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	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net

ANNUAL REPORTING FOR ALL CARRIERS

(check box when complete)

			54.313 Completion Required	54.422 Completion Required
<100>	Service Quality Improvement Reporting	(complete attached worksheet)	✓	
<200>	Outage Reporting (voice)	(complete attached worksheet)	✓	✓
<210>	<-- check box if no outages to report		✓	
<300>	Unfulfilled Service Requests (voice)	0		
<310>	Detail on Attempts (voice)	(attach descriptive document)		
<320>	Unfulfilled Service Requests (broadband)	0	✓	
<330>	Detail on Attempts (broadband)	(attach descriptive document)		
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed	0.0	✓	✓
<420>	Mobile	0.0		
<430>	Number of Complaints per 1,000 customers (broadband)		✓	
<440>	Fixed	0.0		
<450>	Mobile	0.0		
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	✓	✓
<510>	3513461A510.pdf	(attached descriptive document)	✓	✓
<600>	Functionality in Emergency Situations	(check to indicate certification)	✓	✓
<610>	3513461A610.pdf	(attached descriptive document)	✓	✓
<700>	Company Price Offerings (voice)	(complete attached worksheet)	✓	
<710>	Company Price Offerings (broadband)	(complete attached worksheet)	✓	
<800>	Operating Companies and Affiliates	(complete attached worksheet)	✓	✓
<900>	Tribal Land Offerings (Y/N)? ○ ●	(if yes, complete attached worksheet)	✓	
<1000>	Voice Services Rate Comparability Certification	Yes	✓	
<1010>	3513461A1010.pdf	(attach descriptive document)	✓	
<1100>	Certify whether terrestrial backhaul options exist (Yes or No) ● ○	(if not, check to indicate certification)	✓	
<1110>		(complete attached worksheet)		
<1200>	Terms and Condition for Lifeline Customers	(complete attached worksheet)		✓

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

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

<2000>		(check to indicate certification)		
<2005>		(complete attached worksheet)		

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>		(check to indicate certification)	✓	
<3005>		(complete attached worksheet)	✓	

(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	351346
<015>	Study Area Name	ACE TEL ASSN IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sunal
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csunal@acentak.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) ○ ◉
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) ○ ○

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

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

351346IA112.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

(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	351344
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swett
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078986211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswett@acentek.net

<220>

<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

-- See attached worksheet

(700) Price Offerings Including Voice Rate Data
Data Collection Form

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

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Bynes
<035>	Contact Telephone Number - Number of person identified in data line <030>	5079965211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cammet@acentek.net

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

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
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			

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	161346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.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	751346
<015>	Study Area Name	ACE TEL ASSN IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Bweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cbweet@acentek.net

<810>	Reporting Carrier	Ace Telephone Association
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation

-- 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	351246
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5187956211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.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:

		Select Yes or No or Not Applicable
<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.	

(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	351346
<015>	Study Area Name	ACE TEL ASSN CA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentak.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).

(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	351346
<015>	Study Area Name	ACE TEL ASSN IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Swent
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswent@acentek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

351346IA1200.pdf

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. ✓

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

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

<030>	Study Area Code	[illegible]
<035>	Study Area Name	[illegible]
<040>	Program Year	2013
<050>	Contact Name - Person USAC should contact regarding this data	[illegible]
<055>	Contact Telephone Number - Number of person identified in data line <050>	[illegible]
<059>	Contact Email Address - Email Address of person identified in data line <050>	[illegible]

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

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

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

<0>>	Study Area Code	351344
<1>>	Study Area Name	ACE TEL ASSN-IA
<2>>	Program Year	2014
<3>>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<4>>	Contact Telephone Number - Number of person identified in data key <3>>	5038368211 ext.
<5>>	Contact Email Address - Email Address of person identified in data key <3>>	csweet@acetel.net

CHECK the boxes below to note compliance on the 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 I 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)(ii))

3513461A3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check the 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))

3513461A3012.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] ○ ●

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

Please check these boxes to confirm that the attached document(s), on line 3017, contains the requested 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

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited? [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

3513461A3026.pdf

Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

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

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Ewart
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cogentmacentek.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]

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-1A
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

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

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

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: ACE TEL ASSN 1A

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/23/2015

Printed name of Authorized Officer: Todd Roesler

Title or position of Authorized Officer: CEO

Telephone number of Authorized Officer: 5078966292 ext.

