FCC Form 481 - Carrier Annual Reporting Data Collection Form

FCC Form 481
OMB 3060-0986
OMB 3060-0819
Avg. Burden Estimate per Respondent: 20 Hours

<010>	Study Area Code	411782
<015>	Study Area Name	Home Telephone Company, Inc.
<020>	Program Year	2014
<030>	Contact Name: Person USAC should contact with questions about this data	Carla Shearer
<035>	Contact Telephone Number: Number of the person identified in data line <030>	(620)654-3381
<039>	Contact Email: Email of the person identified in data line <030>	cshearer@homecomminc.com

ANNUAL REPORTING FOR ALL CARRIERS				54.313 Completion Required	54.422 Completion Required
				(check box when complete)	
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	X	
<200>	Outage Reporting (voice)		(complete attached worksheet)	X	X
<210>		X <-- check box if no outages to report			
<300>	Unfulfilled Service Requests (voice)	0		X	
<310>	Detail on Attempts (voice)	0	(attach descriptive document)	X	
<320>	Unfulfilled Service Requests (broadband)	0		X	
<330>	Detail on Attempts (broadband)	0	(attach descriptive document)	X	
<400>	Number of Complaints per 1,000 customers (voice)			X	X
<410>	Fixed	0			
<420>	Mobile	0			
	Number of Complaints per 1,000 customers (broadband)			X	
<440>	Fixed	0			
<450>	Mobile	0			
<500>	Service Quality Standards & Consumer Protection Rules Compliance		(check to indicate certification)	X	X
<510>			(attached descriptive document)	X	X
<600>	Functionality in Emergency Situations		(check to indicate certification)	X	X
<610>			(attached descriptive document)	X	X
<700>	Company Price Offerings (voice)		(complete attached worksheet)	N/A	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	N/A	
<800>	Operating Companies and Affiliates		(complete attached worksheet)	X	X
<900>	Tribal Land Offerings (Y/N)?		(if yes, complete attached worksheet)	No	
<1000>	Voice Services Rate Comparability		(check to indicate certification)	N/A	
<1010>			(attach descriptive document)	N/A	
<1100>	Terrestrial Backhaul (Y/N)?		(if not, check to indicate certification)	Yes	
<1110>			(complete attached worksheet)	N/A	
<1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet)		X

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)	N/A	
<2005>	(complete attached worksheet)	N/A	

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

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

(100) Service Quality Improvement Reporting
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<039>	Contact Email Address - Email Address of person identified in data line <030>	cshearer@homecomminc.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no)	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)	N/A

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

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

Name of Attached Document (.pdf)

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

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

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

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<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
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Home Telephone Company, Inc.
211 South Main • Post Office Box 8 • Galva, Kansas 67443
Phone: 620-654-3381 • FAX: 620-654-3122
Carla Shearer, President

FCC Form 481 Certifications

FCC Form 481 Line 510

Line 510: Service Quality Standards & Consumer Protection Rules Compliance

Service Quality Standards

The company complies with the service quality standards as adopted in the Kansas Corporation Commission (KCC) Docket Nos. 191,206-U and 95-GIMT-047-GIT.

Consumer Protection Rules

The company complies with the following consumer protection rules:

- FCC rules regarding verification of orders for telecommunications service as required of submitting carriers {47 CFR §64.1100}
- The FCC's Truth-in-Billing Requirements {47 CFR §64.2400}
- Billing practice standards as set out in KCC Docket No. 06-GIMT-187-GIT and subsequent billing practice standards approved by the KCC.
- All of the requirements of 47 C.F.R. § Part 64 Subpart U, Customer Proprietary Network Information and Federal Trade Commission 16 C.F.R. §681, Identity Theft Red Flags

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FCC Form 481 Certifications

FCC Form 481 Line 610

Line 610: Functionality in Emergency Situations

- The company maintains a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. {47 CFR §54.202(a)}
- The company has made reasonable provisions to meet emergencies resulting from power failures; sudden and prolonged increases in traffic; staff shortages; and fire, storm, and acts of god.

(800) Operating Companies and Affiliates
Data Collection Form

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<810>	Reporting Carrier	Home Telephone Company, Inc.
<811>	Holding Company	Home Enterprises, Inc.
<812>	Operating Company	Home Telephone Company, Inc

<813>

<a1>	<a2>	<a3>
Affiliates	**SAC**	**Doing Business As Company or Brand Designation**
Home Enterprises, Inc.	N/A	Home Enterprises, Inc.
Home Communications, Inc.	N/A	Home Communications, Inc.

(900) Tribal Lands Reporting Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cshearer@homecomminc.com

<910> Tribal Land(s) on which ETC Serves — N/A

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

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

		Select (Yes,No, NA)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	N/A
<922>	Feasibility and sustainability planning;	N/A
<923>	Marketing services in a culturally sensitive manner;	N/A
<924>	Compliance with Rights of way processes	N/A
<925>	Compliance with Land Use permitting requirements	N/A
<926>	Compliance with Facilities Siting rules	N/A
<927>	Compliance with Environmental Review processes	N/A
<928>	Compliance with Cultural Preservation review processes	N/A
<929>	Compliance with Tribal Business and Licensing requirements.	N/A

(1110) No Terrestrial Backhaul Reporting Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cshearer@homecomminc.com

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

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

(1200) Terms and Condition for Lifeline Customers
Lifeline

Data Collection Form

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<039>	Contact Email Address - Email Address of person identified in data line <030>	cshearer@homecomminc.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans _____
Name of attached document (.pdf)

<1220> Link to Public Website HTTP _____

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

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

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

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

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Carla Shearer, President

FCC Form 481 Certifications

FCC Form 481 Line 1210

Low-Income Telephone Assistance Program Terms & Conditions

Home Telephone Company provides unlimited local calling for residential customers at a discount of $9.25 a month for basic lifeline. The lifeline service from Home Telephone Company provides access to emergency, operator, interexchange, and directory assistance services. The service does not include enhanced calling features such as voice mail, caller ID, call forwarding, internet or long distance telephone service. Toll Restriction service is provided at no charge for Lifeline customers.

(2005) Price Cap Carrier Additional Documentation
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐

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

<2012> 2013 Frozen Support Certification ☐
<2013> 2014 Frozen Support Certification ☐
<2014> 2015 Frozen Support Certification ☐
<2015> 2016 and future Frozen Support Certification ☐

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

<2016> Certification Support Used to Build Broadband ☐

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

<2017> 3rd year Broadband Service Certification ☐
<2018> 5th year Broadband Service Certification ☐
<2019> Interim Progress Certification ☐
<2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
<2021> Interim Progress Community Anchor Institutions — Name of Attached Document Listing Required Information _____

(3005) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986

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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.

Progress Report on 5 Year Plan

(3010)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Document Listing Required Information	N/A
(3011)	Please check this box to confirm that the attached PDF , on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), 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.		N/A
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	Name of Attached Document Listing Required Information	N/A
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}		Yes (Yes/No)
(3014)	If yes, does your company file the RUS annual report		YeS (Yes/No)
	Please check these boxes to confirm that the attached PDF, 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)		X
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		X
(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)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,		
(3023)	Underlying information subjected to a review by an independent certified public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

The following 3 pages from this section have been redacted for public inspection in its entirety.

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

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

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Home Telephone Company

Signature of Authorized Officer: Carla Shearer Date 10/14/2013

Printed name of Authorized Officer: Carla Shearer

Title or position of Authorized Officer: President

Telephone number of Authorized Officer: (620)654-3381

Study Area Code of Reporting Carrier: 411782 Filing Due Date for this form: 10/15/2013

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.