April 22, 2014, on our consideration of Trans-Cascades Telephone Company's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Trans-Cascades Telephone Company's internal control over financial reporting and compliance.

**AKT LLP**

Salem, Oregon  
April 22, 2014

580 HAWTHORNE AVENUE SE, #140, SALEM, OR 97301

PHONE: 503.555.7774 FAX: 503.364.8405

PORTLAND, OR | SALEM, OR | CARLSBAD, CA | ESCONDIDO, CA | SAN DIEGO, CA | ANCHORAGE, AK

AKT LLP

**TRANS-CASCADES TELEPHONE COMPANY**

**Balance Sheets**

**December 31, 2013 and 2012**

<b>ASSETS</b>	<u>2013</u>	<u>2012</u>
Current Assets:		
Cash and cash equivalents		
Marketable securities	R	R
Accounts receivable		
Accounts receivable, affiliates	E	E
Prepaid expenses		
Income taxes receivable	D	D
Total Current Assets	A	A
Other Assets:		
Marketable securities	C	C
Investments		
Total Other Assets	T	T
Property, Plant, and Equipment:		
In service	E	E
Under construction	D	D
Less accumulated depreciation	Hard	Hard
Property, Plant, and Equipment, net	Copy	Copy
	To	To
	Be	Be
	Mailed	Mailed

**LIABILITIES AND STOCKHOLDERS' EQUITY**

	<u>2013</u>	<u>2012</u>
<b>Current Liabilities:</b>		
Current portion of long-term debt		
Accounts payable	R	R
Accrued liabilities		
Customer deposits and advance billing	E	E
<b>Total Current Liabilities</b>	<b>D</b>	<b>D</b>
<b>Long-Term Liabilities: Long-term debt</b>		
<b>Total Liabilities</b>	<b>A</b>	<b>A</b>
	<b>C</b>	<b>C</b>
<b>Stockholders' Equity:</b>		
Common stock, authorized 50,000 shares, \$1 par value	T	T
24,122 shares issued and outstanding		
Additional paid in capital	E	E
Accumulated other comprehensive income		
Retained earnings	D	D
<b>Total Stockholders' Equity</b>		
	<b>Hard</b>	<b>Hard</b>
	<b>Copy</b>	<b>Copy</b>
	<b>To</b>	<b>To</b>
	<b>Be</b>	<b>Be</b>
	<b>Mailed</b>	<b>Mailed</b>

## TRANS-CASCADES TELEPHONE COMPANY

## Statements of Income

Years Ended December 31, 2013 and 2012

	2013	2012
Operating Revenues:		
Local network		
Network access	R	R
Miscellaneous		
Total Operating Revenues	E	E
Operating Expenses:	D	D
Plant specific		
Plant nonspecific	A	A
Customer		
Corporate	C	C
Depreciation		
Total Operating Expenses	T	T
Operating Income Tax Benefit	E	E
Other Operating Taxes		
Total Operating Expense and Taxes	D	D
Operating Income		
Other Income (Expense):		
Investment income	Hard	Hard
Interest expense		
Non-regulated expense, net	Copy	Copy
Non operating income tax benefit		
Total Other Income	To	To
Net Income	Be	Be
	Mailed	Mailed

**TRANS-CASCADES TELEPHONE COMPANY**

**Statements of Cash Flows**

**Years Ended December 31, 2013 and 2012**

	2013	2012
<b>Cash Flows from Operating Activities:</b>		
Net income		
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation	R	R
Amortization of bond premium	E	E
Change in deferred taxes		
Realized loss on sale of marketable securities	D	D
Changes in assets and liabilities:		
Accounts receivable	A	A
Accounts receivable, affiliate		
Income taxes receivable	C	C
Prepaid expenses		
Accounts payable	T	T
Accrued expenses	T	T
Customer deposits and advance billing	E	E
Net Cash Provided by Operating Activities	D	D
<b>Cash Flows from Investing Activities:</b>		
Proceeds from sale and maturities of marketable securities		
Purchase of marketable securities		
Purchase of property, plant, and equipment		
Net Cash Used by Investing Activities	Hard	Hard
<b>Cash Flows from Financing Activities:</b>	Copy	Copy
Proceeds on long-term debt		
Payments on long-term debt	To	To
Proceeds from ARRA BIP grant		
Dividends and distributions paid	Be	Be
Net Cash Provided by Financing Activities	Mailed	Mailed
Net Change in Cash and cash equivalents		
Cash and cash equivalents, beginning		
Cash and cash equivalents, ending		
Cash Paid During the Year for Taxes		2
Cash Paid During the Year for Interest		