Study Area Code of Reporting Carrier: 351346 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

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN - IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.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

REDACTED FOR PUBLIC INSPECTION

(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	351346
<015>	Study Area Name	ACE TEL ABEM-IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078968211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acontek.net

<220>

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

[700] Price Offerings Including Voice Rate Data
Data Collection Form

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

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN IA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswest@acentek.net

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

<703>

<a1> State	<a2> Exchange (ILEC)	<a3> SAC (CETC)	<b1> Rate Type	<b2> Residential Local Service Rate	<b3> State Subscriber Line Charge	<b4> State Universal Service Fee	<b5> Mandatory Extended Area Service Charge	<c> Total per line Rates and Fees
IA	Canton		FR	17.0	0.0	0.0	0.0	17.0
IA	Castalia		FR	17.0	0.0	0.0	0.0	17.0
IA	Clermont		FR	17.0	0.0	0.0	0.0	17.0
IA	Dorchester		FR	17.0	0.0	0.0	0.0	17.0
IA	Fort Atkinson		FR	17.0	0.0	0.0	0.0	17.0
IA	Harpers Ferry		FR	17.0	0.0	0.0	0.0	17.0
IA	Highlandville		FR	17.0	0.0	0.0	0.0	17.0
IA	New Albin		FR	17.0	0.0	0.0	0.0	17.0
IA	Ossian		FR	17.0	0.0	0.0	0.0	17.0
IA	Waterville		FR	17.0	0.0	0.0	0.0	17.0

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service - Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached (select)
IA	Canton	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Canton	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	Canton	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance
IA	Castalia	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Castalia	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	Castalia	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance
IA	Clermont	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Clermont	34.95	0.0	34.95	6.0	1.0	999999.0	Other, no limit on usage allowance
IA	Clermont	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance
IA	Dorchester	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Dorchester	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	Dorchester	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance
IA	Fort Atkinson	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Fort Atkinson	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	Fort Atkinson	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance
IA	Harpers Ferry	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Harpers Ferry	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	Harpers Ferry	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance
IA	Highlandville	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Highlandville	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	Highlandville	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance

(710) Broadband Price Offerings
Data Collection Form

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

<010>	Study Area Code	351346
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sunet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5074968211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csunet@acentek.net

<711>

<a1> State	<a2> Exchange (ILEC)	<b1> Residential Rate	<b2> State Regulated Fees	<c> Total Rates and Fees	<d1> Broadband Service - Download Speed (Mbps)	<d2> Broadband Service -Upload Speed (Mbps)	<d3> Usage Allowance (GB)	<d4> Usage Allowance Action Taken When Limit Reached (select)
IA	New Albin	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	New Albin	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	New Albin	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance
IA	Ossian	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Ossian	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	Ossian	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance
IA	Waterville	39.95	0.0	39.95	1.0	0.512	999999.0	Other, no limit on usage allowance
IA	Waterville	34.95	0.0	34.95	8.0	1.0	999999.0	Other, no limit on usage allowance
IA	Waterville	49.95	0.0	49.95	15.0	1.0	999999.0	Other, no limit on usage allowance

(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	351246
<015>	Study Area Name	ACE TEL ASSN-IA
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<810>	Reporting Carrier	Ace Telephone Association
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Association

<813>

<a1> Affiliates	<a2> SAC	<a3> Doing Business As Company or Brand Designation
Ace Telephone Association	351246	AcenTek
Ace Telephone Company of Michigan, Inc	310704	AcenTek
Ace Telephone Company of Michigan, Inc (Allendale)	310669	AcenTek
Ace Telephone Company of Michigan, Inc (Drenthe)	310692	AcenTek
Ace Telephone Company of Michigan, Inc (Old Mission)	310777	AcenTek

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Study Area Name: Ace Telephone Association
SAC: 351346
State: Iowa
Form 481 Line 112 Annual Progress Report

[redacted]

Study Area Name: Ace Telephone Association
SAC: 351346
State: Iowa
Form 481 Line 510 Compliance with Applicable Service Quality Standards and Consumer Protection Rules

As a local exchange carrier, Ace Telephone Association (Carrier) is obligated to comply with the numerous consumer protections and has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier is complying with all applicable and effective public service commission and FCC consumer protection rules and service quality standards. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules. Carrier has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

Iowa Administrative Code §199-22.6 requires an ETC to certify in its annual report that it is complying with applicable service quality standards and consumer protection rules. The ETC will measure its service connection, held order, and service interruption performance monthly according to this section. Ace Telephone Association certifies that it has complied with these requirements and will continue to comply with these requirements.

