

**DOCKET NO. UM 1726**

**Cover Sheet for Submission of  
2015 Annual ETC Certification Reports**

Name of Eligible Telecommunications Carrier: Trans-Cascades Telephone Company

Filing date: 7/1/15

Is this: Original submission?   X  

OR

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

Person to contact for questions:

Name Summer McPherson

Phone number 503-630-8977

E-mail address [mcpersons@cuaccess.net](mailto:mcpersons@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, 2015. 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.

\_\_\_\_\_  
<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, 2015

Electronic Filing

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

Re: WC Docket No. 14-58  
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, 14-58, CC DOCKETS NOS. 01-92, 96-45, GN DOCKET NO.09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION.”

Please contact me with any questions at:

Phone: 503-630-8977  
Email: [mcpersons@cuaccess.net](mailto:mcpersons@cuaccess.net)

Sincerely,  
Summer McPherson, Revenue Lead

Enclosure Copies to:

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. 3060-0819  
July 2013

<010> Study Area Code	532378
<015> Study Area Name	TRANS-CASCADES TEL
<020> Program Year	2016
<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>	mcpersons@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>

			(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<420> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	<input type="text" value="0.0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">532378or510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">532378or610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	<input type="text" value="Yes"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	<input checked="" type="radio"/> <input type="radio"/> (if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>			
<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

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

<b>(100) Service Quality Improvement Reporting 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	2016
<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>	mcphersons@cuaccess.net

<110> Has your company received its ETC certification from the FCC? 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) <input type="radio"/> <input checked="" type="radio"/>
<111> year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

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.

532378or112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) 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	Yes
<114> Report how much universal service (USF) support was received	Yes
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	Not Applicable

Yes
Yes
Yes
Yes
Yes
Not Applicable

<b>&lt;010&gt;</b> Study Area Code	532378
<b>&lt;015&gt;</b> Study Area Name	TRANS-CASCADES TEL
<b>&lt;020&gt;</b> Program Year	2016
<b>&lt;030&gt;</b> Contact Name - Person USAC should contact regarding this data	Summer McPherson
<b>&lt;035&gt;</b> Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext .
<b>&lt;039&gt;</b> Contact Email Address - Email Address of person identified in data line <030>	mcpersons@cuaccess.net

<b>&lt;220&gt;</b>	<b>&lt;a&gt;</b>	<b>&lt;b1&gt;</b>	<b>&lt;b2&gt;</b>	<b>&lt;b3&gt;</b>	<b>&lt;b4&gt;</b>	<b>&lt;c1&gt;</b>	<b>&lt;c2&gt;</b>	<b>&lt;d&gt;</b>	<b>&lt;e&gt;</b>	<b>&lt;f&gt;</b>	<b>&lt;g&gt;</b>	<b>&lt;h&gt;</b>
	<b>NORS Reference Number</b>	<b>Outage Start Date</b>	<b>Outage Start Time</b>	<b>Outage End Date</b>	<b>Outage End Time</b>	<b>Number of Customers Affected</b>	<b>Total Number of Customers</b>	<b>911 Facilities Affected (Yes / No)</b>	<b>Service Outage Description (Check all that apply)</b>	<b>Did This Outage Affect Multiple Study Areas (Yes / No)</b>	<b>Service Outage Resolution</b>	<b>Preventative Procedures</b>

<b>(700) Price Offerings including Voice Rate Data</b> <b>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	2016
<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

<701> Residential Local Service Charge Effective Date	1/1/2015
<702> Single State-wide Residential Local Service Charge	

	<b>&lt;a1&gt;</b>	<b>&lt;a2&gt;</b>	<b>&lt;a3&gt;</b>	<b>&lt;b1&gt;</b>	<b>&lt;b2&gt;</b>	<b>&lt;b3&gt;</b>	<b>&lt;b4&gt;</b>	<b>&lt;b5&gt;</b>	<b>&lt;c&gt;</b>
<703>	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
					-- See attached worksheet				

<b>(710) Broadband Price Offerings Data Collection Form</b>	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	2016
<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

<711>	<a1>	<a2>	<b1>	<b2>	<c>	<d1>	<d2>	<d3>	<d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }

-- See attached worksheet --

**(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	2016
<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
<810>	Reporting Carrier	Trans-Cascades Tel
<811>	Holding Company	Day Management Corporation
<812>	Operating Company	Reliance Connects

<813>	<a1>	<a2>	<a3>
	<b>Affiliates</b>	<b>SAC</b>	<b>Doing Business As Company or Brand Designation</b>
	-- See attached worksheet --		



**(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	532378
<015> Study Area Name	TRANS-CASCADES TEL
<020> Program Year	2016
<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

<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
- <922> Feasibility and cost analysis 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 or No or Not Applicable

**(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	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2016
<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

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) 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).