According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 3331. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

<b>USDA-RUS</b>  <b>FINANCIAL AND STATISTICAL REPORT FOR BROADBAND BORROWERS</b>	This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.	
	BORROWER NAME <b>TRANS-CASCADES TELEPHONE COMPANY</b>	
	ADDRESS <b>ESTACADA, Oregon</b>	
INSTRUCTIONS-Submit report to RUS within 15 days after close of the period.	PERIOD ENDING <b>December, 2013</b>	BORROWER DESIGNATION <b>OR1109</b>

**CERTIFICATION**

We hereby certify that:

- the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief; and
- we have fulfilled our obligations under the Loan Documents throughout the year in all material respects

**ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.**

All of the obligations under the RUS loan documents have been fulfilled in all material respects.
  There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the notes section of this report.

Brenda Crosby 04/24/2014  
DATE

PART A. BALANCE SHEET			
ASSETS	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>	R	<b>CURRENT LIABILITIES</b>	R
1. Cash and Equivalents	E	16. Accounts Payable	E
2. Cash-RUS Construction Fund	D	17. Notes Payable	D
3. Accounts Receivable	A	18. Current Mat. L/T Debt - RLIS	A
4. Notes Receivable	C	19. Current Mat. UT Debt-Other	C
5. Materials and Inventory	T	20. Current Mat.-Capital Leases	T
6. Other Current Assets	E	21. Other Current Liabilities	E
<b>Total Current</b>	D	<b>Total Current</b>	D
7. Assets (1 thru 6)	A	22. Liabilities (16 thru 21)	A
<b>NONCURRENT ASSETS</b>	C	<b>LONG-TERM DEBT</b>	C
8. Investment in Affiliated Companies	T	23. Funded Debt-RUS Notes	T
9. Other Noncurrent Assets	E	24. Funded Debt-RTB Notes	E
<b>PLANT, PROPERTY, AND EQUIPMENT</b>	D	25. Funded Debt-FFB Notes	D
10. Telecom. Plant-in-Service	F	26. Funded Debt-Other	F
	O	<b>Total Long-Term</b>	O
11. Plant Under Construction	R	27. Debt (23 thru 26)	R
12. Plant Adj., Nonop. Plant, & Goodwill	L	<b>OTHER LIAB. &amp; DEF. CREDITS</b>	L
13. Less Accumulated Depreciation	I	28. Other Long-Term Liabilities	I
<b>Net Plant</b>	C	<b>EQUITY</b>	C
14. (10 thru 12 less 13)	5	29. Cap. Stock Outstand. & Subscribed	5
	C	30. Additional Paid-in-Capital	C
	B	31. Membership and Cap. Certificates	B
	U	32. Patronage Capital Credits	U
	B	33. Retained Earnings or Margins	B
	L	34. <b>Total Equity (29 thru 34)</b>	L
<b>TOTAL ASSETS</b>	L	<b>TOTAL LIABILITIES AND</b>	L
15. (7+8+9+14)	I	35. <b>EQUITY (22+27+28+34)</b>	I
	C		C

Total Equity = 5 % of Total Assets

"CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-5, WT Docket No. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