Study Area Name: Ace Telephone Association
Study Area Code: 351346
State: Iowa
Form 481 Line Number 610

Certification that the carrier is able to function in emergency situations

Ace Telephone Association (Carrier) is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve which enables it to provide service for a minimum of eight hours. Carrier's service is consistent with requirements and the obligations to provide service in emergency situations as set forth in § 54.202(a)(2).

Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

Pursuant to Iowa Administrative Rule "199-22.6(5)a-d Emergency Operation" Carrier has

- Established reasonable provisions to meet emergencies resulting from failures of power service, climate control, sudden and prolonged increases in traffic, illness of operators or from fire, explosion, water, storm or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
    - A minimum of two hours of battery service in each central office.
    - A permanently installed power unit in exchanges exceeding 4,000 lines.
    - Mobile power units that can be delivered on short notice and which can be readily connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power in the event of emergency in order to prevent or mitigate interruptions or impairment of telecommunications service.
- Has current plan available of emergency operations for board inspection and the plan contains
    - Names and telephone numbers of the telephone company's disaster service coordinator and alternates.

Ace Telephone Association certifies that is has complied with these requirements and will continue to comply with these requirements.

Study Area Name: Ace Telephone Association
SAC: 351346
State: Iowa
Form 481 Line 1010

Study Area Code	Exchange	Current Residential Flat Rate	Additional Basic Local Rate Charges if applicable	Mandatory Expanded Calling	Fed Subscriber Line Charge	State Subscriber Line Charge	State USF Surcharge	County E-911 Surcharge	State E-911 (e.g. fire & police)	TRS & other hearing impaired Surcharges	Total Fixed Voice Services Pricing
351346	745 Canton IA	17.000			6.500			1.000			24.500
351346	567 Castalia	17.000			6.500			1.000			24.500
351346	423 Clermont	17.000			6.500			1.000			24.500
351346	497 Dorchester	17.000			6.500			1.000			24.500
351346	534 Fort Atkinson	17.000			6.500			1.000			24.500
351346	586 Harpers Ferry	17.000			6.500			1.000			24.500
351346	564 Highlandville	17.000			6.500			1.000			24.500
351346	544 New Albin	17.000			6.500			1.000			24.500
351346	532 Ossian	17.000			6.500			1.000			24.500
351346	535 Waterville	17.000			6.500			1.000			24.500

Carrier must certify that pricing of fixed voice services is no more than two standard deviations above the applicable national average urban rate floor for voice service. For program year 2016, the average urban rate for local service is $21.22 and two standard deviations above would be $47.48. As shown above, the sum of the local rate and state fees is below $47.48.

Carrier certifies that the sum of its local rate and state fees is below $47.48.

Study Area Name: Ace Telephone Association
Study Area Code: 351346
State: Iowa
Line 1200 Terms and Condition for Lifeline Customers

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible Iowans afford and maintain basic telephone service. Lifeline participation enables Iowan to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a federal program that assists qualified Iowans by providing a monthly credit of $9.25 on the local telephone bill.

Ace Telephone Association Lifeline service offerings are listed in the Ace Telephone Association Telephone Iowa Service Catalog, Page 64 available on our website under Policies.

All Lifeline subscribers must meet the terms and conditions of the Federal Lifeline Eligibility Rules. Ace Telephone does adhere to all Federal Lifeline eligibility rules and regulations.

On the following pages is the information regarding low-income telephone assistance that is found on Company's website www.acentek.net.

A. LIFELINE ASSISTANCE

1. The Lifeline Assistance Program is a plan which assists qualified low-income applicants with reductions in their monthly local exchange service rate. The assistance applies for a single telephone line at the applicant's principal place of residence. Qualified applicants shall have their monthly local exchange service rate reduced by the federal Lifeline support amount to reduce the Lifeline customer's residential rate.