<b>(1200) Terms and Condition for Lifeline Customers</b> <b>Lifeline</b> <b>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	2016
<030>	Contact Name - Person USAC should contact regarding this data	Summer McPerson
<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

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

532378or1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

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“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.

<b>(2000) Price Cap Carrier Additional Documentation</b> <b>Data Collection Form</b> <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	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	2016
<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

Select the appropriate responses below (Yes, No, Not Applicable) 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)i}
- <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
- <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

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

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
- <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
- <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
- <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

**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
- <2020> 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(s) Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<b>&lt;010&gt; Study Area Code</b>	532378
<b>&lt;015&gt; Study Area Name</b>	TRANS-CASCADES TEL
<b>&lt;020&gt; Program Year</b>	2016
<b>&lt;030&gt; Contact Name - Person USAC should contact regarding this data</b>	Summer McPherson
<b>&lt;035&gt; Contact Telephone Number - Number of person identified in data line &lt;030&gt;</b>	5036308977 ext.
<b>&lt;039&gt; Contact Email Address - Email Address of person identified in data line &lt;030&gt;</b>	mcpersons@cuaccess.net

**CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) 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))

532371or3010.pdf

Name of Attached Document Listing Required Information

(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))

532378or3012.pdf

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) (Yes/No)  Yes  No

(3014) If yes, does your company file the RUS annual report (Yes/No)  Yes  No

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

532378or3017.pdf

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited? (Yes/No)  Yes  No

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 and audit opinion 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

Name of Attached Document Listing Required Information

<b>(3000) Rate Of Return Carrier Additional Documentation (Continued)</b>	FCC Form 481
<b>Data Collection Form</b>	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	2016
<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

**Financial Data Summary**

- (3027) Revenue
- (3028) Operating Expenses
- (3029) Net Income
- (3030) Telephone Plant In Service(TPIS)
- (3031) Total Assets
- (3032) Total Debt
- (3033) Total Equity
- (3034) Dividends

Redacted  
for Public  
View

Name of Attached Document Listing Required Information

"CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

<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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<b>&lt;010&gt;</b>	Study Area Code	532378
<b>&lt;015&gt;</b>	Study Area Name	TRANS-CASCADES TEL
<b>&lt;020&gt;</b>	Program Year	2016
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Summer McPherson
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	5036308977 ext.
<b>&lt;039&gt;</b>	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	Date 06/29/2015
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	Filing Due Date for this form: 07/01/2015
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
---	--

<010>	Study Area Code	532378
<015>	Study Area Name	TRANS-CASCADES TEL
<020>	Program Year	2016
<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 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	
<p>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.</p>	
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:
<small>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.</small>	

**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	
<p>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.</p>	
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:
<small>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.</small>	



## Attachments

**Trans-Cascades Telephone Company  
2015**

**PROGRESS REPORT ON SERVICE QUALITY IMPROVEMENT PLAN**

**PREAMBLE**

This document is an integral part of the Company's 2015 Annual Report, as attached to Form 481. It is in compliance with §54.313(a)(1) adopted in the FCC's USF/ICC Transformation Order (11-161) and incorporates all further clarifications identified in subsequent Reconsideration Orders, as applicable, that were in effect at the time the Annual Report was due by Rule, to the requisite regulatory authorities.

**Redacted for  
Public View**

# Redacted for Public View

**PROGRESS REPORT**

**2015**

# Redacted for Public View

# Redacted for Public View

TRANS-CASCADES TELEPHONE CO.  
2015 PROGRESS REPORT

SHEET 1 OF 2

"CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

Redacted for  
Public View

TRANS-CASCADES TELEPHONE CO.  
2015 PROGRESS REPORT

SHEET 2 OF 2

"CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS.  
10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51,  
WT DOCKET NO. 10-208, BEFORE THE FEDERAL COMMUNICATIONS COMMISSION."

# Redacted for Public View

NETWORK IMPROVEMENT PROJECTS-PROGRESS REPORT  
SEC. 54.208-2P. CONFIDENTIAL FINANCIAL INFORMATION. 11/15/14. 2014P



## 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

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Fax (503) 630-8934

Phone (503) 630-4202

# Redacted for Public View









#### **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  
 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)

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)

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)

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.