USDA-RUS

**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2013

**PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS**

ITEM	YEAR-TO-DATE
1. Local Network Services Revenues	R
a. Voice	
b. Video	E
c. Internet	
i. Broadband	D
ii. Other	
2. Network Access Services and Long Distance Revenues	A
3. Miscellaneous Revenues	
4. Other Operating Income	C
5. Uncollectible Revenues	
6. Net Operating Revenues (11 thru 4 less 5)	T
7. Plant Specific Operations Expense	E
8. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)	D
9. Customer Operations Expense	
10. Corporate Operations Expense	
11. Other Operating Expenses	
12. Total Operating Expenses (7 thru 11)	F
13. Operating Income or Margins (6 less 12)	
14. Nonoperating/Nonregulated Net Income	O
15. EBITDA (13 + 14)	R
16. Depreciation Expense	
17. Amortization Expense	
18. EBIT (16 - 16 - 17)	
19. Interest on Funded Debt	P
20. Other Interest Expense	
21. Taxes	U
a. Property	
b. Income	B
22. Total Net Income or Margins (18-19-20-21)	L
23 Dividends Declared (Common)	I
24 Dividends Paid	
25 Transfers to Patronage Capital	C
26 Principal Payments on Long Term Debt and Capital Leases	
27 TIER (19 + 20 + 22) / (19 + 20)	

V  
I  
E  
W

"CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-5, WT Docket No. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2013

**PART C. SERVICES**

No.	SERVICE OFFERINGS	1. RATES		2. SUBSCRIBERS		Total (c)
		Residential (a)	Business (b)	Residential (a)	Business (b)	
		<b>Broadband Data Packages</b>				
1		R	R			
	Double Play - Voice/Broadband Data	E	E		P	P
2	1m/512k	D	D		U	U
3	1.5m/768k	A	A		B	B
4	1m/384k	C	C		L	L
		T	T		I	I
		E	E		C	C
		D	D			
					V	V
		F	F		I	I
		O	O		E	E
		R	R		W	W

USDA-RUS

FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2013

PART C. COMMUNITIES

No.	Community	County	State	No. Broadband Data Customers	Broadband Application
1	Antelope city				
		R	R		P
		E	E		U
		D	D		B
		A	A		L
		C	C		I
		T	T		C
		E	E		
		D	D		V
					I
		F	F		E
		O	O		
					W
		R	R		

"CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-5, WT Docket No. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

USDA-RUS

FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2013

PART D. STATEMENT OF CASH FLOWS

1.	Beginning Cash		R
			E
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>			D
2.	Net Income		A
<i>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</i>			
3.	Add: Depreciation		C
4.	Add: Amortization		T
5.	Other (Explain) Other Investments		E
			D
<i>Changes in Operating Assets and Liabilities:</i>			
6.	Decrease/(Increase) in Accounts Receivable		R
7.	Decrease/(Increase) in Materials and Inventory		E
8.	Decrease/(Increase) in Other Current Assets		D
9.	Increase/(Decrease) in Accounts Payable		A
10.	Increase/(Decrease) in Other Current Liabilities		C
11.	Net Cash Provided/(Used) by Operations		T
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>			E
12.	Decrease/(Increase) in Notes Receivable		D
13.	Increase/(Decrease) in Notes Payable		
14.	Plus/(Less) Net Increase/(Decrease) in Long Term Debt (including current maturities)		F
15.	Plus: Increase/(Less: Decrease) in Capital Stock, Paid-in Capital or Membership and Capital Certificates		O
16.	Less: Payment of Dividends		R
17.	Other (Explain)		
18.	Net Cash Provided/ (Used) by Financing Activities		P
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>			U
19.	Net Capital Expenditures		B
20.	Long-Term Investments		L
21.	Other (Explain)		I
22.	Net Cash Provided (Used) by Investing Activities		C
23.	Net Increase/ (Decrease) in Cash		V
24.	Ending Cash		

"CONFIDENTIAL FINANCIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC Docket Nos. 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-5, WT Docket No. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

USDA-RUS

**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

PERIOD ENDING

**PART E. BIP PERFORMANCE MEASURES**

	New Broadband Service	Improved Broadband Service
1. Number of households subscribing to		
2. Number of businesses subscribing to		
3. Number of educational providers receiving		
4. Number of libraries receiving		
5. Number of health care providers receiving		
6. Number of public safety providers receiving		

USDA-RUS

**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2013

**Notes to Operating Report - Broadband**