2. Eligibility Requirements
   To be eligible for assistance, an applicant must participate in one of the following:

   a. Medicaid (e.g. Title XIX/Medical, state supplemental assistance)
   b. Food Stamps
   c. Supplemental Security Income (SSI)
   d. Federal public housing assistance
   e. Low-Income Home Energy Assistance Program (LHEAP)
   f. Persons with income at or below 135% of the Federal Poverty Guidelines
   g. Temporary Assistance for Needy Family (TANF)
   h. National School Lunch Program's Free Lunch Program

   The Lifeline customer is responsible for notifying the Company if the customer ceases to participate in any of the public assistance programs listed above.

3. Application for Assistance
   An applicant shall request telephone assistance through completion of a form provided by the Company.

4. Rates
   a. The Lifeline customer will receive a monthly credit toward their local exchange service rate. The total monthly credit consists of the federal Lifeline support amount to reduce the Lifeline customer's residential rate.

   b. Toll blocking shall be included with this service offering without charge. No service deposit would be required if applicant voluntarily elects toll blocking with the initiation of Lifeline Service.

AcenTek
Ascending Technology

For Sales & Support Call:
888.404.4940

Low-income Telephone Assistance Plans

On a limited income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly local phone service.

Services Provided

AcenTek provides single-party residential services. This includes access to:

1. voice grade to the public switched network,
2. local usage,
3. dual tone, multi-frequency signaling or its functional equivalent,
4. single-party service or its functional equivalent,
5. emergency services,
6. operator services,
7. inter-exchange service,
8. directory assistance, and
9. toll limitation for qualifying low-income customers.

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low-Income Home Energy Assistance Program (LIHEAP)
- Income below 135% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

Click here to download the two-page certification form (PDF). Call Customer Service for more information.

TAP (Telephone Assistance Plan), available to low-income residents in Minnesota, provides an additional credit to customers that qualify for a Lifeline discount

Contact Us
FAQs
My Account
News
Careers

Business
Support
Camping Wifi
Webmail

Michigan
Minnesota
GVSU

Connect With Us
888.404.4940

Forms
Policies
Scholarships
Donations

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AcenTek Lifeline, Link-Up & TAP Programs Certification Form

AcenTek Ascending Technology

The information on this application is strictly confidential and will only be used to assess your eligibility for Lifeline Assistance. Any support documentation received will not be kept, shared, or stored. Link-Up is only available for tribal lands, and TAP is only available to Minnesota residents.

(Please Print)

Last Name _____ First Name _____ Middle _____

Street Address _____ City _____ State _____ Zip _____

Check One: ❑ Permanent Residential Address ❑ Temporary Residential Address *(must verify every 90 days)*

Billing Address: *(if different than residential address above)*

Street Address _____ City _____ State _____ Zip _____

Your telephone number: Telephone number where you can be reached if not the same:

(____) - _____ **Area code & 7-digit number** (____) - _____ **Area code & 7-digit number**

No. of people living in your household _____ Date of Birth: (mm/dd/yyyy) _____ Last 4 digits of Social Security #: _____

1. I receive benefits from the following program(s):

Check and attach documentation for all that apply)

- ❑ Medicaid/Medical Assistance
- ❑ Federal Public Housing Assistance or Section 8 Assistance
- ❑ Supplemental Security Income (SSI)
- ❑ National School Free Lunch Program
- ❑ Bureau of Indian Affairs General Assistance
- ❑ Tribally Administered Temporary Assistance for Needy Families (TANF)
- ❑ Food Support (food stamps)
- ❑ Minnesota Family Investment Program (MFIP)
- ❑ Low-Income Home Energy Assistance (LIHEAP)
- ❑ Tribally Administered Head Start (for those meeting income qualifying standard)

2. I do not receive benefits from any of the programs listed above BUT my income is at or below 135% of Federal Poverty Guideline: ❑ Yes ❑ No

Please attach one of the documents below if you did not check any boxes in #1.