**Trans-Cascades Telephone Company**

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

Attachment for Line 3010

July 1, 2015

Ms. Marlene H. Dortch  
Secretary  
Federal Communications Commission  
9300 East Hampton Drive  
Capitol Heights, MD 20743

**Re: WC Docket No. 14-58, 2015 Annual Report, Form 481 for High-Cost Recipient  
54.313(f) (1) "Milestone Certification"**

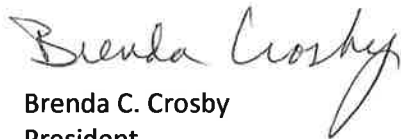
Dear Ms. Dortch:

In compliance with the filing requirements associated with, and attached to Form 481, we wish to advise the Commission that Trans-Cascades Telephone Company:

Has taken reasonable steps to provide upon reasonable request broadband service at actual speeds of 4 Mbps downstream/1 Mbps Upstream;  
Provides latency suitable for real-time applications including VoIP and usage capacity which is reasonably comparable to those in urban areas and;  
Those reasonable requests for service are met within a reasonable timeframe.

If there are questions, I may be contacted at 503-630-8940.

Sincerely,

  
Brenda C. Crosby  
President

532378or3010





Trans-Cascades Telephone Company

PO Box 189 Estacada, Oregon. 97023

Fax (503) 630-8934

Phone (503) 630-4202

Attachment for Line 3012

In compliance with 54.313(f)(1).

Access to broadband services was available prior to 2014 to all known anchor institutions. All requests for broadband services, and speed, were fulfilled in 2014. Trans-Cascades Telephone Company continues to monitor customer demand and technological innovation, planning to size its network in anticipation of requests for higher speed broadband services.

Anchor institutions include the following:

- Schools
- Libraries
- Colleges and other institutions of higher education
- Medical and healthcare providers
- Other community support organizations

**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, 2014 and 2013, 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.

**Auditor's 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, 2014 and 2013, 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 2, 2015, 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 2, 2015

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

PHONE: 503.585.7774 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, 2014 and 2013

## ASSETS

2014

2013

## Current Assets:

Cash and cash equivalents  
 Marketable securities  
 Accounts receivable  
 Accounts receivable, affiliates  
 Prepaid expenses

Total Current Assets

## Other Assets:

Marketable securities  
 Investments

Total Other Assets

## Property, Plant, and Equipment:

In service  
 Under construction

Less accumulated depreciation

Property, Plant, and Equipme

Redacted  
 for Public  
 View

**LIABILITIES AND STOCKHOLDERS' EQUITY**

2014

2013

## Current Liabilities:

Current portion of long-term debt  
Accounts payable  
Accrued liabilities  
Customer deposits and advance billing  
Income taxes payable

Total Current Liabilities

## Long-Term Liabilities:

Long-term debt

Total Liabilities

## Stockholders' Equity:

Common stock, authorized 50,000 shares, \$1 p  
24,122 shares issued and outstanding  
Additional paid-in capital  
Accumulated other comprehensive income  
Retained earnings

Total Stockholders' Equity

Redacted  
for Public  
View

## TRANS-CASCADES TELEPHONE COMPANY

## Statements of Income

Years Ended December 31, 2014 and 2013

	2014	2013
Operating Revenues:		
Local network		
Network access		
Miscellaneous		
Total Operating Revenues		
Operating Expenses:		
Plant specific		
Plant nonspecific		
Customer		
Corporate		
Depreciation		
Total Operating Expenses		
Operating Income Tax Expense (Benefit)		
Other Operating Taxes		
Total Operating Expense and Taxes		
Operating Income		
Other Income (Expense):		
Non-operating income and expense		
Interest expense		
Nonregulated income, net		
Non-operating income tax benefit		
Total Other Income (Expense)		
Net Income		

Redacted  
for Public  
View

## TRANS-CASCADES TELEPHONE COMPANY

## Statements of Cash Flows

Years Ended December 31, 2014 and 2013

	2014	2013
Cash Flows from Operating Activities:		
Net income		
Adjustments to reconcile net income to net cash provided by operating activities:		
Depreciation		
Amortization of bond premium		
Realized gain on sale of marketable securities		
Changes in assets and liabilities:		
Accounts receivable		
Accounts receivable, affiliate		
Prepaid expenses		
Income taxes payable		
Accounts payable		
Accrued expenses		
Customer deposits and advance billing		
Net Cash Provided by Operating Activities		
Cash Flows from Investing Activities:		
Proceeds from sale and maturities of marketable securities		
Purchase of marketable securities		
Purchase of property, plant, and equipment		
Net Cash Used by Investing Activities		
Cash Flows from Financing Activities:		
Proceeds on long-term debt		
Payments on long-term debt		
Proceeds from ARRA BIP grant		
Dividends and distributions paid		
Net Cash Provided by Financing Activities		
Net Change in Cash and Cash Equivalents		
Cash and Cash Equivalents, beginning		
Cash and Cash Equivalents, ending		
Cash Paid During the Year for Taxes		
Cash Paid During the Year for Interest		