Last year's State, Federal, or Tribal Tax Return
3 consecutive months of most recent paycheck stub
Social Security Benefits Statement
Veteran's Administration Benefits Statement
Retirement/Pension Benefits Statement
Unemployment/Workmen's Compensation Statement
Divorce Decree
Child Support Document
Other

3. I or someone in my household receive Lifeline credits from another source (i.e. cellular phone service). ❑ Yes ❑ No

4. I live on tribal lands and am applying for a reduction of connection charges from Link-Up. ❑ Yes ❑ No

(continued on page 2)

By signing below, I certify under penalty of perjury the information contained within this certification form is true and correct to the best of my knowledge:

- I have read the information on this certification form and understand that I must meet the qualifications listed on this form to receive assistance from this program.
- I understand that I must be a part of the household in which Lifeline-supported service is provided.
- I understand that willfully providing false or fraudulent information to receive a Lifeline benefit is punishable by law.
- I understand that Lifeline is a government benefit program and willfully making false statements in order to obtain that benefit can be punished by fine or imprisonment, or that I can be barred from the program.
- I agree to provide documentation of my eligibility, when required to do so.
- By participating in this government program, I agree to provide my personal information to the national database. I understand that failure to comply will deny me the Lifeline benefit.
- I understand that I must be a part of the household in which Lifeline supported service is provided
- I certify that my household is receiving no more than one Lifeline-supported service and understand that violation of this requirement will result in de-enrollment from the program and could result in criminal prosecution.
- I understand that I may not transfer my service to any other individual.
- I acknowledge that I may be required to re-certify my eligibility for Lifeline at any time and failure to re-certify my continued eligibility will result in de-enrollment and termination of Lifeline benefits.
- I understand that I must notify my telecommunications provider within 30 days if I no longer qualify for Lifeline service and may be subject to penalties if I fail to do so.
- If I move to a new address, I agree to provide my new address to my telephone provider within 30 days.
- I understand completion of this certification form does not constitute immediate acceptance into this program.

Applicant's Signature_____ **Date**_____

I am an "Authorized Representative" for this applicant and am submitting this form on behalf of this customer. I am willing to assist this applicant in seeking telephone service discounts.

Print "Authorized Representative" Name	**Daytime Phone Number**	**Date**

Mail this form and required documents to: AcenTek, 207 East Cedar, PO Box 360, Houston, MN 55943-0360

Prompt return of this certification form to your local telephone provider is necessary to ensure proper credits to your account. Certified low-income telephone assistance subscribers will receive a re-certification form annually from their local telecommunications provider and must return that form to their telecommunications provider within 30 days to ensure the continuation of assistance benefits.

Note: Any support documentation received with this certification form **will not** be kept or stored by this local telecommunications provider.

SERVICE PROVIDER USE ONLY

Telephone Number Associated with Lifeline service: _____

Initiation Date: _____ De-enrollment Date: _____

Type of Documentation Reviewed: ☐Award Letter ☐Voucher ☐Benefits Card ☐Income Statement ☐Other

Identifying Information of Document Submitted: _____

Documentation Expiration Date (if applicable): _____

Name on Documentation (if different from name of applicant): _____

Method Documentation was provided: ☐In Person ☐Fax ☐Mail ☐Electronically

Reviewed by: _____ Date Reviewed: _____

Eligibility Documentation destroyed by: _____ Date destroyed: _____

Study Area Name: Ace Telephone Association
Study Area Code: 351346
State: Iowa
Form 481 Line Number 3010

Milestone Certification (47 CFR §54.313(f)(1)(i))

Ace Telephone Association hereby certifies that throughout 2014, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream / 1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

Study Area Name: Ace Telephone Association
Study Area Code: 351346
State: Iowa
Form 481 Line Number 3012

List of Community Anchor Institutions to which began providing access to broadband service in the preceding calendar year.

Ace Telephone Association did not newly begin providing any community anchor institutions with access to broadband service in the calendar year 2014.

(3005a) Operating Report for Privately-Held Rate of Return Carriers
Balance Sheet - Data Collection Form
Page 1 of 3

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

<010>	Study Area Code	<010>	351346
<015>	Study Area Name	<015>	ACE TELEPHONE ASSOCIATION
<020>	Program Year	<020>	2016
<038>	Contact Name - Person USAC should contact regarding this data	<038>	CYNTHIA SWEET
<035>	Contact Telephone Number - Number of person identified in data line <030>	<035>	507 896 6211
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	<039>	csweet@acentek.net

- ☐ Files as reviewed single company
- ☐ Filed as reviewed consolidated company
- ☐ Filed as subsidiary of reviewed consolidated company
- ☑ Filed as audited single company
- ☐ Filed as audited consolidated company
- ☐ Filed as subsidiary of audited consolidated company

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.

Signature Date

PART A. BALANCE SHEET

	ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD		LIABILTIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
	CURRENT ASSETS				CURRENT LIABILITIES		
1.	Cash and Equivalents			25.	Accounts Payable		
2.	Cash-RUS Construction Fund			26.	Notes Payable		
3.	Affiliates:			27.	Advance Billings and Payments		
	a. Telecom, Accounts Receivable			28.	Customer Deposits		
	b. Other Accounts Receivable			29.	Current Mat. L/T Debt		
	c. Notes Receivable			30.	Current Mat. L/T Debt-Rur. Dev.		
4.	Non-Affiliates:			31.	Current Mat.-Capital Leases		
	a. Telecom, Accounts Receivable			32.	Income Taxes Accrued		
	b. Other Accounts Receivable			33.	Other Taxes Accrued		
	c. Notes Receivable			34.	Other Current Liabilities		
5.	Interest and Dividends Receivable			35.	Total Current Liabilities (25 thru 34)		
6.	Material-Regulated				LONG-TERM DEBT		
7.	Material-Nonregulated			36.	Funded Debt-RUS Notes		
8.	Prepayments			37.	Funded Debt-RTB Notes		
9.	Other Current Assets			38.	Funded Debt-FFB Notes		
10.	Total Current Assets (1 Thru 9)			39.	Funded Debt-Other		
				40.	Funded Debt-Rural Develop. Loan		
	NONCURRENT ASSETS			41.	Premium (Discount) on L/T Debt		
11.	Investment in Affiliated Companies			42.	Reacquired Debt		
	a. Rural Development			43.	Obligations Under Capital Lease		
	b. Nonrural Development			44.	Adv. From Affiliated Companies		
12.	Other Investments			45.	Other Long-Term Debt		
	a. Rural Development			46.	Total Long-Term Debt (36 thru 45)		
	b. Nonrural Development				OTHER LIAB. & DEF. CREDITS		
13.	Nonregulated Investments			47.	Other Long-Term Liabilities		
14.	Other Noncurrent Assets			48.	Other Deferred Credits		
15.	Deferred Charges			49.	Other Jurisdictional Differences		
16.	Jurisdictional Differences			50.	Total Other Liabilities and Deferred Credits (47 thru 49)		
17.	Total Noncurrent Assets (11 thru 16)				EQUITY		
				51.	Cap. Stock Outstanding & Subscribed		
	PLANT, PROPERTY, AND EQUIPMENT			52.	Additional Paid-In-Capital		
18.	Telecom, Plant-in-Service			53.	Treasury Stock		
19.	Property Held for Future Use			54.	Membership and Cap. Certificates		
20.	Plant Under Construction			55.	Other Capital		
21.	Plant Adj., Nonop. Plant & Goodwill			56.	Patronage Capital Credits		
22.	Less Accumulated Depreciation			57.	Retained Earnings or Margins		
23.	Net Plant (18 thru 21 less 22)			58.	Total Equity (51 thru 57)		
24.	TOTAL ASSETS (10+17+23)			59.	TOTAL LIABILITIES AND EQUITY (35+46+50+58)		

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

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

<010>	Study Area Code	<010> 351346
<015>	Study Area Name	<015> ACE TELEPHONE ASSOCIATION
<020>	Program Year	<020> 2016
<030>	Contact Name - Person USAC should contact regarding this data	<030> CYNTHIA SWEET
<035>	Contact Telephone Number - Number of person identified in data line <030>	<035> 507 896 6211
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	<039> csweet@acentek.net

PART B. STATEMENTS OF INCOME AND RETAINED EARINGS OR MARGINS

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

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

<010>	Study Area Code	<010> 351346
<015>	Study Area Name	<015> ACE TELEPHONE ASSOCIATION
<020>	Program Year	<020> 2016
<030>	Contact Name - Person USAC should contact regarding this data	<030> CYNTHIA SWEET
<035>	Contact Telephone Number - Number of person identified in data line <030>	<035> 507 896 6211
<039>	Contact Telephone Email Address - Email Address of person identified in data line <030>	<039> csweet@acentek.net

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

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