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for Public  
View

USDA-RUS  <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 TRANS-CASCADES TELEPHONE COMPANY	
	ADDRESS ESTACADA, Oregon	
INSTRUCTIONS-Submit report to RUS within 15 days after close of the period.	PERIOD ENDING December, 2014	BORROWER DESIGNATION OR1109

<b>CERTIFICATION</b>	
We hereby certify that:	
1. 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	
2. we have fulfilled our obligations under the Loan Documents throughout the year in all material respects	
<b>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.</b>	
<input checked="" type="checkbox"/> All of the obligations under the RUS loan documents have been fulfilled in all material respects.	<input type="checkbox"/> 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	04/15/2015 DATE

**PART A. BALANCE SHEET**

<b>ASSETS</b>	
<b>CURRENT ASSETS</b>	
1.	Cash and Equivalents
2.	Cash-RUS Construction Fund
3.	Accounts Receivable
4.	Notes Receivable
5.	Materials and Inventory
6.	Other Current Assets
	<b>Total Current</b>
7.	<b>Assets (1 thru 6)</b>
<b>NONCURRENT ASSETS</b>	
8.	<b>Investment in Affiliated Companies</b>
9.	Other Noncurrent Assets
<b>PLANT, PROPERTY, AND EQUIPMENT</b>	
10.	Telecom. Plant-in-Service
11.	Plant Under Construction
12.	Plant Adj., Nonop. Plant, & Goodwill
13.	Less Accumulated Depreciation
	<b>Net Plant</b>
14.	<b>(10 thru 12 less 13)</b>
<b>TOTAL ASSETS</b>	
15.	<b>(7+8+9+14)</b>

Redacted  
for Public  
View

Total Equity = [

**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2014

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

ITEM

YEAR-TO-DATE

# Redacted for Public View

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



**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2014

**PART C. SERVICES**

No.	SERVICE OFFERINGS	1. RATES		2. SUBSCRIBERS		Total
		Residential (a)	Business (b)	Residential (a)	Business (b)	
	Broadband Data Packages					
1				1		1
	Double Play - Voice/Broadband Data					
2	9m/1m	52.95	52.95		1	1
3	12m/1m	59.95	59.95	0	1	1
4	6m/1m	44.95	44.95	81	9	90
5	1m/384k					

USDA-RUS

**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2014

**PART C. COMMUNITIES**

No.	Community	County	State	No. Broadband Data Customers	Broadband Application
1	Antelope city	Wasco	OR	92	

**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2014

**PART**

1.

**CASH FLOWS FROM OPERATING ACTIVITIES:**

2. Net Income

*Adjustments to Reconcile Net Income to Net Cash Provided by Operating*

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 Other Current Assets

9. Increase/(Decrease) in Accounts Payable

10. Increase/(Decrease) in Other Current Liabilities

11.

**CASH FLOWS FROM FINANCING ACTIVITIES:**

12. Decrease/(Increase) in Notes Receivable

13. Increase/(Decrease) in Notes Payable

14. Plus/(Less) Net Increase/(Decrease) in Long Term Debt (including

15. Plus: Increase/(Less: Decrease) in Capital Stock, Paid-in Capital or

16. Less: Payment of Dividends

17. Other (Explain)

18.

**CASH FLOWS FROM INVESTING ACTIVITIES:**

19. Net Capital Expenditures

20. Long-Term Investments

21. Other (Explain)

22.

23.

24.

**Redacted  
for Public  
View**

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**FINANCIAL AND STATISTICAL REPORT  
FOR BROADBAND BORROWERS**

BORROWER DESIGNATION

OR1109

PERIOD ENDING

December, 2014

**PART 9. 6-D9F: CFA5B79-A95GI F9G**

	New Broadband Service	Improved Broadband Service
1. Number of households subscribing to	0	0
2. Number of businesses subscribing to	2	0
3. Number of educational providers receiving	2	0
4. Number of libraries receiving	0	0
5. Number of health care providers receiving	0	0
6. Number of public safety providers receiving	0	0

532378or3017

"CONFIDENTIAL FINANCIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, CC DOCKET NOS. 01-92, 96-45, GN DOCKET NO. 09-51, 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, 2014

**Notes to Operating Report - Broadband**

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